



Policy and Procedure Manual 2024

The New York City Early Intervention Program

For Babies and Toddlers With
Developmental Delays or Disabilities

The Earlier The Better

Revised October 18, 2024 (Updated Policies
and forms are marked as "Revised" or "New."
Instructions for navigating the EI-Hub are in *italics*.)

Email EITA@health.nyc.gov with questions.

Chapter 1: Referral

New York City Early Intervention Program

Policy Title: Referrals to NYC Early Intervention Program	Effective Date: All Referrals After 10/15/2024
Policy Number: 1-A	Supersedes: Policy 1-A issued 6/2011
Attachments: <ul style="list-style-type: none"> - New York City Early Intervention Program Referral Form w/ Instructions - Welcome Letter for Parents - Welcome Letter for Parents - Spanish - What Does Everyone Do in Early Intervention? - Your Family Rights in Early Intervention - FAQ for Parents Regarding Eligibility and Resources - Telehealth in the Early Intervention Program 	Regulation/Citation: Public Health Law (§ 2542.3) 10 NYCRR 69-4.3 Referrals

I. POLICY DESCRIPTION:

The earliest possible identification of infants and toddlers with disabilities is a primary Early Intervention Program (EIP) objective. This policy clarifies the Public Health Law (Public Health Law (§ 2542.3) and program regulations 10 NYCRR §69-4.3 for referral to the New York City Early Intervention Regional Offices or to the Developmental Monitoring Unit. The EIP Referral Form with directions for completion can be found on the New York City Health Department website at: <https://www.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-referral-form.pdf>.

Primary referral sources are encouraged to visit the NYC Health Early Intervention Action Kit Page at: <https://www.nyc.gov/site/doh/providers/resources/public-health-action-kits-early-intervention.page> for tools, resources, brochures, and videos about the Early Intervention Program for clinical and childcare providers and families.

Please note that the “Your Family Rights in Early Intervention,” the “Early Help Matters”, and the “Developmental Monitoring for Babies and Toddlers at Risk for Developmental Delays and Disabilities” brochures are available in ten languages on the [NYC Health Early Intervention Action Kit Page](#).

NOTE:

- **Referrals made by NYC Early Intervention providers must be made by faxing the NYC Early Intervention Program Referral Form to the Citywide Early Intervention Referral Unit at 347-396-8801.**
- For updates on the child progress through the Early Intervention process after the referral is made, contact the child’s service coordinator. The parent will receive a Welcome letter approximately one (1) week after the referral is made with the name and contact information of the child’s assigned service coordinator. Early Intervention is confidential. Parent/guardian consent to share information is required before any information can be released.
- Instructions for navigating the EI - Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Primary Referral Source	<p>1. Within two (2) business days of identification, refers children aged birth to 36 months who are residing in the five boroughs of New York City and are suspected of having a disability or appear at risk for a developmental delay.</p> <p>Primary referral sources include:</p> <ul style="list-style-type: none"> a. Early Intervention provider agencies; b. Hospitals; c. Pediatric and/or primary healthcare providers; d. Day care programs; e. Local health units; f. Local school districts; g. Local social service districts (ACS); h. Public health facilities; and i. Operators of any clinic approved under Article 28 of Public Health Law Article 16 or 31 of the Mental Hygiene Law.

Note:

- Children may be referred to the EIP at any time prior to 45 days of their 3rd birthday.
- Referrals to the EIP are accepted regardless of race, ethnicity, income or immigration status.
- The EIP may only accept referrals for children who are permanent residents of the five boroughs of NYC.
- For children residing in other counties, a full list of NYS municipal EIPs is available at:
https://www.health.ny.gov/community/infants_children/early_intervention/county_eip.htm

2. Refers to the EIP based on one of two categories:

- a. Suspected of having a diagnosed condition:
 - i. The child has a condition with a known likelihood of leading to a developmental delay such as Down syndrome, a birth weight of less than 1,000 grams (2.2 pounds), failure of two hearing screenings or a confirmed hearing or vision loss;
 - ii. The child has one of the additional conditions provided at 10NYCRR §69-4.3(f);
- b. Suspected of having a developmental delay:
 - i. The results of a developmental screening or diagnostic procedure(s), direct experience, observation, or impression of the child's developmental progress suggest a possible delay;
 - ii. Parent/caregiver requests an evaluation or has provided information indicating the possibility of delay or disability.

<p>Primary Referral Source, Continued</p>	<p>Note:</p> <ul style="list-style-type: none"> • Children who meet one of the above criteria should be referred to the EIP, where they will receive: <ul style="list-style-type: none"> ◦ Initial Service Coordination (ISC), ◦ Multidisciplinary Evaluation (MDE), and, if found eligible, an ◦ Individualized Family Service Plan (IFSP) • EIP services are provided at no direct cost to families. If the family has health insurance, including Medicaid, the EIP will collect the information. If the family has Medicaid, it will be used to pay for EIP services, at no direct cost to the family.
	<p>c. At risk for delay:</p> <ol style="list-style-type: none"> i. Children who are not suspected of having a disability and who do not have a diagnosed condition with a high probability of delay, but are at increased risk for developmental delay because of specific biomedical risk factors or other risk criteria (PHL §2541 (1), 10 NYCRR 69-4.3 (g)); ii. Children with substantiated abuse or neglect, in the ACS system; and iii. Children evaluated and found not eligible for Early Intervention. <p>Note:</p> <ul style="list-style-type: none"> • Children who are at risk for a delay should be referred to Developmental Monitoring (DM) • Families and guardians of children in Developmental Monitoring partner with the Developmental Monitoring Specialists to keep track of their child's developmental progress using the Ages and Stages Questionnaire®. • The Ages and Stages Questionnaire® is completed by mail or phone. • If the screenings show atypical development, DM will transfer the child, with parental consent, for a Multidisciplinary Evaluation. <ol style="list-style-type: none"> 3. The primary referral source does not need written consent from the parent to make a referral to the EIP (see instructions for completion of EIP referral form). However, a referral cannot be made if the parent objects. <ol style="list-style-type: none"> a. If a parent objects to the referral, the referral source should: <ol style="list-style-type: none"> i. Maintain written documentation of the parent's objection and any follow-up actions taken; ii. Provide the parent with the name of the EIP and information on how to make a referral if the parent wishes to contact the EIP in the future; iii. Make reasonable efforts to follow up with the parent within two (2) months and, if appropriate, refer the child at that time unless the parent objects. 4. Referrals made by Early Intervention providers must be made by faxing the NYC Early Intervention Referral form to the Citywide Early Intervention Referral Unit at: 347-396-8801. <ol style="list-style-type: none"> a. To prevent delays, EI providers must complete the referral form by typing the information. The form is a fillable pdf. EI providers may not submit handwritten referrals. 5. Referrals by all other sources are made to the NYC EIP by: <ol style="list-style-type: none"> i. Faxing a referral form directly to 347-396-8801; ii. Calling 311 and asking for Early Intervention; or

Primary Referral Source, Continued	<p>iii. Calling the ACS Referral Hotline at 877-885-KIDZ (5439)</p> <ul style="list-style-type: none"> • ONLY employees of the Administration for Children's Services (ACS) or agencies contracted with ACS can use this referral method. • All referrals from ACS must be made using the designated hotline number. • Faxed forms are discouraged for ACS referrals. <p>Note:</p> <ul style="list-style-type: none"> • A faxed referral and a telephone referral should not be made for the same child. • Referrals made for children residing outside of New York City cannot be accepted. <p>6. Keeps a copy of the faxed transmittal of the Referral Form.</p> <ol style="list-style-type: none"> a. Primary referral sources are responsible for ensuring the confidentiality of all information transmitted at the time of the referral. <p>7. When making a referral for a child <u>suspected of having a disability</u>, a specific Initial Service Coordinator (ISC) or ISC agency may be requested when there is “an established relationship with the child or family” (PHL 25 Title II-A 69-4.7 (a)).</p> <ol style="list-style-type: none"> a. The request for a specific ISC or ISC agency must be made in the “Informed Parental/Guardian Consent” section of the referral form in order to be considered. b. Assignment is determined by the EIP at the time the referral is received.
Citywide Early Intervention Referral Unit	<p>1. Processes referrals within twenty-four (24) hours of receipt.</p> <ol style="list-style-type: none"> a. Any referral made 45 days or less before the child turns three years old will not be entered into the EI-Hub. b. Ensures that the referral follows NYS regulations 69-4.30 for the delivery of a multidisciplinary evaluation, with no more than one multidisciplinary evaluation delivered within a 12-month period without Early Intervention Official approval. <p>2. Once the referral is entered into the EI-Hub:</p> <ol style="list-style-type: none"> a. Assigns an ISC Agency to the child’s Team in the EI-Hub b. Creates the ISC Service Authorization <ul style="list-style-type: none"> i. The end date of the ISC Service Authorization will be 60 calendar days for the date of the child’s referral to the Program
Service Coordination Supervisor	<p>1. <i>Checks EI-Hub for new requests for ISC agency assignments (which will include ISC Teams assignments and ISC service authorizations) throughout the day, and accepts or rejects them within one business day:</i></p> <p>2. <i>Finds and accepts Team assignments and service authorizations in Children Assigned to Caseload:</i></p> <ol style="list-style-type: none"> a. <i>If you already know which child has been assigned to you, search for the child by name or EI# in the search box at the top of the caseload dashboard.</i> b. <i>If you are not looking for a particular child, click the “Retrieve” button to see all of the children on your caseload.</i> c. <i>Sort by the “Action Needed” button to bring cases waiting for acceptance to the top of the list.</i> d. <i>Children who are newly assigned for ISC will have two buttons on the right, one labeled “Agency Assignment” and one labeled “Accept Assignment”.</i>

- e. Click on the “Agency Assignment” button. This is the button to accept the Teams assignment.
- i. A box will pop up. In the “Agency Accept/Reject Assignment” box, select ‘Accept Assignment,’ then click ‘Submit’ at the bottom. The box will close and you will return to the first page of the Children Assigned to Caseload dashboard. Return to the child you were working on by navigating to the screen in the list of screens at the bottom of the caseload dashboard, or by typing the child’s name or EI# in the Search box at the top left of the caseload dashboard.
- f. Click on the “Accept Assignment” button. This is the button to accept the service authorization.
- i. A box will pop up. In the “Accept Assignment” box, select “Accepted,” then click “Submit” at the bottom. The box will close and you will return to the first page of the Children Assigned to Caseload screen. Return to the child you were working on. There will now be a dark “edit” button to the right.
3. Assigns an individual ISC to the Team and service authorization:
- a. Click the “edit” button to the right of the child’s row in Children Assigned to Caseload. This will bring you into the child’s case. In the case, click on the Teams tab at the top.
 - b. Find the Initial Service Coordination row in the Teams grid. Scroll to the right and select “edit”.
 - c. Enter the first few letters of the name of the individual to be assigned as ISC in the “EIOD or Service Coordinator Lookup” field and select that person’s name when it pops up.
 - d. Scroll down and click “Submit”. This sends the Teams assignment to the individual ISC named, and they will need to accept the assignment.
 - e. Now click on the child’s Services tab. There is one row for ISC in the grid. Scroll to the right and select “edit”.
 - f. When the Service Info screen opens, click on the “Therapist Assignment” panel on the left. Note that, in EI Hub, service coordinators are called “therapists.”
 - g. Click on the yellow “Add Therapist Assignment” button.
 - h. Click on “Therapist” and select the same individual that you assigned to the Team from the dropdown list. Click “Submit”. The individual will not have to accept the service authorization.
4. Ensures ISCs monitor and accept the Teams Assignments and service authorizations throughout the day.
5. Upon acceptance, the provider agency will have access to the child’s case.
- a. If the provider agency rejects the assignment, they must reject the Teams Assignment and the service authorization.

Note:

6. It is the Teams assignment that gives the agency and ISC access to the case. If the ISC does not accept the Teams assignment, they will not be able to access the case, even though they are named on the service authorization.
7. The Teams assignment is not a service authorization and does not enable billing. Providers must receive and accept both a Teams assignment and a service authorization in order to access the case, provide service, and bill.
8. ISC Agencies may select to complete this function utilizing the UniversalProvNY user role in EI-Hub or the ProvDataEntryNY user role. If the ISC assignment

	<p>function is completed utilizing these roles, service coordination supervisors performing the agency ISC acceptance function can also accept the assignment on behalf of the individual ISC. This is recommended to prevent delays associated with multiple acceptance steps. Refer to the EI-Hub User Profile Crosswalk located on the EI-Hub Learning Management System.</p>
	<p>9. The Service Coordination supervisor must call the Regional Office to obtain approval to select an ISC other than the one designated on the NYC Early Intervention Program Referral form.</p>
Initial Service Coordinator	<ol style="list-style-type: none"> 1. <i>Finds and accepts Teams assignments in Children Assigned to Caseload throughout the day:</i> <ol style="list-style-type: none"> a. <i>If you already know which child has been assigned to you, search for the child by name or EI# in the search box at the top of the caseload dashboard.</i> b. <i>If you are not looking for a particular child, click the “Retrieve” button to see all of the children on your caseload.</i> c. <i>Sort by the “Action Needed” button to bring cases waiting for acceptance to the top of the list.</i> d. <i>They will have a button on the right, labeled “Accept/Reject”.</i> e. <i>Click on the “Accept/Reject” button.</i> <ol style="list-style-type: none"> i. <i>A box will pop up. In the “EIOD or Service Coordinator Accept/Reject” box, select ‘Accepted,’ then click ‘Submit’ at the bottom. The box will close and you will return to the first page of the Children Assigned to Caseload screen. Return to the child you were working on by navigating to the screen in the list of screens at the bottom of the caseload dashboard, or by typing the child’s name or EI# in the search box at the top of the caseload dashboard. Click on the dark “edit” button to the right of the child’s row to access the case.</i>
Citywide Early Intervention Referral Unit	<ol style="list-style-type: none"> 1. Monitors ‘Children Assigned to Caseload’ from previous day in EI-Hub to ensure that the ISC Provider Agency has accepted or rejected the referral within 24 hours of sending the Teams and service authorization in NYEIS. 2. <i>Navigates to the child’s Teams and Services tabs to confirm ISC case acceptance or rejection.</i> 3. Contacts the assigned ISC Provider Agency if the assignment has not been accepted or rejected within 24 hours. 4. Once the ISC is confirmed, creates and sends Welcome Packet to the family. Welcome Packet must be mailed (or emailed with signed parental consent and provision of email address) to the family within 5 days of referral. Saves a copy of the Welcome Letter in the child’s electronic file. 5. Changes the child’s EIOD in Teams to the scheduling supervisor. 6. Sends email notification to scheduling supervisor to notify them of their new assignment.

Approved By:

Date: 8/15/2024

Assistant Commissioner, Early Intervention



Early Intervention Program Referral Form

- Anyone can make a referral by filling out this form or by calling 311 and asking for "Early Intervention."
- Administration for Children's Services (ACS) employees or agencies contracted with ACS must call the Citywide ACS Referral Hotline: 877-885-KIDZ (5439) to make referrals.
- For updates on the child's progress through the Early Intervention process, contact the child's service coordinator. Early Intervention is confidential. Parent/guardian written consent is required before information can be released.

1. REQUIRED INFORMATION		Child Info Child's Name: (First, Middle, Last) Referral Date: (MM/DD/YY) ____ / ____ / ____ Birth Date: (MM/DD/YY) ____ / ____ / ____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: (select all applicable) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander County of Residence: (borough) Child Known to ACS? (ward of social services) Y <input type="checkbox"/> N <input type="checkbox"/> Primary Language: If Multilingual, Secondary Language:	
		Child Address Primary Address Type: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Foster Care Parent <input type="checkbox"/> Residential Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Other: Primary Street Address: _____ City: _____ State: _____ Zip Code: _____	
2. REQUIRES INFORMED PARENT CONSENT		REFERRAL REASON <input type="checkbox"/> EARLY INTERVENTION (EI): Child with a suspected or known developmental delay or disability living in <u>any NYC Borough</u> Fax this form to the Citywide Early Intervention Referral Unit: 347-396-8801 Suspected of Delay Primary Area of Concern (EI): <input type="checkbox"/> Adaptive <input type="checkbox"/> Cognitive <input type="checkbox"/> Communication <input type="checkbox"/> Physical <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Diagnosis: Referral Source Type: <input type="checkbox"/> EI Provider <input type="checkbox"/> Hospital <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Parent/Family <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Other, specify: _____ Referral Source Name: (First, Last) Agency/Facility Name: _____ Phone: (_____) _____ - _____	
		<input type="checkbox"/> DEVELOPMENTAL MONITORING (DM): Child is developing typically but may be "at risk" for atypical development, <u>or</u> child missed or failed newborn hearing screening. Fax this form to DM/Child Find Citywide Referral Line: 347-396-8869 At Risk of Delay Referral Reason (DM): <input type="checkbox"/> Birth weight: 1,000-1,500 grams <input type="checkbox"/> Failed Hearing Screen <input type="checkbox"/> Other (See Appendix A):	
3. REQUIRES PARENTAL WRITTEN CONSENT		Family Information Primary Caregiver: (First, Last): Date of Birth: ____ / ____ / ____ Caregiver Type: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: Dominant Language: _____ Address same as child? <input type="checkbox"/> Y <input type="checkbox"/> N (if no, enter below) Telephone: Cell: _____ Home: _____ Work: _____ Alternate Caregiver: (First, Last): Date of Birth: ____ / ____ / ____ Caregiver Type: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: Dominant Language: _____ Address same as child? <input type="checkbox"/> Y <input type="checkbox"/> N (if no, see below) Telephone: Cell: _____ Home: _____ Work: _____ Street Address (for <input type="checkbox"/> Primary <input type="checkbox"/> Alternate Caregiver, if different than child): City: _____ State: _____ Zip Code: _____	
		Child in a Health Home? <input type="checkbox"/> Y <input type="checkbox"/> N Agency Name: _____ Phone: _____ Child's Doctor: _____ Doctor's phone: (_____) _____ - _____ Birth Weight: Pounds: ____ Ounces: ____ OR Grams: ____ Gestational Age: ____ weeks Parent may request an Initial Service Coordination Agency/Coordinator: _____	
Parental Consent to Receive Early Intervention/ Developmental Monitoring Welcome Letter by Email <p>I give permission for the NYC Early Intervention Program to send me my child's Welcome Letter from email address: ReferEI@health.nyc.gov to my email address at: _____. The letter includes the child's name, date of birth, and the name & phone number of the assigned Initial Service Coordinator.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>			
Need Help? Call 311 and ask for "Early Intervention Referral."			
EIP 6/2024			



Instructions for Completing the Early Intervention Program Referral Form

(Please do not fax with the referral form)

NOTE TO REFFERAL SOURCE:

- **ACS Referral Hotline:** Child who has a suspected or known delay OR Child who is typically developing but may be “at risk” for atypical development AND is involved in ACS Foster Care, Protective Services or Preventive Services. Early Intervention Specialists at the ACS Hotline will discuss appropriate next steps in the Early Intervention process. **All referrals coming from ACS must be called in using this designated hotline number.** Fax transmission is discouraged for ACS referrals.
- For updates on the child progress through the Early Intervention process after the referral is made, contact the child’s service coordinator. The parent will receive a Welcome letter approximately one (1) week after the referral is made with the name and contact information of the child’s assigned service coordinator. Early Intervention is confidential. Parent/guardian consent to share information is required before any information can be released.

Write legibly or type all referral information. The referral form is divided into three (3) sections.

Section 1 - Contains information fields that **must** be included when making a referral to the NYC Early Intervention Program (EIP). Submitting the information in Section 1 does not require parental consent. **This section should be filled out completely for the referral to be accepted.**

Note: Family has the right to refuse to have their child referred to EIP. However, written consent is not needed to submit a referral to the EIP.

Section 2 - Contains information that should be transmitted only with **informed parental consent**. Consent can be verbal or taken from another consent form used by the referring agency.

Section 3 - Contains information that requires a parent to indicate that they are giving **written signature** on this Referral Form.

The information contained in Sections 2 and 3 is important for appropriate routing of the referral and assignment of Initial Service Coordinator (ISC). Therefore, it is recommended that all sections be completed if possible, with parental consent obtained as indicated.

Information on this form must be typed or printed legibly.

Section 1: Required Information

Child Information

1. Write the child’s full name: first name, then last name. Write the referral date (the date you are completing this form) using two (2) digits each for month, day and year (e.g., 03/25/22). Enter the child’s date of birth in the same format.
2. Check the appropriate boxes for ethnicity, sex assigned at birth, and race. *More than one race can be selected.*
3. Enter the borough where the child resides.
4. Check the box to indicate whether the child is known to ACS. This includes Protective services, Preventive services, and Foster Care.
5. Enter the child’s primary language. If the child speaks more than one language, enter the child’s second language.

Child Address

6. Write the full address where the child lives, including the city (borough) and zip code. Indicate whether the child lives at that address with a biological parent, foster parent, or other adult, or if the address is a hospital or residential facility.

Referral Reason

7. Check either **Early Intervention OR Developmental Monitoring**. If the child is being referred because of a concern in a particular area, check off that concern under **Suspected of Delay Primary Area of Concern (EI)**. When making a DM referral, indicate **At Risk of Delay Referral Reason (DM)**. See Appendix A for examples.

All ACS referrals must be called in using the designated hotline number. Fax transmission is discouraged for ACS referrals.

Referral Source

8. Person Making the Referral: Check the box for the type of person or institution making the referral. Social service agency might include Department of Homeless Services/shelter personnel, SNAP, WIC, etc. Enter the name of the person, first name, then last name. If that person works for an agency or facility, enter the agency/facility name. Provide a phone number.

Family Information

9. Write the name of the child’s primary caregiver, first name, then last name. Provide that person’s date of birth, if known, using two (2) digits each for month, day and year (e.g., 03/25/22). Check the box for birth mother, birth father, foster parent, legal guardian or check Other and write in the person’s relationship to the child. Examples of other caregivers include family members such as grandmother and aunt. Indicate the caregiver’s primary language, and whether they live at the same address as the child. Provide all contact phone numbers available for the caregiver.
10. If an alternate caregiver is known, enter the same information for that person as for the primary caregiver.
11. If either caregiver lives at a different address than the child, write the address, city (borough), state and zip where they live, and indicate whether this address is for the primary caregiver or the alternate caregiver.

Section 2: Requires Informed Parent/Guardian Consent

1. Indicate if the child is in a Health Home. If they are, give the name of the Health Home agency and the phone number.
2. Write the name of the child’s doctor and their telephone number.
3. Write the child’s birth weight in pounds and ounces, or grams. Include the gestational age in weeks, if known.

4. If the family is requesting a particular initial service coordinator (ISC), write the name of the ISC, and the name of the SC agency, and the telephone numbers for the agency. Include the reason for the request. According to NYS law, a specific ISC or ISC agency can be requested when there is “an established relationship with the child or family.” However, final ISC assignment is at the discretion of the EI Regional Office.

Section 3: Requires Written Parent/Guardian Consent

- For referrals to EI: The parent must sign to consent for EI to send their child’s Welcome Letter by email, from the address ReferEI@health.nyc.gov. The letter contains the child’s name, date of birth, and the name and phone number of the assigned Initial Service Coordinator. The parent must provide the email address where the welcome packet should be sent.

Appendix A- Reason for Referral Clarification

Section 1 contains the REFERRAL REASON section. The individual referring the child must indicate whether the child is being referred to **EIP via the Citywide Early Intervention Referral Unit, or Developmental Monitoring (DM) (Child Find)**. The following indicators should assist with deciding which REFERRAL REASON box to check and where to send the referral.

EARLY INTERVENTION: Child with a suspected or known developmental delay or disability.

This referral is sent to the Citywide Early Intervention Referral Unit for a Multidisciplinary Evaluation (MDE). Check this box for a child with a developmental delay(s) and/or a diagnosed physical or mental condition with a high probability of developmental delay. The child should meet one or more of the following criteria:

- The child has a condition with a known likelihood of leading to a developmental delay such as Down Syndrome, a birth weight of less than 1,000 grams (2.2 pounds), failure of two (2) hearing screenings or a confirmed hearing or vision loss;
- The results of a developmental screening or diagnostic procedure, direct experience, observation, and perception of the child’s developmental progress indicate that he or she is not developing similarly to same age peers; or
- Parent or caregiver requests an evaluation or has provided information that indicates the possibility of a developmental delay or disability.

DEVELOPMENTAL MONITORING (Child Find): Child is developing typically but may be “at risk” for atypical development, or child missed or failed a newborn hearing screening or re-screening (*not re-screened within seventy-five (75) days from birth*).

This referral is sent to DM/Child Find Citywide Referral Line. Check this box for a child who missed or failed their newborn hearing screening and did not return for follow-up within seventy-five (75) days from birth. Also, check this box for a child who meets one or more of the risk criteria listed below:

Neonatal Risk Criteria	Post-Neonatal Risk Criteria	Other Risk Criteria
<ul style="list-style-type: none"> Birth weight less than 1,501 grams Gestational age less than 33 weeks NICU stay of ten (10) days or more CNS insult/abnormality Asphyxia (5 min Apgar 3 or less) Growth deficiency/nutritional problems (e.g., SGA) Presence of Inborn Metabolic Disorder Maternal prenatal alcohol abuse Congenital malformations Hyper- or hypotonicity Hyperbilirubinemia (above 20 mg/dl) Hypoglycemia (serum glucose less than 20 mg) Maternal prenatal abuse of illicit substances Prenatal exposure to therapeutic drugs with known risk Perinatally/congenitally transmitted Infection (e.g., HIV, hepatitis B, syphilis) Maternal PKU 	<ul style="list-style-type: none"> Parental developmental disability or diagnosed serious persistent mental illness Suspected/family history of hearing impairment Suspected/family history of vision impairment Genetic syndrome that may confer increased risk for developmental delay Other risk criteria identified by referral source (describe) Parental concern re: development Questionable score on developmental/sensory screen Illness/trauma with CNS implications requiring ICU more than ten (10) days Chronic serous otitis media (continuous for at least three (3) months) Growth deficiency/nutritional problems, FTT, iron deficiency Venous lead level at or above 5 mcg/dl HIV infection 	<ul style="list-style-type: none"> No prenatal care Parental drug or alcohol abuse History of child abuse or neglect* No well-child care by six (6) months Concern with parenting due to poor bonding, impairment in psychological/interpersonal functioning Significant immunization delay <p>* Referrals of typically developing children in ACS Foster Care who have not been screened should be sent to DM</p>

Early Intervention Family Welcome Packet

Note: Attached here is the English language version of the “Your Family Rights in Early Intervention” document. This document along with other family educational materials is available in ten (10) languages on the [**NYC Department of Health Early Intervention Action Kit**](#).

Dear Parent/Guardian:

Date:

Welcome to the New York City Early Intervention Program!

Early Intervention (EI) is a program for families of children under three years old who have developmental delays.

Your child:

was referred by:

on:

What happens next in Early Intervention?

You will receive a text message. It will ask if you would like EI to send you information about the Program and resources in your community. You do not have to sign up for text messages to be in EI. Message and data rates may apply.

The first person you will meet in Early Intervention is your **Initial Service Coordinator (ISC)**. Their name is:

. You can call them at:

The ISC will call you to set up a meeting with you. At this meeting your ISC will:

- Explain the EI process and answer your questions about the Program.
- Explain your rights and responsibilities in Early Intervention.
- Give you a copy of The Early Intervention Program: A Parent's Guide for Children with Special Needs - Birth to Age Three. (on-line: www.health.state.ny.us/community/infants_children/early_intervention/parents_guide/index.htm)
- Collect your child's insurance information or refer you to a Child Benefit Advisor if necessary.
- Help you choose an **agency to evaluate your child** at no cost.

What will my child's evaluation be like?

- Your child will have a full evaluation to find out if s/he has a delay that meets the EIP's eligibility requirements. This is called a **Multidisciplinary Evaluation (MDE)**. During the evaluation, tell the evaluators what your child can do and what you would like them to learn.
- Your evaluation team will talk to you about the results of the evaluation. EI will review your child's evaluation and may ask the evaluators for more information. Children with mild delays do not qualify for Early Intervention.

What should you do next?

- Please **keep all your EI appointments**. Call your ISC if you cannot keep an appointment or if an evaluator misses an appointment. If you miss appointments and we don't hear from you, we may close your child's case.
- Have your child's doctor fill out the medical form that comes with this letter.
- Tell your ISC whenever there is a change in your contact information.
- Visit the NYC DOHMH Early Intervention Program website: Along with information about the Early Intervention Program, you can also find the list of agencies available to provide service coordination, evaluations, and services in NYC: nyc.gov/health/earlyint .

What happens if my child is eligible?

- If the evaluation shows that your child is eligible for EI, an **Individualized Family Service Plan (IFSP)** meeting will be held **within forty-five (45) days of referral**. Your ISC will call you to find a date, time and location that is convenient for you. At the IFSP meeting, you can choose an **Ongoing Service Coordinator (OSC)**. You can find a list of OSC agencies here: https://www.health.ny.gov/community/infants_children/early_intervention/service_providers/
- An **Early Intervention Official Designee (EIOD), your ISC, and someone from your evaluation team** will meet with you to decide how EI will work with you to help your child develop in the best way they can. Your child learns all day long, by doing everyday things. Early Intervention services work best when caregivers participate during sessions and practice what they learn between sessions.

If you have questions that your Service Coordinator cannot answer, you need other help, or you do not receive A Parent's Guide, call the and ask for an Assistant Director.

You can also call the Early Intervention Director of Consumer Affairs at 347-396-6828.

Sincerely,

What Does Everyone Do in Early Intervention (EI)?

<p>FAMILY</p> <ul style="list-style-type: none"> Keeps all appointments. Speaks to the service coordinator when not able to keep an appointment. Has the child's pediatrician complete the medical form before all evaluations are finished. (An IFSP meeting cannot be held without the medical form). Gives health insurance information to the service coordinator.* Picks an evaluation agency and participates in the evaluation within two weeks of referral. Notifies the service coordinator of any changes in information, like address or phone number. Participates in the IFSP meeting. Participates during the child's services. 	<p>SERVICE COORDINATOR</p> <ul style="list-style-type: none"> Contacts and meets with you 4 days after we get your referral. Explains Early Intervention. Explains your rights and responsibilities. Explains how insurance is used in Early Intervention.* Gives you a copy of "A Parent's Guide." Helps you find an evaluation agency. Sends your child's health form to your Evaluation Agency Makes sure you get a copy of the evaluations. If your child is eligible, works with the EI Regional Office to schedule the IFSP meeting. Attends the IFSP meeting. Helps the family plan for services after EI.
<p>EVALUATION AGENCY</p> <ul style="list-style-type: none"> Asks you about your concerns about your child. Schedules appointments promptly. Conducts your child's evaluation and encourages you to participate. Completes and mails the evaluation to you, the service coordinator and the Early Intervention Office within 30 days of referral. Explains the results of the evaluations and answers parent's questions. Attends the IFSP meeting. 	<p>EARLY INTERVENTION REGIONAL OFFICE</p> <ul style="list-style-type: none"> Assigns an Initial Service Coordinator. Schedules the IFSP meeting within 45 days of referral with the service coordinator if the child is found eligible for the EI program. Facilitates the IFSP meeting. Authorizes services at the IFSP meeting. Answers questions. Reviews the child's plan every 6 months or more often if the family asks.

*If your child does not have private health insurance, Medicaid, or Child Health Plus, ask to meet with a Health Insurance Specialist.

*Sharing insurance information will not affect your insurance or Medicaid coverage in any way. You will not have to pay any deductibles or co-pays.

Get more information about Early Intervention at: <https://www.nyc.gov/site/doh/health/health-topics/early-intervention-information-for-families.page>

Your Family Rights

in Early Intervention

Evaluation	<ul style="list-style-type: none">⦿ You have the right to say yes or no to having your child screened or evaluated.
Choice	<ul style="list-style-type: none">⦿ You have the right to choose who evaluates your child (the evaluator).⦿ You have the right to choose your ongoing service coordinator at your child's individualized service plan meeting. <i>You cannot choose your service provider or therapist.</i>⦿ If you leave Early Intervention (EI), you can choose to come back at any time until your child's 3rd birthday.
Permission	<ul style="list-style-type: none">⦿ You have the right to say yes or no to enrolling your child in EI.⦿ You have the right to say yes or no to any of the services offered through EI. If you do not want a specific service, you can say no to that service and still get other services that you agree to.
Privacy	<ul style="list-style-type: none">⦿ You have the right to keep information about your child and family private. You must give written permission before we send information to people or agencies who do not work in EI.
Meetings	<ul style="list-style-type: none">⦿ You have the right to take part in—and invite others to — all meetings where decisions will be made about your child's evaluations or services.
Insurance	<ul style="list-style-type: none">⦿ You have the right to know if your insurance will be used to pay for EI services. If your insurance is used, there will be no direct cost to you.
Written Notice	<ul style="list-style-type: none">⦿ You must receive written notice before a change to your child's evaluation, eligibility or services is made.
Your Child's Records	<ul style="list-style-type: none">⦿ You have the right to look at any record about your child.⦿ You have the right to receive a copy of these records.⦿ You have the right to ask for a change in any record.

If you have questions or do not agree with a decision:

1. Speak with your service coordinator. They will be able to help you with most questions.

2. Call your Regional Office and ask to speak with an Assistant Director:

Bronx: 718-838-6887 • Brooklyn: 718-694-6000 • Manhattan: 212-436-0900

Queens: 718-553-3954 • Staten Island: 718-568-2300

3. Call Early Intervention Consumer Affairs: 347-396-6828.

4. If a problem is not solved or you disagree with a decision, you always have the right to ask for the decision to be reconsidered. This is called due process. Your due process rights include:

- Ⓐ **Mediation:** This is a way to discuss your concerns with EI and a mediator (someone not involved in the situation who can help you find a solution).
- Ⓑ **Impartial Hearing:** This is a formal process where an administrative law judge listens to the concerns and makes a decision.
- Ⓒ **Systems Complaint:** This is when you ask the New York State Department of Health to investigate a problem.

For mediation, write to:

Director of Consumer Affairs
NYC Early Intervention Program
42-09 28th St.
Long Island City, NY 11101
Phone: 347-396-6828
Fax: 347-396-8977

For an impartial hearing or a systems complaint, write to:

New York State Department of Health
Bureau of Early Intervention
Corning Tower, Empire State Plaza
Albany, NY 12237
Phone: 518-473-7016
Fax: 518-486-1090

NYC EARLY INTERVENTION PROGRAM INFORMATION FOR PARENTS ABOUT ELIGIBILITY

QUESTIONS AND ANSWERS

Q: My child was found not eligible for the Early Intervention Program (EIP). S/he isn't doing things like other children his/her age. Why isn't s/he eligible?

A: By law, the Early Intervention Program can only provide services for children who have significant delays in development. Children develop skills at different times and at their own pace. For example, one child may start to walk at 11 months while another child starts at 16 months.

The EIP is not a program for children who are “late talkers” or “late walkers”. Sometimes, children have challenging behaviors like temper tantrums or don’t like to try new foods. This can all be a part of typical early childhood development.

Q: The reports I got said that my child has a delay. They recommended that s/he get therapy. But I was told that s/he is not eligible for Early Intervention. How can that be?

A: While your child might have a delay and could benefit from therapy, the delay might not be significant enough to qualify for Early Intervention in New York State. For example, the NYS EI program says that a significant delay in communication is:

- no single words at 18 months,
- fewer than 30 words at 24 months
- no two-word combinations at 36 months.

Bring the reports to your doctor and ask if they could recommend therapy paid for by your health insurance. Your Service Coordinator can also help you find low-cost therapy services. Some graduate school programs have clinics that provide therapy on a sliding scale. These schools are listed below.

Q: I am still concerned. What can I do?

A: Ask your Service Coordinator for a referral to the EIP Developmental Monitoring Unit. You will be contacted every couple of months to complete an Ages and Stages Questionnaire (ASQ). This will tell you if your child is still developing within age limits or if he/she should be re-evaluated.

Resources for Parents

Free or Low-Cost Speech Services are available at colleges and universities in NYC:

- [Brooklyn College](#) – 718-951-5186 | slhcenter@brooklyn.cuny.edu
[Lehman College](#) – 718-960-6084 | speechhearing.center@lehman.cuny.edu
[New York University](#) – 212-998-5230 | nyuspeechclinic@nyu.edu
[Queens College](#) – 718-997-2946 | speechcenter@qc.cuny.edu
[Touro College](#) – 347) 532-6300, ext. 2 | rosalie.unterman@touro.edu

Child Care Referrals - If you are interested in finding day care services, contact the organizations below:

NYC Child Care Connect - <https://a816-healthpsi.nyc.gov/ChildCare/childCareList.action>

- Use Child Care Connect to search for a licensed child care program near you. You can search inspection records, compare child care centers across the city, and filter for free or low-cost options.

Early Learn – <https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/infant-and-toddler>

- NYC offers free or low-cost child care and educational options for children from eligible families. EarlyLearn programs include Infant/Toddler programs and Early Head Start.
- Call Monday-Friday, 8am-6pm at 718-935-2009 for enrollment support

NYS Office of Children and Family Services - Search for home-based and after-school programs at:
<https://www.ocfs.ny.gov/programs/childcare/looking/#search>

INCLUDEnyc - Supports children and youth with disabilities or suspected disabilities (ages birth through 26) and their families.

<https://includenyc.org/>

520 8th Avenue, 25th Floor, Suite 2500

New York, NY 10018

info@includenyc.org

English: 212-677-4660 | 646-693-3175 (Texting)

Spanish: 212-677-4668 | 646-693-3157 (Texto y WhatsApp)

The New York City Child Care Resource and Referral Consortium - The Consortium offers free and low-cost services including consultations and referrals for families to support them in making the right child care choices for their children.

<https://nyccrr.org/>

888-469-5999 | info@nyccrr.org

The consortium is made up of the four organizations below:

- **Child Development Support Corporation**

<http://www.cdscnyc.org>

352-358 Classon Avenue, 2nd Floor

Brooklyn, NY 11238

718-398-2050 or 718-398-6738 | info@cdscnyc.org

718-398-6182 (Fax)

- **Chinese American Planning Council**

<https://childcarecpc.org/parents/>

165 Eldridge Street (Child Care Resource & Referral site)

New York, NY 10002

childcare@cpc-nyc.org

212-941-1828 (English) | 212-792-4597 (Chinese) | 212-792-4541 (Spanish)

212-343-9567 or 212-226-5351 (Fax)

- **Committee for Hispanic Children and Families**

<https://www.chcfinc.org/>

75 Broad Street, Suite 620

New York, NY 10004

212-206-1090

212-206-8093 (Fax)

- **Day Care Council of New York**

<https://www.dccnyinc.org/>

1430 Broadway, Suite 404

New York, NY 10018

212-206-7818 | info@dccnyinc.org

212-206-7836 (Fax)

The goal of the Early Intervention Program is to help families help their children learn and develop.

If your child is eligible for the program, we will assign a team to your child that will include teachers, therapists, a service coordinator, and an Early Intervention Official Designee.

Together, your team will develop a plan and identify services based on your concerns, priorities, and resources. They will work with you to meet your child's and your family's goals.

What is Telehealth?

Telehealth is when **evaluations** and **therapies** are provided online, through a live video session. It is like receiving an in-person evaluation or therapy session. You can see, hear, and talk to the teacher/therapist/evaluator about your child.

- You will need a smartphone or a laptop/computer and the internet.
- All Early Intervention services are confidential and live telehealth video sessions must meet privacy rules.
- Research shows that telehealth can be as helpful as in-person services for children with different types of developmental delays.

Telehealth in the Early Intervention Program

Don't Wait! Consider Telehealth Evaluations or Services

- It will give you greater scheduling flexibility.
- It is as effective as in-person therapy and has been used in other States for many years.
- It increases positive child outcomes.
- It increases parent involvement, a feeling of competence, and empowerment.

What to Expect

- Telehealth and EI supports the parents in a child's life.
- The teacher and therapist will coach you working to support your family during daily routines.
- Babies and toddlers need lots of practice and, when parents receive coaching, their children get more practice and learning with their family in between therapy sessions.
- The teacher or therapist pays close attention to the family's learning style and cultural beliefs to help support your family.

- More frequent and quality back-and-forth interactions between children and their parents help lay the foundation for learning and health, for now and in the future.

Have questions or want more information?

Please contact your initial service coordinator or call the Regional Office (in the borough you live in) and ask to speak to an assistant director.

General phone numbers for the NYC Early Intervention Regional Offices:

Bronx: 718-838-6887

Queens: 718-553-3954

Staten Island: 718-568-2300

Manhattan: 212-436-0900

Brooklyn: 718-694-6000

- You can also contact the Office of Consumer Affairs at: 347-396-6828 or EICConsumerAffairs@health.nyc.gov



Questions and Answers for Families about Telehealth in Early Intervention

Q: What is telehealth?

A: Telehealth (or teletherapy) is the way for your child to get Early Intervention (EI) evaluations or services without an evaluator or therapist coming in person to your home, and it works. Research shows it can be as helpful as in-person services for children with different types of developmental delays.

Q: What do I need in order to receive EI services by telehealth?

A: You and the evaluator or therapist will each use a tablet, smartphone, or laptop computer so that you can see and hear each other. You will each need a reliable Internet connection.

Q: Does telehealth work?

A: Both telehealth and in-person are ways that work well to provide services or evaluate your child. Some states have been offering telehealth as a way to get Early Intervention services for many years. Research shows that telehealth offers more flexibility with scheduling and increases parent engagement in their child's therapy or evaluation session. Parents say that they feel

more empowered to help their child make progress when their child gets teletherapy sessions.

Q: I'm not a therapist. How am I supposed to do the therapy activities with my child?

A: Early Intervention has always had a family-centered approach that uses embedded coaching, where the Early Intervention evaluator/therapist coaches *you* in ways to work with your child. When receiving services by telehealth, you only use toys and other items you have at home.

Q: My child is young. How are they going to pay attention to the therapist on the screen?

A: You're the one who will see on the screen what the therapist/teacher is explaining. Then you try it with your child and the therapist/teacher sees what you're doing. This way, the therapist/teacher can see what typically occurs during your family's routine activities, the skills your child uses to carry out those routine activities with your help, and how your child interacts with others including you!

Q: What if I want in-person but there are no available service providers?

A: Give telehealth a try. If you've told your IFSP team that you prefer in-person services, they'll keep looking for an in-person service provider while you accept telehealth for the time being. It's much better for your child to receive some of their services by telehealth than to not receive

those services at all while you're waiting for in-person services to be found.

Q: I accepted telehealth and we did a few sessions, but I don't feel my child is making progress. What should I do?

A: Give it a little more time. You can also ask your therapist to schedule a few in-person sessions so you can look together for new ways to address a functional outcome without the limits of a screen. This way, the therapist can see your child in-person in their natural environment and may have some new ideas about how to make telehealth work better for you and your child.



Chapter 2: Children Known to the Administration for Children's Services (ACS)

EARLY INTERVENTION PROGRAM KEY DEFINITIONS – CHILDREN KNOWN TO ACS

EI, EIP – Abbreviation for the Early Intervention Program

New York City Administration for Children’s Services (ACS) – The New York City agency with legal care and custody or custody and guardianship of children in foster care.

Basic Medical Evaluation – ACS is required to provide a comprehensive health assessment within 30 days of the child entering foster care. This includes hearing and vision screening and an assessment to determine if the child requires services to address developmental delays.

Foster Care Case Planner – Person assigned to the child’s case by the ACS-contracted agency that is responsible for the foster care placement; often referred to as the “case planner.” The Foster Care Case Planner develops permanency plans for the child after consultation with all applicable service providers and the birth parent(s); as the primary plan is typically reunification with the child’s family of origin, the Foster Care Case Planner must make diligent efforts to support reunification. The Foster Care Case Planner has the primary responsibility for providing, coordinating, and evaluating the provision of services to the family.

Child Protective Proceedings – Proceedings brought by ACS on behalf of children alleged to be abused and/or neglected, in accordance with Article 10 of the Family Court Act. One possible outcome of such proceedings is the child’s placement into foster care/ the care and custody of the local commissioner of social services (in New York City, the Commissioner of ACS).

Children at Risk – Note that EI and ACS have different definitions of being “at risk”:

Early Intervention Definition: Children at risk for developmental delay. The following risk criteria may be considered in the decision to make a referral to the Early Intervention Program:

- No prenatal care;
- Parental developmental disability or diagnosed serious and persistent mental illness;
- Parental substance abuse, including alcohol or illicit drug abuse;
- No well-child care visit by 6 months of age, or significant delay in immunizations;
- Other risk criteria as identified by the primary referral source.

Social Services (ACS) Definition: immediate or impending danger of harm to a child’s life or health, as a result of actions or inactions by the child’s parent(s) or caretaker(s).

Days – In the Early Intervention Program, “days” means calendar days.

Due Process – Procedures designed to protect rights granted under the Early Intervention statute and regulations, including requirements for confidentiality and consent, and processes to resolve disagreements and file complaints.

Education Liaison – An employee of a foster care agency who is responsible for supporting Caseworkers in fulfilling their obligation to ensure that children in foster care receive an appropriate education. This employee works with program staff, parents, children, schools, and the local education agency to ensure that all children are receiving appropriate services needed to

reach their education goals. The Education Liaison's title will vary depending on the foster care agency and may include Education Specialist, Education Coordinator, Care Manager, Care Coordinator, Early Childhood Specialist or Early Literacy Coordinator, among others.

Individualized Family Service Plan (IFSP) – A written plan for providing early intervention services to a child eligible for the Early Intervention Program and the child's family.

Local Departments of Social Services (LDSS) – The local agencies in New York State responsible for, among other functions, child protective and foster care services. Includes the NYC Administration for Children's Services (ACS), the 57 county departments of social services, and the St. Regis Mohawk Tribe.

Mediation – A voluntary, non-adversarial process by which the parent (or surrogate parent) of a child and the Early Intervention Official are assisted in the resolution of a dispute with the Early Intervention Program. In mediation, the parent and the Early Intervention Official try to reach an agreement with which both are satisfied.

Parent – A parent by birth or adoption, a person in parental relation to the child, or a surrogate parent.

Parental Rights – Parents have a fundamental right to direct the care, custody, and control of their children. Unless parents of a child in foster care have voluntarily surrendered guardianship and custody of the child or voluntarily designated someone else to make educational decisions, or the Family Court has limited the parent's rights to make educational decisions or terminated the parent's rights (i.e., involuntarily terminated the parent's guardianship and custody of the child) after diligent efforts have been made to achieve reunification, the parent still has rights and must, if available, be actively involved in service planning and decision-making for their child.

Person in Parental Relation:

- The child's custodian (a person who has assumed the charge and care of the child), or
- A person acting in the place of a parent (such as a grandparent or step-parent with whom the child lives) who is legally responsible for the child's welfare.

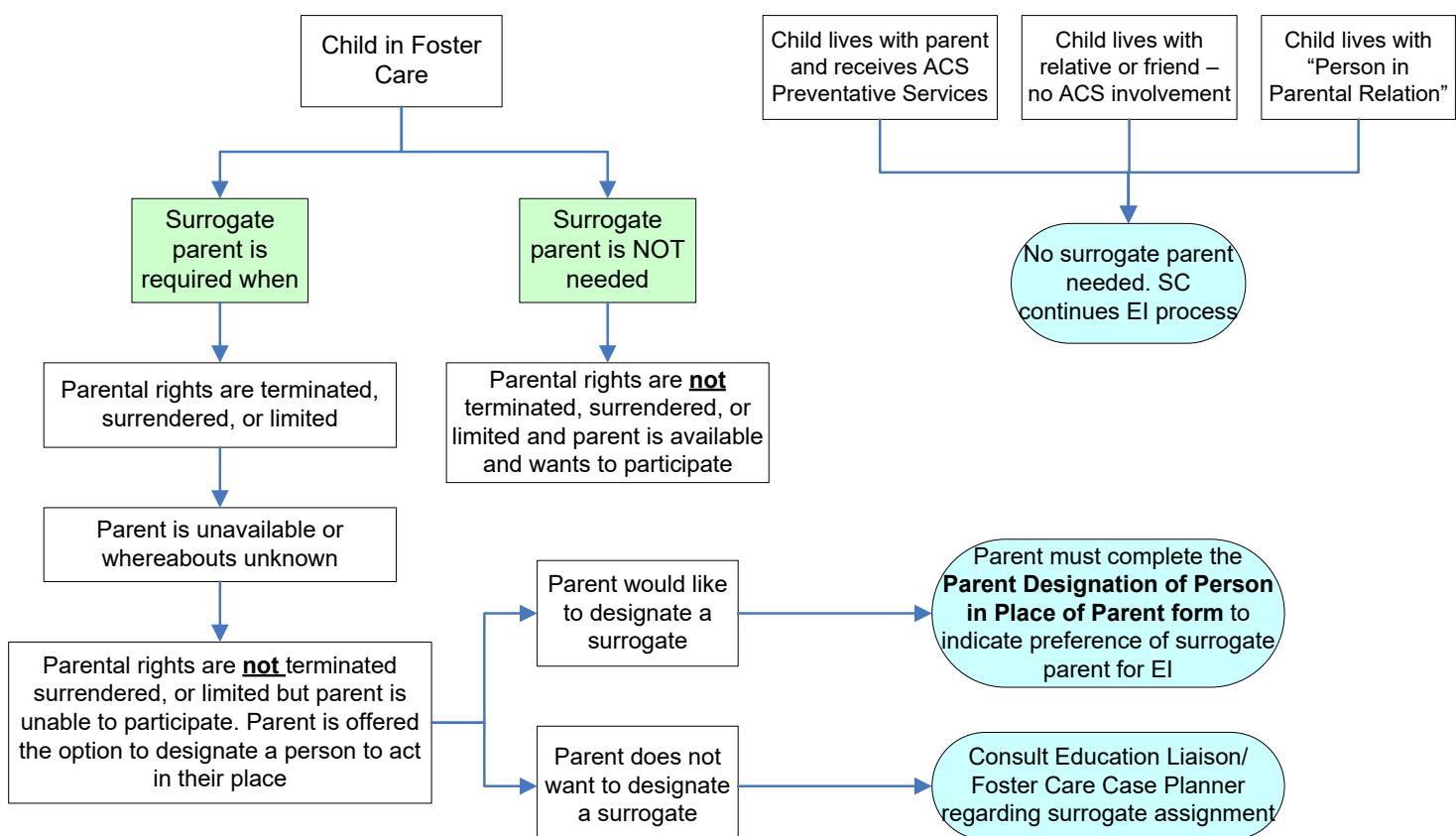
Surrogate Parent – A person who is appointed by the Early Intervention Program to act in place of the parent when the parent(s) is not available to participate in making decisions about the child's involvement in the Early Intervention Program. The surrogate parent has the same rights and responsibilities as accorded to the parent by the Early Intervention Program and will represent the child in all matters related to Early Intervention.

Ward of the State – A term used in NYS Law to refer to a child whose custody and guardianship have been transferred to the local social services official (in New York City, the Commissioner of ACS). Some examples include: a voluntary surrender by the child's parent, a termination of parental rights by a family court or surrogate court, or when both parents are deceased.

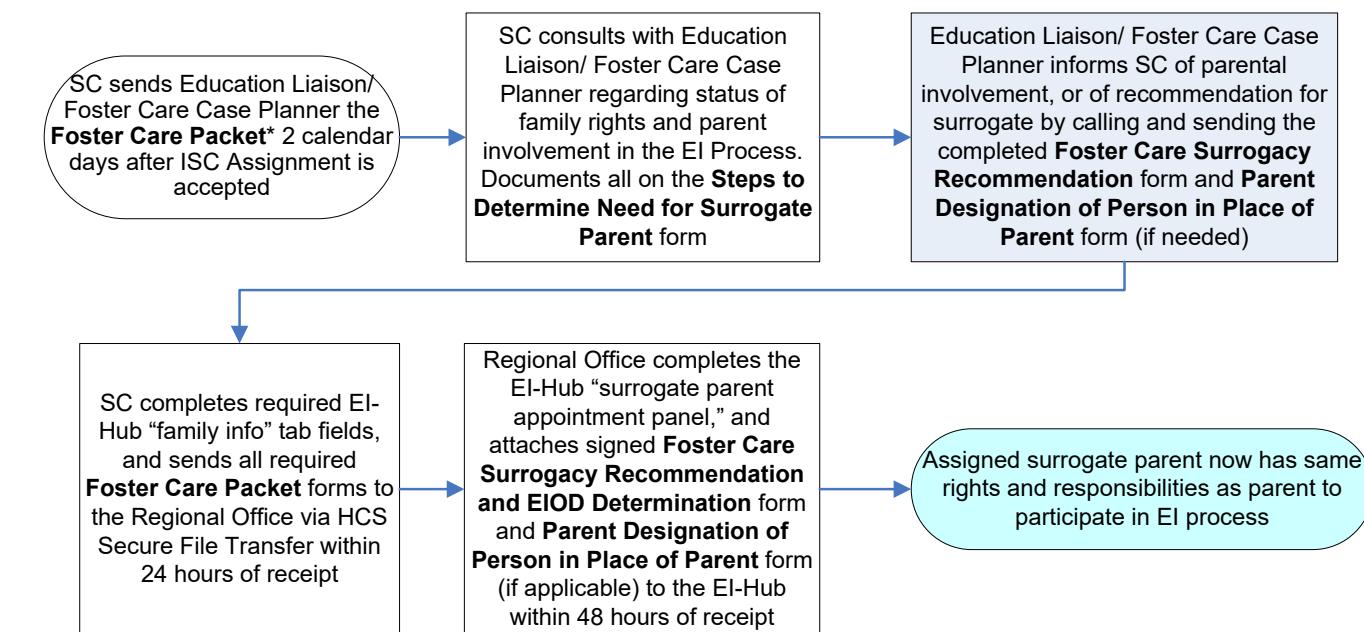
NYC EARLY INTERVENTION PROGRAM

Determining Need for a Surrogate Parent & Assignment Steps

Determining Need



Assignment Steps



***Foster Care Packet:**

- Request For Foster Care Surrogacy Determination
- Foster Care Surrogacy Recommendation and EIOD Assignment form
- Parent Designation of Person in Place of Parent form,
- Re-assignment or Termination of Surrogacy By EIOD form,
- Parental Consent to Use E-mail to Exchange Personally Identifiable Information form

NEW YORK CITY EARLY INTERVENTION PROGRAM

Policy Title: Determining the Need for and Assigning a Surrogate Parent Policy	Effective Date: October 15, 2024
Policy Number/Attachment: 2-A	Supersedes: Policy 2A and Policy 2B – dated July 1, 2010
Attachments: <ul style="list-style-type: none"> - Definitions – Children Known to ACS - Surrogacy Flow Chart - Steps Taken to Determine Need for Surrogate Parent for Children in Foster Care - Early Childhood Education Foster Care Contacts List - Request for Foster Care Surrogacy Determination Letter - Foster Care Surrogacy Recommendation and EIOD Assignment form - Parent Designation of Person Acting in Place of Parent form - Parental Consent to Use E-mail to Exchange Personally Identifiable Information form - Re-Assignment or Termination of Surrogacy form - Secure File Transfer Q&A (w/ link to guide) 	Regulation/Citation: 20 USC 1431-1439 34 CFR 303 et seq. NYCRR Section 69-4.15 NYCRR Section 69-4.16 NYSDOH Protocol on Children in Foster Care Who Participate in the Early Intervention Program

I. POLICY DESCRIPTION:

The New York City Early Intervention Program (EIP) is committed to ensuring that children in foster care receive a timely Multidisciplinary Evaluation (MDE) to determine eligibility. If eligibility is established, an Individualized Family Service Plan (IFSP) meeting will be held within **forty-five (45) days** of referral to the EIP.

When a child is in foster care, the Initial Service Coordinator must determine if a surrogate parent is needed. The goal of foster care is reunification between the child and parent of the child in Foster Care even though the child may not be living with the birth parent at the time. For most children birth to three years old involved in foster care, parents retain the right to make educational decisions. Therefore, if a parent's rights have not been limited and the parent wants to be involved in the Early Intervention process, a surrogate parent will not be needed.

To determine if a surrogate assignment is necessary, the Initial Service Coordinator (ISC) must:

- Consult with the Education Liaison/ Foster Care Case Planner at the assigned Foster Care Agency to determine if parental decision-making rights are intact,

- Outreach should be made using the [Early Childhood Education Foster Care Contacts List](#).
- Facilitate the parent's involvement in the EI process to the maximum extent possible, and
- Inform the EIP if there is a need for a surrogate parent assignment.

In some instances, the parent of the child in Foster Care may not be able to be involved in the EI process due to life circumstances. In those cases, the parent may designate a person to act in their place. In such cases, the person that the parent designates will participate in the EI process as a surrogate parent.

However, it is the expectation of the EIP that the parent of the child in Foster Care will be updated regularly on their child's status in the EIP, even if a surrogate parent is assigned. The Initial and Ongoing Service Coordinators are required to maintain at least monthly communication with the parent of the child in Foster Care to provide information and updates as to the status of their child's case in the EIP. Furthermore, if the parent of the child in Foster Care designated a person to act in their place, the parent of the child in Foster Care can revoke that assignment at any time so that the parent themselves may participate and make decisions in the EIP.

If a child needs a surrogate parent assignment, the Early Intervention process cannot begin/continue until a surrogate has been appointed by the Early Intervention Official Designee.

Note: A *surrogate parent* is a person who is qualified and willing to serve in such capacity and who:

- (1) has no interest that conflicts with the interests of the child;
- (2) has knowledge and skills that ensure adequate representation of the child;
- (3) if available and appropriate, is a relative who has an ongoing relationship with the child or is a foster parent with whom the child resides;
- (4) is not an employee of the lead agency or any other public agency or provider involved in the provision of early intervention or education, care or other services to the child, provided, however, that a person who otherwise qualifies to be a surrogate parent is not considered an employee solely because he or she is paid by a public agency to serve as a surrogate parent;
- (5) has been selected, for any child who is in foster care whose parent is unavailable and who is in the care and custody of the local social services commissioner, in consultation with the local commissioner of social services or designee; and
- (6) in the case of a child who is in foster care, the Early Intervention Official shall recognize the appointment of a surrogate parent by a judge overseeing the child's case, for purposes of the Early Intervention Program.

Please note that, while a surrogate parent may be the foster care parent with whom the child lives, this may not always be the case.

This policy also applies to instances when a child who is **already receiving** EI services needs a surrogate parent for the first time. **This policy does not apply to families receiving preventive services, as the child resides with the parent.**

To support the retention in the EIP of this important group of children, each New York City Bureau of Early Intervention Regional Office has designated a Regional Office Assistant Director (AD) to act as the Foster Care Liaison. Service Coordinators should call the Regional Office in the borough where the child resides and ask to speak with the Regional Office AD – Foster Care Liaison for assistance in addressing surrogacy and other foster care issues.

HIGHLIGHTS AND KEY INFORMATION

- Children can be known to the Administration for Children's Services (ACS) without being in foster care. If a child is known to ACS but is not in foster care, the EIP process proceeds as with any other child.
- Children living with relatives may or may not be in foster care. If a child has **not** been placed by a court or their parent/s in the care and custody of the local social services department (ACS), the child is not in foster care, and the relative may be acting as a person in parental relationship. This person can make decisions for the EIP, and no surrogate is needed.
- If the parent's decision-making rights are intact, a child's placement in foster care does not in itself require the assignment of a surrogate. In such cases, a surrogate is only needed when the parent of the child in foster care cannot be located or if the parent of the child in foster care decides that they prefer someone else to make decisions regarding the EIP on their behalf.
- Even if a parent of the child in foster care whose decision-making rights are intact chooses a surrogate, they are still entitled to be involved in the evaluation process and to receive monthly status updates from the service coordinator when requested.
- If a parent's decision-making rights have been surrendered, terminated or limited, or both parents are deceased, the Foster Care Agency will provide that information upon the request of the Service Coordinator. In such cases, a surrogate is needed.

Note:

- Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy.
- This policy requires that forms be submitted to the NYC Bureau of Early Intervention using secure file transfer. Secure file transfer is a feature in the New York State Health Commerce System (HCS). All EI-Hub users have HCS Accounts. Otherwise, they would not be able to access the EI-Hub. A secure file transfer reference guide is linked [here](#).

II. PROCEDURE

Responsible Party	Action
Initial Service Coordinator (ISC)	<ol style="list-style-type: none"> 1. Reviews the following tabs and panes in the EI-Hub to determine who the child lives with, and if the child is known to the Administration for Children's Services (ACS): <ol style="list-style-type: none"> a. <i>Logs into the EI-Hub and clicks on Case Management Module to the right of the main screen. The screen will open to "Children Assigned to Caseload." Clicks on the "Retrieve" tab to view the list of children on the caseload.</i> b. <i>Checks "Children Assigned to Caseload" throughout the day for newly assigned cases.</i> c. <i>Follows instructions in the Referral Policy to accept newly assigned cases within 1 day of appearing on "Children Assigned to Caseload".</i> d. <i>To work on cases newly accepted onto your caseload:</i> <ol style="list-style-type: none"> i. <i>Selects "Edit" to the right of the child's name for the case you wish to work on.</i> <ul style="list-style-type: none"> • <i>The child's case will open to the "Child at a Glance" tab to access the phone number of the child's caregiver</i> • <i>Clicks on the Child Info tab.</i> <ul style="list-style-type: none"> ○ <i>Looks to see if the box at the bottom of the Child Info screen is checked for "Is child a ward of social services" to determine if the child is known to ACS.</i> ii. <i>Locates the family's contact information in the EI-Hub.</i> <ul style="list-style-type: none"> • <i>Clicks on the "Family Info" tab.</i> • <i>The tab will open to a grid showing the child's last name.</i> • <i>Clicks on the blue button to the right in the grid.</i>

Initial Service Coordinator (ISC)

- *The screen will open to a grid showing the child's name and at least one adult's name and their relationship to the child.*
- *Reviews the information under "Family Type" and the information under "Notes."*
 - *If the Family Member Type indicates caseworker, or foster parent, child is involved with ACS.*
 - *Checks Family Member Notes for additional relevant information, such as foster care case planner supervisor's name and assigned Education Liaison and contact information.*
- *Scrolls to the right and looks for the "Contact Type" column. This will indicate which adult is the primary contact. Further to the right is a column for "Phone" with the phone number.*

Note:

- The "Child at a Glance" tab should display the child's phone number. However, the ISC is required to check the *Family Info* tab grid to determine the caregivers involved in the child's life and ACS involvement.

2. Contacts the parent/caregiver within two (2) days of the child's referral to the Early Intervention Program
 - a. If the service coordinator determines that the child is in Foster Care through the information provided in the EI-Hub "Family Info" tab or via a conversation with the identified primary contact identified in the EI-Hub:
 - i. Informs the parent/guardian that their child was referred to the Early Intervention Program, and explains:
 - The benefits of the EIP
 - The voluntary nature of the EIP
 - The confidential nature of the program
 - That Early Intervention is provided to eligible children regardless of race, ethnicity, income or immigration status
 - ii. Informs the parent/guardian that the service coordinator will reach out to the foster care agency to get all the required information about the family rights
 - iii. Once the service coordinator receives the required information from the foster care agency, they will reach out to the parent/guardian to inform them of the outcome and obtain all needed consents to start the EI evaluation process.
3. Contacts ACS and/or the foster care agency to determine the availability of the parent.
 - a. If the child is not in foster care but is living with a person who is not the parent, the child may be living with a person in parental relation, in which case they do not need a surrogate parent.
 - i. 10NYCRR69-4.1 (1) (aj) defines person in parental relation as:
 - The child's legal guardian;
 - The child's standby guardian appointed by the Surrogate Court;

Initial Service Coordinator (ISC)

- The child's custodian; a person shall be regarded as the custodian of a child if he or she has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown; or
- Persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives as well as persons who are legally responsible for the child's welfare.

- ii. A person in parental relation may sign all consents, including the Consent for Evaluation.
 - iii. A person in parental relation does not need to be assigned as a surrogate parent.
 - b. If the child is not in foster care but has been removed from their home by ACS and placed by the Family Court in the temporary custody of a non-custodial parent, relative, or other suitable person under the supervision of ACS (i.e., a “non-LDSS placement” or “direct placement”), the temporary custodian may sign all consents, including the Early Intervention Consent for Evaluation, and does not need to be assigned as a surrogate parent.
 - c. If the child is known to ACS but is not in foster care and lives with a parent, **they do not need a surrogate parent.**
 - d. If a child is not living with a parent, is a ward of the State (see definition below), and lives with a foster parent (including in kinship care), **the child may be in foster care and may, but does not necessarily, need a surrogate parent.**
 - i. Ward of the State – a term used in the Early Intervention Program referring to a child whose custody and guardianship have been transferred to the local social services official [ACS]. Some examples include: a voluntary surrender by the child’s parent, a termination of parental rights by a family court or surrogate court, or when both parents are deceased.
 - ii. Kinship care means that a child is being raised by an adult relative other than a parent. It is different than a relative acting in parental relation because the child’s custody has been transferred to the local social services official.
4. For children in foster care, initiates the following steps **no later than two (2) calendar days** from the date that ISC assignment was accepted.
- a. Documents all steps taken to determine Surrogacy on the Steps Taken to Determine Need for Surrogate Parent for Children in Foster Care form.
 - b. Sends the Education Liaison/ Foster Care Case Planner the Early Intervention Foster Care Packet, which consists of the following forms:
 - i. [Request for Foster Care Surrogacy Determination Letter](#)
 - ii. [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form
 - iii. [Parent Designation of Person Acting in Place of Parent](#) form
 - iv. [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form
 - v. [Reassignment or Termination of Surrogacy](#) form

Initial Service Coordinator (ISC)

- c. Contacts the Education Liaison/ Foster Care Case Planner no later than **two calendar (2) days** after sending the Early Intervention Foster Care Packet using the [Early Childhood Education Foster Care Contacts List](#), to confirm receipt, explain the included forms and provide the following information:
- i. The fact that a referral was received by EIP.
 - ii. The name and phone number of the Initial Service Coordinator (ISC), indicating that the ISC can be contacted to obtain updates about the status of the case. Refer to Policy 2-B: [Release of Foster Care Information in Child Records](#).
 - iii. The [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) allows for email communication and transmission of surrogacy forms between the ISC and the Education Liaison/ Foster Care Case Planner once written parental consent is obtained on the form.
 - If the Education Liaison/ Foster Care Case Planner is interested in this communication option, the ISC should provide their relevant contact information over the phone to expedite completion of the form and parental consent.
 - iv. If parental decision-making rights have been surrendered, terminated or limited, the parent will not be contacted by the ISC, and a surrogate parent must be assigned.
 - v. If parental decision-making rights are intact and the parent is unsure about having their child participate in the EIP, the ISC can speak with the parent in partnership with the Education Liaison/ Foster Care Case Planner and/or a parent advocate, or on their own, as with any other parent.
 - vi. If parental decision-making rights are intact, but the parent of the child in foster care wants to designate a surrogate parent to act on their behalf, the parent of the child in foster care should still be included in the evaluation to the maximum extent possible, and the ISC must provide them with monthly updates as to the status of their child in the EIP.
- ci. Obtains full contact information of the parent(s) of the child in foster care including: Name(s), Address(es), Phone Numbers(s)
- i. *Adds parent information in the “Family Info” tab in the EI-Hub*
 - ii. Follows EI-Hub steps to enter family member information in [Policy 3-A: Initial Service Coordination Responsibilities](#).
- ci. Requests that the Education Liaison/ Foster Care Case Planner complete the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form; [Parent Designation of Person Acting in Place of Parent](#) form (if applicable), and [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form (if applicable) and send them back to the ISC **within seven (7) calendar days**.

Note:

- If the SC does not receive the **Foster Care Surrogacy Recommendation and EIOD Assignment** form back **within seven (7) calendar days** after confirming receipt, the SC must contact the Education Liaison/ Foster Care Case Planner to determine the cause of the delay. If parental decision-making

Initial Service Coordinator (ISC)

	<p>rights are intact and the foster care agency is still attempting to contact the parent, the SC should assist the foster care agency with their outreach efforts.</p> <ul style="list-style-type: none"> • If the ISC cannot reach the Education Liaison or the Foster Care Case Planner, they should speak with the Case Planner Supervisor. • If the foster care agency cannot be reached within five (5) calendar days of sending the Early Intervention Foster Care Packet to the Education Liaison/ Foster Care Case Planner, the ISC is required to contact the ACS Office of Youth Success: Education Unit for assistance at: education.unit@acs.nyc.gov. <ul style="list-style-type: none"> ○ When contacting the ACS Office of Youth Success: Education Unit, ensure that child information is kept confidential in email communication. The subject line should state: "Early Intervention child ID: (Insert #) assistance with surrogacy determination needed". The body of the email should provide the child's initials and EI-Hub ID number only, state that assistance is needed contacting the foster care agency and indicate the number of attempts and the dates that the attempts were made. The Regional Office AD - Foster Care Liaison should be copied on email communication to the ACS Office of Youth Success: Education Unit.
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Education Liaison/Foster Care Case Planner

	<p>Receives the Early Intervention Foster Care Packet from the assigned ISC.</p> <p>If the child is not in foster care but is involved with ACS, contacts the child's ISC within three (3) calendar days and:</p> <ol style="list-style-type: none"> a. Informs them that the child is not in foster care and that the ISC should work directly with the parent to facilitate the EI process because no surrogate parent assignment is needed. <p>If the child is in foster care and the decision-making rights of the parent are intact, contacts the parent within three (3) calendar days of receipt from the ISC of the Early Intervention Foster Care Packet to:</p> <ol style="list-style-type: none"> a. Notify them of the referral to EI; b. Determine if the parent of the child in foster care will participate in the EI process: <ol style="list-style-type: none"> i. If the parent of the child in foster care wants to participate in the EI process: <ul style="list-style-type: none"> • Completes the Foster Care Surrogacy Recommendation and EIOD Assignment form; • Completes the Parental Consent to Use E-mail to Exchange Personally Identifiable Information form and obtains written parental consent, if the Education Liaison/ Foster Care Case Planner would prefer to communicate with the Service Coordinator via email or submit completed forms via email; • Provides the ISC with the name and contact information for the parent of the child in foster care for ISC follow-up; • Contacts the parent of the child in foster care to explain the reasons for the EI referral and the benefits of services offered through the Early Intervention Program; • Notifies the parent of the child in foster care that the ISC will be contacting them to discuss their participation in the EI process;
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**Education
Liaison/Foster
Care Case Planner**

- Provides the name and contact information of the assigned Service Coordinator to the parent of the child in foster care.
- It is strongly recommended that a conversation occur between the Foster Care Case Planner and the parent of the child in foster care as to where the EI evaluation can take place:

- If the parent has regular visitation with the child, the evaluation may take place during the parent's regularly scheduled visit with the child.
- If the parent cannot participate in the evaluation due to scheduled appointments, required vocational training, etc. and the child is in a day care setting, the evaluation can take place at the day care, or
- Discuss alternate acceptable locations for the evaluation.
- Discuss the parent's option to participate virtually in the evaluation.

ii. If the parent is unable to participate in EI and wants to designate a surrogate:

- Completes the [Foster Care Surrogacy Recommendation and EIOD Assignment form](#)
- Completes the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information form](#) and obtains written parental consent, if the Education Liaison/ Foster Care Case Planner would prefer to communicate with the Service Coordinator via email or submit completed forms via email
- Completes the [Designation of Person Acting in Place of Parent](#) form and obtains written parental consent.
 - Provides the parent with the contact information for the ISC and informs the parent that the ISC can contact the parent regularly to provide them with updates on their child's service plan if the parent requests such updates on the [Designation of Person Acting in Place of Parent](#) form.
- Informs the parent that they can also contact the ISC themselves to get updates about their child's case
- Provides the ISC with the parent's name and contact information for updates

iii. If the Education Liaison/ Foster Care Case Planner cannot reach the parent after making multiple outreach attempts in a variety of ways, or the parent does not object to their child's participation in the EIP and wants to designate a surrogate but has not designated a specific person, the Education Liaison/ Foster Care Case Planner will discuss with the ISC who should be designated as a surrogate (source: NYSDOH Protocol on Children in Foster Care Who Participate in the Early Intervention Program).

- Completes the [Foster Care Surrogacy Recommendation and EIOD Assignment form](#)

**Education
Liaison/Foster
Care Case Planner**

- Completes the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form, if Education Liaison/ Foster Care Case Planner would prefer to communicate with the Service Coordinator via email or submit completed forms via email
 - iv. If the parent objects to the child's participation in the EIP for any reason, the Education Liaison/ Foster Care Case Planner should:
 - Inform the parent that the ISC will contact them to discuss the benefits of the EI Program prior to any case closure actions.
 - Complete the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form.
 - v. If the child is in foster care and the decision-making rights of the parent have been surrendered, terminated or limited, or both parents are deceased, a surrogate parent must be appointed.
 - Completes the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, and
 - Completes the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form, if Education Liaison/ Foster Care Case Planner would prefer to communicate with the Service Coordinator via email or submit completed forms via email.
4. Sends all applicable completed forms, as described above, to the ISC within **seven (7) calendar days** of receipt.

Note:

- Forms may only be transmitted to the Service Coordinator via email if the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form is completed.

Initial Service Coordinator (ISC)

Receives the completed EI Foster Care Packet, which must include the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that surrogate assignment is not needed, initiates parent outreach as soon as possible to begin the EI process **no later than two (2) calendar days** after the receipt of the form.

- a. Adds parent information in the “*Family Info*” tab in the EI-Hub
- b. Follows EI-Hub steps to enter family member information as in [Policy 3-A: Initial Service Coordination Responsibilities](#).
- c. Ensures that the parent is selected as the “*primary contact*” under “*contact type*” to prevent EI-Hub issues.

If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that a surrogate parent needs to be assigned or the [Parent Designation of Person Acting in Place of Parent](#) form is completed, EIOD approval is required prior to contacting the surrogate parent and initiating the EI process.

- a. **Within 24 hours of receipt**, enters the following family information in the EI-Hub:
 - i. The individual to be assigned as the surrogate/person acting in place of parent must be added as a “*family member*” in the “*Family Info*” tab in the EI-Hub

Initial Service Coordinator (ISC)

- The individual must be selected as “surrogate” under “family member type”
 - *The individual must be selected as the “primary contact” under “contact type”*
4. Within 24 hours of receipt, sends the completed [Request for Foster Care Surrogacy Determination Letter](#) (required), the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form (required), [Parent Designation of Person Acting in Place of Parent](#) form (if applicable), to the following HIN ID per NYC Regional Office via [HCS Secure File Transfer](#) (SFT) in the child’s borough of residence indicating that “Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX.”
- a. Brooklyn RO HIN ID: BKRO
 - b. Bronx RO HIN ID: BXRO
 - c. Queens RO HIN ID: QRO
 - d. Manhattan RO HIN ID: MRO
 - e. Staten Island RO HIN ID: SIRO
5. Calls the Regional Office in the child’s borough of residence to follow up if EIOD approval is not issued **within three (3) business days** of submission in HCS.
6. Checks the “Family Info” tab “Surrogate Parent Appointment” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
7. Ensures that the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form or the [Parent Designation of Person Acting in Place of Parent](#) form is attached in the EI-Hub.
- a. Checks EI-Hub as follows:
 - i. Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.
 - ii. Applicable surrogacy attachments will appear in the grid
8. Initiates outreach to the assigned surrogate as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.

Regional Office Assistant Director

1. Within 48 hours of receipt via HCS, reviews the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form
 - a. Ensures that the packet is complete.
 - b. Ensures that the individual designated as surrogate or person acting in place of parent is:
 - i. Added as a “family member” in the “Family Info” tab in the EI-Hub
 - ii. Selected as “surrogate” under “family member type”
 - iii. Selected as the “primary contact” under “contact type”
 - c. Calls the ISC if there are any questions or concerns, or if the information on the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form or the [Parent Designation of Person Acting in Place of Parent](#) form is not entered or is incorrectly entered in the EI-Hub.
 - iv. EIOD approval is only required if the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that assignment of a surrogate is needed or if a surrogate parent is assigned on the [Parent Designation of Person Acting In Place of Parent](#) form.

**Regional Office
Assistant Director**

	<p>d. Signs the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form.</p> <p>e. Completes the “Surrogate Parent Appointment” panel in the “Family Info” tab:</p> <ul style="list-style-type: none"> i. Selects the individual from the “Surrogate Parent Appointed” drop down ii. Documents the name of the “Foster Care Agency” iii. Selects “Surrogate Parent Appointment Reason” from the drop-down based on the information in the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form iv. Enters the “Surrogate Parent Appointment Effective Date” <ul style="list-style-type: none"> • This date must be the same as the date that the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form is signed, or • The date that the <u>Parent Designation of Person Acting in Place of Parent</u> form is signed by the parent v. Checks box indicating “Is Appointment Attested and Signed” vi. Attaches the following documents in the “Surrogate Parent Appointment” panel. The document type selected must be “surrogate appointment”: <ul style="list-style-type: none"> • <u>Request for Foster Care Surrogacy Determination Letter</u> (required), • <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form (required), • <u>Parent Designation of Person Acting in Place of Parent</u> form (if applicable), <p>f. Calls the ISC to inform them that the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form, and the <u>Parent Designation of Person Acting in Place of Parent</u> form (if applicable) has been approved and attached in the EI-Hub.</p>
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Initial Service Coordinator (ISC)

	<ol style="list-style-type: none"> 1. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form indicates that the child is not in foster care, contacts the parent no later than two (2) calendar days after receiving the form to discuss the parent’s role in the EI process, obtain consents, and initiate the process. 2. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form indicates that the child is in foster care, but parental decision-making rights are intact and a surrogate does not need to be assigned, contacts the parent no later than two (2) calendar days after receiving the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form: <ol style="list-style-type: none"> a. Discusses the parent’s role in the EI process and obtains consents; b. Encourages parent participation in the child’s evaluation and Individualized Family Service Plan development; c. If, during the course of the conversation, the parent indicates that they are unable to participate but would like to designate a specific person to be the surrogate parent: <ol style="list-style-type: none"> i. Encourages the parent to participate in the EI process and tells the parent that, even if the child is living in a foster home, the parent can still retain all decision-making in the EIP;
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Initial Service Coordinator (ISC)

- ii. Informs the parent that they can complete the [Parent Designation of Person in Place of Parent](#) form to designate someone to make decisions either for a short time or for the entire time that the child is in the EIP;
- iii. Informs the parent that, even if they sign the [Parent Designation of Person in Place of Parent](#) form, the Service Coordinator can still provide the parent with updates on the status of their child in the EIP, if the parent indicates this on the form;
- iv. Sends the form to the Education Liaison/ Foster Care Case Planner to complete with the parent and calls the Education Liaison/ Foster Care Case Planner to update them on the situation; or sends the [Parent Designation of Person in Place of Parent](#) form to the parent for completion along with a self-addressed, stamped envelope and instructions to complete and return the form to the ISC as soon as possible.
 - If the parent completes and signs the [Parent Designation of Person in Place of Parent](#) form without the Education Liaison/ Foster Care Case Planner, the Service Coordinator must send a copy of the completed form to the Education Liaison/ Foster Care Case Planner.
 - If the parent signs the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form, the form can be completed and sent back to the Education Liaison/ Foster Care Case Planner via email.
 - Once the ISC receives the completed [Parent Designation of Person in Place of Parent](#) form from the Education Liaison/ Foster Care Case Planner or the parent, follows the steps in the ISC section on page 2-A-8 of this policy to send the form to the Regional Office and make necessary changes in the EI-Hub “*family info*” tab.
 - Calls the Regional Office AD and informs them that the form has been sent and indicates that EIOD approval is needed.

Note:

- If the parent does not return the [Parent Designation of Person in Place of Parent](#) form, the SC may complete the form with information provided by the parent or the Education Liaison/ Foster Care Case Planner over the phone.
- The [Parent Designation of Person in Place of Parent](#) form should be signed by the parent. However, verbal consent can be obtained and documented on this form when there are extenuating circumstances that prevent the parent from providing written consent (e.g., parent is incarcerated, enrolled in a treatment program, living out of state). If parental signature is not obtained, the reason that the signature is not obtained must be documented in the SC notes.

- d. If the ISC is unable to reach the parent **within five (5) calendar days**, the ISC should contact the Education Liaison/ Foster Care Case Planner for assistance with contacting the parent.

Initial Service Coordinator (ISC)

- i. If, after further outreach attempts are made, the parent cannot be located, the EIOD may need to assign a surrogate for the child. The ISC should work with the Education Liaison/ Foster Care Case Planner to complete a new [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, notify the Regional Office AD, and follow the steps in the ISC section on page 2-A-8 of this policy to send the form to the Regional Office and make necessary changes in the EI-Hub “*family info*” tab.

- 3. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that the parental decision-making rights are intact but the parent notified the Education Liaison/ Foster Care Case Planner that they object to the child’s participation in EI:
 - a. Contacts the parent to discuss the EIP and explain the benefits of the program to the development of their child.
 - b. If the parent continues to object to the child’s participation in EIP, or if the ISC cannot reach the parent:
 - i. Notifies the Education Liaison/ Foster Care Case Planner that the parent continues to object or that they were unable to reach the parent;
 - ii. Closes the case as required by the [NYC EI P&P Manual Chapter 6-J Case Closure](#).
- 4. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that a surrogate should be assigned but parental decision-making rights are intact, contacts the surrogate parent **no later than two (2) calendar days** after receiving EIOD approval on the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form.
 - a. Initiates the EI process and obtains needed consents;
 - b. Assists the surrogate parent in choosing an evaluation agency.
 - i. If the ISC is unable to reach the surrogate parent **within five (5) calendar days**, contacts the Education Liaison/ Foster Care Case Planner for assistance with contacting the surrogate.
 - c. The parent of the child in foster care should be involved in the evaluation process.
 - i. Reviews the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form to determine the appropriate location for the evaluation;
 - ii. Consults with the Education Liaison/ Foster Care Case Planner about the presence of the parent at the evaluation, including virtual participation.
 - If the parent has regular visitation, the evaluation may take place during a visit;
 - If the child is in day care, the evaluation may take place at the day care.
 - iii. Informs the child’s Education Liaison/ Foster Care Case Planner of the date and time for the evaluation.
 - iv. Upon completion of the evaluation when the child has been found eligible, arranges for an IFSP meeting.
 - v. Invites the Education Liaison/ Foster Care Case Planner to the IFSP meeting

Initial Service Coordinator (ISC)	<p>d. If the <u>Parent Designation of Person in Place of Parent</u> form is completed and the parent of the child in foster care has indicated that they would like to receive updates about their child's case, contacts the parent of the child in foster care monthly to ensure that they have accurate up-to-date information about the status of their child in the EIP.</p> <p>5. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form indicates that a surrogate should be assigned and the parental decision-making rights have been surrendered, terminated or limited, contacts the surrogate parent no later than two (2) calendar days after receiving EIOD approval on the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form.</p> <ul style="list-style-type: none"> a. Initiates the EI process and obtains needed consents; b. Assists the surrogate parent in choosing an evaluation agency. c. Does not contact the parent of the child in foster care.
Evaluation Site	<p>1. Accepts the evaluation assignment of a child in foster care.</p> <ul style="list-style-type: none"> a. <i>Reviews the "Child Info" tab in the EI-Hub.</i> <ul style="list-style-type: none"> i. <i>Checks to see if the box at the bottom of the Child Info screen is checked for "Is child a ward of social services" to determine if the child is known to ACS.</i> b. <i>Reviews the "Family Info" section of the EI-Hub to identify the primary contact.</i> <ul style="list-style-type: none"> ii. <i>Reviews the "Surrogate Parent Appointment" panel to see if a surrogate parent has been appointed and the appointment effective date.</i> c. Ensures that the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form is attached in the EI-Hub. <ul style="list-style-type: none"> i. <i>Checks EI-Hub as follows:</i> <ul style="list-style-type: none"> • Clicks on the "Document" tab. Under "Document Area," selects "Surrogate" from the dropdown and clicks "Search". • Applicable surrogacy attachments will appear in the grid. ii. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form is not attached, contacts the Initial Service Coordinator to determine status. <ul style="list-style-type: none"> • If the need for surrogacy has not been determined, the evaluation process cannot proceed. iii. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form is attached, proceeds with the evaluation. <ul style="list-style-type: none"> • Involves either the parent of the child in foster care, the surrogate parent, or both in the evaluation as indicated on the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form. iv. If the <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form indicates that the parent has regular visitation, the evaluation may take place during the visit (refer to the Initial Service Coordination section step 4 directly above).
Initial/Ongoing Service Coordinator	<p>1. When a child is placed in foster care while they are in the EIP, the Service Coordinator must follow all the steps outlined in this procedure to obtain a completed <u>Foster Care Surrogacy Recommendation and EIOD Assignment</u> form from the Education Liaison/ Foster Care Case Planner, send the form via HCS to</p>

	<p>the Regional Office of the child's borough of residence, update the "family info" tab in the EI-Hub, and follow up with the Regional Office.</p> <p>a. <i>Follow the steps in the ISC section on page 2-A-9 and 2-A-10 of this policy to send the form to the Regional Office and make necessary changes in the EI-Hub "family info" tab.</i></p> <p>2. If a change in surrogacy is needed, or as directed by the EIOD or Regional Office (e.g., child's living situation changes and a new surrogate must be appointed, the surrogate parent is no longer willing and able to participate, or a parent of the child in foster care wants to participate in the EI process):</p> <p>a. Complete the <u>Re-Assignment or Termination of Surrogacy</u> form</p> <p>b. Ensure that the following information is entered in the EI-Hub:</p> <p>i. <i>For reassignment:</i></p> <ul style="list-style-type: none"> • <i>The individual to be assigned as the "surrogate" is added as a "family member" in the "Family Info" tab in the EI-Hub</i> • <i>This individual must be selected as the "primary contact" under "contact type"</i> • <i>The individual currently assigned as surrogate in the family member section is:</i> <ul style="list-style-type: none"> ○ <i>End-dated if they will no longer be involved with the child, or</i> ○ <i>The individual is no longer selected as "surrogate" under "family member type," and the individual may be selected as a "secondary contact" or "informational only" under "contact type."</i> <p>c. <i>For termination:</i></p> <ul style="list-style-type: none"> • <i>The individual currently assigned as surrogate in the family member section is:</i> <ul style="list-style-type: none"> ○ <i>End dated if they will no longer be involved with the child, or</i> ○ <i>The individual is no longer selected as "surrogate" under "family member type," and the individual may be selected as a "secondary contact" or "informational only" under "contact type."</i> • <i>The parent must be entered as a "family member" in the "Family Info" tab in the EI-Hub, if they have not already been entered</i> <ul style="list-style-type: none"> ○ <i>The parent must be selected as the "primary contact" under "contact type"</i> <p>3. The completed <u>Re-Assignment or Termination of Surrogacy by EIOD</u> form is sent to the following HIN ID per NYC Regional Office via <u>HCS Secure File Transfer</u> (SFT) in the child's borough of residence indicating that "Reassignment/Termination of surrogacy needed. EIOD approval needed for Child ID: XXXXX." within 24 hours of receipt.</p> <table border="0"> <tbody> <tr> <td>i. Brooklyn RO HIN ID:</td> <td>BKRO</td> </tr> <tr> <td>ii. Bronx RO HIN ID:</td> <td>BXRO</td> </tr> <tr> <td>iii. Queens RO HIN ID:</td> <td>QRO</td> </tr> <tr> <td>iv. Manhattan RO HIN ID:</td> <td>MRO</td> </tr> <tr> <td>v. Staten Island RO HIN ID:</td> <td>SIRO</td> </tr> </tbody> </table>	i. Brooklyn RO HIN ID:	BKRO	ii. Bronx RO HIN ID:	BXRO	iii. Queens RO HIN ID:	QRO	iv. Manhattan RO HIN ID:	MRO	v. Staten Island RO HIN ID:	SIRO
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v. Staten Island RO HIN ID:	SIRO										

Initial/Ongoing Service Coordinator	<p>3. If the Parent Designation of Person in Place of Parent form is completed and the parent of the child in foster care has indicated that they would like to receive updates as to their child's case, contacts the parent of the child in foster care monthly to ensure that they have accurate up-to-date information about the status of the child in the EIP.</p> <p>4. For any child in foster care, the service coordinator should contact the child's Education Liaison/ Foster Care Case Planner monthly to provide updates on the case.</p>
Early Intervention Official Designee/ Assistant Director	<p>1. When a child is placed in foster care and a request is received for surrogacy/parent acting in place of parent:</p> <ul style="list-style-type: none"> a. Follows the steps on pages 2-A-9 and 2-A-10 to appoint a surrogate/parent acting in place of parent, or to request that changes or corrections be made by the OSC. <p>2. When developing and reviewing the IFSP at the initial IFSP meeting, six-month meeting, annual meeting, or at other times, the EIOD, in consultation with the Education Liaison/ Foster Care Case Planner and SC, determines whether there have been any changes in circumstances that warrant a review of the appointment of a particular surrogate parent.</p> <ul style="list-style-type: none"> a. The ACS Office of Youth Success: Education Unit is another important resource and can be consulted regarding the ongoing need for a surrogate parent. <p>3. Ensures that, when the Parent Designation of Person in Place of Parent form is completed and the parent of the child in foster care has indicated that they would like to receive updates as to their child's case, this activity is documented in the Service Coordination follow-up activities.</p> <p>4. Contacts the child's service coordinator to complete the Re-Assignment or Termination of Surrogacy form and update the necessary information in the "Family Info" tab in the EI-Hub for the EIOD to appoint a new surrogate or terminate the previous surrogate parent.</p> <ul style="list-style-type: none"> a. Takes the following steps in the EI-Hub to change or terminate a surrogate or parent acting in place of parent assignment once the Re-Assignment or Termination of Surrogacy form is received from the SC and the "Family Info" tab is updated in the EI-Hub: <ul style="list-style-type: none"> i. <i>Terminates the surrogate/person acting in place of parent in the EI-Hub by opening the current "Surrogate Parent Appointment" panel in the "Family Info" tab:</i> <ul style="list-style-type: none"> • Selects a reason from "Current Surrogate Parent Removal Reason" • Enters the "Surrogate Parent Removal Date" based on the date on the Re-Assignment or Termination of Surrogacy form • Checks box indicating "Is Removal Attested and Signed" • Attaches the following document to the "Surrogate Parent Appointment" panel selecting "surrogate removal" as "document type": Re-Assignment or Termination of Surrogacy form ii. <i>Reassigns the surrogate/ person acting in place of parent in the EI-Hub by opening the current "Surrogate Parent Appointment" panel in the "Family Info" tab:</i>

**Early Intervention
Official Designee/
Assistant Director**

- Terminates the surrogate/person acting in place of parent in the EI-Hub as outlined in item 4.a.i above.
- Creates a new assignment following the steps on pages 2-A-9 and 2-A-10 to appoint a surrogate/parent acting in place of parent, or to request that changes or corrections be made by the OSC.


Approved By:
Assistant Commissioner, Early Intervention

Date: 8/17/2024

New York City Early Intervention Program

Policy Title: Release of Foster Care Information in Child Records	Effective Date: 10/15/2024
Policy Number/Attachment: 2-B	Supersedes: Foster Care Information in Child Records June 28, 2010
Department/Unit: Bureau of Early Intervention	Regulation/Citation: Uninterrupted Scholars Act (US) PL No. 112-278; NYCRR 69-4.17(d)(1); (2)

I. POLICY DESCRIPTION:

At the inception of the New York City Early Intervention Program (EIP) in 1993, EIP and the Administration for Children's Services (ACS) agreed upon a policy regarding children's addresses. Early Intervention (EI) records would contain the names, addresses, and telephone numbers of foster care agencies but not the addresses or phone numbers of foster parents. This procedure prevented parents, who have the right to review their child's records, from obtaining information that might otherwise be unavailable to them. Subsequently, the New York State Department of Health (SDOH) provided guidance in a letter dated January 27, 2000, **that it is permissible to maintain foster home contact information in EI files if it is removed prior to releasing EI records of children in foster care to parents.**

The Uninterrupted Scholars Act (USA) passed Congress with bipartisan support effective January 14, 2013. This law made two very important changes to the Federal Educational Rights and Privacy Act (FERPA):

1. USA created a new exception under FERPA that makes it easier for schools to release a child's education records to child welfare agencies without the prior written consent of the parents.
2. USA also eliminated the requirement that education agencies notify parents before education records are released pursuant to a court order. The new amendment permits schools to release education records to "an agency caseworker or other representative of a State or local child welfare agency, or tribal organization" who has the right to access a student's case plan, and when the agency or organization is "legally responsible" for the child's "care and protection."

NYCRR 69-4.17 - For children in the care and custody or custody and guardianship of the local social services district, the local commissioner of social services or designee shall be accorded access to the records collected, maintained or used for the purposes of the Early Intervention Program.

II. PROCEDURE:

Responsible Party	Action
Service Coordinators/ Regional Office Staff	<u>Foster Care Information Maintenance</u> <ol style="list-style-type: none"> 1. Foster home contact information is maintained in EI files and in the "<i>Family Info</i>" tab in the EI-Hub.

- | | |
|--|--|
| | <p>a. Names, addresses and other identifying information of foster parents can be used on all EI forms and paperwork. This includes but is not limited to:</p> <ol style="list-style-type: none"> i. Referral form/information; ii. All consent forms; iii. Transition forms; iv. SC case notes; v. Initial, Review, Amended and Annual Individualized Family Service Plans (IFSP) <p>2. Foster care agency information will be documented where appropriate on all EI forms. Foster care agency information includes but is not limited to:</p> <ol style="list-style-type: none"> a. Agency name, address, telephone and fax numbers; b. Caseworker name and telephone number; and c. Education Liaison name and telephone number. |
|--|--|

Request for Records/Information on a Child in Foster Care

1. When a record of a child in foster care is requested by a parent:
 - a. Identifying information of a foster care placement (name, phone number, address, and email when applicable) **must** be removed by the sending party (through the use of a black marker, white redaction tape and subsequent photocopying, or electronic redaction) prior to release of any records to the parent.
 - i. Identifying information of the foster parent must be completely obscured and not readable.
2. When a record/information on a child is requested by a party other than a parent:
 - a. For Administration for Children's Services (ACS) and foster care agencies:
 - i. Information on a child in foster care may be released upon verification of identity of requester without a **Consent for Release of Information** form.
 - b. For all other requests for information:
 - i. All other requests must be accompanied by a **Consent for Release of Information** form signed by the parent or surrogate parent and treated as a request by the parent, with the foster parent's information redacted accordingly.

Note:

- Upon request, the service coordinator (SC) should share all records with the foster care agency, including, but not limited to: evaluations, IFSPs, and progress reports.
- The SC must invite ACS/the foster care agency to IFSP meetings and scheduled conferences.



Approved By:

Assistant Commissioner, Early Intervention

Date: 8/15/2024

SURROGACY FORMS

STEPS TO DETERMINE NEED FOR SURROGATE PARENT FOR CHILDREN IN FOSTER CARE

Child's Name: _____ EI # _____
 (Last) (First)

Instructions: The Initial or Ongoing Service Coordinator (SC) must complete this form and save it as part of the child's case file for program monitoring and audit purposes.

- 1. a.** Upon receipt of the referral of a child in Foster Care, or when a child enters Foster Care while receiving EI services, the SC must send the Education Liaison/Foster Care Case Planner the **Early Intervention Foster Care Packet**, which consists of:

- Request for Foster Care Surrogacy Determination Letter
- Foster Care Surrogacy Recommendation and EIOD Assignment form
- Parent Designation of Person Acting in Place of Parent form
- Parental Consent to Use E-mail to Exchange Personally Identifiable Information form
- Reassignment or Termination of Surrogacy form

Date sent: ____ / ____ / ____ Comments:

- 2.** The SC calls the Education Liaison/Foster Care Case Planner, using the [Early Childhood Education Foster Care Contacts List](#), to discuss if a surrogate parent needs to be appointed and, if so, who it should be. Date(s) of phone call(s) to Education Liaison/Foster Care Case Planner: ____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____
 If unable to reach Education Liaison/FCC, date contact was made with ACS Education Office: ____ / ____ / ____
 Result of discussion:

- 3. a.** Once the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form is received from the Foster Care Caseworker and indicates that a surrogate parent needs to be assigned, or the [Parent Designation of Person Acting in Place of Parent](#) form is completed, ensures that the individual to be assigned as the surrogate is added as a "family member" in the "Family Info" tab in the EI-Hub, that this individual is selected as "surrogate" under "family member type," and is selected as the "primary contact" under "contact type".

- b.** The SC sends the **Early Intervention Foster Care Packet** which, at minimum, must include the [Request for Foster Care Surrogacy Determination Letter](#) (completed by the SC) and the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form to the NYC Regional Office HCS account in the child's borough of residence, indicating in the body of the HCS message that "Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX". Date forms submitted to RO: ____ / ____ / ____
 Comments:

- 4.** The Regional Office Assistant Director reviews the information submitted and signs the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, completes the "Surrogate Parent Appointment Panel" in the EI-Hub, attaches the assignment form in the surrogacy panel, and notifies the SC.

Date(s) SC reached out to parent or assigned Surrogate: ____ / ____ / ____, ____ / ____ / ____,
 ____ / ____ / ____

If unable to reach the parent or assigned Surrogate, date(s) SC reached out to the Education Liaison/FCC:

____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____

Comments:



INSTRUCTIONS FOR COMPLETION

STEPS TO DETERMINE NEED FOR SURROGATE PARENT FOR CHILDREN IN FOSTER CARE

The **Service Coordinator (SC)** must use this form to document the steps taken to assess the need for a surrogate parent for a child in foster care. When completed, a copy should be kept in the service coordinator's case record. Refer to the [Determining the Need for and Assigning a Surrogate Parent Policy](#) for guidance in following the steps outlined on this form.

NOTE: If, due to a change in life circumstances, a child currently participating in the Early Intervention Program needs to have a surrogate parent assigned for the first time, all the steps noted in this form must be completed by the Ongoing Service Coordinator.



**NYC EARLY INTERVENTION PROGRAM
REQUEST FOR FOSTER CARE SURROGACY DETERMINATION**

Child's Name (Last, First):		
EI #:		DOB: / /
Foster Care Agency:		
Foster Care Education Liaison:	Phone Number:	
Foster Care Case Planner:	Phone Number	

Date: _____ / _____ / _____

Dear _____:
Name of Education Liaison/Foster Care Case Planner

The above-named child, who is in foster care with your agency, has been referred to/is participating in the NYC Early Intervention Program (EIP) for service coordination, evaluation, and possible therapeutic services. The EIP is contacting you to determine the status of the parents' decision-making rights.

Unless parental decision-making rights have been terminated, surrendered or limited, **parents have the right to participate in the Early Intervention Program (EIP)**. It is important to contact the parent to explain the reasons for referral, benefits of services and next steps. Assuming parental decision-making rights are intact, I am happy to participate in the conversation between you and the parent to explain the Early Intervention Program and encourage participation.

Please complete the attached Foster Care Surrogacy Recommendation and EIOD Assignment form and return it to me within seven (7) calendar days so that the EIP can comply with federally-mandated timeframes for evaluation as specified in Article 25 of the New York State Public Health Law. The Early Intervention Program cannot proceed with eligibility determination (evaluations) and/or services without information regarding the parents' status.

This form gives the Early Intervention Program:

- The status of parental decision-making rights,
- The name and contact information of the parent,
- Information about the parents' visitation with the child,
- Recommendations for Surrogacy Assignment (if necessary), and
- Name and contact information for the Foster Care Case Planner, Supervisor, and any Education Liaison.

If you cannot reach the parent within (7) calendar days and parental decision-making rights have not been terminated, surrendered or limited, please let me know. I can also assist with parental outreach.

I will call you after receiving the Foster Care Surrogacy Recommendation and EIOD Assignment form if there are any questions or concerns. You should also feel free to contact me at the numbers below.

With the consent of the parent or surrogate, we may communicate via email regarding the status of the above-named child and parent(s). To send completed forms via email, please discuss and complete the attached Parental Consent to Use Email to Exchange Personally Identifiable Information form with the child's parent/legal guardian. Please ensure that the section labeled "Optional," at the bottom of the form, **is completed**.

Sincerely,

SC Signature: _____ Print Name: _____

Office Phone Number: (_____) _____ Cell Phone: (_____) _____

Agency/address: _____

NYC EARLY INTERVENTION PROGRAM
REQUEST FOR FOSTER CARE SURROGACY DETERMINATION LETTER
INSTRUCTIONS FOR USE

This form replaces Foster Care Letter Part I

For children in foster care, the Service Coordinator (SC) must send this form to the Education Liaison/Foster Care Case Planner along with the rest of the Early Intervention Foster Care Packet, which consists of the following forms, **no later than two (2) calendar days** from the date that ISC assignment was accepted:

1. [Request for Foster Care Surrogacy Determination Letter](#)
2. [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form
3. [Parent Designation of Person Acting in Place of Parent](#) form
4. [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form
5. [Reassignment or Termination of Surrogacy](#) form

If the referral source was someone other than ACS or the Education Liaison/ Foster Care Case Planner (such as the foster parent or a primary health care provider), this [Request for Foster Care Surrogacy Determination Letter](#) serves as a way of informing the foster care agency of the child's referral to the EIP. If the foster care agency made the referral, this letter serves as confirmation of EIP's receipt of the referral.

The SC must call the foster care agency to ensure that the packet has been received and to answer any questions. Specifically, the SC must ensure that foster care agency staff understand how to complete the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form.

1. To allow email communication between any EI provider or BEI staff member and foster care agency staff, the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) form must be completed by foster care agency staff as follows:
 - Complete the Parent's Name and E-mail Address (optional) fields at the top of the form with the parent's, guardian's, or surrogate parent's information.
 - Fill in the Child's Name and Date of Birth.
 - The section, "Parental Acknowledgement and Agreement," can be left blank.
 - The section, "Optional," at the bottom of the form **must** be completed.
 - The Parent Consent to Use Email form is a specific consent that requires that the email addresses of the individuals permitted to communicate with one another be specifically indicated.
 - The parent uses this section to give permission for 'Early intervention team members'—**which includes EI and foster care team members**—to communicate by email about their child.
 - On each line, 1-5, write the name and email address for each EI and foster care team member who will have permission to communicate via email about the child.
 - The parent must sign and date the form.
2. After a parent, guardian or surrogate has signed the completed Parent Consent to Use Email form, the service coordinator, evaluator, service provider, or NYC BEI staff member identified on the Parent Consent to Use Email form can communicate via email with the foster care agency staff listed on the form about the child's case.

The Initial Service Coordinator (ISC) must monitor all timeframes to ensure that the child receives a timely evaluation.

If a child already participating in the EIP is placed in foster care, then:

1. **The Ongoing Service Coordinator (OSC)** must send this form to the Education Liaison/Foster Care Case Planner along with the rest of the Early Intervention Foster Care Packet (see above) to the foster care agency within two (2) days of notification that a child currently receiving Early Intervention services has been placed in foster care.

The ISC/OSC must assist with parent outreach if they are informed by the Foster Care Case Planner, Supervisor, or Education Liaison that parental decision-making rights have not been terminated, surrendered or limited. If this information is shared **verbally**, the ISC/OSC must clearly document this information and the names of the foster care agency staff who provided this information verbally.

Following the receipt of the Foster Care Surrogacy Recommendation and EIOD Assignment Form:

1. SC sends the completed [Request for Foster Care Surrogacy Determination Letter](#), the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, [Parent Designation of Person Acting In Place of Parent](#) form (if applicable), to the following HIN ID per NYC Regional Office via HCS [Secure File Transfer](#) (SFT) in the child's borough of residence indicating that "Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX" within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
2. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that a surrogate parent needs to be assigned or the [Parent Designation of Person Acting in Place of Parent](#) form is completed, EIOD approval is required prior to contacting the surrogate parent and initiating the EI process. The SC must do the following to facilitate approval:
 - Ensure that the following information is entered in the EI-Hub **prior to** submission of the surrogacy forms to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned as the surrogate is added as a "family member" in the "*Family Info*" tab in the EI-Hub
 - The individual must be selected as "surrogate" under "*family member type*"
 - The individual must be selected as the "*primary contact*" under "*contact type*"
 - Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.
 - Call the Regional Office in the child's borough of residence to follow-up if EIOD approval is **not** issued within **three (3) business days** of submission in HCS.
 - Checks the "Family Info" tab "Surrogate Parent Appointment" panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
 - Ensures that the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form or the [Parent Designation of Person Acting in Place of Parent](#) form (if applicable) is attached in the EI-Hub.
 - Checks EI-Hub as follows:
 - *Clicks on the "Document" tab. Under "Document Area," selects "Surrogate" from the dropdown and clicks "Search".*
 - *Applicable surrogacy attachments will appear in the grid*

3. Initiates surrogacy outreach as soon as possible following EIOD approval but no later than two (2) calendar days after the receipt of EIOD approval.

Note: In most cases, parental decision-making rights will be intact and the parent will be involved in the Early Intervention process. A surrogate parent will not be needed even if the child is in foster care.

If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that surrogate assignment is not needed, SC initiates parent outreach as soon as possible to begin the EI process **no later than two (2) calendar days** after the receipt of the form. The SC should not wait for foster care agency staff to return the [Request for Foster Care Surrogacy Determination Letter](#) to the SC since there is no information for the foster care agency staff to complete.

The SC agency is required to keep a copy of all completed foster care related forms in the child's file for program monitoring and audit purposes.



NYC EARLY INTERVENTION PROGRAM

FOSTER CARE SURROGACY RECOMMENDATION AND EIOD ASSIGNMENT FORM

Child's Name (Last, First):		
EI #:		DOB: / /
Service Coordination Agency:		
Service Coordinator's Name:		
Phone:	Cell:	Fax:
Foster Care Agency:		
Address:		
Name of Foster Care Case Planner:		
Phone:	Cell:	Fax#:
Name of Case Planner Supervisor:		Phone #:
Name of Agency Education Liaison:		Phone #:

Complete and return to the child's Service Coordinator within seven (7) calendar days of receipt. Early Intervention evaluations and possible services cannot start if this form is not received.

- A. Child is involved with ACS but is not in foster care. Recommendation: Do not assign surrogate. Parent will participate in the EIP.
- B. Child is in foster care, and parental decision-making rights are intact. Recommendation: Do not assign surrogate. Parent will participate in the EIP.
Location of visitation: _____
Days and times of visits: _____
- C. Parental decision-making rights are intact. Parent objects to the child's participation in the Early Intervention Program. Please call the parent to explain the benefits of the Program prior to closing the case.

If Option A, B, or C is selected, provide parent contact information:

Parent Name:	Phone #:
Address:	

- D. Surrogate parent assignment is necessary.*
 1. Parent cannot participate in the EIP and wants to designate someone to be the surrogate parent.
See completed Parent Designation of Person in Place of Parent form.
 2. Parental decision-making rights have been surrendered, terminated, or limited.
 3. Parent cannot participate in EIP process (or is deceased) and did not designate a surrogate.
 4. No response from parent. Four attempts to contact parent made on the following dates:
____ / ____ / ____ ; ____ / ____ / ____ ; ____ / ____ / ____ ; ____ / ____ / ____

***If "D" is checked, complete the following:**

Recommended Surrogate Name: _____

Relationship to Child: _____

Address: _____

Telephone Number: Home: (____) _____ Cell: (____) _____

Work: (____) _____

Name and Signature of Foster Care Agency Staff _____ Title _____ Date _____

Approved by: _____ Date: _____
EIOD/ Regional Office Liaison



FOSTER CARE SURROGACY RECOMMENDATION AND EIOD ASSIGNMENT FORM INSTRUCTIONS FOR COMPLETION

Note: This form replaces Foster Care Letter II

For children in foster care, the Service Coordinator (SC) must **send this form** to the Education Liaison/Foster Care Case Planner **along with the rest of the Early Intervention Foster Care Packet**, which consists of the following forms, **no later than two (2) calendar days** from the date that ISC assignment was accepted:

1. Request for Foster Care Surrogacy Determination
2. Foster Care Surrogacy Determination and EIOD Assignment
3. Parent Designation of Person Acting In Place of Parent
4. Parental Consent to Use E-mail to Exchange Personally Identifiable Information between Early Intervention Providers, Foster Care Agencies, and Surrogates
5. Reassignment or Termination of Surrogacy

The SC must then contact the Education Liaison/Foster Care Case Planner **no later than two (2) calendar days** after sending the **Early Intervention Foster Care Packet** to confirm receipt, explain the included forms and provide all the information as described in the [Determining the Need for and Assigning a Surrogate Parent Policy](#).

If the SC does not receive the **Foster Care Surrogacy Recommendation and EIOD Assignment** form back within seven (7) calendar days after confirming receipt, the SC must contact the Education Liaison/Foster Care Case Planner to determine the cause of the delay. If parental decision-making rights are intact and the foster care agency is still attempting to contact the parent, the SC should:

1. Document the conversation with the Education Liaison/Foster Care Case Planner staff in their service coordination notes
2. Obtain the parent's contact information over the phone, and
3. Reach out to the parent to assist the foster care agency with engaging them in Early Intervention.

Following the receipt of the Foster Care Surrogacy Recommendation and EIOD Assignment Form:

1. SC sends the completed [Request for Foster Care Surrogacy Determination Letter](#), the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, [Parent Designation of Person Acting In Place of Parent](#) form (if applicable), to the following HIN ID per NYC Regional Office via HCS [Secure File Transfer](#) (SFT) in the child's borough of residence indicating that "Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX." within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
2. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that a surrogate parent needs to be assigned or the [Parent Designation of Person Acting in Place of Parent](#) form is completed, EIOD approval is required prior to contacting the surrogate parent and initiating the EI process. The SC must do the following to facilitate approval:

- Ensure that the following information is entered in the EI-Hub **prior to** submission of the surrogacy forms to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned as the surrogate is added as a “family member” in the “*Family Info*” tab in the EI-Hub
 - The individual must be selected as “*surrogate*” under “*family member type*”
 - The individual must be selected as the “*primary contact*” under “*contact type*”
- Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.
- Call the Regional Office in the child’s borough of residence to follow up if EIOD approval is **not** issued within 3 business days of submission in HCS.
- Checks the “*Family Info*” tab “*Surrogate Parent Appointment*” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
- Ensures that the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form or the [Parent Designation of Person Acting in Place of Parent](#) form (if applicable) is attached in the EI-Hub.
 - Checks EI-Hub as follows:
 - *Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.*
 - *Applicable surrogacy attachments will appear in the grid*
- SC initiates surrogacy outreach as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.

Note: In most cases, parental decision-making rights will be intact and the parent will be involved in the Early Intervention process. A surrogate parent will not be needed even if the child is in foster care.

3. If the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form indicates that surrogate assignment is not needed, SC initiates parent outreach as soon as possible to begin the EI process **no later than two (2) calendar days** after the receipt of the form.



NYC EARLY INTERVENTION PROGRAM
PARENT DESIGNATION OF PERSON ACTING IN PLACE OF PARENT

Child: _____		
Last Name	First Name	Middle Name
EI #: _____	DOB: _____ / _____ / _____	_____ / _____

I am the parent/legal guardian of the above-named child. I acknowledge that I am unable to participate in the NYC Early Intervention Program (EIP) evaluation, development of the Individualized Family Service Plan (IFSP) and/or educational or therapeutic services at this time. I understand that:

- I may voluntarily designate another suitable person to act for me as my child's surrogate (substitute) parent. This person is someone who may make decisions about Early Intervention (EI) services while I am unable to do so.
- This person **may not** be an employee of any agency that provides services to my child.
- I can withdraw my consent or change the person that I am designating at any time.

I hereby designate: Surrogate's Name: _____

Relationship to Child: _____

Address: _____

Surrogate's Telephone Number: Home: (_____) _____

Cell: (_____) _____ Work: (_____) _____

This person may make decisions for me: Until I withdraw this designation.

For a specific period of time: Start date: _____ / _____ / _____ End date: _____ / _____ / _____

For this date/event: _____

Although I am designating the person above to act on my behalf, I also request (Check all that apply):

- That my child's assigned Initial and Ongoing Service Coordinator contact me monthly to provide me with updates regarding the status of my child in the Early Intervention Program
- That my child's evaluations be scheduled during my visits with them to the maximum extent possible
- That I be invited to participate in my child's evaluations via phone or videoconference
- That I be notified of changes to my child's Individualized Family Service Plan (IFSP)

My contact information is: Name: _____

Relationship to Child: _____

Address: _____

My Telephone Number: Home: (_____) _____

Cell: (_____) _____ Work: (_____) _____

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

Only complete if applicable: The name of the surrogate parent was provided by the parent during a telephone conversation with an EI staff member or with Foster Care Agency staff. Verbal parental consent was obtained.

Form completed by: Name: _____

Position: _____

Signature: _____ Date: _____ / _____ / _____

**PARENT DESIGNATION OF PERSON ACTING IN PLACE OF PARENT
INSTRUCTIONS FOR COMPLETION**

This form is used when parental decision-making rights are intact but the parent would like to designate someone else to act on their behalf for a limited time, for a specific event (e.g., evaluation, Individualized Family Service Plan meeting), or for the duration of their child's time in the Early Intervention Program. **The child does not need to be known to ACS for this form to be used.**

This form is to be completed by:

- The parent *or*
- A NYC Early Intervention Program (EIP) staff member **or** a Foster Care Agency staff member when they have information provided by the parent who is unable to participate in the IFSP process or make decisions about the EIP, and who would like to designate a specific person to serve as the surrogate parent.

For most children birth to three years old who are in foster care, parental decision-making rights are intact. Parents should be encouraged to participate in the EIP process whenever possible. If, at any time, the parent of a child in foster care requests to make, change or withdraw their designation of a surrogate/person acting in their place, the Service Coordinator (SC) should notify the Foster Care Agency Education Liaison/Foster Care Case Planner.

The parent is not required to designate a specific person. If the parent does *not* name a surrogate parent, the SC will follow the surrogacy procedures described in the **Determining the Need for Assigning a Surrogate Parent policy.**

For children in foster care, the address of the person designated as a surrogate by the parent may be confidential. Therefore, prior to sharing the name or contact information for any surrogate parent assigned, the SC should obtain clearance from the Foster Care Agency Education Liaison/Foster Care Case Planner.

This form should be signed by the parent. However, verbal consent can be obtained and documented on this form when there are extenuating circumstances that prevent the parent from providing written consent (e.g., parent is incarcerated, enrolled in a treatment program, living out of state, etc.). If parental signature is not obtained, the reason that the signature is not obtained must be documented in the SC notes.

For children in Foster Care, following the receipt of the **Foster Care Surrogacy Recommendation and EIOD Assignment Form**:

1. SC sends the completed [Request for Foster Care Surrogacy Determination Letter](#), the [Foster Care Surrogacy Recommendation and EIOD Assignment](#) form, [Parent Designation of Person Acting In Place of Parent](#) form, to the following HIN ID per NYC Regional Office via HCS [Secure File Transfer \(SFT\)](#) in the child's borough of residence indicating that "Parent rights determination attached. EIOD approval needed/not needed for Child ID: XXXXX." within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
2. Ensure that the following information is entered in the EI-Hub prior to submission of the surrogacy forms to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned as the surrogate is added as a "*family member*" in the "*Family Info*"

tab in the EI-Hub

- The individual must be selected as “surrogate” under “family member type”
- The individual must be selected as the “primary contact” under “contact type”
 - Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.

3. Call the Regional Office in the child’s borough of residence to follow up if EIOD approval is not issued **within three (3) business days** of submission in HCS.
4. Checks the “Family Info” tab “Surrogate Parent Appointment” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment information.
5. Ensures that the [Foster Care Surrogacy Recommendation and EIOD Assignment form](#) and the [Parent Designation of Person Acting in Place of Parent](#) form are attached in the EI-Hub.
 - Checks EI-Hub as follows:
 - Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.
 - Applicable surrogacy attachments will appear in the grid
6. Initiates surrogacy outreach as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.

For children who are not in Foster Care, and the parent wants to designate someone else to act on their behalf for a limited time, for a specific event (e.g., evaluation, Individualized Family Service Plan meeting), or for the duration of their child’s time in the Early Intervention Program, the SC must:

1. Send the completed [Parent Designation of Person Acting in Place of Parent](#) form and any related documentation to the following HIN ID per NYC Regional Office via HCS Secure File Transfer (SFT) in the child’s borough of residence indicating that “Parent designation of a person to act in their place attached. EIOD approval needed for Child ID: XXXXX.” within 24 hours of receipt.
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
 - Note: The Regional Office may request additional information confirming the role of the parent if the [Parent Designation of Person Acting in Place of Parent](#) form is not signed by the parent.
2. Ensure that the following information is entered in the EI-Hub **prior to** submission of the [Parent Designation of Person Acting in Place of Parent](#) form and any related documentation to the Regional Office via HCS Secure File Transfer:
 - The individual to be assigned is added as a “family member in the “Family Info” tab in the EI-Hub
 - The individual must be selected as “surrogate” under “family member type”
 - The individual must be selected as the “primary contact” under “contact type”
 - Refer to [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed EI-Hub procedures.
3. Call the Regional Office in the child’s borough of residence to follow up if EIOD approval is not issued **within three (3) business days** of submission in HCS.
4. Checks the “Family Info” tab “Surrogate Parent Appointment” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
5. Ensures that the [Parent Designation of Person Acting in Place of Parent](#) form is attached in the EI-Hub.

- Checks EI-Hub as follows:
 - *Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.*
 - *Applicable surrogacy attachments will appear in the grid*
6. Initiates outreach to the assigned caregiver as soon as possible following EIOD approval but **no later than two (2) calendar days** after the receipt of EIOD approval.



**NYC EARLY INTERVENTION PROGRAM
REASSIGNMENT or TERMINATION OF SURROGACY BY EIOD**

This form must be used only when there is a change in or termination of surrogacy after initial assignment of a surrogate. Assuming the parent's decision-making rights are intact, the parent can choose to terminate surrogacy and fully participate in the Early Intervention process at any time. It is always encouraged and considered best practice to support participation of the parent of a child in foster care in the Early Intervention process, as it promotes re-unification.

Child's Name (Last, First):		
EI #:	DOB:	/ /
Foster Care Agency:		
Case Planner:	Tel #:	

To: Early Intervention Official Designee (EIOD): _____ Date: ____ / ____ / ____

After consulting with the Education Liaison/Foster Care Case Planner of the foster care agency, it has been agreed that

Name of Surrogate: _____ will no longer be assigned as the surrogate for the above-named child as of: (Insert Date) ____ / ____ / ____.

REASON FOR CHANGE IN SURROGACY (check one): A. Parent Available B. Other (Specify): _____

SECTION A: IF PARENT IS AVAILABLE, COMPLETE THIS SECTION:

No new surrogate assignment is necessary. The parent is now available and wants to participate. I have discussed the EI Program with them, and I have explained the rights and responsibilities of the parent in Early Intervention. I have updated the family member information in the "Family Info" tab in the EI-Hub to indicate that the parent is now the "primary contact," and to remove the surrogacy designation from the individual named above.

SECTION B: FOR ANY REASON NOT COVERED BY "SECTION A", COMPLETE THIS SECTION:

Please assign the following person for the reasons indicated. I have discussed the EI Program with them, and they are willing to be the child's surrogate parent. I have explained the rights and responsibilities of the surrogate parent in Early Intervention. I updated the family member information in the "Family Info" tab in the EI-Hub to indicate that the person below is now the "surrogate" under "family member type" and is the "primary contact" for the child, and to remove the surrogacy designation from the previously-designated surrogate named above.

Print Name of New Surrogate Parent	Relationship to Child (____)
Address	Phone #

Signature of Service Coordinator:	
Print Name:	Office Phone Number:
Cell Phone Number:	Fax Number:

Approved Denied

EIOD/Assistant Signature: _____ Date: ____ / ____ / ____



INSTRUCTIONS FOR COMPLETION REASSIGNMENT or TERMINATION OF SURROGACY BY EIOD

The [Re-Assignment or Termination of Surrogacy by EIOD](#) form is to be used only if there needs to be a change in or termination of surrogacy after initial assignment of a surrogate.

The surrogate parent assignment may be changed at any time upon written request by the parent of the child in foster care when parental rights are intact; or by the surrogate parent, the foster care agency/ACS or the Regional Office Liaison/EIOD.

A foster parent may be assigned as a surrogate parent only after consultation with ACS or the foster care agency. Other possible choices for surrogate parent include:

- a person voluntarily designated by the parent
- a relative or friend of the parent who has an ongoing relationship with the child.

Refer to the [Determining the Need for and Assigning a Surrogate Parent Policy](#) for more information on the selection of a surrogate parent.

When the request is made to terminate or reassign surrogacy, the SC must:

1. Obtain the information requested and complete this form after consultation with the foster care agency involved with the child.
 2. Ensure that the following information is entered in the EI-Hub:
 - For reassignment:
 - The individual to be assigned as the “surrogate” is added as a “family member” in the “Family Info” tab in the EI-Hub
 - The individual must be selected as the “primary contact” under “contact type”
 - The individual currently assigned as surrogate in the family member section is:
 - End dated if they will no longer be involved with the child, **or**
 - The individual is no longer selected as “surrogate” under “family member type,” but the individual may be selected as a “secondary contact” or “informational only” under “contact type.”
 - For termination:
 - The individual currently assigned as surrogate in the family member section is:
 - End-dated if they will no longer be involved with the child, **or**
 - The individual is no longer selected as “surrogate” under “family member type,” and the individual must be selected as a “secondary contact” under “contact type.”
 - The parent must be entered as a “family member” in the “Family Info” tab in the EI-Hub, if they have not already been entered
 - The parent must be selected as the “primary contact” under “contact type”
3. Send the completed form to the Regional Office Liaison/EIOD for approval before the newly designated surrogate parent may sign any consents and evaluations or services can be initiated (if applicable).
- The completed [Re-Assignment or Termination of Surrogacy by EIOD](#) form is sent to the following HIN ID per NYC Regional Office via HCS [Secure File Transfer \(SFT\)](#) in the child’s



borough of residence indicating that “Reassignment/Termination of surrogacy needed. EIOD approval needed for Child ID: XXXXX” within 24 hours of receipt.

- Brooklyn RO HIN ID: BKRO
- Bronx RO HIN ID: BXRO
- Queens RO HIN ID: QRO
- Manhattan RO HIN ID: MRO
- Staten Island RO HIN ID: SIRO

4. Call the Regional Office in the child’s borough of residence to follow-up if EIOD approval is **not** issued within **three (3) business days** of submission in HCS.
5. Checks the “*Family Info*” tab “*Surrogate Parent Appointment*” panel in the EI-Hub to view the Regional Office completed and approved surrogacy assignment.
6. Ensures that the [Re-Assignment or Termination of Surrogacy by EIOD](#) form is attached in the EI-Hub.
 - Checks EI-Hub as follows:
 - *Clicks on the “Document” tab. Under “Document Area,” selects “Surrogate” from the dropdown and clicks “Search”.*
 - *Applicable surrogacy attachments will appear in the grid*
7. After a surrogate parent is assigned, that person is authorized to sign all consents that a parent would sign. SC initiates outreach as soon as possible following EIOD approval but no later than two (2) calendar days after the receipt of EIOD approval.

Ongoing Service Coordinator

When reviewing the IFSP at the six-month or annual review or at other appropriate times, the EIOD shall, in consultation with the foster care agency, determine whether there have been any changes in circumstances that warrant a review of the appointment of a particular surrogate parent. If a change in surrogate parent is found to be necessary, the EIOD will appoint a new surrogate and will indicate the termination of the previous surrogate parent on the [Re-Assignment or Termination of Surrogacy by EIOD](#) form.

Notes:

- If the child is in foster care and parental decision-making rights are intact, **the parent must be involved in the Early Intervention process** unless they are unable to do so. Whenever the parent can be involved, a surrogate parent does not need to be assigned.
- If there is a person in parental relationship, a surrogate parent does not need to be assigned.

Chapter 3:

Before the Individualized Family Service Plan (IFSP)

New York City Early Intervention Program

Policy Title: Initial Service Coordinator Responsibilities	Effective Date: 10/15/2024
Policy Number: 3-A	Supersedes: Policy 3-A.1 issued 7/12/2011
Attachments: <ul style="list-style-type: none"> - Foster Care Surrogacy Recommendation and EIOD Assignment Form - Initial Service Coordination Consents Form - Parental Consent to Use E-mail to Exchange Personally Identifiable Information - Consent to Release/Obtain Information Form - Health Insurance Toolkit Item 2: Parent Notice Regarding Health Insurance - Health Insurance Toolkit Form A: Collection of Health Insurance Information - Health Insurance Toolkit Form B: Parent Attestation of No Insurance - Health Insurance Toolkit Item 6/Form C: Parent Authorization to Release Health Insurance Information - "Your Rights in Early Intervention" - Early Intervention Steps: A Parent's Basic Guide to the Early Intervention Program - Reason for Delay in Evaluation Completion/MDE Submission Form - Family Concerns, Priorities, and Resources Form 	Regulation/Citation: <ul style="list-style-type: none"> • 10NYCRR 69-4.1(aa) • 10NYCRR 69-4.7 • New York State Telehealth Guidance Document • Use of Text Messaging in the Early Intervention Program • Guidance on Collection of Parent/Guardian Consent Using Electronic Systems • Notification to the Office for People With Developmental Disabilities (OPWDD) of a Child's Potential Eligibility for Services Tool Kit for Service Coordinators • NYS BEI Health Insurance Tool Kit for Service Coordinators

I. POLICY DESCRIPTION:

Upon referral to the Early Intervention Official of a child thought to be an eligible child, the Early Intervention Official shall promptly designate an Initial Service Coordinator. The Initial Service Coordinator shall promptly arrange contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.

Please note that the “Your Family Rights in Early Intervention,” the “Early Help Matters”, and the “Developmental Monitoring for Babies and Toddlers at Risk for Developmental Delays and Disabilities” brochures and the videos for families regarding the benefits of Early Intervention and the use of insurance are available in multiple languages on the [NYC Health Early Intervention Action Kit Page](#).

The initial service coordinator must document in their service coordination notes all interactions with the child's parents/guardians and any other individuals for whom the parent/guardian provides written consent.

The initial service coordinator must assist the parent in preparing for the Individualized Family Service Plan (IFSP) meeting. This includes 1) ensuring that the parent/guardian understands the child's multidisciplinary evaluation by confirming that the MDE agency has met with the family to explain the results of the MDE and 2) working with the parent/guardian to identify their resources, priorities, and concerns related to their child's development.

Note:

- Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator (ISC)	<ol style="list-style-type: none">1. <i>Logs into the EI-Hub and clicks on Case Management Module to the right of the main screen. The screen will open to "Children Assigned to Caseload."</i>2. <i>Clicks on the "Retrieve" tab to see the full caseload.</i>3. <i>Sorts cases by the "Action Needed" column to see all the cases that are awaiting Teams/service authorization acceptance.</i>4. <i>Checks "Children Assigned to Caseload" throughout the day for newly assigned cases throughout the day.</i>5. <i>Follows instructions in the Referral Policy to accept newly assigned cases within 1 day of appearing on "Children Assigned to Caseload".</i>6. <i>To work on cases newly accepted onto your caseload:</i><ol style="list-style-type: none">a. <i>Select "Edit" to the right of the child's name for the case you wish to work on.</i>b. <i>The child's case will open to the "Child at a Glance" tab.</i>c. <i>To see the child's referral date, go to the "Child Info" tab and click on the Referral panel on the left. The panel will open to a grid showing the referral date.</i>d. <i>To see the details of the ISC service authorization, click on the "Services" tab.</i>e. <i>The tab will open to a grid showing the ISC service authorization, including the start and end dates and the number of units authorized.</i><ul style="list-style-type: none">• <i>Scrolling to the right and selecting "Edit" will show a more detailed view of the service authorization.</i>f. <i>To review details of the EI-Hub Teams assignment, click on the "Teams" tab.</i>7. <i>The tab will open to a grid showing the ISC Teams assignment,</i>

- including the start date.*
8. “First Name” and “Last Name” should show the ISC’s first and last names.
 9. The column “EIOD or SC Status” should say “active” and both columns “EIOD or SC Accept/Reject” and “Agency Accept Assignment” should say “accepted”.
 10. Scrolling to the right and selecting “Edit” will show a more detailed view of the Teams assignment.

Note:

- The EI-Hub does not track the 45th day clock. The ISC must track the 45th day independently.
- The 45th day is calculated as 45 calendar days from the referral date with the date that the child was referred counting as day one.
- The NYC BEI will set the Service Authorization period for ISC as 60 calendar days from the date of the child’s referral to the EIP.
- Refer to the [Requests to Change Initial Service Coordination, add Units or Extend Service Authorizations Policy](#) for a detailed procedure in requesting changes to ISC service authorizations.

11. Reviews any information regarding the developmental domains of concern.
 - a. Clicks on the “Child Info” tab.
 - b. Clicks on the “Referral panel” on the left.
 - c. Clicks on the “Edit” button to the right of the current referral.
 - d. Clicks on the “Referral Additional Information” panel on the left.
 - e. Reviews any information entered regarding developmental domains of concern.

Note:

- The Information in this panel was entered by the NYC EIP Developmental Monitoring Unit because of an atypical screening result on the Ages and Stages Questionnaire.
- This information must be shared with the selected Evaluation Site as it will help inform the composition of the MDE Team.

12. Locates the family’s contact information in the EI-Hub.
 - a. Clicks on the “Family Info” tab.
 - b. The tab will open to a grid showing the child’s last name.
 - c. Clicks on the blue button to the right in the grid.
 - d. The screen will open to a grid showing the child’s name and at least one adult’s name and their relationship to the child.
 - e. Reviews the information under “Family Member Type” and

- the information under “Family Member Notes.”*
- i. If the *Family Member Type* indicates caseworker for ACS, foster care case worker, or foster parent, child is involved with ACS.
 - ii. Checks *Family Member Notes* for additional relevant information, such as foster care case worker supervisor’s name and assigned Education Specialist and contact information.
 - f. *Scrolls to the right and looks for the “Primary Contact” column, which will indicate which adult is the primary contact. Further to the right is a column for “Phone” with the phone number.*

Note:

- The “*Child at a Glance*” tab should display the child’s phone number. However, the ISC is required to check the *Family Info* tab grid to determine the caregivers involved in the child’s life and ACS involvement.

13. Contacts the parent/caregiver within two (2) days of the child’s referral to the Early Intervention Program:
 - a. Informs the primary family contact that their child was referred to the Early Intervention Program,
 - b. Explains:
 - i. The benefits of the EIP
 - ii. The voluntary nature of the EIP
 - iii. The confidential nature of the program
 - iv. That Early Intervention is provided to eligible children regardless of race, ethnicity, income or immigration status,

Note: For families who are unsure about going through the Early Intervention process, Initial Service Coordinator should review the resources available on the [NYC Health Early Intervention Action Kit Page](#) if families want additional information about the benefits of Early Intervention.

14. Briefly explains the role of the Service Coordinator, and
15. Sets up an appointment at a time and place convenient to the parent.

The appointment must take place no later than seven (7) calendar days from referral.

- a. The [New York State Telehealth Guidance Document](#) indicates that the first meeting between the ISC and family should be in person. If the initial meeting needs to be delivered via telehealth or telephone, the service coordinator must document the family reason in the child’s service coordination notes as part of the initial contact(s).
- b. If the parent selects to have service coordination activities

- provided via telehealth, a [Consent for the Use of Telehealth Form](#) is required, and a HIPAA-compliant platform in which both audio and visual components are available must be used. Refer to [Guidance on Collection of Parent/Guardian Consent Using Electronic Systems](#).
- c. If the parent/guardian prefers to have service coordination via telephone only, rather than via telehealth or in person, this is permissible, but the family-driven reason must be clearly documented in the child's service coordination notes.
 - d. The decision for service coordination to be delivered via telehealth or by phone cannot be driven by service coordinator preference or convenience.

Note: If the service coordinator determines that the child is in Foster Care through the information provided in the EI-Hub "Family Info" tab or via a conversation with the identified primary caregivers:

- Informs the parent/guardian that the service coordinator will reach out to the foster care agency to get all the required information about the family rights.
- Once the service coordinator receives the required information from the foster care agency, they will reach out to the caregiver to inform them of the outcome and obtain all needed consents to start the EI evaluation process.
- Refer to [Policy 2-A: Determining the Need for and Assigning a Surrogate Parent](#) for the required steps involved in determining the status of family rights and surrogacy assignment process, when necessary.

Initial Meeting with the Parent(s)/Caregiver(s):

1. Fully explains the role of the Service Coordinator (SC) to the parent/caregiver;
2. Gives a complete overview of the NYC Early Intervention Program (EIP), including evaluation, eligibility, IFSP, services and transition.
 - a. Refers to the [Referral of Children to Early Intervention who are dually eligible for EI and CPSE Policy](#) for any referral for a child who is 2.6 years or older.

Note: When explaining services to families, the ISC must give a broad overview of the various services available in the EIP. **As part of that discussion, the following talking points must be covered regarding Telehealth:**

- Telehealth is an approved way of delivering EI evaluations and services in New York State.
- Families, working with their service coordinator (before eligibility is established) and their IFSP team, decide on the best way to have their child's services delivered. This includes in-person, telehealth, or a combination called hybrid.

- Telehealth and in-person service delivery are both effective ways to provide EI services. Some states have been offering telehealth as an option for many years.
- Research shows that there are benefits to using telehealth;
 - Offers flexibility in scheduling when in-person services may otherwise not occur;
 - Can have a positive impact on parent/caregiver engagement with their child's therapy session as well as their sense of empowerment;
 - Offers parents more options for services (in-person, telehealth, or a combination of the two methods (i.e., hybrid);
 - Has been shown to improve developmental outcomes for children even with complex behavioral issues.
- Families have the option to request an amendment to their child's IFSP when the method(s) (how services are delivered) that were selected during their child's IFSP need to change.
- There are requirements for telehealth evaluations and services:
 - Evaluations and services may be completed virtually depending on the unique needs of the child and the family's resources, priorities, and concerns.
 - Telehealth can also be provided on a temporary basis when it is documented in the child's IFSP that in-person services are currently being located, and telehealth is necessary to prevent gaps in services.
 - Both providers and parents must have access to the internet and to a tablet, smartphone, or laptop computer with audio and video so that the therapist is able to observe the child and parent working together during the session.

3. Informs the parent of their rights and responsibilities in the EIP. To satisfy this requirement, the SC must:
 - a. Explain each item covered in the "Your Rights in Early Intervention" document.
 - b. Review each item in the "What Does Everyone Do in Early Intervention" document.
4. Explains that Early Intervention is a family-centered program designed to enhance the capacities of families to meet their child's needs, with services provided in the child's natural environment to the maximum extent possible.
 - a. Service coordinator must explain that Early Intervention services are most effective when parents and caregivers participate in the sessions, speak with their child's team, and use what they learn during sessions with their child between scheduled sessions with their child's teachers and therapists.
 - b. With in-person and telehealth session, the EI provider supports, guides, and coaches parents in ways to work with their child, using

- toys and other things that the family has around the home. This way, the family can see what the evaluator/therapist is explaining, and the evaluator/therapist can see what the family is doing in response to their coaching. Also, the evaluator/therapist can see what the family's routines are, the skills their child uses, and how their child interacts with others.
5. Confirms parent's preferred means of communication and exchanging documents:
 - a. Texting and instant messaging
 - i. The service coordinator must inform families that texting and instant messaging in Early Intervention are not allowed since they are not secure. Texting is prohibited even if a parent is willing to sign a consent.
 - ii. The only information that may be texted is administrative details (e.g., confirmation and/or cancellation of appointments; notifying the parent of scheduling delays due to weather, requesting a return phone call, etc.) as long as the text does not contain any personally identifiable information about the child or family (such as the child's name, the names of the child's parents or other family members, the child's and/or family's address, etc.)
 - iii. If the parent would like text messages to be used for administrative activities, the service coordinator must document this preference on the [Initial Service Coordination Consents Form](#).

Note:

- Texting is not a separately billable service coordination activity.
- Refer to [The Use of Text Messaging in the Early Intervention Program](#) for additional information.

- b. Use of provider systems to obtain electronic signatures from families
 - i. Providers may implement an electronic secure system to collect parent signatures on forms.
 - ii. The requirements for setting up an electronic system to obtain consent are set forth in [Guidance on Collection of Parent/Guardian Consent Using Electronic Systems](#).

Note:

- A picture of a signature, typing in the name of the parent in a cursive font, or parent use of their own computer system to supply an electronic signature are not a valid signature in the Early Intervention program.
- Providers may not precondition the delivery of services on parental use of a provider electronic signature system.

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| | <p>c. Email</p> <ul style="list-style-type: none"> i. Confirms if parent consents to share personally identifiable information by email and returns signed consent forms via email. ii. If the parent consents, emails the parent the completed <u>Parental Consent to Use E-mail to Exchange Personally Identifiable Information</u>. iii. The SC must obtain the signed consent form before emailing other forms for the parent to sign and send back. |
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Note:

- If the parent does not consent to the transmission of information via email, the service coordinator must obtain the parent signatures either in person or by sending the information via mail along with a self-addressed stamped envelope to expedite return.
- Service Coordination providers cannot precondition the delivery of SC services on the signing of the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information form](#).

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| | <ol style="list-style-type: none"> 6. Provides a copy of “Your Rights in Early Intervention.” 7. Provides a copy of the SDOH booklet <u>The Early Intervention Program: A Parent’s Guide</u>: <ol style="list-style-type: none"> a. Copies of this handbook in multiple languages can be obtained from the State Department of Health by writing to Publications, NYS Department of Health, Box 2000, Albany, New York 12220, and requesting “A Parent’s Guide,” Code #0532. 8. Obtains the parent’s signature on: <ol style="list-style-type: none"> a. <u>Initial Service Coordination Consents Form</u>; 9. Informs the parent that Early Intervention is a completely confidential program and that information cannot be shared with anyone without informed written consent, using the <u>Consent to Obtain and Release Information Form</u>. <ol style="list-style-type: none"> a. This form must minimally be signed for the Evaluation site that the parent/guardian selects. b. This form must also be completed for any relevant caregivers, case managers, or family members (non-guardians) who will be involved in the case and may need periodic or ongoing updates. c. This form does not need to be signed to share information with a Foster Care Case Planner, Foster Care Case Planner Supervisor, or Education Specialist from the child’s assigned Foster Care agency. In such circumstances, information should be shared on an ongoing basis without the need for <u>Consent to Obtain and Release Information Form</u>. 10. Informs the parents that they will be asked to provide the Social Security numbers for their child and themselves at the IFSP meeting, if their child is found eligible for EI services: <ol style="list-style-type: none"> a. Refers to the <u>Collection of Social Security Numbers Policy</u>. |
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11. Explains the use of Insurance in EI, including that:
- a. EI services are at no cost to parents; this means that there are no copays, deductibles, or health savings account costs associated with any EI service.
 - b. Parents are required to provide primary and secondary insurance information to the EIP. This includes private insurance, Medicaid information, and Medicaid managed care information.
 - c. The Medicaid and Medicaid managed care information will be used to cover EI services at no direct out-of-pocket cost to the family.
 - d. Private insurance information will be used to inform how much money is made available at the state level to cover services for all children in NYS, including their child.
 - e. Provides the parent with [Health Insurance Toolkit Item 2: Parent Notice Regarding Health Insurance](#).
 - f. Completes [Health Insurance Toolkit Form A: Collection of Health Insurance Information](#).
 - g. [Completes Health Insurance Toolkit Item 6/Form C: Parent Authorization to Release Health Insurance Information](#).
 - h. Obtains copies of the front and back of the insurance card(s).
 - i. If the parent does not have insurance or Medicaid information, completes and obtains parent signature on [Health Insurance Toolkit Form B: Parent Attestation of No Insurance](#).
 - i. Contacts a New York City Department of Health, Health Insurance Enrollment Counselor in the borough in which the family lives by filling out a [Health Insurance Assistance Form](#).
12. Asks the parent in a sensitive manner if they would like assistance in identifying and applying for other benefit programs for which the family may be eligible, such as [SNAP](#), [WIC](#), [SSI](#), etc.
13. Explains the evaluation and screening process to the family, including location, types of evaluations performed, and setting for evaluations (e.g., home, evaluation agency, telehealth):
- a. Ensures that the family understands both the screening and evaluation options, as well as the evaluation process and criteria for eligibility under the EIP.
 - b. Explains to the family that a Multidisciplinary Evaluation can occur utilizing telehealth under the following circumstances:
 - i. The family requests a telehealth MDE.
 - ii. The child has a complex medical condition, and the family does not want evaluators in their home.
 - iii. The family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.

Note:

- This does not apply to common languages spoken in NYC (e.g., Spanish).

- iv. The appropriate evaluators are not available in the region where the evaluation is to be conducted.

NOTE:

- Service coordination notes must include the diligent efforts made by the Initial Service Coordinator to locate an appropriate evaluator and the conversations with the parent/guardian leading to this justification and consent from the parent.
- c. Informs the family that, once they select an evaluation site, they will speak with a representative of the evaluation site to determine if a Screening is appropriate or what the components of their child's Multidisciplinary Evaluation (MDE) will be.
- i. The parent will sign a consent for screening or evaluation.
 - ii. The child's MDE team will be made up of two evaluators. A third evaluation may be performed if there are concerns about how the child is hearing.
 - iii. If additional evaluations are needed after eligibility is established, they can be discussed at the child's Individualized Family Service Plan (IFSP) meeting.
- d. If one of the professionals on the child's MDE team will be an occupational therapist, physical therapist or a speech language pathologist who will be looking at feeding, then a prescription will be needed from the child's doctor. However, the MDE process will not be delayed because a prescription is needed.
- i. The service coordinator can assist the family and the evaluation agency with obtaining the prescription, if the parent requests assistance.
- e. Ensures that the parent understands that NYS regulations allow for one Multidisciplinary Evaluation per year without approval from the Early Intervention Official
- f. Follows the steps in the Policy 3-A: [Choice and Approval of the Evaluation or Screening Site](#) SC documentation requirements, uses links for up-to-date lists of Evaluation (MDE) Sites that must be provided to families, and follows requirements for the completion of the Reason for Delay in Evaluation Completion/MDE Submission Form if needed.
14. Explains that the families' concerns, priorities and resources play a major role in creating outcomes and strategies among the parent, evaluator, service coordinator and the EIOD, if the child is found eligible. They also will help the parent/guardian participate in their child's evaluation.
- a. Assists the family in identifying their concerns, priorities, and resources by completing the [Family Concerns, Priorities and Resources \(CPR\) Form](#) with the parent/guardian.
 - b. Refer to [Appendix A: Family Concerns, Priorities, and](#)

Resources (CPRs): Frequently Asked Questions

15. If the child was previously receiving EI services in another NYS county:
- a. Contacts the Regional Office in the borough of the child's residence so the case can be transferred to the appropriate NYC borough.
16. If the child appears to have an immediate need for EI services
- a. Refer to the Interim IFSP Policy.
17. Enters the following child information in the "Child Info" tab
- a. On "Children Assigned to Caseload," searches for the child by name or Hub ID, then clicks on the "Edit" button to the right.
 - b. Clicks on the "Child Info" tab.
 - c. If the child received EI services in another State, checks the box at the bottom of the Child Info screen for "Has child received EI services in another State or US territory?"
 - d. If the child has a sibling in EI, checks the box at the bottom of the Child Info screen for "Siblings enrolled in NY EI (past/present)"
 - e. If the parent refused to share Social Security information, checks the box at the bottom of the Child Info screen for "Parent declined to provide child's SSN"
 - f. If the child is in foster care, checks the box at the bottom of the Child Info screen for "Is child a ward of social services"
18. Enters the following family information in the "Family Info" tab in the EI-Hub
- a. Adds additional caregivers who will be involved or who will be informed regarding the child's status in the Program, key milestones, and overall progress.
 - i. Navigate to "Family Info" tab, select "Edit" button to the right of child's name in the grid.
 - ii. Click the yellow "Add Family Members" button.
 - iii. From the "Family Member Type" dropdown, select the relationship of this family member to the child
 - iv. Enter the current date for "Start Date"
 - v. From the "Family Status" dropdown, indicate that the family status is active
 - vi. Enter the family member's first and last name
 - vii. From the "Contact Type" dropdown, indicate whether they are the primary contact, a secondary contact, or informational only and should not be contacted
 - viii. Select the family member's language from the "Dominant Language" dropdown
 - ix. Check boxes to indicate if they require an interpreter, if they can provide transportation, and/or if they insure the child.
 - x. Click "Submit".
 - xi. Click on "Phone Numbers" on the left panel.

- xii. Click on the yellow “Add” button.
- xiii. From the “Phone Number Type” dropdown, select the type of phone number it is (cell, home, etc.).
- xiv. Enter the phone number in the “Phone Number” field.
- xv. Check the box if it is “Primary Phone”.
- xvi. In “Okay to Text” dropdown, select Yes, No or Unknown depending on whether the parent signed the ISC consents section regarding text messaging.
- xvii. Enter any notes.
- xviii. Click “Submit”.
- xix. Click on “Guardian Address” on the left panel.
- xx. Click on the yellow “Add” button.
- xxi. Under “Address Type”, indicate what kind of address this is (biological parents, residential facility, etc.)
- xxii. Under “Address Status”, select “Active”
- xxiii. Under “Start Date”, enter the current date
- xxiv. If the family member lives at the same address as the child, select the address from the List of Child Addresses to Copy dropdown.
- xxv. If the family member lives at a different address, Enter the street address in “Address Line 1”, enter the “Zip Code,” then scroll to the bottom and click “City/State/Zip Lookup”. The correct full address will populate.
- xxvi. Click “Address Validate.” A box will appear with USPS’s suggested validated address. Click “Change” to change to that address. If you wish to retain the original address you entered, click “cancel.” A box “Address Has Been Validated” will appear at the bottom left of the screen. Click it. Then click “Submit”.
- xxvii. If the family member speaks a second language, click on “Guardian Secondary Languages” on the left pane.
- xxviii. Click on the yellow “Add” button.
- xxix. From the “Language” dropdown, select the family member’s second language, then click Submit.
- xxx. Click on Family Member Notes on the left pane to record any notes. Type the notes into the box and click Submit.
- b. If a family member/caregiver should no longer be considered active in the case:
- i. Navigate to “Family Info” tab and select the “Edit” button to the right of the child’s name in the grid
 - ii. When the full list of family members appears, find the person’s name in the grid and click on:
 - “Remove” if you want to completely remove the person from the case
 - “Edit” if you want to leave the family member

	<p><i>and their information in the EI Hub, but indicate that they are not actively involved. If selecting “Edit”:</i></p> <ul style="list-style-type: none"> • <i>In the Family Member Information panel, enter the child’s referral date for “Start Date”</i> • <i>Enter the last date for the family member to be active with the case in “End Date”</i> • <i>From the Contact Type drop-down, select “Informational, Not to be Contacted”</i> • <i>In the Notes field, enter the reason for ending the family member’s involvement</i> • <i>Click “Submit”.</i> <p>19. Enters the child’s Insurance Information into the EI-Hub</p> <p>a. <i>Records which parent insures the child</i></p> <ol style="list-style-type: none"> i. <i>The SC should ask which parent’s insurance the child is on and check the name on the insurance card that the SC is given.</i> <ul style="list-style-type: none"> • <i>Click on the “Family Info” tab and click on the “edit” button to the right in the grid.</i> • <i>In the list of family members that appears, click on the “edit” button to the right of the family member who insures the child.</i> • <i>In the screen that appears, scroll to the bottom and check the box “Insures Child.”</i> <p>b. <i>Records the primary and secondary insurance information in the EI-Hub:</i></p> <ol style="list-style-type: none"> i. <i>Click on the “Insurance Info” tab.</i> ii. <i>Select the yellow “add” button to the right.</i> iii. <i>“Date Entered” will autopopulate with the current date.</i> iv. <i>Select the appropriate type of insurance company from the Insurance Type dropdown</i> v. <i>Select the name of the insurance company from the Insurance Carrier dropdown.</i> <ul style="list-style-type: none"> • <i>The Insurance Carrier Address and Phone Number fields will autopopulate.</i> vi. <i>In the “Insurance Plan/Policy Name field”, enter the insurance policy number or name.</i> vii. <i>From the “Relationship to Child” dropdown, select the relationship of the policy holder to the child (select “child” if the child is the policy holder).</i> viii. <i>If the plan is State regulated, check the box next to “State regulated?”</i> ix. <i>If the plan is Child Health Insurance Plus, check the box next to “CHIP”.</i> x. <i>Enter the policy number or Medicaid CIN in the field “Policy Number/Medicaid CIN”.</i> xi. <i>Enter the group number in the field “Group Number”.</i>
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- xii. If the child has a member ID different from the policy holder's ID, enter it in the field "Child's Member ID Number If Different from Policy Holder".
- xiii. If someone other than the child is the policy holder, select the policy holder's name from the "Policy Holder, If Different from Child field".
- Note that this dropdown is populated by the people entered in Family Info as family members, so the policy holder must be entered there first.
- xiv. Select "yes" or "no" from the dropdown for "Does the Policy Holder Work for a School District?"
- xv. If the policy holder does work for a school district, select "New York City" from the School District dropdown.
- xvi. From the "Policy Status dropdown", select policy "active" or "inactive"
- xvii. Enter Coverage Start Date.
- xviii. Enter Coverage End Date, if known.
- xix. Enter Policy Holder Employer Address.
- Select Address Validate, then click the "Change" button to change to the official USPS address. Address validation checkmark will automatically appear.
- xx. Type the policy holder's occupation into the Occupation field.
- xxi. Select "primary", "secondary" or tertiary from the Insurance Policy Priority dropdown.
- As a minimum, primary insurance must be added
- xxii. Check the back of the insurance card to see whether it indicates that some claims should be submitted to another payer, then choose yes or no from the dropdown for "Does the Insurance Card Indicate that Some Claims Should be Submitted to Another Payer?"
- If there is another payer, select the name for the other payer from the Other Insurance Payer Name dropdown.
 - If there is another payer, select yes or no from the dropdown for Possible Preauthorization Needed for Other Payer?
- xxiii. Select Submit.
- xxiv. If required information is missing, a message will indicate which field needs to be corrected.
- xxv. A "Saved Successfully" message will indicate a completed insurance entry.
- xxvi. The insurance policy will now be listed in the Insurance grid.

- c. Clicks the Insurance Verification panel, which is on the left on the “Insurance Policy” screen
- i. In the date field, enter the date insurance was verified.
 - This will be the date that the ISC obtained the insurance information from the parent/guardian.
 - Enter the name of the person who verified- the ISC.
 - ii. The insurance verification panel must be completed when the parent has provided insurance information as well as when the parent has indicated that they have no insurance and does not provide insurance information.
 - iii. Select the “upload” button.
 - For each of the following items, selects “parent documents” from the “Document Type” dropdown, enters a name for Document Name, and clicks the Choose File button to navigate to where the file is saved on the computer.
 - Then clicks “Upload”.
 - The following mandatory forms must be uploaded individually:
 - [Health Insurance Toolkit Item 6/Form C: Parent Authorization to Release Health Insurance Information](#)
 - Selects “parent document” under document type.
 - Under document name, enters “Toolkit Form C: Authorization to Release Health Insurance Information.”
 - [Health Insurance Toolkit Form A: Collection of Health Insurance Information](#)
 - Selects “parent document” under document type.
 - Under document name, enters “Toolkit Form A: Collection of Insurance Information.”
 - [Health Insurance Toolkit Form B: Parent Attestation of No Insurance](#)
 - Selects “parent document” under document type.
 - Under document name, enters “Toolkit Form B: Parent Attestation of No Insurance.”
 - Front and back of the insurance card(s)
 - Selects “parent document” under document type.
 - Under document name, enters “front and back of primary/secondary insurance card.”

- d. *If the parent/guardian has no insurance and is therefore declining to provide the information*
- i. *Clicks the Insurance Declination panel on the left.*
 - ii. *Clicks on “Add”.*
 - iii. *If the parent stated that they have no insurance or Medicaid, checks the box next to “Parent attested that they have no insurance/Medicaid”.*
 - iv. *Enters the current date for Date Declined and for Start Date.*
 - v. *Selects the relevant adult family member from the Family Member dropdown.*
 - vi. *Clicks “Submit”.*

After the Initial Meeting with Parent/Caregiver:

1. At the parent’s request, assists the parent in arranging for the child’s evaluation and obtaining prescriptions for components of the MDE in coordination with the evaluation site, if requested by the family.
 - a. Refer to the [Obtaining Orders for Authorized Services and Evaluations Policy](#).
2. Sends the following documentation to the Evaluation Agency within **two (2) business days** of the initial meeting with the family:
 - a. [Consent to Obtain and Release Information Form](#);
 - b. [Reason for Delay in Evaluation Completion/MDE Submission Form](#) (if applicable).
3. For children in Foster Care, follows the [Determining the Need for and Assigning a Surrogate Parent Policy](#) to ensure that the [Foster Care Surrogacy Recommendation and EIOD Assignment Form](#) is attached in the EI-Hub and the “Family Info” tab “Surrogate Parent Appointment” panel is completed by the Regional Office before entering the MDE SA into the EI-Hub.
4. Follows the [Choice and Approval of the Evaluation/Screening Site Policy](#) to ensure that the [Consent for MDE/Screening](#) and [Consent for Telehealth](#) (if applicable) is received by the ISC before entering the MDE SA into the EI-Hub.
5. *Creates the MDE service authorization in the EI-Hub.*
 - a. See [Choice and Approval of Evaluation or Screening Site Policy](#) for service authorization creation and submission.
6. *Once the MDE service authorization is submitted in the EI-Hub and appears in the Evaluation Information grid with a status of “Inactive,” attaches the following forms in “Developmental Assessment” tab in the EI-Hub:*
 - a. [Initial Service Coordination Consents Form](#);
 - b. [Consent for Evaluation/Screening Form](#);
 - c. [Consent for Telehealth Form](#) (if applicable);
 - d. [Family Concerns, Priorities and Resources \(CPR\) Form](#);
 - e. [Consent to Obtain and Release Information Form](#);
 - f. [Reason for Delay in Evaluation Completion/MDE Submission Form](#) (if applicable).

- g. *Attach each document separately in “Developmental Assessment” tab:*
- *Click “Eval Info” tab.*
 - *The MDE service authorization will appear in the grid; scroll to the right and click “Edit.”*
 - *The screen opens to “Evaluation Information.”*
 - *Click on the “Developmental Assessment” tab at the top.*
 - *Scroll down to the “Upload Development Assessment Document” button.*
 - *Under “Document Type” select “Development Assessment Document”.*
 - *For “Document Name,” type the name of the document, following NYC naming conventions.*
 - *Click on “Choose file” and navigate to the file you want to attach. Only PDFs can be attached.*
 - *Click on the “Upload” button.*

Note:

- The Regional Office will reject the MDE SA if the required forms that are listed above documenting needed parent/guardian consents, delays in evaluation, and concerns, priorities, and resources are not attached.

7. Follows the steps in the [Choice and Approval of the Evaluation/Screening Site](#) Policy to monitor the child’s MDE service authorization to ensure that it does not expire before the child’s evaluation is complete.
8. Follows-up with the evaluator and parents to ensure that the evaluations are proceeding in a timely fashion.

After the Evaluation:

1. Ensures that a member of the MDE Team has reviewed the results of the evaluation with the family and that the family understands the results of the evaluation.
2. Assists the family in obtaining clarification from the evaluation team, if needed.
3. Ensures that the parent/guardian obtains a copy of the MDE and that the MDE Summary is provided in the appropriate language.
4. Ensures that the evaluation agency uploads the MDE packet and submits the developmental assessment in EI-Hub within thirty (30) days of the referral to the EIP.
5. If the child is found ineligible for the EIP:
 - a. Reviews the [Information for Parents about Eligibility FAQ](#) and the related resources.
 - b. Discusses the following options with the parent:
 - i. The case can be closed:
 - Refers to the [Closure Policy](#).

- c. The child can be referred to Developmental Monitoring for ongoing developmental screening that is conducted in partnership with the parent/caregiver.
 - d. The parents can request a re-evaluation (see **Evaluations and Eligibility chapter**),
 - e. The parents can exercise their due process rights.
6. If the child is found eligible for the EIP:
- a. Discusses the Individualized Family Service Plan (IFSP) meeting with the family, including:
 - i. The composition of the IFSP team;
 - ii. Parental right to invite participants of their choosing;
 - iii. Importance of parent/caregiver involvement in the IFSP process;
 - iv. Right to select an Ongoing Service Coordinator (OSC);
 - v. The range of options for service delivery;
 - vi. The availability of telehealth EI services;
 - ISC is required to review the telehealth talking points in the note under the Initial Meeting with the Parent(s)/Caregiver(s) section of this policy again with the parent/guardian.
 - vii. The parent and the EIOD will make the final decisions about the services.
 - b. Reminds the parent/caregiver that their participation in the EIP is voluntary;
 - c. Stresses to the family that their priorities, concerns and resources will play a major role in establishing outcomes and strategies among the parent, evaluator, service coordinator and the EIOD.
 - i. As part of this, the ISC and parent/guardian should review the completed [Concerns, Priorities, and Resources \(CPR\) Form](#).
 - d. Reviews the IFSP screens in EI-Hub with the parent to ensure the family understands how the meeting will be conducted.
 - e. In consultation with the evaluation team and with parent/guardian consent, completes the Notification of Potential Eligibility to the Office for People with Developmental Disabilities (OPWDD) Form [OPWDD Tool Kit Item 1](#) to notify OPWDD of the child's potential eligibility for OPWDD services.
 - i. Sends notification by secure email to:
EIP.OPWDD.Notification@opwdd.ny.gov
 - ii. Advises and assists parent/guardian to contact the local OPWDD Front Door Regional Office to make the referral to access OPWDD waiver services.
 - iii. Refers to the [OPWDD Tool Kit](#) for determining if a child may be potentially eligible for OPWDD services and instructions for contacting the OPWDD Front Door.
 - f. Arranges for an IFSP meeting:
 - i. Refers to the [IFSP Scheduling Policy](#);

- ii. If the parents are deaf, requests a sign language interpreter if needed: Refer to the [Requesting a Sign Language Interpreter Policy](#).

Note: If the NYC EIP will provide a sign language interpreter for an IFSP meeting, that meeting must be conducted in person.

Before the IFSP Meeting:

1. Enters preliminary information in the IFSP document;
 - a. *In the child's EI Hub case, clicks on the "IFSP" tab.*
 - b. *Clicks the yellow "Add IFSP button".*
2. *The IFSP Information screen appears.*
 - a. *For "IFSP Type", select "Initial".*
 - b. *Enter the IFSP start and end dates.*
 - c. *Select the method by which the IFSP will be conducted.*
 - d. *Check the box next to Is the IFSP conducted in the dominant language of the parent?*
 - i. *Click "Submit".*
3. *Click the "IFSP Team" panel on the left.*
 - a. *Click the yellow "Add IFSP Team" button.*
 - b. *Enter each participant individually.*
 - i. *Select each participant's role from the "Participant Role" dropdown.*
 - ii. *If you select "other," enter the role in the Other text box.*
 - iii. *When you select "parent," "SC" or "EIOD," a box will appear with the list of people entered in Family Info, or the assigned SC or EIOD, for you to select from the dropdown.*

Note: It is very important to complete the "Family Info" tab accurately, and indicate the parent who will be attending the IFSP as "primary."

- iv. *Enter the participant phone number and email. If you select a family member listed in the Family Info section, their phone number and email will autopopulate.*
 - *Click "Submit."*
 - c. *Repeat these steps until all participants are entered.*
4. *Click on the "IFSP Meeting panel" on the left.*
 - a. *Enter the actual date and time of the IFSP meeting when the parent/surrogate and EIOD will be present*
 - v. *Click "Submit."*

Note: All other IFSP panels will be completed by the IFSP team at the meeting.

After the IFSP Meeting:

1. If the Initial Service Coordinator (ISC) is named as the OSC at the IFSP meeting:
 - a. Calls the Service Provider agency(ies) to ensure that the

	<p>following attachments are reviewed in EI-Hub once the Service Provider agency(ies) are located and assigned in EI-Hub:</p> <ul style="list-style-type: none"> i. Consent to Obtain/Release Information Form ii. The evaluation packet <ul style="list-style-type: none"> • <i>The consent and evaluation packet can be accessed in the EI-Hub by:</i> <ul style="list-style-type: none"> ○ <i>Clicking on the “Documents” tab and selecting Evaluation from the “Document Area (Equal To)” dropdown, then clicking the “Search” button.</i> ○ <i>Finding the consent form and evaluation packet in the search grid and clicking the “View” button to the right.</i> ii. The IFSP <ul style="list-style-type: none"> • <i>The IFSP screens can be accessed in the EI-Hub by clicking on the IFSP tab, then finding the most recent IFSP in the grid and clicking the “View” button to the right.</i> iii. Refers to the <u>Individualized Family Service Plan Policy</u> for additional steps and requirements. <p>2. If the ISC was not named as the OSC:</p> <ul style="list-style-type: none"> a. Calls the OSC chosen by the parent(s) at the IFSP meeting to make sure they view the documents in EI-Hub.
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Note:

- If the ISC cannot contact or remain in contact with a family, refers to the [Closure Policy](#).
- All the above-described activities must be clearly documented in the SC activity notes.

Approved By:
Assistant Commissioner, Early Intervention



Date: 8/15/2024



**NYC EARLY INTERVENTION PROGRAM
INITIAL SERVICE COORDINATION CONSENTS FORM**

Child's EI ID No.:	Child's DOB: ____ / ____ / ____
Child's Name: (Last)	(First)

I. Initial Service Coordination Consent

I have been informed by the Early Intervention Initial Service Coordinator (ISC) of the programs and services the Early Intervention Program (EIP) can provide to my child. I understand that, to provide these services, the Program will need to coordinate and exchange information with other appropriate service providers.

I consent to the planning and coordination of services for my child.

Signature (Parent/Guardian):	Date: ____ / ____ / ____
Signature (Initial Service Coordinator):	Date: ____ / ____ / ____
Service Coordinator NPI Number:	

II. Consent to Share MD/IFSP with Healthcare Provider (HCP)

I give permission I do not give permission
for my child's service coordinator to send a copy of the following to his/her HCP(s): evaluations
 initial IFSP.

Healthcare Provider's Name:	
Address:	
Phone: ()	Fax: ()
Signature (Parent/Guardian):	Date: ____ / ____ / ____

III. Consent for Administrative Updates by Text Message

I give permission I do not give permission
to have my service coordinator send me **administrative updates only** using text messaging. Administrative updates include confirmation and/or cancellation of appointments; letting me know about scheduling delays due to weather, and requesting a return phone call.

My service coordinator has explained that text messages are not secure because it is possible for text messages to be changed, sent, and stored by other parties. Therefore, texting cannot be used in the EI Program to send or receive personally identifiable information about my child and family (names, addresses) or about my child's participation in the EI Program.

Signature (Parent/Guardian):	Date: ____ / ____ / ____
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Service Coordinator Must Complete:

Date ISC agency received assignment from Regional Office: ____ / ____ / ____

Date ISC provided parent(s) the EIP Parent's Guide or directed parent to Guide on SDOH website: ____ / ____ / ____

Date ISC reviewed "Your Parent's Rights in the EI Program": ____ / ____ / ____

Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: ____ / ____ / ____

Name of evaluation (MDE) site selected by parent: _____

Date MDE SA drafted and submitted to Regional Office: ____ / ____ / ____

Note:

- ISC must provide a copy of the Parent's Guide to the family within seven (7) business days of referral.
- ISC must discuss the importance of sending copies of the MDE and IFSP to the child's healthcare provider(s). With consent, the ISC must send the MDE and/or IFSP within two (2) business days of receipt.



INSTRUCTIONS FOR COMPLETION INITIATE SERVICE COORDINATION CONSENTS FORM INSTRUCTIONS

All fields on this form must be completed. This form must be signed by the parent when service coordination (SC) first begins. At that time:

- The parent/guardian confirms that s/he gives permission for SC activities.
- The parent/guardian indicates if they give consent for the ISC to send the child's MDE and/or IFSP to the child's healthcare provider.
- The parent/guardian indicates if they consent to receive administrative updates via text message.

For a child in foster care, the assigned surrogate parent or the biological parent would be the appropriate person to sign this form.

If the SC is not able to meet with the parent, they may obtain this consent via email once the [Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form](#) is obtained. Alternatively, this form can be mailed to the parent, preferably with a self-addressed, stamped envelope. **This action should be documented in the service coordination activity notes.**

A copy of this form remains with the ISC and must be placed in the child's service coordination case record. The ISC must submit this form to the EI Regional Office via the EI-Hub as required by the [ISC Responsibilities policy](#).



**NYC EARLY INTERVENTION PROGRAM
CONSENT TO OBTAIN AND RELEASE INFORMATION FORM**

Child's Name: _____ EI #: _____ DOB: ____ / ____ / ____

Address: _____ Apt #: _____

City/Borough: _____ State: New York Zip Code: _____

I, (Parent/Guardian's Full Name) _____, seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check ONLY one)

- I authorize for the information below to be released I authorize for the information below to be obtained

Specific information to be released/obtained:

- EI Medical Form Multidisciplinary Evaluation Supplemental Evaluation(s) Specify: _____
 Individualized Family Service Plan Provider Progress Notes
 Session Notes Other: _____

I authorize for the information to be (**check/complete either A , B, or C**):

- A. Released to all EI providers providing evaluation, service coordination, or services to my child and family

B. Released to the Individual/Agency below:

(Name/ Organization) (Street Address, Borough/City, Zip Code)
(Telephone Number) (Fax Number)

C. Obtained from the Individual/Agency below:

(Name/ Organization) _____ (Street Address, Borough/City, Zip Code) _____
(_____) (_____) _____ (Telephone Number) (Fax Number) _____

The information will be sent to:

(Name/ Organization) _____ (Street Address, Borough/City, Zip Code) _____
(_____) _____ (_____) _____
(Telephone Number) _____ (Fax Number) _____

D. The purpose of the requested information is to: (check all that apply)

- Establish Early Intervention eligibility
 - Develop an Individualized Family Service Plan
 - Start, coordinate and monitor Early Intervention services
 - Inform the child's physician about my child's services and
 - Other:

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator.

This release ends on the date of my next scheduled IFSP (or, if sooner, specify date / /).

Signed: _____ Date: ____ / ____ / ____

Relationship to Child:

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. Blank consent forms should never be signed by the parent.

**INSTRUCTIONS FOR COMPLETION
CONSENT TO RELEASE/OBTAIN INFORMATION**

This form may be used to release Early Intervention (EI) information about the child, or to obtain information from agencies/individuals outside the Early Intervention Program (EIP) (for example, physicians, hospitals, private therapists).

NOTE: A parent must never be asked to sign a blank *Consent to Release/Obtain Information* form.

1. Complete the demographic information about the child at the top of the page.
2. Check whether this form is being used to **either** release information **or** to obtain information.
3. If both releasing and obtaining information is needed, complete more than one form.

Consent to Release Information must be completed at all of the following times:

- After referral, at the Initial Service Coordinator (ISC)'s first visit;
- At the Interim Individualized Family Service Plan (IFSP), if there is one;
- At the Initial IFSP;
- At each subsequent Annual and Review IFSP;
- Whenever a parent agrees to release information to a specific person, such as the child's health care provider.

NOTE: The parent must be given a choice of signing a general release ("A") or a selective release ("B"). If the parent decides to sign a selective release, each provider or individual must be specified on a separate form.

- a. Check the appropriate box(s) to indicate the **specific information to be released**.
- b. Complete "A" to indicate the parent's **general** consent to release information to Early Intervention evaluation, service coordination, or services providers.

OR

- c. Complete "B" to indicate the name and contact information of the individual/agency that the information is being released to.
- d. Check the appropriate box(s) at "D" to detail **the purpose of the requested information**.
- e. If the parental consent is for a limited period of time, specify the date by which the consent ends. If no date is specified, the consent will be valid until the next scheduled IFSP.
- f. The parent/guardian/surrogate parent must sign and date this document and indicate their relationship to the child.

Consent to Obtain Information must be completed at any time in order to obtain information from individuals/agencies outside the EIP **such as**:

- To request an evaluation report conducted by a non-EI provider; or
- To request medical reports.
 - a. Check the appropriate box(s) to indicate the **Specific information to be obtained**.
 - b. Complete "C" to indicate the name and contact information of the individual/agency that the information is being obtained from **and** the name and contact information of the individual/agency that the information is being sent to.
 - c. Check the appropriate box(s) listed under "D" to detail **the purpose of the requested information**.
 - d. If the parental consent is for a limited period of time, specify the date by which the consent ends. If no date is specified, the consent will be valid until the next scheduled IFSP.
 - e. The parent/guardian/surrogate parent must sign and date this document and indicate their relationship to the child

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original.



NYC Early Intervention Program
Family Concerns, Priorities and Resources (CPR) Form

Instructions: The CPR form must be completed by the Initial Service Coordinator during the initial meeting with parents to help them prepare for the multi-disciplinary evaluation (MDE) and, if found eligible, for the IFSP meeting. The CPR form should also be completed before each IFSP review. ***The ISC must attach the completed CPR Form in the developmental assessment panel in EI-Hub. Refer to the ISC Responsibilities Policy.***

Child's Name:	EI#	Service Coordinator:
Parent name(s):		
Date CPR form completed: / /		CPR Form Page #
1- Family Concerns - What concerns do the parents have about their child's development and their routine activities?		
1a-Routine activities - Describe what the <u>child currently does</u> and <u>what they would like the child to be able to do</u> in each routine activity that is a concern. <i>If there are more than 3 routine activity concerns, complete another CPR Form.</i>		
Concern # _____ Routine Activity _____		
<ul style="list-style-type: none">• What child currently does:• Would like child to do:		
Concern # _____ Routine Activity _____		
<ul style="list-style-type: none">• What child currently does:• Would like child to do:		
Concern # _____ Routine Activity _____		
<ul style="list-style-type: none">• What child currently does:• Would like child to do:		
2-What are the Family Priorities? What concerns do the parents consider most important and should be focused on in the IFSP and why.		
3-What are the Family Resources? What strengths, abilities, and formal and informal supports can be used to address the family concerns? What are the child's strengths and what routines do they find enjoyable?		

NYC Early Intervention Program
Family Concerns, Priorities and Resources (CPR) Form
Instructions for Completion

- The CPR Form must be completed during the initial service coordinator (ISC) meeting with parents to help them prepare for the multi-disciplinary evaluation (MDE).
- The fully completed CPR Form is a required form and must be attached in the *developmental assessment* panel in EI-Hub as part of the MDE service authorization by the ISC.
- The CPR Form should also be completed prior to each IFSP review and submitted with the progress notes.

<p>NYS Early Intervention Regulations:</p> <ul style="list-style-type: none"> • 69-4.6 b (2) • 69-4.7 p (4) • NYS DOH Early Intervention Program Guidance Document: Individualized Family Service Plans (2017) 	<p>One way EI services are individualized and family-centered is by capturing each family's concerns, priorities, and resources. Learning this information supports the provision of culturally relevant services.</p> <ul style="list-style-type: none"> According to the NYS DOH Early Intervention Program Guidance Document: <i>Individualized Family Service Plans</i> (2017), during their initial contacts with the family, the service coordinator may gather information about the family's concerns, priorities, and resources related to the child's development. This can facilitate the selection of the evaluation provider with parents and, with parent consent, allow information to be shared with the evaluation provider so that the appropriate EI professionals are part of the multi-disciplinary evaluation team. As one of the regulatory standards for initial and on-going service coordination, service coordinators (SCs) are responsible for "ensuring the individualized family service plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities concerns and resources change" [69-4.6 b(2)]. When found eligible, the initial service coordinator "should discuss the IFSP process with the parent and inform the parent that their <i>priorities, concerns and resources</i> play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official" [69-4.7 p(4)]. The CPR Form is completed during the first service coordination visit with the family, prior to the selection and assignment of the multi-disciplinary evaluation (MDE) provider agency. The fully completed CPR Form must be attached in the <i>developmental assessment</i> panel in EI-Hub as part of the MDE service authorization by the ISC. A CPR Form should also be completed prior to each IFSP review (e.g., 6-month review, annual, etc.) since the family's concerns, priorities and resources change as the child progresses and life events occur. There are six components to the IFSP outcome that are based on the information collected about the family's concerns, priorities, and resources. The components are: <ul style="list-style-type: none"> ○ Who: Usually the child or family. ○ Will do what: This is what the child will learn to do. ○ Criteria of Success: This is how everyone on the team will know that the outcome has been met and is observable. ○ Routine activity: These are the events that occur typically during the child's day and are individualized by the family's culture and environment. ○ So that: The reason why the family would like to achieve this outcome or why it's important to them.
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	<ul style="list-style-type: none"> ○ Under what condition: This is any specific situation or adaptation that is reasonable to help the child achieve the desired outcome. This is optional and, if it's not specified, it's assumed that the child demonstrates 100% independence. ● See the Appendix for Outcomes and Developmental Steps for additional information.
Child's Name	Document the child's name.
EI#	Document the child's EI-Hub ID Number.
Service Coordinator	Document the service coordinator's name.
Parent name(s)	Document the parent(s) who were interviewed about the family's concerns, priorities, and resources.
Date CPR form completed:	Enter the date the CPR form is completed.
CPR Form Page #:	Enter the CPR Form page number. Some families may share concerns about more than 3 routine activities. The SC may complete more than one CPR Form and should number them accordingly (e.g., page #1, page #2, etc.).
Total number of pages:	Enter the total number of pages included in this completed CPR Form.
1-Family Concerns- What concerns do the parents have about their child's development and their routine activities? Note: This is equivalent to the who component in the IFSP outcome.	<ul style="list-style-type: none"> ● Family Concerns means those areas the parent identifies as needs, issues, or problems that they wish to have addressed within the Individualized Family Service Plan. ● Family concerns may be about the child or may also be related to the parents or family. ● This is where information about the “who” component of the IFSP outcome may come from.
1a-Routine activities - Describe what the <u>child currently does</u> and <u>what they would like the child to be able to do</u> in each routine activity that is a concern. <i>If there are more than 3 routine activity concerns, complete another CPR Form.</i>	<ul style="list-style-type: none"> ● The family's daily routine activities – how and when they do them, what materials they use, and their expectations for how their child participates in them - reflect their family culture and way of living (e.g., meal times, dressing, bathing, play times, travel, transitions, bedtime and naps, etc.). ● Routine activities are individualized to each family and are identified by the family. They also include routine activities in childcare and in the community, for example.
• Concern # _____ Routine Activity _____ Note: This is equivalent to the routine activity component in the IFSP outcome.	<ul style="list-style-type: none"> ● Document the number and the routine activity that is the concern (e.g., Concern # <u>1</u> Routine Activity <u>Meal times</u>; Concern # <u>2</u> Routine Activity: <u>Play Times</u>). <ul style="list-style-type: none"> ○ This is equivalent to the “routine activity” component in the IFSP outcome. ○ The routine activities provide the “Strategies” for the Outcome Panel in the EI-Hub.

	<ul style="list-style-type: none"> Questions the service coordinator can use to learn more about the family's routine activities and concerns: <ul style="list-style-type: none"> What times of the day are especially enjoyable for you and your child? What's your child's favorite time of the day? What times of the day are hard for you and your child? What is the child's least favorite time(s) of the day? What else does your child do during the day? What activities would you like to do with your child, but have not been able to do yet? You said you came to Early Intervention because you were worried about.... Tell me more about that. When are times during the day when your child needs to be able to...? (see response to "What brought you to Early Intervention?" to individualize question)
<ul style="list-style-type: none"> What the child currently does 	<ul style="list-style-type: none"> Describe what the child currently does in this routine activity (e.g., <u>Tomas uses his hands and is not able to feed himself with a spoon.</u>)
<ul style="list-style-type: none"> Would like child to do _____ Note: This is equivalent to the <u>will do what</u> and the <u>criteria of success</u> components in the IFSP outcome. 	<ul style="list-style-type: none"> Describe what the parents would like the child to do in this routine activity (e.g., <u>Tomas to be able to feed himself a bowl of stage 1 baby food with a spoon.</u>) <ul style="list-style-type: none"> This is equivalent to the "will do what" component in the IFSP outcome (e.g., will do what: Tomas able to feed himself stage 1 baby food.) This may also be equivalent to the "criteria of success" component in the IFSP outcome. (e.g., criteria of success: Tomas feed himself a bowl of food with a spoon.) When creating the IFSP outcome, the members of the IFSP team will determine whether the "will do what" and the "criteria of success" are developmentally appropriate for the child to achieve within the next six months given the child's skills and abilities across the five developmental domains: cognition, communication, social-emotional, physical and adaptive.
<p>2-What are the Family Priorities? What concerns do the parents consider most important and should be focused on in the IFSP and why.</p> <p>Note: This is equivalent to the <u>so that</u> component in the IFSP outcome.</p>	<ul style="list-style-type: none"> Family Priorities means those areas the parent selects as essential targets for early intervention services to be delivered to their child and family unit. Why is the learning opportunity important to the family? For any learning opportunities identified (i.e., Would like child to do), ask the family to identify why it's important to them that the child learn this outcome behavior. This information is equivalent to the "so that" component of the IFSP outcome (e.g., so that: <u>Because the family wants Tomas to be part of meal times and to learn to eat with the family</u>)

<p>3-What are the Family Resources? What strengths, abilities, and formal and informal supports can be used to address the family concerns? What are the child's strengths and what routines do they find enjoyable?</p> <p>Section 69-4.1 Definitions (02/14/2024)</p>	<ul style="list-style-type: none"> • Family Resources means the strengths, abilities, and formal and informal supports that can be mobilized to address family concerns, needs or desired outcomes. • Help the family identify the strengths and resources they already have available that enhance their capacity to meet their priorities and concerns; these are important to note for use in designing the intervention plan. • Identify the child's strengths and what routine activities the child finds engaging and enjoyable to do. • Help the family identify the additional resources they need to further meet their concerns and priorities. • <u>These resources can be:</u> <ul style="list-style-type: none"> -Characteristics: Features internal to family members (e.g., child loves to try new things and play with his older sister, and enjoys bath times; parent is good at problem solving, communicating with others, or soothing the child) -Knowledge/Information: Understanding the child, the child's learning characteristics, the child's diagnosis, how early intervention works, what other supports are available -Time: Chunks of time they have available to focus on supporting the child's learning and development -Strategies: Ideas to promote their child's learning and development -Social Supports: Family and friends -Community Connections: Community activities the family already participates in or would like to participate in with their child (e.g., library story time or a specific time parents gather in the park), or community resources for the family (e.g., parents with similar interests getting together) -Material Resources: Finances or objects/equipment -Formal Supports: Agencies or programs designed to provide a specific service
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Appendix A: Family Concerns, Priorities, and Resources (CPRs): Frequently Asked Questions

Question 1: What are the Family's Concerns, Priorities, and Resources?

In the EI-Hub, there is a panel within the IFSP for CPRs to be documented. Use the updated **NYC EIP CPR Form and Instructions** to collect this information.

- The SC should collect and enter information about the **Family Concerns** that the family may have about the child's health and/or development, information, resources, and supports that they feel they need or want for their child and/or family.
 - **Family Concerns** are those areas that the parent identifies as needs, issues, or problems that they wish to have addressed within the Individualized Family Service Plan [Section 69-4.1 (r) Definitions].
 - These include the routine activities that are of concern for the parents.
- Next, the SC should enter information about the **Family Priorities** that are the most important for their child and/or family.
 - **Family Priorities** are those areas the parent selects as essential targets for early intervention services to be delivered to their child and family unit [Section 69-4.1 (s) Definitions].
- The SC should then enter information about the **Family Resources** that the child/family have for support.
 - **Family Resources** are the strengths, abilities, and formal and informal supports that can be mobilized to address the family concerns, needs, or desired outcomes [Section 69-4.1 (t) Definitions].

Question 2: Why do service coordinators collect information about routine activities?

Routine activities are a required part of both the CPRs and the IFSP outcomes. Routine activities are those events that occur typically during the child's day and are individualized by the family's culture and environment.^{1,2,3,5}

- Routine activities are identified by the family and reflect their priorities. Examples include activities of daily living, family errands, social activities, hygiene activities, travel, meal, medical, bathing, and dressing activities.
- Routine activities support individualized and culturally respectful EI services. An example of how a routine activity reflects a family's way of living is meal time. If the family determines that they would like their child to eat pureed food during meal times, it is important for the EI team to determine what *pureed* food means for this family. Different cultures use different foods mixed with liquid (e.g., milk, formula, breast milk, water, soy milk, etc.) to make pureed food (e.g., corn meal, rice cereal, pureed root vegetables or fruit, grain flour, etc.).
- According to NY SDOH's *Parent Guide*, natural environments are settings where infants and toddlers, with and without special needs, and their families participate in everyday

routines and activities that are important to them and serve as important learning opportunities.

- Natural Environments are any place a child and family lives, learns, and plays. This includes
 - **Settings**—home, backyard, childcare site, a relative's home, grocery store, place of worship, or the library
 - **Materials**—can be anything found in the child's usual physical environment and routine activities such as toys, books, grass, spoons/chop sticks, pots and pans, bath toys, and bowls (**no Toy Bag**). It is important to use toys and materials found in the home or community setting and tailor the strategies to the individual culture of the family. For example, not every family uses a spoon during meal times. Some use only their right hand, bread to scoop up food, or chopsticks.
 - **People**—parents, siblings, relatives, friends, neighbors, childcare teacher or anyone else the child interacts with on a regular basis.
 - **Activities**—activities that incorporate the interests and routines of the child and family. These include routines such as eating, bathing, dressing; playing, reading; going to worship, celebrating holidays, or using different modes of transportation.
- Children birth to three learn best via everyday experiences and interactions with familiar people in familiar contexts; therefore, learning is relationship-based.
- By using routine activities, parents/caregivers do not have to set aside a special time for the child to practice since it happens naturally during the course of the day. Children need lots of practice to develop skills/abilities so routine activities provide these meaningful learning opportunities between EI sessions.

Question 3: Why should service coordinators collect information about the parents' concerns, priorities and resources?

According to the NYS DOH BEI standards and regulations for initial and on-going service coordinators:

- According to the NYS DOH Early Intervention Program Guidance Document: *Individualized Family Service Plans* (2017), during their initial contacts with the family, the service coordinator may gather information about the family's concerns, priorities, and resources related to the child's development. This can facilitate the selection of the evaluation provider with parents and, with parent consent, allow information to be shared with the evaluation provider so that the appropriate EI professionals are part of the multi-disciplinary evaluation team.
- As one of the regulatory standards for initial and on-going service coordination, service coordinators (SCs) are responsible for “ensuring the individualized family service plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities concerns and resources change” [\[69-4.6 b\(2\)\]](#).
- When found eligible, the initial service coordinator “should discuss the IFSP process with the parent and inform the parent that their *priorities, concerns and resources*

play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official” [69-4.7 p(4)].^{1,2,3,4,5,6}

The concerns, priorities and resources are important because:

- A statement of the family’s strengths, priorities, and concerns that relate to enhancing the development of the child are part of the required contents of the IFSP.⁵
- In EI-Hub, there is a panel within the IFSP that must be completed that asks about the family’s CPRs. The service coordinator should be prepared to document this information in each IFSP.
- The CPRs support family-centered practices in the Early Intervention Program.
- The CPRs inform IFSP outcomes and are intended to be those goals the family would like to accomplish for their child and themselves within the next six months given the child’s developmental status.^{1,2,3,4,5,6}
- The IFSP team works together to develop outcomes to meet the child and family’s needs that reflect the family’s priorities, concerns, and resources.⁵
- In addition, the IFSP team also identifies and mobilizes other services and supports the family needs or is receiving but that are neither required nor funded by the EI program.⁵

Question 4: When should the CPR form be completed and submitted into EI-Hub?

- The CPR Form must be completed during the initial service coordinator (ISC) meeting with parents to help them prepare for the multi-disciplinary evaluation (MDE).
- The fully completed CPR Form is a required form and must be attached in the *developmental assessment* panel in EI-Hub as part of the MDE service authorization by the ISC.
- The parents’ concerns, priorities and resources may change as the child progresses, as health status changes, or as family life events occur. It is best practice and required for service coordinators to review the family’s CPRs prior to each IFSP meeting, including 6-month and annual reviews, since the family’s CPRs play a major role in the creation of IFSP outcomes.

Question 5: What is the relationship between the CPRs and the IFSP outcomes?

- There are six components to the IFSP outcome that are based on the information collected about the family’s concerns, priorities, and resources. The outcome components and the related question from the CPR Form are:
 - **Who:** This is usually the child or family; relates to Question #1 Family Concerns in the CPR Form.
 - **Will do what:** This is what the child will learn to do; relates to Question #1a Concern and Routine Activity (Would like the child to do) in the CPR Form.
 - **Criteria of success:** This is how everyone on the team will know that the outcome has been met and is observable; relates to Question #1a Concern and Routine Activity (Would like the child to do) in the CPR Form.

- **Routine activity:** These are the events that occur typically during the child's day and are individualized by the family's culture and environment; relates to Question #1a Concern and Routine Activity in the CPR Form.
- **So that:** The reason why the family would like to achieve this outcome or why it's important to them; relates to Question #2 Family Priorities in the CPR Form.
- **Under what condition:** This is any specific situation or adaptation that is reasonable to help the child achieve the desired outcome. (e.g., prompt, assistive technology device). This component is optional and, if not specified, it's assumed that the child demonstrates 100% independence.

The relationship between the CPR and IFSP Outcome Components

The NYC EIP CPR FORM Components	IFSP Outcomes Components	Comments
Concerns (Question 1)	Who	Child or parent (family)
Concerns: Routine Activities (Question 1a)	Routine Activities	Those routine activities individual to the family and that support culturally relevant EI services
Concerns: Would like the child to do (would like it to look like) (Question 1a)	Will Look Like*	*It should be reasonable given the child's developmental status
Concerns: Would like the child to do (would like it to look like) (Question 1a)	Criteria of Success*	*It should be reasonable given the child's developmental status
Priorities: Why is this important? (Question 2)	So that	Why this is important to the family
Resources (Question 3)	EI is a strengths-based program	Determine the child's strengths and interests along with those of the family that may impact the IFSP outcomes & services

- IFSP outcomes should
 - Be written in parent-friendly language and contain no clinical terms or jargon.
 - Be developmentally appropriate for the next six months.
 - Build upon the child's strengths and be discipline-free because they reflect the integrated functional skills across developmental domains (e.g., the interaction of motor, cognition, communication, adaptive, and social-emotional skills used for a given routine activity).
 - Reflect how the family would like their child to function within routine activities that they consider priorities and that reflect real-life settings.
 - Describe measurable and observable skills so that everyone on the EI team, including the parents, will know that the goal has been achieved.

NOTE: See the *NYC EIP CPR Form and Instructions* and the *Appendix for Outcomes and Developmental Steps* in the NYC Early Intervention Program Policy and Procedure Manual for more information.

Question 6: Sometimes it may be difficult to discuss parents' concerns, priorities, and resources. What can help?

During the first meeting, there is a lot of information being exchanged between the service coordinator and the family. Service coordinators may use conversational questions to find out the family's concerns, priorities, and resources that can be documented on the CPR form.

Here are some conversational questions that may be used to help gather information:⁷

- Can you tell me about your family's typical day?
- What happens most mornings? Afternoons? Nights? Weekends?
- Where do you and your child spend time?
- What activities do you and your child like to do (e.g., go to the library, go on picnics, go to the park, visit relatives, go to a place of worship, play games at home)?
- What activities do you and your child have to do on a regular basis (e.g., go to the store, give kids a bath, feed the pets, prepare meals, walk the dog)?
- What are your child's interests?
- What does your child enjoy and what holds your child's attention? (e.g., people, places, things such as toys, animals, being outside, trains, cars, dolls).
- What makes your child happy, laugh and/or smile?
- What routines and/or activities does your child not like? What makes this routine and/or activity difficult or uncomfortable for your child? What does your child usually do during this routine/activity?
- Who are key family members, other caregivers, or important people who spend time with your child; in what settings does this occur?
- Are there activities that you used to do before your child was born that you would like to do again?
- Are there new activities that you and your child would like to try?

Question 7: I see that there is space for only three concerns in the new CPR Forms. What should I do if the family has more than three concerns, priorities and resources.?

If you need to document more than three concerns, you may complete another CPR Form page. It is important to indicate the date, page number and the total number of pages on each form so that others on the EI team know how many pages are in the completed CPR Form. The service coordinator should ensure that each form is filled out completely before uploading it into EI-Hub.

References:

¹New York State Department of Health Bureau of Early Intervention (August 2023) Competency Areas for Evidenced-Based Evaluations and Services in the New York Early Intervention Program and the Companion Document

https://www.health.ny.gov/community/infants_children/early_intervention/competency_areas.htm

²Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

³Dunst, C. J., Hamby, D., Trivette, C. M., Raab, M., & Bruder, M. B. (2000). Everyday family and community life and children's naturally occurring learning opportunities. Journal of Early Intervention, 23(3), 151-164.

⁴Early Childhood Technical Assistance Center. Resources for Writing Good IFSP Outcomes
[ECTA Center: Resources for Writing Good IFSP Outcomes](#)

⁵New York State Department of Health Bureau of Early Intervention. (Revised: February 2017) Early Intervention Program Guidance Document Individualized Family Service Plans

https://www.health.ny.gov/community/infants_children/early_intervention/docs/ifsp_guidance.pdf

⁶NYC Early Intervention Program (2014) The Functional Outcomes Assistant and Outcome Key
<https://www.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-functional-outcomes.pdf>

⁷Questions were compiled from resource materials by Robin McWilliams, Juliann Woods, Barbara Hanft, M'Lisa Shelden and Dathan Rush by NECTAC, 2005, 2012 / ECTA Center, 2014

New York City Early Intervention Program

Policy Title: Choice and Approval of the Evaluation/ Screening Site	Effective Date: 10/15/2024
Policy Number: 3-B	Supersedes: Policy 3-B.1 issued 7/12/2011
Attachments: <ul style="list-style-type: none"> - New York City Early Intervention Provider Directories - Consent to Obtain and Release Information Form - Consent for Evaluation and Screening - Consent for Telehealth Form - Reason for Delay in Evaluation Completion/MDE Submission Form - Parental Consent to Use E-mail to Exchange Personally Identifiable Information 	Regulation/Citation: 10NYCRR69-4.7(j); 10NYCRR69-4.1(k); 10NYCRR69-4.1(l). New York State Telehealth Guidance Document

I. POLICY DESCRIPTION:

The Initial Service Coordinator (ISC) must review all options for evaluation and screening with the parent from the list of approved evaluators including mode (telehealth, hybrid, or in-person), location, types of evaluations performed, and settings for evaluations (e.g., home vs. evaluation agency). Upon selection of an evaluator by the parent, the ISC shall ascertain from the parent any needs the parent may have in accessing the evaluation/screening.

If the parent has accessed an approved evaluator prior to contact by the ISC, the ISC must ensure that the parent has received information concerning alternative approved evaluators.

The ISC must assist the parent in arranging the evaluation/screening after the parent selects from the list of approved evaluators.

Note:

Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator (ISC)	<ol style="list-style-type: none"> 1. Explains the evaluation and screening process to the family. 2. Reviews with the parents the New York City Early Intervention Provider Directories for a full list of NYC Evaluation Providers, languages, boroughs served, and types of assessments and screenings performed, and assists them in selecting an evaluation agency: <ol style="list-style-type: none"> a. Service Coordinators (SCs) must be familiar with specific

- information about each evaluation provider, including:
- i. Available setting (home, facility, childcare, and foster care agency during regular visitation);
 - ii. Mode (in-person and telehealth);

Note: As required by the [New York State Telehealth Guidance Document](#), telehealth evaluations may only be conducted under the circumstances listed below. One of these circumstances must be documented in the Initial Service Coordination notes following the discussion with the family regarding how the MDE/screening will be conducted:

- The family requests a telehealth MDE/Screening.
- The child has a complex medical condition, and the family does not want evaluators in their home.
- The family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.
 - Note that this does not apply to common languages spoken in NYC (e.g., Spanish).
- The appropriate evaluators are not available in the region where the evaluation/screening is to be conducted.
 - Service coordination notes must include the diligent efforts made by the initial service coordinator to locate an appropriate evaluator and conversations with the parent/guardian leading to this justification and consent from the parent.

- iii. Languages spoken:
 - If, upon review of the [New York City Early Intervention Provider Directories](#), an evaluation agency cannot be located that meets the child's linguistic needs, the ISC will inquire if the evaluation agency can find an interpreter.
 - Refer to the [Bilingual Evaluations Policy](#);
- iv. Types of evaluations/screenings performed;
- v. Expertise with special populations; and
- vi. Ability of the evaluation/screening agency to complete the Multidisciplinary Evaluation (MDE) or screening, as applicable, and send it to the Regional Office (RO) **within thirty (30) days of referral to the Early Intervention Program.**

Note:

- If the parent/guardian has accessed an approved evaluator before being contacted by the ISC, ISC remains responsible to
 - Contact the parent/caregiver to ensure that the parent has received information concerning other approved evaluation agencies as required by this policy, and
 - Assist the parent/guardian in the evaluation process.

3. If a parent chooses an evaluation or screening site knowing that

	<p>there is a waiting list for evaluations:</p> <ol style="list-style-type: none"> a. Informs the parent that, by waiting for a specific evaluator, the Initial IFSP meeting, when applicable, may not be able to be held within forty-five (45) days of referral and the start of Early Intervention services may be delayed; b. Documents the family's informed choice in the service coordination activity notes; c. Completes Section I of the <u>Reason for Delay in Evaluation/Screening Completion Form</u> and obtains parental signature. <ol style="list-style-type: none"> 4. Contacts the evaluation/screening agency selected by the parent/guardian to notify the agency that they have been selected as the evaluation/screening site by the family. 5. Sends the evaluation/screening agency the <u>Consent to Release/Obtain Information Form</u>. 6. Confirms the evaluation agency's availability and ability to address the family's developmental concerns and linguistic needs. 7. Obtains a completed and signed <u>Consent for Evaluation and Screening Form</u> and the <u>Consent for Telehealth Form</u> (if applicable) from the Evaluation Agency. 8. Creates, assigns, and submits the Multidisciplinary Evaluation/Screening Service Authorization in the EI Hub for EIOD approval within two (2) business days of receiving the <u>Consent for Evaluation and Screening Form</u> from the evaluation agency: <ol style="list-style-type: none"> a. <i>On 'Children Assigned to Caseload,' search for the child by name or ID number.</i> b. <i>When the child appears, scroll to the right of their name and click 'Edit.'</i> c. <i>Click on the 'Eval Info' tab, then click the yellow 'Add Evaluation Information' button.</i> d. <i>Enter <u>only</u> the following information for the service authorization:</i> <ol style="list-style-type: none"> i. <i>Program (type of evaluation or service) Click the blue binoculars – select 'Multidisciplinary Evaluation' or 'Screening' and then 'Save' in the pop-up window.</i> ii. <i>Dates of Evaluation From and Dates of Evaluation To – "from" date is the date the ISC submits the SA and "to" date must be the 30th day from the referral to the Early Intervention Program (EIP).</i> iii. <i>Agency – click in box and type first few letters of agency name; click on the name when it pops up.</i> iv. <i>Location Type – select setting where MDE will be conducted.</i> v. <i>Scroll to the bottom and click 'Submit' – the 'Assigned Date' will auto-populate to the current date.</i>
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	<p>NOTE:</p> <ul style="list-style-type: none"> • A service authorization must be created and submitted separately for each: an MDE, a bilingual add-on and a supplemental audiological evaluation. • Do not create and submit a service authorization for an evaluation agency in EI-Hub before confirming the agency's availability and ability to address the family's developmental concerns and receiving the signed Consent for Evaluation and Screening Form. <p>e. <i>Uploads the Consent for Evaluation and Screening Form, and the Reason for Delay in Evaluation/Screening Completion Form after the MDE/screening service authorization is submitted for EIOD approval and the service authorization is in draft:</i></p> <ol style="list-style-type: none"> i. <i>Click on the Developmental Assessment tab.</i> ii. <i>Scroll down to the blue "Upload Development Assessment Document" button.</i> iii. <i>Under "Document Type" select "Development Assessment Document".</i> iv. <i>For "Document Name," type the name of the document, following NYC BEI Form Attachment Naming Conventions (forthcoming).</i> v. <i>Click on "Choose file" and navigate to the file you want to attach. Only PDFs can be attached.</i> vi. <i>Click on the blue Upload button.</i> <p>f. Refer to the ISC Responsibilities Policy for a complete list of forms that must be submitted in the EI-Hub after the MDE Service authorization is submitted to the EIOD for review.</p>
Evaluation Agency	<ol style="list-style-type: none"> 1. Receives the following from the assigned Initial Service Coordinator: <ol style="list-style-type: none"> a. Consent to Release/Obtain Information Form; b. Reason for Delay in Evaluation Completion/MDE Submission Form c. For children in Foster Care, follows the Determining the Need for and Assigning a Surrogate Parent Policy to ensure that the Foster Care Surrogacy Recommendation and EIOD Assignment Form is attached in the EI-Hub and the "Family Info" tab "Surrogate Parent Appointment" panel is completed by the Regional Office. 2. Contacts family within two (2) business days of MDE referral from the initial service coordinator. 3. Discusses family's concerns, priorities, resources, and child's medical history to determine if the evaluation agency can meet the family's needs and if the MDE team or a screening addresses the parent's/guardian's primary area(s) of concern. <ol style="list-style-type: none"> a. Refer to the MDE Policy for detailed guidance regarding the required components of this interaction with the parent/guardian. 4. Completes the Consent for Evaluation and Screening Form with the

	<p>parent/guardian and obtains written consent.</p> <ol style="list-style-type: none"> 5. Informs the ISC as soon as possible if the agency can conduct the MDE/screening. 6. Sends the ISC the completed Consent for Evaluation and Screening Form and the Consent for Telehealth Form (if applicable) via HCS secure file transfer or email (with written parental consent on the Consent to Use Email Form) no later than five (5) business days from the date that the MDE/Screening referral was received from the ISC. 7. Follows the Obtaining Orders for Authorized Services and Evaluations Policy to obtain written orders and clearances from the child's medical provider when a component of the MDE will be performed by a discipline requiring a written order or clearance.
Early Intervention Regional Office	<ol style="list-style-type: none"> 1. Checks the NYC BEI internal dashboard to identify children with MDE SA submissions pending approval. 2. Within five (5) days of submission (assigned) date, searches for the child on 'Children On My Caseload' by name or ID number. 3. Clicks on the blue Edit button to access the case. 4. Clicks on the Document tab. 5. From the "Document Area" dropdown, selects "Evaluation". 6. Confirms that the consent is attached and complete, and reason for delay form if relevant. 7. Clicks on the Eval Info tab, then clicks on the blue Edit button on the row of the pending evaluation SA. 8. Reviews the dates of evaluation to confirm that the end date is 30 days after referral. Confirms service type and agency assigned, then clicks "approve" from the EIO/D Approval dropdown. EIO/D Review Date auto-populates with the current date.
Evaluation Agency	<ol style="list-style-type: none"> 1. Accepts MDE/Screening Service Authorization in EI-Hub: <ol style="list-style-type: none"> a. Regularly checks its "Children Assigned to Caseload" for new requests for evaluation (cases with light blue "action" buttons). b. Clicks the 'Accept Assignment' action button to the right of the child's name. c. In the box that pops up, selects 'Accept' from the Agency Accept/Reject Assignment dropdown to accept the evaluation assignment. d. Clicks 'Submit.' <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> The service authorization will become active and authorization number will autogenerate once the evaluation agency accepts it. An evaluation/screening cannot be completed before the date that the service authorization is accepted in the EI-Hub. If the evaluation agency selects 'reject' from the Agency Accept/Reject Assignment dropdown, the case disappears from the agency's "Children Assigned to Caseload." </div> <ol style="list-style-type: none"> 2. Enters the written orders into the EI-Hub and links it to the MDE SA as described in the Obtaining Orders for Authorized Services and Evaluations Policy.

	<p>3. Notifies parent and ISC if:</p> <ul style="list-style-type: none"> a. The evaluations/screening cannot be completed within thirty (30) days of the child's referral to the EIP. b. Explains the following to the parent: <ul style="list-style-type: none"> i. The reason evaluations/screening will not be provided in a timely manner; ii. The right of the parent to choose another evaluation agency. c. Completes Section II of the <u>Reason for Delay in Evaluation/Screening Submission Form</u>. <ul style="list-style-type: none"> i. Submits to the RO with the completed MDE ii. Refers to the <u>Multidisciplinary Evaluation Policy</u>. <p>Note: The <u>Reason for Delay in Evaluation Submission Form</u> should only be completed for family-related reasons.</p>
Initial Service Coordinator	<p>4. Closely monitors the end date of MDE/screening service authorizations to ensure that requests for extensions can be reviewed and approved per regulations.</p> <p>5. Makes request for extension to service coordinator no less than one (1) week before end date of service authorization.</p> <p>1. Monitors all MDE and Screening service authorizations to ensure they do not expire before the evaluation is completed:</p> <ul style="list-style-type: none"> a. <i>From the Children Assigned to Caseload screen, clicks on the Evaluations dashboard on the left panel.</i> b. <i>From the Evaluations dashboard dropdown, selects Evaluation Report Due. This captures cases where there is an MDE/screening service authorization but nothing has been entered in the Eligibility tab.</i> c. <i>Sorts by Eligibility Due Date to identify cases that are approaching the due date..</i> <p>2. Contacts MDE agency no less than one (1) week before end date of service authorization to determine whether the MDE/screening will be completed by the end date or if the end date needs to be extended.</p> <p>3. <i>If an extension is needed:</i></p> <ul style="list-style-type: none"> a. <i>Searches "Children On My Caseload" by name or ID number to identify the child.</i> b. <i>Clicks on the blue Edit button to access the child's case.</i> c. <i>Clicks on the Eval Info tab, then clicks on the blue Edit button next to the active evaluation service authorization.</i> d. <i>Changes the date in the "Dates of Evaluation To" field to the new, extended end date.</i> e. <i>Clicks Submit.</i> <p>4. Coordinates with the evaluation agency to ensure all needed extensions are made in compliance with regulatory timelines.</p>

Approved By:
Assistant Commissioner, Early Intervention

Date: 8/15/2024



**NYC EARLY INTERVENTION PROGRAM
REASON FOR DELAY IN EVALUATION COMPLETION/ MDE SUBMISSION FORM**

Child's Name:	DOB:
EI Number:	Date of Referral to EI: / /

Section I: To be filled out by the Initial Service Coordinator (if needed) and submitted to the Evaluation Agency with the other required paperwork as outlined in the Initial Service Coordination Responsibilities Policy. Surrogacy-related delays should be indicated under "B".

Parents originally chose: _____
(Evaluation Site Name) (Provider #)

which was not able to complete the child's evaluation within thirty (30) days of the date of referral to the NYC Early Intervention Program due to the following reason (s):

- A. 1. Child ill 2. Parent ill 3. Delay Signing Consent 4. Delay in Choosing Evaluation Site
 5. Evaluation Site selected with a known waiting list AND other evaluation agencies were offered 6. Other family reasons: _____
- B. 1. Waiting List 2. Evaluator backlog/delay 3. Other evaluation site reason (s): _____

The child is now scheduled for an evaluation on (date): _____ / _____ / _____ at _____

(Evaluation Site Name) (Provider #)

Initial Service Coordinator Signature: _____

Date: ____ / ____ / ____ Agency: _____ Phone number: _____

Parent Acknowledgement

I understand that my child is entitled to an evaluation and to the convening of an IFSP meeting within forty-five (45) days of the date of referral to the New York City Early Intervention Program (EIP). I understand that the evaluation site I have selected will not be able to complete the evaluation and send the required report to me and the NYC EIP so that this timeline can be met.

Parent signature: _____ Date: ____ / ____ / ____

Date this form was sent to Evaluation Agency: _____ / _____ / _____

Section II: To be filled out by the Evaluation Agency (if needed) and submitted to the Regional Office and Service Coordinator with the Evaluation Packet in the 'Developmental Assessment' tab in the EI-Hub.

Name of Evaluation Agency _____

Please indicate the reason(s) for delayed submission of MDE:

- A. 1. Child ill 2. Parent ill 3. Delay Signing Consent for Evaluation 4. Delay in obtaining prescription for needed MDE component 5. Family missed evaluation appointment 6. Parental scheduling delay
 7. Other family reasons: _____
- B. 1. Delayed referral from SC to Evaluation Agency 2. Other provider reasons: _____

Signature of Evaluation Representative: _____ Date: ____ / ____ / ____

Signature of Parent: _____ Date: ____ / ____ / ____

Parents must never be asked to sign this form before any delays occur.



NYC EARLY INTERVENTION PROGRAM
REASON FOR DELAY IN EVALUATION COMPLETION/ MDE SUBMISSION FORM
INSTRUCTIONS FOR COMPLETION

This form should only be completed if delays occur

Under NYS regulations 10NYCRR69-4.8), provider agencies are required to submit the complete Multidisciplinary Evaluation (MDE) to the Regional Office (RO) within thirty (30) days of the date the child was referred to the Program. The Initial Service Coordinator is responsible for monitoring the completion of the evaluation and assisting the evaluation site and/or parent in the timely completion/submitting of all evaluations.

Section I: The Initial Service Coordinator must clearly document the reason for any delay in **selecting an Evaluation Provider** or if the selected Evaluation Provider has indicated that it will be unable to complete the evaluation in a timely fashion.

1. **Complete “A”** if the evaluation site was not selected in a timely fashion due to family reasons.
2. **Complete “B”** if the parent chooses an evaluation site that was unable to complete the evaluation within thirty days of the referral to the Early Intervention Program.
 - a. It is the responsibility of both the evaluation site and the initial service coordinator to clearly explain to the parent that, by choosing an evaluation site that is unable to complete and submit an evaluation within 30 days of referral, an IFSP meeting will not be held within 45 days of referral.

The service coordinator should indicate:

- a. The name of the evaluation site initially chosen by the parent;
- b. The agency reason(s) for the delay of evaluation submission;
- c. The date that the evaluation is now scheduled; and
- d. If the parent chooses another evaluation site, the name of that agency.

NOTE: If the delay in evaluation completion was due to a delay in obtaining surrogacy, indicate such in “B” under 3. Other evaluation site reason(s).

The Initial Service Coordinator must sign the form and obtain the parent’s signature.

Section II: The Evaluation Provider Agency must clearly document the reason for any delay in completing or submitting the Multidisciplinary Evaluation (MDE).

1. **Complete “A”** if the MDE was not completed or submitted in a timely fashion due to family reasons.
2. **Complete “B”** if the MDE was not completed or submitted in a timely fashion due to agency reasons.

The Evaluation Representative must sign the form and obtain the parent’s signature.

Parents must never be asked to sign this form before any delays occur.

New York City Early Intervention Program

Policy Title: <u>Requests for Sign Language Interpreters</u>	Effective Date: 10/15/2024
Policy Number: 3-C	Supersedes: Policy 3-C Issued 5/01/19
Attachments: <ul style="list-style-type: none"> - Request for a Sign Language Interpreter Form - IFSP Meeting Request/Confirmation Form 	Regulation/Citation: N/A

I. POLICY DESCRIPTION:

The New York City Department of Health and Mental Hygiene Bureau of Early Intervention authorizes sign language interpreters for **Individualized Family Service Plan (IFSP) meetings and at other times as appropriate to meet the unique needs of the child and family**. During the IFSP meeting, the IFSP team will authorize services which will consider appropriate settings to ensure that Early Intervention provider agency personnel will be able to communicate with the parent without the use of an interpreter (as in the case of all families speaking languages other than English).

II. PROCEDURE:

Responsible Party	Action
Service Coordinator (SC)	<ol style="list-style-type: none"> 1. In consultation with the parent/guardian, determines need for sign language interpretation for an IFSP or evaluation meeting. 2. Confirms date and time of the IFSP meeting or evaluation. 3. Contacts the Office of Consumer Affairs (CA) no less than seven (7) business days prior to the event by submitting the completed <u>Request for Sign Language Interpreter Form</u> via fax at 347-396-8977. 4. For IFSP meetings, ensures that the <u>IFSP Meeting Request/Confirmation Form</u> has been sent to the Regional Office as required by the <u>IFSP Scheduling Policy</u>. 5. Informs CA via HCS and the assigned American Sign Language (ASL) interpreter by phone if the meeting or evaluation is canceled for any reason within 48 hours of the scheduled meeting. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NOTE: <ul style="list-style-type: none"> • Early Intervention evaluation agencies must provide interpretation services for evaluations when necessary. Refer to the Bilingual Evaluation Policy. • The Service Coordinator should call Consumer Affairs at: 347-396-6828 to discuss the need for ASL for evaluations in extraordinary circumstances. </div>

	<ul style="list-style-type: none"> • Service Coordinators may not directly contact the NYC Department of Health sign language interpretation vendor or reschedule cancelled ASL services with an identified ASL interpreter.
Consumer Affairs (CA)	<ol style="list-style-type: none"> 1. Receives the completed Request for Sign Language Interpreter Form <ol style="list-style-type: none"> a. Ensures request form is completed accurately. 2. For evaluations: <ol style="list-style-type: none"> a. Confirms with Service Coordinator that Multidisciplinary Evaluation (MDE) will be conducted ‘arena-style’. b. Confirms that relevant prescriptions for evaluations are entered in the EI-Hub “<i>Prescription Dashboard</i>” (if applicable): <ol style="list-style-type: none"> i. <i>Go to ‘Ins Info’ Tab.</i> ii. <i>Click ‘Scripts, Orders, Recommendation and Referrals’ in the left navigation bar.</i> iii. <i>On the ‘Prescription Dashboard,’ ensure that all fields are completed.</i> 3. For IFSP meetings: <ol style="list-style-type: none"> a. Ensures completed IFSP Meeting Request/Confirmation Form has been sent to the Regional Office as required by the IFSP Scheduling Policy. b. Contacts Scheduling Supervisor in Regional Office of borough where child resides to confirm the name and contact information of EIOD who will be convening the IFSP meeting. 4. Shares ASL interpreter name and contact information (phone number, and email for virtual meetings only) with: <ol style="list-style-type: none"> a. Service Coordinator b. Service Coordination Supervisor c. Assigned EIOD d. Regional Office Scheduling Supervisor 5. Documents family need for ASL interpreter in the “<i>Family Member Information</i>” panel in the EI-Hub: <ol style="list-style-type: none"> i. <i>Go to ‘Family Info’ Tab.</i> ii. <i>On ‘Family Info’ Dashboard, click ‘Edit’ under the Action column.</i> iii. <i>On ‘Family Member’ Dashboard - scroll across to the left of the parent/guardian(s) indicated on the request for ASL form - select ‘Edit’ under the Action column.</i> iv. <i>On the ‘Family Member Information’ panel - scroll down to ‘Dominant Language’ dropdown - select American Sign Language and check box ‘Interpreter Needed.’</i> v. <i>In ‘Note’ section, indicate the date the note is written and the type of evaluation or IFSP the ASL interpretation is needed for.</i> vi. <i>Click ‘Submit.’</i> 6. Circulates Survey Monkey link to obtain feedback on ASL experience to: (SC, evaluator and/or EIOD) within one (1) business day of the event. Topics covered include: <ol style="list-style-type: none"> a. Effectiveness of ASL interpreter b. Connectivity issues c. Punctuality of ASL interpreter

Early Intervention Official Designee	1. If ASL interpreter was used for IFSP meeting, provides feedback to CA utilizing the Survey Monkey link within 2 business days.
Service Coordinator	
Evaluators (as applicable)	

Approved By:
Assistant Commissioner, Early Intervention



Date: 8/15/2024



**NYC EARLY INTERVENTION PROGRAM
REQUEST FOR SIGN LANGUAGE INTERPRETER FORM
FOR IFSP/OTHER MEETINGS**

Instructions: To make a request, this form must be completed and faxed to Consumer Affairs at 347-396-8977 **seven (7) business days** before the meeting/event.

Notification of cancellation for any reason MUST be made by the Service Coordinator **no later than 48 HOURS** before the date of the IFSP/other meeting by contacting Consumer Affairs at 347-396-6828.

I. Individualized Family Service Plan (IFSP)/Other Meeting Information		
Is this an Initial IFSP meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, specify the type of event:		
Was this meeting rescheduled from an earlier date? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of this Meeting		
Time: From:	To:	Location: Note: IFSPs with sign interpreter must be in person.
II. Child Information		
Child's Name:		
EI ID Number:	DOB:	
Name of Deaf Individual:	Relationship to child:	
III. Service Coordinator (SC) Information		
SC Name:		
SC Agency:		
SC Telephone #:	SC Email:	
IV. Individual to be Contacted the Day of the Meeting		
Name:		
Telephone #:	Email:	



New York City Early Intervention Program

Policy Title: Requests to Change Initial Service Coordination Agency/Coordinator, add Units or Extend Service Authorizations	Effective Date: 10/15/2024
Policy Number: 3-D	Supersedes: Policy 3-D issued 7/12/2011
Attachments: <ul style="list-style-type: none">- NYC Initial Service Coordination Duration, Unit, or Assignment Change form- Secure File Transfer Q&A (with link to guide)	Regulation/Citation: 10NYCRR69-4.1; 10NYCRR69-4.1(k); 10NYCRR69-4.1(l).

I. POLICY DESCRIPTION:

When the initial Individualized Family Service Plan (IFSP) meeting is not convened within the service authorization period authorized by the Regional Office to support initial service coordination, the initial service coordination provider agency should request an increase in the ISC service authorization period.

Initial service coordination (ISC) units are authorized by the Regional Office when a child first enters the Early Intervention Program. The number of units authorized is based on the needs of the family and the amount of time an ISC will need to assist the family throughout the authorization period. If it appears that the number of units authorized is not sufficient, the ISC must submit a request for additional units at least 2 weeks prior to the end of the authorization period.

Please be advised that requests for additional units or service authorization extensions cannot be authorized without the formal approval of the EIOD or Assistant Director. The Bureau of Early Intervention may request service coordination notes for relevant supporting documentation.

The EI-Hub does not permit service authorizations to be back-dated. Therefore, careful monitoring of authorized units and authorization periods is required on the part of the ISC provider agency.

Note:

- Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy.
- This policy requires that a form be submitted to the NYC Bureau of Early Intervention using secure file transfer. Secure file transfer is a feature in the New York State Health Commerce System (HCS). All EI-Hub users have HCS Accounts. Otherwise, they would not be able to access the EI-Hub. A secure file transfer reference guide is linked [here](#).

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator (ISC)/ ISC Agency	<p>1. Monitors ISC service authorizations (SA) on an ongoing basis to ensure that the authorization end date will capture the entire period that ISC is needed.</p> <ul style="list-style-type: none"> a. Submits requests no less than 2 weeks before the end of the current SA period in the EI-Hub. b. Takes the following steps to request an extension to the end date of the ISC SA: <ul style="list-style-type: none"> i. <i>Go into the ‘Services’ tab and click on the ‘edit’ button on the SC service authorization to extend.</i> ii. <i>Click on the Service Delivery panel and change the “End Date” field to 30 calendar days after the end date of the current SA.</i> <ul style="list-style-type: none"> • ISCs may only submit extensions for a maximum of 30 calendar days (30 calendar days from the date of the current ISC SA end date). iii. <i>Return to the main Service Information panel and click ‘submit.’</i> c. Completes the <u>Initial Service Coordination Duration, Unit, or Assignment Change form</u> <ul style="list-style-type: none"> i. Notifies the Regional Office in the borough of the child’s residence that an ISC agency change request has been submitted, by sending a communication <u>via Secure File Transfer (SFT)</u> to the following HIN ID per NYC Regional Office in the child’s borough of residence indicating that “ISC extension request was submitted for Child ID# XXXXX. Justification form attached.” <ul style="list-style-type: none"> • Brooklyn RO HIN ID: BKRO • Bronx RO HIN ID: BXRO • Queens RO HIN ID: QRO • Manhattan RO HIN ID: MRO • Staten Island RO HIN ID: SIRO ii. The <u>Initial Service Coordination Duration, Unit, or Assignment Change Form</u> must be attached to the HCS SFT communication. <p>Note:</p> <ul style="list-style-type: none"> • NYS Regulations require that the IFSP be convened within 45 days of referral. • To streamline operations and minimize extension requests, NYC BEI will enter the ISC Service Authorization end date as 60 calendar days from the date of the child’s referral to the Program.

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| | <p>2. Monitors ISC SAs to ensure there are enough units to last until the authorization end date.</p> <ol style="list-style-type: none"> Submits requests no less than 2 weeks before the anticipated depletion of units. Takes the following steps to request additional units for the pertinent child in the EI Hub: <ol style="list-style-type: none"> <i>Create and submit a new service coordination service authorization in the EI-Hub.</i> <i>On the main Service Information screen, for ‘Program,’ enter initial service coordination, then click ‘Submit’ at the bottom of the screen.</i> <i>Click on the Service Delivery panel and enter:</i> <ul style="list-style-type: none"> • <i>Start Date – enter the same day as the current start date of the current service authorization</i> • <i>End Date - enter the same day as the current end date of the current service authorization</i> • <i>Frequency – calculate frequency as 4 units x the number of weeks remaining in the service authorization (e.g., if there are 4 weeks remaining in the authorization, then up to 16 units can be requested).</i> <ul style="list-style-type: none"> ○ <i>Regional Office will verify the accuracy of all requests.</i> • <i>Frequency Unit – select IFSP Period (for initial SC, “IFSP period” refers to the period from referral until the initial IFSP meeting).</i> • <i>Length - select 1 unit - no time specified.</i> • <i>Click ‘Submit’.</i> • <i>Click on the Company panel and enter the ISC agency name, then click ‘Submit.’</i> • <i>Click on the Service Location panel and enter the location of service delivery, then click ‘Submit’.</i> • <i>Return to the Service Information screen and click ‘Submit.’</i> Completes the Initial Service Coordination Duration, Unit, or Assignment Change form <ol style="list-style-type: none"> Notifies the Regional Office in the borough of the child’s residence that an ISC request for additional units has been submitted by sending a communication <u>via Secure File Transfer (SFT)</u> to the following HIN ID per NYC Regional Office in the child’s borough of residence indicating that “ISC extension request was submitted for Child ID# XXXXX. Justification form attached.” <ul style="list-style-type: none"> • Brooklyn RO HIN ID: BKRO • Bronx RO HIN ID: BXRO • Queens RO HIN ID: QRO • Manhattan RO HIN ID: MRO • Staten Island RO HIN ID: SIRO |
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- ii. The [Initial Service Coordination Duration, Unit, or Assignment Change form](#) must be attached to the HCS SFT communication.

Note:

- A request for additional ISC units can be made at the same time as a request to extend the authorization period for a single case.
- Both requests can be documented on the same [Initial Service Coordination Duration, Unit, or Assignment Change form](#).
- Both requests can be made by creating and submitting a new service coordination service authorization in the EI-Hub.

3. If the assigned ISC needs to change due to parent complaint or BEI requirement, takes the following steps to change the assigned ISC in the EI-Hub:
 - a. *Search for the child on ‘Children Assigned to Caseload.’*
 - b. *Scroll across to the right of the child’s name and select ‘edit.’*
 - c. *Assign the ISC agency in Teams:*
 - i. *Click on the Teams tab.*
 - ii. *Click the “Add EIOD Service Coordinator” button.*
 - iii. *Select Initial Service Coordinator from the “EIOD or Coordinator Type” dropdown.*
 - iv. *In the Agency Lookup field, type the first few letters of the ISC agency’s name, and click on the name when it pops up.*
 - v. *Enter Start Date as the day after the End Date for the previous ISC agency.*
 - vi. *Click “Submit.”*
 - d. *Change the service authorization:*
 - i. *Go into the ‘Services’ tab and click on the ‘edit’ button on the SC service authorization to extend.*
 - ii. *Click on the Therapist Assignment panel.*
 - iii. *Click on the blue ‘Edit’ button to the right of the current therapist name.*
 - iv. *Click on “To Date” in the screen that opens, and change it to the last date that the current ISC will be assigned to the case.*
 - v. *Click “Submit”*
 - e. *Return to the main Service Information page.*
 - f. *Click on the Therapist Assignment panel again.*
 - i. *Click the yellow “Add Therapist Assignment” button.*
 - ii. *Select the desired ISC from the Therapist drop-down.*
 - iii. *Enter “From Date” as the day after the end date of the previous ISC.*
 - iv. *Enter “To Date” as the end date of the authorization.*
 - v. *Click “Submit.”*
 - g. Once the new ISC has been assigned, they must contact the family within two (2) business days of the authorization start date and obtain parent signature on the [Initial Service Coordination](#)

	<p><u>Consent Form</u> and upload it into the child's case as required by the <u>ISC Responsibilities Policy</u>.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Note: Regional Office approval is not needed when a change to the individual ISC is entered in the EI-Hub.</p> </div> <ol style="list-style-type: none"> 4. If the ISC agency needs to be changed for five (5) cases or less: <ol style="list-style-type: none"> a. Completes the <u>Initial Service Coordination Duration, Unit, or Assignment Change form</u>. b. Notifies the Regional Office in the borough of the child's residence that an ISC agency change request has been submitted, by sending a communication <u>via Secure File Transfer (SFT)</u> to the following HIN ID per NYC Regional Office indicating that "ISC extension request was submitted for Child ID (s)# XXXXX, YYYY. Justification form attached." <ol style="list-style-type: none"> i. Brooklyn RO HIN ID: BKRO ii. Bronx RO HIN ID: BXRO iii. Queens RO HIN ID: QRO iv. Manhattan RO HIN ID: MRO v. Staten Island RO HIN ID: SIRO c. The <u>Initial Service Coordination Duration, Unit, or Assignment Change Form</u> must be attached to the HCS SFT communication. 5. If an ISC agency change is needed for more than 5 cases: <ol style="list-style-type: none"> a. Contacts the Regional Office and speaks with an Assistant Director who will provide an Excel template to complete.
Pre-IFSP Specialist / Assistant Director	<ol style="list-style-type: none"> 1. Receives notification from ISC that a request for extension of the service authorization end date and/or for additional units was submitted. <ol style="list-style-type: none"> a. Reviews the Justification for Initial Service Coordination Change Form submitted via HCS. b. Requests Initial Service Coordination Notes, if needed. c. Reviews the request in the EI-Hub: <ol style="list-style-type: none"> i. <i>Click on the 'Services' tab.</i> ii. <i>In the 'Services' grid, find the amended/new ISC service authorization.</i> iii. <i>Scroll to the right and select 'Edit.'</i> iv. <i>Review these panels to ensure service authorization is accurate:</i> <ul style="list-style-type: none"> • <i>Service Information</i> • <i>Service Delivery</i> • <i>Company Assignment</i> • <i>Service Location</i> v. <i>To approve the request:</i> <ul style="list-style-type: none"> • <i>On the main 'Service Information' panel, scroll down to the 'EIO/D Approval' field.</i> • <i>Select 'Approve' from the dropdown.</i> • <i>EIO/D Review Date will auto-populate.</i> • <i>Click 'Submit.'</i> vi. <i>To deny the request:</i>

- On the main ‘Service Information’ panel, scroll down to the ‘EIO/D Approval’ field.
 - Select ‘Reject’ from the dropdown.
 - EIO/D Review Date will auto-populate.
 - Click ‘Submit.’
- d. If the request is rejected, the service coordination agency/service coordinator will be notified via reply to the HCS request made from the NYC Regional Office HIN account.

Note: The Regional Office may request service coordination notes in cases where multiple extensions or requests for units are requested.

2. Receives a request to modify SC agency assignment:
 - a. Reviews the Justification for Initial Service Coordination Change Form submitted via HCS.
 - b. If the request is rejected, notifies the service coordination agency via reply to the HCS request made from the NYC Regional Office HIN account.
 - c. If approved, creates *Teams* assignment in the EI Hub:
 - i. Search for the child on ‘Children Assigned to Caseload.’
 - ii. Scroll across to the right of the child’s name and select ‘edit.’
 - iii. Assign the ISC agency in Teams:
 - Click on the Teams tab.
 - Click the “Add EIOD Service Coordinator” button.
 - Select Initial Service Coordinator from the “EIOD or Coordinator Type” dropdown.
 - In the Agency Lookup field, type the first few letters of the ISC agency’s name, and click on the name when it pops up.
 - Enter Start Date as the day after the End Date for the previous ISC agency.
 - Click “Submit.”
 - d. Create the ISC service authorization in the EI Hub:
 - i. Click on the Services tab:
 - Click the “Add Services Information” button.
 - Enter information on the main Service Information screen.
 - In the “Program” field, begin typing “initial” and the name of the initial service coordination agency will pop up; click on it.
 - Click “Submit.”
 - ii. Click on the Service Delivery panel:
 - Enter the day after the end date of the previous ISC service authorization in “Start Date.”
 - Enter the day of the original ISC service authorization in “End Date.”

	<ul style="list-style-type: none"> • Frequency – calculate frequency as 4 units x the number of weeks remaining in the service authorization. (e.g., if there are 4 weeks remaining in the authorization, then up to 16 units can be requested). • Frequency Unit - select IFSP Period (for initial SC, “IFSP period” refers to the period from referral until the initial IFSP meeting). • Length - select 1 unit - no time specified. • Click “Submit”. <p>iii. Click on the Company panel and enter the ISC agency name, then click Submit.</p> <p>iv. Click on the Service Location panel and enter the location of service delivery, then click Submit.</p> <p>v. Return to the Service Information screen and click ‘Submit.’</p> <p>vi. From the “EIOD Approval” dropdown, select “Approve”</p> <p>vii. Click “Submit”</p>
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Approved By:

Date: 8/15/2024

Assistant Commissioner, Early Intervention



New York City Early Intervention Program

Initial Service Coordination Unit, Duration or Assignment Change Form

Instructions: This form must be submitted to the Regional Office in the child's borough of residence to extend a current ISC SA, request additional ISC units, or request a change to ISC Agency. Once the new SA is approved, it will need to be accepted by the ISC agency and assigned ISC. Refer to the **ISC Change Policy**.

Child Name:	Date of Birth:
EI ID #:	Referral Date:
Current ISC SA #:	ISC Agency Name:
Assigned ISC:	ISC Phone #:

Section I. Request to Add Units or Extend ISC Service Authorization Period

Select all that apply:

- I am requesting an extension of the 60-day Authorization Period. **Current SA has been changed and submitted.**
 I am requesting additional Service Coordination Units. **A draft SA has been created in the EI-Hub.**

The family needs additional time/units for the following reason(s) (select all that apply):

- Delay due to child's foster care status Evaluations not completed because family missed appointments
 Family moved to a new borough Family missed/cancelled scheduled IFSPs
 Evaluations not completed because of delays at Other – specify:
the evaluation site

Justification (required): Based on the reason(s) above, provide case specific information about how the delay has led to the request for the extension/request for additional units. Include dates and details. This information must be consistent with ISC notes.

SECTION II. Request to change ISC Agency Assignment

Select all that apply:

- Request to change ISC Agency for an individual child. **RO will create Teams assignment and SA upon approval.**
 Request to change ISC Agency for five children or less. **RO will create Teams assignment and SA upon approval.**

Justification (required):

ISC SAs have been generated in the EI-Hub for the following children (list must be specific to one (1) borough):

EI Hub ID:	DOB:	ISC SA#:	Proposed End Date:
EI Hub ID:	DOB:	ISC SA#:	Proposed End Date:
EI Hub ID:	DOB:	ISC SA#:	Proposed End Date:
EI Hub ID:	DOB:	ISC SA#:	Proposed End Date:
EI Hub ID:	DOB:	ISC SA#:	Proposed End Date:

ISC/ SC Supervisor Name: _____ Signature: _____

Chapter 4: Evaluation and Eligibility

Policy Title: Screening	Effective Date 10/15/2024
Policy Number: 4-A	Supersedes: Policy 4-A issued 7/12/2011
Attachments: <ul style="list-style-type: none"> - Foster Care Surrogacy Recommendation and EIOD Assignment Form - Consent for Evaluation or Screening - New York State Early Intervention Program Consent for the Use of Telehealth form. - Evaluation Agency MDE/Screening Submission Checklist - Reason for Delay in Evaluation Completion/MDE Submission Form - Screening Summary - EI-Hub Screening and MDE Crosswalk - Consent to Obtain and Release Information form 	Regulation/Citation: 69-4.1(an), 69-4.8(b), 69-4.8 (g)(3)(i), 69-4.8 (h)(i), 69-4.23 (a) 69-4.30 (c) (1), 69-4.30 c (2)(iii)(a), EI Memorandum 2005-2, Memorandum 94-2, Reissued 2023 w/Attachment A NYS Early Intervention Provider Contract B8

II. POLICY DESCRIPTION:

According to 10NYCRR 69-4.1(an), Screening means a process involving those instruments, procedures, family information and observations, and clinical observations used by an approved evaluator to assess a child's developmental status to indicate what type of evaluation, if any, is warranted. The purpose of a screening, if conducted, is to determine whether the child is suspected of having a disability and requires a multidisciplinary evaluation (NYCRR 69-4.8 (b) (ii)).

The Early Intervention Program is committed to providing appropriate developmental services to children found eligible for the program. The results of a developmental screening can help inform the composition of a multidisciplinary evaluation team that can make an accurate eligibility determination.

Other circumstances under which a screening might be indicated include:

- Very specific concerns, in which case a screening may be able to clearly "rule out" or identify a problem such as with communication development or physical development;
- No primary area of concern or relevant medical information is identified by the parent to inform the composition of the MDE Team;
- No specific parental concern about the child's development, in which case a screening may be conducted to determine whether the child is typically developing or whether there are indications of problems that require further evaluation and assessment.

Screening tests are intended to be brief, easy to administer, and lead to a yes/no decision as to whether or not a developmental problem is likely and whether further in-depth assessment/evaluation is needed. It is the responsibility of the evaluation agency to determine which type of screening should be conducted based on the parental concerns. The screening shall be conducted using appropriate instruments on the list of instruments

approved by the department and by personnel qualified to administer those instruments (NYCRR 69-4.8 (b) (3)). A screening must also include clinical observation of the child (NYCRR 69-4.8 (g)(3)(i)). A provider shall submit one claim for a screening regardless of the number of visits required to perform and complete a screening (NYCRR 69-4.30 (c) (1)). As per NYS DOH Memorandum 94-2, any screenings provided to a child beyond the initial screening require a waiver.

At any time during the screening process, the parent may request and consent to a multidisciplinary evaluation. The screening shall conclude, and a multidisciplinary evaluation of the child shall be conducted even if the child is not suspected of having a disability (NYCRR 69-4.8 (b) (5)).

In the event that a screening indicates the need for an MDE, an MDE should be conducted. If the child is found eligible, the IFSP meeting must be convened ***within 45 days*** from the date the child was referred to the NYCEIP. In order for the meeting to be scheduled, the screening and multidisciplinary evaluation must be completed and the necessary forms and reports, as described in this Policy, must be submitted through the NYS EI case management system, and to the parent(s), ***within 30 days*** of the child's referral (NYCRR 69-4.8 (h)(i)).

A provider may only submit one claim for a screening regardless of the number of visits required to perform and complete a screening. The Early Intervention Official shall approve any screenings provided to a child beyond the initial screening conducted. Reimbursement will not be provided for screenings performed after a child has been found eligible for early intervention services (NYCRR 69-4.30(c) (1)).

Note: EI Hub navigation instructions appear in *italics*.

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator (ISC)	<ol style="list-style-type: none">1. At the initial meeting with the parent(s)/caregiver(s)<ol style="list-style-type: none">a. Explains the difference between evaluation and screening to the family.b. Refers to the <u>Initial Service Coordination Responsibilities Policy</u> for additional explanation of the ISC role.2. Facilitates the parent/guardian's selection of Screening Site as described in the <u>Choice and Authorization of Evaluation/Screening Site Policy</u>, including:<ol style="list-style-type: none">a. Obtaining <u>Parental Consent for Evaluation and Screening form</u> from the selected Screening Site.b. Creating and submitting the screening service authorization for Regional Office approval.3. Completes Section I of the <u>Reason for Delay in Evaluation Completion/MDE Submission form</u> and obtains parental signature if the parent chooses a screening site knowing that there is a waiting list for screenings.
Evaluation Agency	<ol style="list-style-type: none">1. Contacts family within 2 business days of MDE/Screening referral from the initial service coordinator as required by the <u>Choice and Authorization of Evaluation/Screening Site Policy</u>.<ul style="list-style-type: none">• The ISC will send the Evaluation Site the <u>Consent to Obtain and Release Information Form</u>.

- The Evaluation Site must obtain the [Consent to Obtain and Release Information Form](#) from the ISC prior to contacting the family.
 - For children in Foster Care, the Evaluation or Screening process and/or initial discussion with the parent cannot begin until [the Foster Care Surrogacy Recommendation and EIOD Assignment Form](#) is attached in the EI-Hub and the “Family Info” tab “Surrogate Parent Appointment” panel is completed by the Regional Office. Refer to the [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed Evaluation Agency instructions.
2. At the initial meeting with the parent, explains the differences between screening and evaluation to the parent.
 - a. Refers to [Appendix A: Screening vs. Multidisciplinary Evaluation](#) in this chapter of the Manual.
 - b. A screening should not be done if:
 - i. The parent requests an evaluation OR
 - ii. The child has a diagnosed condition with a high probability of developmental delay.
 - (refer to SDOH [Memorandum 2005-2 Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program](#))
 3. Screenings should be considered based upon the unique needs of the child and family, specifically when:
 - a. There is a very specific concern, in which case a screening may be able to clearly “rule out” or identify a problem such as with communication development or physical development.
 - b. No primary area of concern is identified by the parent and/or no relevant medical information is provided that would inform the composition of the MDE Team.
 - c. No specific parental concern is raised about the child’s development, in which case a screening may be conducted to determine whether the child is typically developing or whether there are indications of problems that require further evaluation and assessment.
 4. If the parent agrees to a screening:
 - a. Obtains parent/guardian signature on the [Parental Consent for Evaluation and Screening form](#) prior to initiating the screening.
 - i. For children in Foster Care, refer to the [Determining the Need for and Assigning a Surrogate Parent Policy](#) for detailed Evaluation Agency instructions.
 - b. Sends the consent form to the child’s ISC as described in the [Choice and Authorization of Evaluation/Screening Site Policy](#).
 5. Obtains and accepts the Screening Service Authorization in EI-Hub by regularly checking the “Children Assigned to Caseload” for new requests for evaluation/screening.
 - a. Refers to the [Choice and Authorization of Evaluation/Screening Site Policy](#) for detailed instructions.
 6. Contacts the parent to begin the screening process.

- a. Explains to the family that there are two methods for conducting a screening – in person or via telehealth, and that, most of the time, screenings are conducted in person unless one of the following circumstances applies:
- i. The family requests a telehealth screening,
 - ii. The child has a complex medical condition and the family does not want evaluators in their home,
 - iii. The family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available,
 - This does not apply to common languages spoken in NYC (e.g., Spanish, Russian, Mandarin, Cantonese)
 - iv. The appropriate evaluators are not available in the region where the screening is to be conducted.
 - If one of the circumstances above applies, obtains parent signature on the [New York State Early Intervention Program Consent for the Use of Telehealth form.](#)
7. Completes screening in a timely manner to ensure that the screening documentation and other MDE documentation or closure documents are submitted to the regional office **within 30 days** of the child's referral to Early Intervention.
- a. The screening must be conducted using appropriate instruments on the list of instruments approved by the NYS Department of Health.
 - b. If a screening indicates cause for concern, an MDE should be completed, with parental consent, to determine whether child is eligible for the EIP.

Note:

- If the child was referred with a “confirmed eligibility diagnosis,” a screening is not permitted.
- An approved evaluator may bill for both a screening and a Multidisciplinary Evaluation for the same child only when the screening is performed in the child’s home or childcare site.
- When a screening and evaluation are performed at the approved evaluator’s site, the evaluator may bill only for the Multidisciplinary Evaluation.

8. Once completed, submits the required screening documents listed in the [Evaluation Agency MDE/Screening Submission Checklist](#) (minimum required components include: [Parental Consent for Evaluation or Screening](#), [Evaluation Agency MDE/Screening Submission Checklist](#), Screening Report, [Screening Summary](#)) into the EI Hub, and completes the applicable EI Hub screens.
- a. *In Universal Provider role, go to “Eval Info” tab in the child’s case.*
 - b. *A grid will appear showing the child’s authorized evaluations/screenings.*
 - c. *The screening assigned to your agency will have a blue “edit” button at the end of the row. Click it.*

- d. The screen that opens will have four tabs. Click the “Screening” tab.
- e. You will be on the “Screening Information” panel.
 - i. Check the first checkbox, “Notification of intent to conduct a screening given to parent” to confirm that the parent was notified.
 - ii. Enter “Notification intent date” as the date the parent was notified, using the calendar picker.
 - iii. Check the checkbox “Parent/legal guardian consented to screening” to confirm that the parent gave consent.
 - iv. Enter “Date parent/legal guardian consented to screening” as the date the parent gave consent, using the calendar picker.
 - v. Enter “Screening date” using calendar picker.
 - vi. Enter “Screening time”.
 - vii. Click Submit.
- f. Click on the “Screening Results” panel on the left.
 - i. For “Screeener Name (individual rendering provider)”, enter the name of the qualified professional who conducted the screening.
 - ii. For “Screener’s Credentials” type in the screener’s professional credentials.
 - iii. For “Screener’s Agency,” begin typing the name of the agency, then click on the full name when it pops up.
 - iv. For “Screening tool,” begin typing the name of the screening tool used, then click on the full name when it pops up. If the tool used is not on the list, select “other”.
 - v. If you selected “other” for “Screening tool,” type the name of the tool in the field “If other, please specify”.
 - vi. Click Submit
- g. Click on the “Screening Recommendations” panel on the left.
 - i. For “Parent/Legal Guardian Requested Multi-Disciplinary Evaluation,” choose yes or no.
 - ii. Enter any relevant comments in the Comment box.
 - iii. Under “Recommendations by Screeener,” click the checkbox for either “No further evaluations required at this time” or “MDE recommended.”
 - iv. Enter any relevant comments in the Comment box.
 - v. Click Submit.
- h. Upload screening documents
 - i. Click the blue “Upload Screening Documentation” button and an Upload File box will pop up.
 - ii. Under “Document Type,” select the type of document from the dropdown: Screening Summary.
 - iii. Under “Document Name,” write the name of the document, following NYC naming conventions.
 - iv. Click on “Choose file” and navigate to the file you want to attach. Only PDFs can be attached.
 - v. Click on the blue Upload button.

	<p>vi. You can repeat the process to upload additional documents. All uploaded documents will be available from the Document tab in the child's file, by selecting the Document Area "Evaluation".</p> <p>Note:</p> <ul style="list-style-type: none"> Refer to the EI-Hub Screening and MDE Crosswalk for detailed EI-Hub field completion instructions.
	<p>9. Discusses the results of the screening with the parent and, at the parent's request, the ISC.</p> <p>a. Explains the results of the screening to the family.</p> <p>i. If the child does not pass the screening:</p> <ul style="list-style-type: none"> Discusses the composition of the evaluation team with parent, based on the parent's concerns and on the results of the screening Completes a full Multidisciplinary evaluation. Refer to the Multidisciplinary Evaluations Policy. <p>ii. If the child passes the screening</p> <ul style="list-style-type: none"> If there are concerns about possible future delays, discusses with the parent a referral to the EIP Child Find Unit for ongoing developmental monitoring. <p>a. Informs the initial Service Coordinator if the parent/guardian agrees to the referral</p> <p>Note: The parent can request a full MDE at any point in the screening process.</p> <p>10. Copies of the screening report or MDE are sent to the child's primary health care provider only if the parent has signed the Consent to Obtain and Release Information form.</p>
Initial Service Coordinator (ISC)	<p>1. Follows the steps in the Choice and Approval of the Evaluation/Screening Site Policy to monitor the child's MDE service authorization to ensure that it does not expire before the child's evaluation is complete.</p> <p>1. Ensures that the Screening Site reviews the result of the screening with the family and the ISC at the parent's request.</p> <p>2. If the screening results indicate that no MDE is needed or if the parent does not want to move forward with the MDE process, follows the Closure policy to submit a closure and connect the family for ongoing developmental monitoring, with parental consent.</p>

Approved By:
Assistant Commissioner, Early Intervention

Date: 8/15/2024

New York City Early Intervention Program

Policy Title: Multidisciplinary Evaluations	Effective Date: 10/15/2024
Policy Number: 4-B	Supersedes: Policy 4-B issued 7/12/2011
Attachments: <ul style="list-style-type: none"> - Parental Consent for Evaluation or Screening - New York State Early Intervention Program Consent for the Use of Telehealth Form - EI-Hub Screening and MDE Crosswalk - The New York City Department of Health Child & Adolescent Health Examination Form (CH205) - Reason for Delay in Evaluation Completion/ MDE Submission Form - MDE Summary - Screening Summary - Evaluation Agency MDE/Screening Submission Checklist 	Regulation/Citation: <p>NYS PHL §2549 10 NYCRR 69-4.1 10 NYCRR 69-4.8 10 NYCRR 69-4.12 (d) (2) 10 NYCRR 69-4.23 (a) Memorandum 1999-2 Memorandum 2005-02 New York State Telehealth Guidance Document</p>

I. POLICY DESCRIPTION:

A multidisciplinary evaluation (MDE) must be performed to determine the child's initial and ongoing eligibility for early intervention services. The evaluator must obtain informed parental consent to perform the evaluation or screening (if conducted) prior to initiating the evaluation procedures (10NYCRR69-4.8 (a)).

For all referrals received after September 1, 2024, supplemental evaluations may not be completed as part of the MDE. Supplemental evaluations may be authorized upon the agreement of the IFSP team based on input from the team that conducted the MDE. The only supplemental evaluation that may be conducted as part of the MDE is an audiological evaluation. (10 NYCRR 69-4.30 (2))

The purpose of a supplemental evaluation is to assess a child's specific needs in one or more of the developmental domains in order to provide direction as to the specific EI services that may be required for the child. It may be needed so that the IFSP team can determine whether the current team can address the concerns with the addition of another functional outcome or if additional services or specific interventions are required to meet the needs of the child (10 NYCRR 69-4.30(2)(ii)(b)).

One multidisciplinary evaluation may be reimbursed within a 12-month period without prior approval of the Early Intervention Official to develop and implement the initial IFSP. The Early Intervention Official shall assess the need for and, if appropriate, approve and notify the New

York State Department of Health of any additional multidisciplinary or supplemental evaluations provided to a child within a twelve-month period. (10 NYCRR 69-4.30(c)(2)(iii)(a))

The multidisciplinary evaluation team shall include two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures and have sufficient expertise in child development; and at least one of whom shall be a specialist in the area of the child's suspected delay or disability. (10NYCRR69-4.8 (e)). This regulatory requirement becomes critical given the limitation on supplemental evaluations. Therefore, the selected evaluation provider must discuss the parent's main developmental concern to ensure that the composition of the MDE team yields an accurate eligibility determination.

If the parent's development concerns are general, the evaluation agency/evaluator should consider and discuss a screening with the parent and perform a screening, with parental consent. A screening can provide valuable information regarding the need for an MDE or what the composition of the MDE team should be. A screening could be conducted using a screen that looks at all domains of development or could be conducted by a specialist if the parent has a question about a specific developmental domain, such as speech. See **Screening Policy**.

The IFSP meeting must be convened **within 45 days** from the date the child was referred to the NYCEIP. In order for the meeting to be scheduled, the multidisciplinary evaluation must be completed and the necessary forms and reports, as described in this **Policy**, must be submitted to the Regional Office through the EI Hub, to the parent(s), the child's primary care provider (with parental consent), and to the Administration for Children's Services (if applicable) **within 30 days** of the child's referral.

The MDE is necessary to:

- determine eligibility for the EIP,
- assess the status of the child's functioning in the five developmental domains: physical, cognitive, communication, social-emotional and adaptive,
- identify areas of developmental strengths and needs, and
- determine and understand the parent's resources, priorities and concerns

For a child who is eligible based on a diagnosed condition with a high probability of leading to a developmental delay/disability, an MDE is required to assist with the development of an Individualized Family Service Plan (IFSP). An MDE may also be required to confirm on-going eligibility when considerable progress has been made and/or there is a question about the child's on-going eligibility.

Public Health Law defines an eligible child as an infant or toddler from birth through age two with a disability. A disability is defined as a developmental delay or diagnosed physical or mental condition with a high probability of resulting in developmental delay (10NYCRR69-4.1 (j) e.g., low birth weight, Down Syndrome, sensory impairments).

A child is automatically eligible for the EIP where there is a confirmed diagnosis of a physical or mental condition with a high probability of the condition resulting in a developmental delay or disability ([Refer to Early Intervention Memorandum 1999-2 – Reporting of Children's Eligibility Status Based on Diagnosed Conditions with High Probability of Developmental Delay](#)). Please note that, while the ICD codes are not current, all other information related to the evaluation of

children with a suspected or confirmed diagnosed condition is current). It is the responsibility of the evaluator to confirm that the child has the diagnosed condition and is therefore eligible for the Early Intervention Program. Refer to [Appendix D: Required Documentation for Diagnosed Conditions](#). For children eligible on the basis of a diagnosed condition, the primary purpose of early intervention is to mitigate the impact of the condition on the child's developmental progress. The child does not have to demonstrate a delay to receive early intervention services if they have a condition with a high probability of developmental delay.

If a referred child does not have a confirmed diagnosis which would establish automatic eligibility in New York State ([refer to Memorandum 2005-02 - Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program](#)), consistent with federal regulations under Part C of IDEA, the child must exhibit a significant developmental delay to be eligible for early intervention services. Developmental delay as defined by 10 NYCRR 69-4.1 (i) means that the child has not attained developmental milestones expected for the child's chronological age adjusted for prematurity in one or more of the following areas of development: cognitive, physical (including vision and hearing, oral motor feeding and swallowing), communication, social/emotional or adaptive functioning as measured by qualified professionals using appropriate diagnostic instruments and/or procedures, and informed clinical opinion.

To be initially eligible for early intervention based upon a developmental delay, the following criteria must be met:

- A 12-month delay in one or more functional domains, or
- A 33% delay in one functional domain, or
- A 25% delay in **two** or more functional domains, or
- For children who have been found to have a delay only in the communication domain and if no standardized test is available or appropriate for the child, or the tests are inadequate to accurately represent the child's developmental level in the informed clinical opinion of the evaluator, a delay in the area of communication shall be a severe delay or marked regression in communication development as determined by specific qualitative evidence-based criteria articulated in clinical practice guidelines issued by the Department articulated in 10NYCRR 69-4.23(a) (2) (iv).

Or, when appropriate standardized tests are used:

- Two standard deviations (2.0SD) below the mean in one functional domain, or
- One and a half standard deviations (1.5SDs) below the mean in **two** or more functional domains.

A multidisciplinary evaluation to establish eligibility may not rely on one sole measure or standardized test but must include multiple sources of information, take into account the child and family's daily routines and natural environment, and include the findings and informed clinical opinion of all evaluators – with any discrepancies in findings or impressions resolved among themselves before determining eligibility.

Eligibility **cannot** be established based on isolated difficulties, e.g., feeding, sensory integration, articulation, unless there is a significant impact on the child's development in one or more of the five functional domains. This must be documented in the MDE report.

Note: An isolated feeding problem in and of itself may not be sufficient to establish a child's eligibility for the Early Intervention Program. Feeding and swallowing problems often co-occur in children who have motor disorders and may be an early indicator of a motor or other developmental health problem. Difficulties with feeding and swallowing are signs and symptoms, and it is important to determine the underlying cause. If the central concern for a child is feeding dysfunction, the MDE must provide sufficient evidence that the feeding problem is significantly impacting the child's developmental status. The nature of the feeding dysfunction must be documented in the MDE report, including the statement of the child's eligibility for the Early Intervention Program. (Refer to Clinical Practice Guidelines Motor Disorders pgs. 66-77 for more in-depth information on the assessment of feeding disorders.)

Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy

II. PROCEDURE:

Responsible Party	Action
Evaluation Agency	<ol style="list-style-type: none">1. Contacts family within 2 business days of MDE referral from the initial service coordinator as required by the <u>Choice and Approval of Evaluation/Screening Site Policy</u>. Note:<ul style="list-style-type: none">• The ISC will send the Evaluation Site the <u>Consent to Obtain and Release Information Form</u>• The Evaluation Site must obtain the <u>Consent to Obtain and Release Information Form</u> from the ISC prior to contacting the family.• For children in Foster Care, the Evaluation or Screening process and/or initial discussion with the parent cannot begin until the <u>Foster Care Surrogacy Recommendation and EIOD Assignment Form</u> is attached in the EI-Hub and the “Family Info” tab “Surrogate Parent Appointment” panel is completed by the Regional Office. Refer to the <u>Determining the Need for and Assigning a Surrogate Parent Policy</u> for detailed Evaluation Agency instructions.2. Informs the parent/guardian that the MDE will consist of at least two (2) qualified evaluators who will evaluate the child in all areas of development and who will also focus on the primary area(s) of concern.3. No supplemental (additional) evaluations are permitted as part of the MDE, except for a supplemental audiological evaluation if needed to confirm the presence of a hearing loss.4. If additional evaluations are recommended by the MDE, they can be discussed at the child's Individualized Family Service Plan (IFSP) meeting,

- if the MDE shows that the child is eligible for developmental services through the Program.
5. Determines if a screening is necessary before an MDE is conducted.
 - a. Discuss the family's concerns about their child's development to help them decide whether a screening or MDE is most appropriate for the child.
 - b. If the parent's development concerns are general, the evaluation agency/evaluator should consider and discuss a screening with the parent and perform a screening, with parental consent.
 - c. A screening can provide valuable information regarding the need for an MDE or what the composition of the MDE team should be.
 - d. A screening could be conducted using a screen that looks at all domains of development or could be conducted by a specialist if the parent has a question about a specific developmental domain.
 - i. Refer to [Appendix A: MDE vs. Screening](#)
 - ii. Refer to the [Screening Policy](#) in this chapter of this manual.
 - e. Note that an agency may not simultaneously submit a Screening service authorization and MDE service authorization for approval. The Screening must be submitted and approved prior to approval of an MDE service authorization.
 6. Determines the components of the MDE based on parent concerns.
 - a. Parent's primary concern should be part of the MDE

Note: Depending on the parent's concerns, the MDE team could include 1 qualified personnel who assesses the 5 domains of development while the other qualified personnel has the expertise to assess the parent's specific area of concern; e.g., if a parent is concerned about autism, the MDE team might include a psychologist/LCSW and a special instructor. OR if a parent is concerned about both motor and language development, the MDE team might include a PT and an SLP who, between them, assess the parent's areas of concern as well as the other developmental domains.

7. Obtains parent/caregiver signature on the [Consent for Evaluation or Screening form](#).
 - a. One consent is signed for a Multidisciplinary Evaluation
 - b. One consent is signed for a Screening
 - c. Supplemental Audiological Evaluation must have a separate signed consent.
8. Sends the ISC the completed [Consent for Evaluation or Screening form](#) via HSC secure file transfer or email (with written parent consent on the Consent to Use Email form) no later than 5 business days from the date that the MDE/Screening referral was received from the ISC.

Note:

- Above forms must be kept in the child's record

9. Accepts the MDE service authorization in the EI Hub
 - a. Refer to the [Choice and Approval of Evaluation/Screening Site Policy](#)

	<p>for specific EI Hub directions for accepting a service authorization in the EI-Hub</p> <p>10. Contacts the parent to begin the MDE process</p> <ul style="list-style-type: none"> a. Explain to families that there are two methods for conducting an MDE – in person, or via telehealth, and that most of the time evaluations are conducted in person unless one of the following circumstances applies: <ul style="list-style-type: none"> i. When the family requests a telehealth MDE. ii. When the child has a complex medical condition, and the family does not want evaluators in their home. iii. When the family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available. <ul style="list-style-type: none"> • This does not apply to languages commonly spoken in NYC (e.g., Spanish, Russian, Mandarin, Cantonese) iv. When the appropriate evaluators are not available in the region where the evaluation is to be conducted. <ul style="list-style-type: none"> • If one of the circumstances above applies, obtains parent signature on <u>the New York State Early Intervention Program Consent for the Use of Telehealth form.</u> b. Ask the parent if a recent health assessment was conducted and/or if the parent has appropriate health assessment documentation from the child's primary care provider or any other medical documentation that might be important for the evaluators to review, such as audiological, medical information to confirm a diagnosed condition, discharge summary from the hospital, etc. <ul style="list-style-type: none"> i. If a recent health assessment was not conducted or health assessment documentation obtained: <ul style="list-style-type: none"> • Obtains parental signature on the <u>Consent to Obtain and Release Information.</u> • Contacts the child's physician to assist parent/caregiver with obtaining: <ul style="list-style-type: none"> ○ <u>The New York City Department of Health Child & Adolescent Health Examination Form (CH205)</u> and/or other relevant medical documentation ○ Written orders for PT, OT and feeding evaluations as per 10NYCRR 69-4.26 (b)(8) if needed. Refer to <u>the Obtaining Prescriptions for Authorized Services and Prescriptions Policy</u> <ul style="list-style-type: none"> ▪ If the evaluation agency working in coordination with the parent/caregiver experiences delays in obtaining a written order, the evaluation agency
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must ensure that the delay is documented on the [Reason for Delay in Evaluation Completion/ MDE Submission Form](#).

ii. All required components must be kept in the child's record.

Note:

- The inability to obtain [The New York City Department of Health Child & Adolescent Health Examination Form \(CH205\)](#) should not delay the MDE from being conducted.
 - The provider may provide a letter on agency letterhead documenting attempts to obtain the CH205.
- The inability to obtain a written order/script should not delay the MDE from being conducted.

11. Monitors MDE progress for compliance with 30-day requirements
- a. *From the Children Assigned to Caseload screen, selects the Evaluations dashboard in the left panel.*
 - b. *From the dashboard alert dropdown, selects Evaluation Report Due and clicks Search.*
 - c. *A list of children who have an evaluation SA but nothing entered in the Eligibility screen appears.*
 - d. *Clicks the blue Edit button next to each child to review the case timeline and status.*

II. Multidisciplinary Evaluation (MDE) Components

1. Qualified personnel
 - a. The qualified personnel who conduct the multidisciplinary evaluation should have sufficient expertise in child development 69-4.8 (e) (1). Therefore, they are qualified to assess the five developmental domains: adaptive, cognitive, communication, physical and social-emotional.
 - b. The MDE team is composed of **at least** two qualified personnel, one of whom is a specialist in the developmental area that is the parent's primary area of concern. For children referred on or after 9/1/24, no supplemental evaluations will be reimbursed as part of the MDE except for an audiological evaluation if needed to rule out hearing loss.
 - i. For example, if a parent is concerned about autism, the MDE team must include at least one QP who is qualified to assess whether the child meets the criteria for autism spectrum disorder. However, if a parent is concerned about both motor and language development, the MDE team might include a PT and an SLP.
 - c. If an evaluation agency submits a set of evaluations with more than 2 qualified personnel, the submission will be reimbursed as a single MDE.
2. A multidisciplinary evaluation (MDE) consists of an assessment of:
 - a. The five developmental domains: cognitive, physical (including

- vision and hearing, oral motor feeding and swallowing), communication, social-emotional, and adaptive.
- b. The specific area of concern in development identified at the time of referral or at the initial conversation with the family.
 - c. A review of pertinent records related to the child's current health status, developmental concerns and medical history, conducted with parental consent.
 - d. A parent interview about the family's resources, priorities, and concerns related to the child's development and about the child's developmental progress.
 - i. Parent interview may be incorporated as part of the MDE report or submitted as a standalone document. In either scenario, the parent interview cannot be billed for separately.
 - e. A separate family-directed assessment focusing on the resources, priorities and concerns of the family related to enhancing the development of the child (optional on the part of the parent)
 - i. A family-directed assessment includes identifying formal and informal support services;
 - ii. Offered and conducted with parental consent; and
 - iii. The family-directed assessment cannot be billed for separately.
 - f. An evaluation of the child's level of functioning and assessment of the unique needs of the child in each developmental domain.
 - i. This includes the identification of services that may be appropriate to meet those needs.
 - g. An evaluation of the transportation needs of the child, including:
 - i. Parent/caregiver ability to provide transportation
 - ii. Child's special needs related to transportation and safety issues
 - iii. Parental concerns related to transportation
 - Refer to the [Assessing Transportation Needs Policy](#) in this chapter of the manual.

Note: In all cases, the Multidisciplinary Evaluation, on its own, must contain sufficient information to determine if a child is eligible for EI services, as supplemental evaluations are no longer conducted as part of the MDE as of 9.1.24. Discussions regarding supplemental evaluations will occur at the IFSP meeting.

- h. Supplemental Audiological Evaluations
 - i. A supplemental audiological evaluation is conducted when:
 - There is a failed newborn hearing screening, or
 - A suspicion of hearing loss was raised during the MDE.
 - ii. A supplemental audiological evaluation is conducted at the recommendation of the MDE team

III. Conducting the Multidisciplinary Evaluation

	<p><i>Parental Involvement</i></p> <ol style="list-style-type: none"> 1. The evaluation process, including clinical observation, should be conducted in an environment appropriate to the unique needs of the child, with consideration given to the preferences of the parent. Such settings may include: <ol style="list-style-type: none"> a. Natural settings (e.g., the child's home or daycare setting) b. Unstructured (e.g., play room) c. Structured (e.g., clinic, office, foster care agency) d. Telehealth or hybrid (combined telehealth and in person) e. The child's parent(s) must be given the opportunity to be an active participant in the evaluation process, as should other family members and other individuals who care for the child (e.g., daycare, nanny, foster parent, guardian, and caregiver) with parental consent. f. Recognizing the family as an integral member of the evaluation team ensures that parental concerns and priorities regarding the child's development remain the focal points. g. Parent partnership validates the parents' understanding of the child's current functioning and his/her strengths and developmental needs. <p><i>Evaluation Procedures</i></p> <ol style="list-style-type: none"> 2. Evaluation procedures should be objective, professional, and individualized and consider each child's unique developmental strengths and needs. 3. MDEs should include <i>informed clinical opinion</i> and employ age-appropriate instruments and procedures. 4. Nondiscriminatory evaluation and assessment procedures must be used in all aspects of the evaluation and assessment process. Evaluation and assessment procedures must be responsive to the <i>cultural and linguistic background of the family</i>. Refer to the Bilingual Evaluations Policy. 5. No single procedure or instrument may be used as the sole criterion or indicator of eligibility. <ol style="list-style-type: none"> a. The Multidisciplinary Team must rely on information from a variety of appropriate sources: <ol style="list-style-type: none"> i. Standardized instruments and procedures whenever appropriate and possible, ii. Observations of the child, iii. Parent interviews, iv. Information about the child's functioning during daily routines v. Informed clinical opinion, and vi. Any other sources of information about the child's developmental status available with parental consent. (Refer to Memorandum 2005-02) <p><i>Assessment Instruments</i></p> <ol style="list-style-type: none"> 1. Selection of the assessment instrument should be from the NYSDOH list of approved instruments. <ol style="list-style-type: none"> a. If a provider uses an instrument which is not on the state's list, they
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	<p>must include a justification for why it should be used.</p> <ol style="list-style-type: none"> 2. The most recent version of the evaluation instrument must be administered, scored, and reported following all protocols in the examiner's manual as issued by the test developer ((NYCRR69-4.8 (e)(2)). <ol style="list-style-type: none"> a. In many cases, this includes providing standard scores, standard error of measurement, and confidence intervals. 3. Standardized tests must be reliable and valid, with appropriate sensitivity and specificity. 4. Standardized, norm-referenced evaluation assessment and/or diagnostic instruments should be used whenever possible unless such instruments are not appropriate for: <ol style="list-style-type: none"> a. Child's age b. Child's culture or language c. Developmental status or concern d. Disability 5. Results should be scored according to that instrument's guidelines for scoring and reporting, and in compliance with SDOH Memorandum 2005-02. 6. Age equivalents from standardized tests should not be used for eligibility determination, as they often don't accurately represent the child's functional level and can be misleading and upsetting to parents, unless: <ol style="list-style-type: none"> a. The manual for the instrument supports the use of age equivalents to establish eligibility. 7. Criterion-referenced tests <ol style="list-style-type: none"> a. Can be helpful in evaluating children when norm-referenced tests are not available or appropriate due to the child's age, condition, language/culture, or other factors that influence test performance. b. Do not provide sufficient information to determine the extent of a child's developmental delay(s). c. May be used in conjunction with other sources of information about a child's development, including informed clinical opinion, to establish a child's eligibility if eligibility is based on the level of developmental delay. d. If criterion-referenced tests are used, the evaluator must be aware of how the results or age ranges are to be interpreted as discussed in the criterion test's manual. <p><i>Use of External Evaluations</i></p> <ol style="list-style-type: none"> 8. An external evaluation is an evaluation that is performed on a child by a licensed professional, such as a physician or psychologist, who is not approved by the Department as qualified personnel under the EIP, or who is not under contract with the municipality. 9. External evaluations or reports can be reviewed by the MDE team and may be incorporated as sources of information. External evaluations: <ol style="list-style-type: none"> a. May be used but do not replace the multidisciplinary evaluation or the requirement that the evaluator determines the child's eligibility for the EIP. b. Cannot serve as the sole basis for the child's eligibility or for the sole assessment of one of the five developmental domains.
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- c. If a parent disagrees with the determination of the evaluator, the parent must be advised of their due process rights in accordance with PHL §2549.

Prematurity and Age Adjustment

10. When evaluating a child who was born prematurely (less than 37 weeks gestation) the evaluation team needs to use their informed clinical opinion to determine how to understand the child's developmental level in light of their prematurity.
11. If the test/diagnostic instrument adjusts for prematurity, the adjustment must be made when reporting the scores.
12. The evaluation report should clearly state the amount and type of adjustment that was made, if any.

Note: Ref: Memorandum 2005-02 (p.30) and Wilson, S.L. and Cradock, M. M. (2004) *Journal of Pediatric Psychology*, 29 (8): 641-649.

Informed Clinical Opinion

13. Informed clinical opinion is “the best use of quantitative and qualitative information by qualified personnel regarding a child and family, if applicable. Such information includes, if applicable, the child’s functional status, rate of change in development, and prognosis.” 10 NYCRR 69-4.1(y)
 - a. Diagnostic instruments and informed clinical opinion must be used in combination to:
 - i. Interpret results of the MDE,
 - ii. Determine the degree of developmental delay, and
 - iii. Formulate a statement of eligibility, stating specifically why the child does or does not meet eligibility criteria.
 - b. The use of informed clinical opinion is required by federal regulations in evaluation and assessment procedures for eligibility purposes.

Note: Refer to [*Appendix C: Informed Clinical Opinion*](#) of this chapter of the manual

IV. Immediately After an Evaluation is Complete

1. Individual evaluators should verbally share only preliminary results/impressions with the parent at the conclusion of each assessment session. The evaluators should explain to the parent that eligibility for the program can only be determined once all the component evaluations have been completed and the evaluators have had an opportunity to review their collective findings.
 - a. Evaluators should also explain that, while a child may have a delay, it may not be severe enough for EI eligibility.
 - b. Individual evaluators should document in their reports that preliminary results were shared with the parent.

V. Completing and Submitting the Multidisciplinary Evaluation Report

1. The evaluation team is responsible for preparing an evaluation report and

- written MDE Summary within 30 days from the referral in order to convene an IFSP for an eligible child within 45 days.
2. **Individual evaluations** must provide sufficient information to support the finding of “eligible” or “not eligible”, including an in-depth assessment of the child’s strengths and needs in the specific areas of development that were assessed.
 3. **Individual evaluations must provide an acceptable justification regarding why an evaluation was conducted utilizing telehealth. The only acceptable justifications are:**
 - a. Family expressly requests a telehealth MDE;
 - b. Child has a complex medical condition, and the family does not want evaluators in their home;
 - c. The family speaks a language for which an in-person bilingual evaluator or interpreter, as appropriate, is not readily available; and
 - d. The appropriate evaluators are not available in the region where the evaluation is to be conducted.
 4. The family’s transportation needs in order to access services must be documented. Refer to the [Assessing Transportation Needs Policy](#) in this chapter of the manual.
 5. The MDE summary must be written by one of the qualified personnel who evaluated the child. Refer to the [MDE Summary form](#) in this chapter of the policy and procedure manual.
 - a. If a bilingual evaluation was conducted, the summary should also be provided in the parent’s dominant or preferred language or other mode of communication of the parent, if feasible (refer to the [Policy on Bilingual Evaluations](#) in this chapter of the manual)
 - b. Discrepancies regarding a child’s developmental level must be resolved prior to submitting the MDE. In some cases, additional observations of the child may be required in order to resolve the discrepancy.
 - c. The MDE summary must reconcile any discrepancies in individual reports.
 - d. Refer to the [MDE/Screening Summary Form](#) in this chapter of the policy and procedure manual.

Note:

- Refer to [Appendix B: Best Practice Recommendations for Report Writing and Submission](#) of this chapter.
- Evaluators may make recommendations about the **type(s)** of services that the child may need, **but evaluators may not make recommendations regarding the frequency, duration, and intensity of such services.**
- The **MDE summary** must document why any evaluation was conducted using telehealth.

6. Completes the applicable EI Hub MDE screens to submit the MDE to the Regional Office. Refer to the [EI-Hub Screening and MDE Crosswalk](#) for detailed instructions and screenshots for which fields and panels to complete

	<p>in order to submit an MDE for NYC Regional Office review and approval.</p> <ul style="list-style-type: none"> a. In Universal Provider role, go to “Eval Info” tab in the child’s case. b. A grid will appear showing the child’s authorized evaluations. c. The evaluation assigned to your agency will have a blue “edit” button at the end of the row. Click it. d. The screen that opens will have four tabs. You are on the Evaluation tab. On the left are listed three panes: <ul style="list-style-type: none"> i. Evaluation Information, ii. Evaluator Assignment, and iii. Waiver. e. Assign the evaluators: Click on the “Evaluator Assignment” pane on the left. <ul style="list-style-type: none"> i. Enter the Primary Evaluator – the individual assessing two or more domains and will be the rendering provider on the claim. To the right of the Primary Evaluator field is a pair of blue binoculars. Click on them, and a box will pop up with a field labeled Therapist. ii. Click on the arrow in the Therapist box, and a list will appear of all qualified personnel who are already entered in the EI Hub as a licensed/certified professional associated with your agency. iii. Click on the therapist assigned to complete the MDE. iv. Then click on “Save.” The box will close. On the main screen, under the Primary Evaluator name field, the evaluator’s NPI number will automatically populate. v. Repeat this process for the Secondary Evaluator. vi. Click “Submit”. f. Enter developmental assessment information: Click on the “Developmental Assessment” tab at the top. <ul style="list-style-type: none"> i. It will open to the “Developmental Assessment Information” panel. ii. Check the box next to “Parent/Legal Guardian Consented to Evaluation” to indicate that the required parental consent was obtained. iii. In the box below, enter the date the parent gave consent. iv. In the field labeled “Date From,” enter the date of the first evaluation or, if not known, the date of parental consent that you recorded above. v. In the field labeled “Date To” enter the date of the second evaluation. vi. “Chronological Age at Date of Evaluation” will be auto-calculated based on the child’s date of birth and the evaluation dates entered in the “Date From” and “Date To” fields vii. If the evaluation was bilingual, check the box labeled “Bilingual Evaluation Performed”. viii. From the dropdown, select the language (other than English) in which the evaluation was performed. If the language is not
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	<p><i>listed, write it in the “Other Language” field below.</i></p> <p>ix. <i>Click “Submit”</i></p> <p>g. <i>Enter assessments of each developmental domain: Click on the “Developmental Assessment” tab at the top.</i></p> <ul style="list-style-type: none"> i. <i>From the “Developmental Assessment Information” panel, click on the second panel listed on the left, “Evaluation Assessment”.</i> ii. <i>Click on the yellow “Add Evaluation Assessment” button above the grid.</i> iii. <i>From the dropdown under “Domain Category,” select the relevant developmental domain assessed in the MDE.</i> iv. <i>In the “Assessment Date” field, write the date that this domain was formally assessed by a member of the MDE team.</i> v. <i>From the “Assessment Evaluator” dropdown, select either the primary or secondary evaluator.</i> vi. <i>Enter “Raw Test Score” if applicable to the instrument used; if not applicable, type in “N/A”</i> vii. <i>For “Developmental Status,” choose the delay status from the dropdown list.</i> viii. <i>For “Evaluation Method,” choose the primary source for the developmental status assessment from the dropdown list.</i> ix. <i>For “Evaluation Instrument,” select the instrument used from the drop-down list</i> <ul style="list-style-type: none"> • <i>If your instrument does not appear in the drop-down list, it can be typed in below, under “If Other Instrument”</i> x. <i>For “ICD-10 Code & Description Search,” start typing the ICD code, and click on it when it pops up. The code will appear in the “Diagnosed Conditions” field.</i> <ul style="list-style-type: none"> • <i>You can add multiple codes.</i> xi. <i>Click “Submit”. You will be returned to the “Developmental Assessment – Information” panel</i> xii. <i>Click the “Evaluation Assessment” panel at the left, then click the yellow “Add Evaluation Assessment” button to enter another domain. Continue until you have entered all five domains.</i> xiii. <i>Print out the “Evaluation Assessment” grid for inclusion in the MDE packet (see “I” below):</i> <ul style="list-style-type: none"> • <i>Click on the “Evaluation Assessment” panel on the left.</i> • <i>Click on the green Excel button in the upper right corner of the grid.</i> • <i>When the window opens, navigate to where you want to save the file and name it “[Child ID] EI-Hub MDE Summary Report” and click Save.</i> <p>h. <i>Enter eligibility determination: Click on the “Eligibility” tab, then click on the yellow “Add Eligibility” button. The screen will open to</i></p>
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- the “Eligibility Determination” panel.*
- i. *For “MDE Type,” select Initial or Ongoing as appropriate.*
 - ii. *For “Determination Date,” enter the date the MDE summary was completed.*
 - iii. *Choose the basis for eligibility from the dropdown list under “Eligibility Outcome,” or choose “not eligible” from the list if the child was not found eligible.*
 - *If the basis for eligibility was “diagnosed condition,” enter the ICD code into the field “EI Eligibility Diagnosed Condition,” then click on the name of the condition when it pops up.*
 - *Enter “other diagnosed condition”*
 - *Enter “Diagnosis Date”*
 - *Click “Submit”*
 - iv. *If the child had a delay in communication, click the Delay in Communication panel on the left.*
 - *If the child is under 18 months old:*
 - *In the text box, state that the required information is included in the attached MDE documentation.*
 - *If the child is 18 months or older:*
 - *Select the appropriate communication red flag from the drop-down menu.*
 - *Do not enter anything in the text boxes; it is expected that these issues are addressed in the attached MDE document.*
 - *Click “Submit”*
- i. *Upload the required components of the MDE as provided on the [Evaluation Agency MDE/Screening Submission Checklist](#) (minimum required components include: [Parental Consent for Screening or MDE](#), [Evaluation Agency MDE/Screening Submission Checklist](#), NYC Health Child & Adolescent Health Examination Form, MDE Summary Report (saved from EI-Hub), MDE Report, [MDE Summary](#)).*
- i. *Click on the “Developmental Assessment” tab at the top.*
 - ii. *It will open to the “Developmental Assessment Information” panel.*
 - iii. *Scroll to the bottom of the screen, to the light blue ‘Upload Development Assessment Document’ button*
 - iv. *Click the button and an Upload File box will pop up.*
 - *Under “Document Type” select the type of document from the dropdown: Development Assessment Document.*
 - *Under “Document Name” write the name of the document, following [NYC BEI Attachment Naming](#)*

	<p><u>Conventions (Forthcoming).</u></p> <ul style="list-style-type: none"> • Click on “Choose file” and navigate to the file you want to attach. Only PDFs can be attached. • Click on the blue Upload button. • You can repeat the process to upload additional documents. All uploaded documents will be available from the Document tab in the child’s file, by selecting the Document Area “Evaluation”. • Click “Submit” once all of the required MDE components are submitted. <p>j. Send to the EIOD for review: Click on the “Eligibility Dates” panel.</p> <ul style="list-style-type: none"> i. “Determination Date” carries over from the same field on the previous screen. ii. Click the checkbox next to “Sent to EIO/D for Review”. iii. Click “Submit” <p>7. Send full MDE packet to the parent, including:</p> <ol style="list-style-type: none"> a. Evaluation reports b. Summary <ul style="list-style-type: none"> i. If a bilingual evaluation was conducted, the summary should also be provided in the parent’s dominant or preferred language or other mode of communication of the parent, if feasible (refer to the Policy on Bilingual Evaluations in this chapter of the manual) <p>8. Copies of the MDE or screening report are sent to the child’s primary health care provider if the parent has signed the Consent to Obtain and Release Information form</p> <p>9. <u>Reviewing the Results of the MDE with the Family</u></p> <ol style="list-style-type: none"> a. The parent MUST have the opportunity to discuss the evaluation results and eligibility determination with the evaluators or designated contact, including: <ul style="list-style-type: none"> i. Any concerns they may have about the evaluation process; ii. Assistance in understanding these results; iii. Ensuring that the evaluation has addressed their concerns; and observations about their child. b. For children who were found not eligible, the evaluation report: <ul style="list-style-type: none"> i. Should clearly document reasons why the child is not eligible; ii. Should provide clinical information and make recommendations about alternative resources or services that may be beneficial to the child and family if the child's development is within the normal range or the child is not demonstrating a significant developmental delay; iii. May recommend that the child be included in municipal child find activities for at-risk children (screening and tracking), with parent consent for children who appear to be at-risk for developmental problems in the future; and iv. Could include recommendations for referrals to other service delivery systems or other early childhood programs such as
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	<p>Early Head Start and/or community-based programs.</p> <p>10. <u>Once an MDE is successfully submitted to the EIOD, the evaluation will be reviewed and, if approved, scheduling can begin.</u></p> <ul style="list-style-type: none"> a. If the EIOD determines that the evaluator has not complied with the Public Health Law or regulations in conducting an evaluation to determine eligibility, the EIO may require that the evaluator immediately submit additional documentation to support the eligibility determination of the child. (10NYCRR 69-4.12) b. If the evaluator does not provide the requested documentation, or the documentation provided continues to be inconsistent with the requirements of Public Health Law, the EIO may require that the parent select another evaluator to conduct a multidisciplinary evaluation to determine whether the child meets eligibility criteria for the Early Intervention Program. (10NYCRR 69-4.12)
Early Intervention Pre-IFSP Specialist	<ol style="list-style-type: none"> 1. <i>Monitors the EI Hub Evaluation dashboard, under the dropdown “Eligibility Review Needed,” for submission of the MDE.</i> 2. <i>In the “Eligibility Review Needed” grid, clicks the blue Edit button to the right of the child’s row to access the case.</i> 3. <i>Clicks on the “Eval Info” tab, then clicks on the “Developmental Assessment” tab.</i> 4. <i>Confirms that “Parent/Legal Guardian Consented to Evaluation” is checked, and that “Date From” and “Date To” are populated with the start and end dates of the MDE.</i> 5. <i>Clicks on the “Evaluation Assessment” pane on the left.</i> 6. <i>Reviews the grid to confirm that assessment results are provided for all five developmental domains.</i> 7. <i>Clicks on the “Document” tab. Under “Document Area,” selects “Evaluation” from the dropdown and clicks Search.</i> 8. <i>The MDE document and any other attachments will appear in the grid.</i> 9. <i>Conducts a Completeness Review on the attachments based on the MDE Checklist.</i> <ol style="list-style-type: none"> a. <i>Confirms that required documents are included and as required by the Evaluation Agency MDE/Screening Submission Checklist, including but not limited to:</i> <ol style="list-style-type: none"> i. MDE Report ii. Summary of MDE iii. MDE Summary Report from EI-Hub iv. NYC Health Child & Adolescent Health Examination Form (CH205) v. Parental Consent for MDE b. <i>Reviews data entry forms for completeness</i> c. <i>Reviews all diagnoses</i> d. <i>Reviews the medical form for any diagnosis</i> e. <i>Confirms that a child with an autoeligible diagnosis was not found ineligible</i> 10. <i>Confirms that MDE eligibility is consistent with EI Hub eligibility</i> 11. <i>If the MDE submission or the EI Hub screens are incomplete:</i>

	<p>a. In the “Eligibility” tab, finds the evaluation under review and clicks on the Edit button to the right.</p> <p>b. Clicks on the “Eligibility Dates” pane on the right</p> <p>c. In the “EIO/D Review Date” field, enters the current date.</p> <p>d. In the “EIO/D reviews & confirms eligibility” field, selects “Rejected” from the dropdown.</p> <p>e. Lists the documents missing or issues to be corrected in the “Eligibility Dates Comment” field, specifying the date by which the MDE must be resubmitted (within 1 business day), and entering the initials of the person rejecting the MDE.</p> <p>f. Clicks “Submit”</p> <p>12. If there are contradictions regarding eligibility within the MDE, or between the MDE and the EI Hub, refers to an AD</p>
Evaluation Agency	<p>1. Monitors for returned evaluations.</p> <p>a. From the Children Assigned to Caseload screen, selects the “Evaluations dashboard” in the left panel.</p> <p>b. From the dashboard alert dropdown, selects “Rejected” and clicks “Search”.</p> <p>c. A list of children whose MDE has been rejected appears.</p> <p>d. Clicks the “Edit” button next to each child</p> <p>e. Navigates to the “Eligibility Info” tab to review the reasons for rejection.</p> <p>f. Submits required addenda within 3 calendar days.</p>

Approved By:

Date: 8/15/2024

Assistant Commissioner, Early Intervention

New York City Early Intervention Program

Policy Title: Bilingual Evaluations	Effective Date: 10/15/2024
Policy Number: 4-C	Supersedes: Policy 4-C issued 7/12/2011
Attachment (s): New York City Early Intervention Provider Directories	Regulation/Citation: 10NYCRR69-4.1 (K)(1); 10NYCRR69-4.8; Memorandum 2005-02 FAQ 21

POLICY DESCRIPTION:

All aspects of the multidisciplinary evaluation, including any instruments, tests, and materials used in the evaluation process, must be administered in the child's dominant language unless it is clearly not feasible to do so and consider the unique characteristics of the child. In addition, nondiscriminatory evaluation and assessment procedures shall be employed in all aspects of the evaluation and assessment process. Responsiveness to the cultural background of the family shall be a primary consideration in all aspects of evaluation and assessment.

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator	<p>1. ISC will review the New York City Early Intervention Provider Directories and allow the parent to select an Evaluation Agency with evaluators who speak the language of the child and family.</p> <p>a. If upon review of the New York City Early Intervention Provider Directories, an appropriate evaluation agency with an appropriate MDE team cannot be located, the ISC will inquire if the evaluation agency can find an interpreter.</p> <p>i. The ISC assists the Evaluation Agency locate an interpreter if one cannot be located.</p> <p>Note:</p> <ul style="list-style-type: none"> Service Coordination notes must document the offer to family/caregiver to review the New York City Early Intervention Provider Directories in the SC notes and attempts to locate a bilingual evaluation team.
Evaluation Agency	<p>1. Assesses the child's dominant or native language(s).</p> <p>a. Dominant language or native language is defined as: the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation and assessment. (10 NYCRR §69-4.1(k)(1))</p> <p>b. For the purposes of the evaluation, the dominant language of the child determines the language(s) of the evaluation. (Memorandum 2005-02 FAQ 21)</p> <p>2. Determines the appropriate language or languages of the Multidisciplinary Evaluation (MDE).</p> <p>3. When the child/family speaks a language other than English:</p>

- a. Evaluation agency is expected to locate an evaluator who speaks the language(s) of the child and family to ensure that:
- i. The child's core evaluation and any necessary supplemental evaluation(s) are performed by one or more qualified personnel who are bilingual **and if possible** familiar with the child's cultural background.

Note:

- A parent(s) **cannot** insist that the evaluation be conducted in English or refuse to have the evaluation conducted in the child's dominant language.
- If a parent does not consent to a multidisciplinary evaluation consistent with Federal and State requirements, eligibility cannot be established for the EIP and the municipality is not obligated to develop an IFSP and provide services to the child.

- b. When a bilingual Evaluator (s) is located:
- i. Evaluator(s) should consider how the following socio-cultural factors impact the child's performance and developmental functioning:
 - Family's values, beliefs and practices
 - *Example: In some cultures, children are fed by the parent and do not have the opportunity to feed themselves until they are much older. This might look like a delay in feeding skills or adaptive development, however according to cultural practices this is the norm.*
 - Communication style
 - ii. When feasible, the evaluator should use tests that have been normed and standardized on the child's linguistic and cultural group.
 - iii. If a child is exposed to more than one language, the evaluation process must take the child's abilities to understand and use each language into account.
 - The receptive and expressive skills of children may develop at different rates in a bilingual/multilingual environment... Because some of the differences in language structure impact the way in which children learn the language, it may appear that a child learning English, who is also influenced by Spanish, is delayed in his language development when in fact it may be a normal variation in the learning process.
(Communication Disorders: Clinical Practice Guidelines pg. 25)

Note: Exposure to another language does not necessarily require a bilingual evaluation. [SDOH memorandum 2005-2 FAQ #22](#)

	<p>c. If the Evaluation Agency is unable to locate a bilingual evaluator:</p> <ul style="list-style-type: none"> i. Notifies the ISC and the parent that the evaluation cannot be done using a bilingual evaluation and that an interpreter must be located. ii. Locates an interpreter who is fluent in the language(s) of the family and familiar with the culture of the family. <p>Note: Interpreter should receive information on the procedural aspects of the evaluation and how the interpretation should occur during the evaluation.</p> <p>iii. Evaluation agency must document attempts made to locate an interpreter.</p> <ul style="list-style-type: none"> • The evaluation agency bills for the multidisciplinary evaluation at the bilingual rate. The cost of interpretation services are included. <p>iii. When an interpreter is used, the evaluator should document how interpretation was provided during the evaluation and the way it may have affected the child's performance.</p> <p>d. If the Evaluation Agency cannot locate a bilingual interpreter, a friend or acquaintance of the family who speaks both languages may be used.</p> <p>i. If the family is unable to locate someone who speaks the language, the parent may be used as a last resort.</p> <ul style="list-style-type: none"> • Use of the parent or family member presents significant difficulties in the validity of the evaluation results.
	<p>Note:</p> <ul style="list-style-type: none"> • Parent cannot be required to use family members/friends as interpreters. • Prior to using an interpreter for common languages (e.g. Spanish), the evaluation agency should contact the Regional Office or Technical Assistance Unit for assistance in locating a bilingual evaluator.
Regional Office/ Technical Assistance Unit	1. Offer technical assistance to evaluation agencies in locating bilingual evaluators/interpreters
Evaluation Agency	<p>Once the Evaluation is complete:</p> <ol style="list-style-type: none"> 1. To the extent feasible and within the parent's preference: <ol style="list-style-type: none"> a. The MDE Summary and oral summary of the evaluation must be provided in the language or other mode of communication of the parent.

Approved By:
Assistant Commissioner, Early Intervention

Date: 8/15/2024

New York City Early Intervention Program

Policy Title: Assessing Transportation Needs in The Multidisciplinary Evaluation	Effective Date 10/15/2024
Policy Number: 4-D	Supersedes: Policy 4-D issued 7/11/2011
Attachment (s):	Regulation/Citation: 10 NYCRR 69-4.8(f)(4)

I. POLICY DESCRIPTION:

Evaluations conducted under the Early Intervention Program must address the issue of the transportation needs of the child and include this information in the evaluation report without regard to the eligibility of the child for early intervention services at the time of the evaluation. The evaluation team must address the issue of transportation with parent(s) as detailed below and document the family's responses. A discussion of the transportation needs may be incorporated into any evaluation report, or into the parent interview or family-directed assessment, as determined by the evaluation team.

Consideration of this issue is mandated by Section 69-4.8(f)(4) of the NYS Regulations, which provides that the evaluation must include an evaluation of the transportation needs of the child, which shall include:

- a) Parental ability or inability to provide transportation;
- b) Health and safety concerns;
- c) The child's special needs related to transportation; and
- d) Safety issues/parental concerns related to transportation.

II. PROCEDURE:

Responsible Party	Action
Early Intervention Evaluator	<p>1. Assess the transportation needs for services outside the home with the parent during the course of the Multidisciplinary Evaluation.</p> <p>a. The following continuum of transportation services should be discussed:</p> <ul style="list-style-type: none"> i. No transportation needed ii. Parent/guardian may be able to transport child via public transportation or car iii. Parent /guardian unable to transport child – state reason iv. School bus/car service v. Special transportation due to child's medical needs vi. Other needs (e.g., which family members or a nurse will accompany child to services) – be specific. <p>b. The evaluation report must address the following transportation issues:</p> <ul style="list-style-type: none"> i. The child's history <ul style="list-style-type: none"> • Sufficient background and information must be

	<p>given to justify a recommendation for the parent to accompany the child to group developmental services.</p> <ul style="list-style-type: none"> i. A conclusion that the parent should or should not accompany the child will not be considered sufficient. ii. Medical needs of the child that would dictate a particular means of transportation. (e.g., wheelchair bus) iii. The need for specialized medical equipment or personnel to accompany the child should be cited. <p>Note:</p> <ul style="list-style-type: none"> • If there is no specified medical need for a certain kind of transportation, it is premature for the evaluation to recommend a particular type of transportation. • Transportation type will then be determined at the IFSP meeting when it is decided what services the child will be receiving and on what schedule. <p>2. Assessment of transportation need must be included in the evaluation report and the MDE summary when the full MDE packet is submitted to the Regional Office via the EI-Hub for review.</p> <p>a. Complete submission procedures are located in the Policy on Multidisciplinary Evaluations in this chapter of the manual.</p>
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Approved By:

Date: 8/15/2024

Assistant Commissioner, Early Intervention

Appendix A: Multidisciplinary Evaluation (MDE) vs Screenings

	Screening	Multidisciplinary Evaluation (MDE)
Description	<ul style="list-style-type: none"> • A brief overview of child's functioning to identify areas of concern 	<ul style="list-style-type: none"> • A comprehensive look at child's developmental and health history • Assessment of current functioning in the 5 developmental domains
Purpose	<ul style="list-style-type: none"> • To determine whether a child is functioning within acceptable limits or needs further evaluation • To identify specific areas that may need to be addressed by in-depth evaluation • To identify or rule out a very specific concern (e.g. hearing loss) 	<ul style="list-style-type: none"> • To obtain information about a child's functioning across 5 developmental domains • To determine if there is a significant delay/disorder, and if intervention is warranted • To establish initial and ongoing eligibility for Early Intervention services • To provide developmental and other information necessary to help shape recommendations for intervention • To learn and understand parent's resources, priorities and concerns
Domains	<ul style="list-style-type: none"> • A domain of specific concern <u>or</u> • Several domains 	<ul style="list-style-type: none"> • Must include all 5 domains – Cognitive, Physical, Communication, Social/Emotional and Adaptive
Evaluation Personnel	<ul style="list-style-type: none"> • Must be conducted by qualified personnel 	<ul style="list-style-type: none"> • Must be conducted by qualified personnel from at least two different disciplines, one of whom shall be a specialist in the area of the child's suspected delay or disability • Evaluators must have sufficient expertise to assess all five domains, and have expertise to evaluate a particular domain in depth, as needed • Any member of the MDE team can perform parent interview
Documents Required (procedure related)	<ul style="list-style-type: none"> • Parental Consent for Screening/MDE • Screening Summary Report (saved from EI-Hub) • Screening Report • Screening Summary 	<ul style="list-style-type: none"> • Parental Consent for Screening/MDE • MDE Summary Report (saved from EI-Hub) • NYC Health Child & Adolescent Health Examination Form (CH205)/Health assessment information • MDE Report • MDE Summary



Appendix B: Best Practice Recommendations for Report Writing and Submission

When preparing the MDE report and summary, take the following best practices into account. In addition, the report and MDE summary should:

Explain any discrepancies or differences between individual evaluations, between parent report and test results, or between incidental observations of skills.

1. Describe the child's medical history including:
 - a. Birth history
 - b. Diagnosed condition (ex: Reflux)
 - c. Medications
 - d. Hospitalizations and surgeries
2. Describe the child's **recent history** when significant (separation, placement in foster care, arrival of sibling, move, hospitalization, etc.) and discuss possible impact on functioning.
3. Describe the **conditions** of the evaluation:
 - a. Setting of evaluation
 - b. Factors affecting child on the day of evaluation (sleepy, hungry, awakening from nap, etc.)
 - c. Who was present including all evaluators, if arena-style evaluation was conducted and impact on child's functioning
 - d. How the evaluator established rapport with child
 - e. How the parent's participation was facilitated
 - f. Informal and incidental observations of the child's functioning
 - g. How the child and family were introduced to the formal aspects of the evaluation process
4. Describe the child's performance through **vivid and detailed vignettes of behavior**, which will include language and behavior samples, play-based assessments, interviews with parent(s) and, when appropriate, other caregivers, to determine the child's functional developmental status.
5. Report **the family's comments** about how the child's behavior during the evaluation compares to the child's usual behavior.
6. Describe the child's **emerging skills**.
7. **Use family-friendly language.** Explain professional terms if they must be used).
8. Describe the **child's strengths** as well as **needs**.
9. When the child demonstrates a delay, explain clearly what the deficit(s) is/are, both within the context of that developmental domain as well as its impact on the child's overall development.
10. Clearly distinguish whether the delay is due to immaturity and lack of exposure and is expected to disappear with age, or is a true developmental delay.



11. **Address parental concerns clearly and fully.**
12. **Report accurately** measures, scores and any other results from the instruments that were used.
13. Provide an **explanation** of these measures, scores or results in a manner easily understandable by parents and other professionals.
14. **Interpret and integrate** information from all sources (observation of play, parent reports, other evaluations, etc.) not just tests.
15. When describing what skills the child can and cannot do, only list developmentally expected/appropriate skills.
16. **Make use of relevant available medical information** about the child to assess functioning where applicable.
17. **Always include diagnostic information** (and ICD 10 code).
18. Adhere to regulations requiring use of clinical opinion in addition to formal assessment, review of pertinent health records, observations, and parental report to arrive at a determination of the **child's functioning ability**.
19. **Clearly document clinical opinion** using, where applicable, the SDOH Clinical Practice Guidelines.
20. Recommend the **types of services** that are clinically appropriate and may be needed to meet the child's needs.
 - a. **Do not make recommendations regarding frequency, duration and intensity of specific services.**
21. Make appropriate recommendations for further evaluations when concerns are raised. Supplemental evaluations may be authorized at the IFSP meeting if needed to help clarify the child's service plan.
22. Individualize the report. Do not use language that is "canned," "stereotyped," or inappropriate or inapplicable to early intervention (ex: "this will impact vocational skills").
23. Do not make an unwarranted prognosis beyond professional scope or expertise.
24. When eligibility status changes for any reason, ensure that reports document why child is not eligible and that an explanation has been given to the parents.



Appendix C: Informed Clinical Opinion

Developed in conjunction with the NYC Local Early Intervention Coordinating Council

Informed Clinical Opinion (ICO) refers to a professional's use of quantitative information (based on test instruments and/or other measurable indicators), qualitative information (based on observation and interviewing) and expertise in a particular area (obtained through professional training) in order to assess an individual's overall functioning. It offers the evaluator the opportunity to utilize his/her professional knowledge in a manner that is critical in providing a better understanding of the unique strengths and needs of the individual being evaluated. In the Early Intervention Program ICO is essential for substantiating the evaluator's recommendations and should be used in conjunction with all other available information in determining eligibility for the Early Intervention Program.

ICO is a required component of every Early Intervention evaluation and Multi-Disciplinary evaluation (MDE) summary. However, it is particularly important when discrepancies exist between an evaluator's clinical impression and any of the following:

- test scores
- caregiver concerns
- findings from other evaluators.

The MDE summary, with input from all evaluators, should explain and discuss areas of agreement as well as discrepancies in order to reach a conclusion regarding the child's overall functioning and eligibility.

New York State provides the following definition of ICO:

Informed Clinical Opinion for the purposes of the Early Intervention Program is defined at 10NYCRR section 69.4.1 (w) as “the best use of quantitative and qualitative information by qualified personnel regarding a child and family, if applicable. Such information includes, if applicable, the child’s functional status, rate of change in development and prognosis. When using clinical opinion the evaluator should take into consideration results of standardized instruments, clinical observation, interviews, other measures used, the concerns related to child and family and his/her own clinical background expertise.”

Although these regulations underscore the importance of clinical opinion, no specific guidance is provided on how to integrate ICO into both the evaluation report and the MDE in the most useful way. The purpose of this document is to provide a resource for using ICO in the most effective manner in order to ascertain functional status, rate of change in development and prognosis and to determine eligibility for the Early Intervention Program.



Critical Factors in Formulating Informed Clinical Opinion: Individual Evaluation

Data collection

Data regarding a child's functioning is ascertained from four different sources:

1. Caregiver interview
2. Evaluator observations
3. Test performance
4. Medical and/or other relevant evaluations

1. Caregiver Interview

A caregiver interview is essential in understanding the child's functioning. The evaluator should ask open ended, non-judgmental questions regarding the child's functioning in a variety of situations which include: sleeping and eating behaviors, interpersonal relatedness, communication, adaptive skills, child behaviors (tantrums, frustration tolerance) and play activities. The information obtained from the interview should provide very specific details e.g. not only what the child likes to play with, but how the child plays with the toy. The caregiver's concerns should be investigated and responded to in the summary section of the report.

2. Evaluator Observations

The evaluator's observations are critical when substantiating clinical opinion. The evaluator should use qualitative information to create a picture of the child and describe his/her salient characteristics in a way that might not be captured in the quantitative information alone. The following information should be described in detail:

- Child's ability to attend and focus
- Quality of child's interaction with caregiver and with the examiner
- Quality of the child's independent, non-structured play with toys
- Ability of the child to transition
- Quality of the child's ability to move about in his/her environment
- Behavioral attributes, e.g., activity level
- Child's desire to explore and demonstrate curiosity about his/her environment

Whether a child can or cannot complete a specific task is important; however, equally important is the manner in which a child executes the task. Therefore, a description of the quality of the response is essential in forming a clinical opinion. The focus should be on the manner in which the child was able to complete the task: did he/she perform this task deftly and in an age appropriate manner, what strategies did the child use (e.g., using both hands when the task requires only one hand or posturing his/her body in an atypical fashion). In addition, the evaluator must understand a child's functioning within the context of normal development. How does this child's abilities compare to what is expected for his/her age?



Health

3. Test Performance

Whenever possible, a norm referenced assessment instrument should be used to evaluate the child's functioning. However, the test score alone cannot be used to determine eligibility. State regulations require that the MDE include ICO as one of the information sources upon which eligibility is based. Norm referenced and many criterion referenced tests are standardized and can be used for the purposes of documenting a child's strengths and needs; however, they do not provide sufficient information to determine eligibility for the Early Intervention Program. Evaluators should consider the strengths and weaknesses of any test instrument and whether the needs of a specific child are best served by the test. In addition, it is important to consider the psychometric properties of a test instrument and its applicability to a particular age group. Some issues to be aware of:

- Standardized tests may contain components that inherently limit their ability to accurately assess a child's functioning. For example, a test's age range may be too broad to be sufficiently sensitive for a specific age child. Or, the test may have a low item density at the younger ages, but a more adequate density for older age groups. A low density of items may not provide sufficient information regarding the child's functioning in a specific area or an instrument has a large standard error of measurement.
- Developmental assessment instruments base their scores on developmental milestones, not on the underlying factors related to development. In some cases this may limit their ability to fully assess the child's functioning. Developmental milestones do not occur in a vacuum. They consist of many precursors within a developmental trajectory. A description of this trajectory and whether it is developmentally appropriate is critical in describing a child's functioning. For example, the number of words a child uses may be an insufficient indicator of a child's language development when considered separately from other indicators. It is equally important to assess whether the child has developed abilities necessary to form words i.e appropriate oral-motor functioning and the ability to make a variety of sounds.
- The composite or standardized score of an administered test may be rendered as relatively meaningless due to significant intra-domain discrepancies. For example, in some developmental tests fine and gross motor skills are combined into one score. This single, combined score for physical development may demonstrate a significant delay. However, the fine or gross motor scores, individually, may not demonstrate a significant delay. In these cases, an assessment of how the particular delay impacts on other developmental domains should be assessed. For example, a significant delay in the fine motor area might impact on a child's cognitive or adaptive functioning. A child with poor fine motor functioning may not be able to manipulate items in a way that helps him/her learn about his environment, thus limiting acquisition of age appropriate skills. It is critical to examine and interpret these discrepancies. The child's development should be described in comparison to how typically developing children are functioning. Any atypical abilities should be described and interpreted.



Health

4. Medical and/or Other Relevant Evaluations

Parents may have obtained evaluations outside the EIP for their child, e.g., neurological or psychological evaluations. In addition, they may have pertinent medical records that can provide valuable information for the EIP. These evaluations cannot be used to supplant the Early Intervention Multi-Disciplinary evaluation; however, the information from these reports can and should be used to support informed clinical opinion.

Summary

Each evaluator must take the information he or she has obtained through the caregiver interview, evaluator observations, test performance and other relevant evaluations and write an evaluation report that integrates and synthesizes this information. Through this process the evaluator can then describe the significance of the evaluation and provide an interpretation of the results in a manner that can help determine eligibility.

Critical Factors in Formulating Informed Clinical Opinion: MDE Summary

The purpose of a multi-disciplinary evaluation is to assure that a child's functioning in all five domains is fully and accurately assessed to determine eligibility for the Early Intervention Program. ICO is a critical component in documenting eligibility in the MDE summary. ICO requires the integration, synthesis and interpretation of all evaluation findings. In some cases, all evaluations are in concordance and corroborate the parent's concerns. At other times, discrepancies arise among evaluations and/or the caregiver. It is the responsibility of the evaluation team to address and explain these discrepancies.

- The team should integrate information from both qualitative and quantitative data provided by each evaluator and determine the true level of functioning and address the possible reasons for the discrepancies.
- Information from the caregiver interview should be part of each separate evaluation and is an integral component in the overall assessment of the child. At times, the caregiver interview may yield discrepant information among evaluators. Each professional asks questions related to his/her field. It is not uncommon to see different perspectives of the child depending on the questions that were asked. It is the team's responsibility to review, interpret and synthesize information from the evaluators and the caregiver so that these discrepancies can be better understood and explained in the summary.
- Informed Clinical Opinion used within the context of the Team Summary can help provide information regarding how particular deficits, whether they are statistically significant or not, are impacting on the child's development across all domains and determines whether the child is eligible for therapeutic services.



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

Lidiya Lednyak, MA, Esq.

Assistant Commissioner

Bureau of Early Intervention
Division of Family and Child
Health
Gotham Center
42-09 28th St., 9th floor Long
Island City, NY 11101

March 2, 2023

Dear Early Intervention Provider,

The New York City (NYC) Department of Health and Mental Hygiene Division of Family and Child Health's Bureau of Early Intervention is committed to ensuring that all children with developmental delays or disabilities who are eligible for the Early Intervention Program (EIP) receive services in a timely manner.

With this commitment in mind, the following guidance is intended to

- Clarify the documentation requirements and evaluation agency responsibilities when a child has a diagnosis with a high probability of developmental delay, and
- Ensure all children who have a diagnosed condition with a high probability of developmental delay are found eligible for the EIP based on diagnosis.

This guidance is supported by Public Health Law at 34 CFR §303.321, NYS Early Intervention regulations at 10 NYCRR Section 69-4.3, Early Intervention Memorandum 1999-2: Reporting of Children's Eligibility Status Based on Diagnosed Conditions with High Probability of Developmental Delay, Early Intervention Memorandum 2005-02: Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the Early Intervention Program, and Addendum to Memorandum 2005-2.

Responsibility for Obtaining Medical Documentation

When an agency accepts a referral for a child with a significant medical history and/or with a possible or known condition with a high probability of delay, efforts to obtain the medical documentation must begin as soon as possible by the evaluation agency and Initial Service Coordinator (ISC). The evaluation agency should utilize the evaluators as additional resources in securing medical documentation since they have direct contact with the family and may assist the family in identifying information that documents the diagnosis.

Please note that, while the ISC agency may assist the evaluation agency in obtaining this information, it is the responsibility of the evaluation agency to secure the medical documentation.

Scheduling of Individualized Family Service Plan (IFSP) Meetings

As soon as the MDE team has obtained the documentation that a child is eligible for the EIP based on a diagnosed condition and the evaluation has been completed, the MDE should be submitted so as not to delay scheduling of the IFSP meeting. Supplemental evaluations to explore additional areas of concern can be authorized at the initial IFSP, if necessary.

When eligibility is established based on a diagnosed condition with a high probability of developmental delay, medical documentation is required at the time of the eligibility determination in order to schedule an IFSP meeting. This differs from when eligibility is established based on a developmental delay, where the absence of a health assessment does not delay the process or the implementation of an IFSP meeting.

Challenges in Obtaining Documentation

When an MDE is submitted as eligible based on a diagnosed condition without appropriate medical documentation, the MDE will be returned to the agency for resubmission of the necessary documentation of the diagnosis. When there is difficulty obtaining the medical documentation, MDEs must **not** be submitted as eligible based on a developmental delay (if there are eligible delays) or as not eligible. Efforts to obtain the documentation must continue until the appropriate documentation is received.

The information below is intended to provide guidance on types of documentation that may be provided to support eligibility based on a diagnosed condition.

Types of Medical Documentation

The [Child and Adolescent Health Form](#) (CH205) may be one source of information to obtain the necessary documentation of a physical or mental condition with a high probability of developmental delay. The CH205 must specify the exact diagnosis, preferably with an associated International Classification of Disease (ICD)-10 code.

If the CH205 cannot be obtained or does not list the diagnosed condition, alternative forms of documentation must be submitted to confirm the diagnosis and must be uploaded in the New York State Early Intervention Electronic Data System. All documentation must include the child's identifiers such as name and DOB. This documentation may be provided through email if the parent/caregiver has signed consent to share information in this way. It may also be a scanned copy or a picture of the information.

Such documentation would include:

- 1) Dated letter or report from health care provider on their letterhead
- 2) Dated clinic/hospital progress note with identifiable clinic/hospital name
- 3) Latest Audiological or Auditory Brainstem Response (ABR) report with date and clinic/hospital name
- 4) Electroencephalography (EEG) report with date and clinic/hospital name
- 5) Neonatal Intensive Care Unit (NICU) or hospital discharge summary with date and hospital name
- 6) Screenshot of information from patient portal with identifiable clinic/hospital name, date and medical provider

If the multidisciplinary evaluation (MDE) team is not able to obtain a copy of the document but is able to review the documentation either in person or on a screen, the evaluator should document the following information in their report:

- 1) Type of documentation reviewed
- 2) Name/location of the health care provider (XX Hospital or Report from Dr XXX)
- 3) Date of the documentation
- 4) Content of the documentation, i.e., the diagnosed condition and/or any relevant medical information

A sample statement would be "XX Hospital NICU discharge summary dated ____ was reviewed on ____ and stated that the child has ____" OR "audiology report from ____ dated ____ and reviewed on ____ stated that the child has ____."

ICD Codes

It is important to verify that the stated diagnosed condition is included on the New York State Department of Health's (NYSDOH's) list of diagnosed conditions. Please refer to [Early Intervention Memorandum 1999-2](#) and the most recent list of ICD-10 codes available in NYEIS, available at [ICD 10 Codes in NYEIS 1.18.23.pdf \(eibilling.com\)](#), to confirm that the child has an exact diagnosis included on the list and not a similar one which is not auto eligible based on the NYSDOH list. For example, there are some types of hearing loss which are amenable to treatment, like conductive hearing loss, and which are not auto eligible. In addition, some types of epilepsies are transient or related to a temporary condition like low blood sugar in the newborn period and would not be auto eligible, while other types of epilepsies are recurrent and associated with long-term underlying neurologic impairment which are auto eligible. The referenced guidance document is available here: <https://www.health.ny.gov/guidance/oph/cch/bei/99-2.pdf>

In cases where the ICD-10 code is not listed but the eligible diagnosis is **clearly** documented by a medical provider, it is permissible for the EI provider to assign the ICD-10 code that corresponds **exactly** to what the medical provider has documented. It is the medical provider's statement that the patient has a particular condition that establishes eligibility. It is not permissible for the evaluation agency to submit an ICD-10 code which is different from what the medical provider has documented.

Birthweight documentation

For children born weighing less than 1000 grams who are less than 12 months of age, the child's actual birthweight or range must be specified on medical documentation. The use of the diagnosis "prematurity" or "extreme prematurity" is not sufficient.

If a child weighing under 1000 grams at birth is referred to Early Intervention when the child is over 12 months of age, the child is no longer eligible based on a diagnosed condition of extreme prematurity and would need to be eligible based on a developmental delay or a different diagnosed condition.

The only acceptable ICD-10 codes for extremely low birth weight are the following:

- 1) P 07.01 Extremely low birth weight newborn < 500 grams
- 2) P 07.02 Extremely low birth weight newborn 500-749 grams
- 3) P 07.03 Extremely low birth weight newborn 750-999 grams

The following ICD-10 codes or classifications are NOT acceptable codes because they either do not specify the birth weight or the birth weight is above 1000 grams:

- 1) P 07.1, P07.2x, P 07.3x
- 2) Low birthweight

Other Diagnosed Conditions

If a diagnosed condition is not on the NYSDOH Early Intervention Program list ([ICD 10 Codes in NYEIS 1.18.23.pdf \(eibilling.com\)](#)), an evaluator can document that it should be a condition with a high probability of developmental delay as per Question 13 in the Addendum to Memorandum 2005-2:

When an evaluator identifies a child as having a condition with a high probability of developmental delay that is not included in

Appendix A of Memorandum 1999-2, Reporting of Children's Eligibility Status Based on Diagnosed Conditions With High Probability of Developmental Delay, a clear explanation and supportive documentation from the medical literature must be provided as to why the condition is considered to have a high probability of developmental delay and how and to what degree it is specifically manifested in the child. This information should be submitted as part of the child's MDE and municipalities may consult with the Department for guidance on how to evaluate and review such information when it is received.

Changes in Medical Status

If a child has undergone medical or surgical intervention that impacts the diagnosed condition, updated medical information must be provided to confirm that eligibility based on a diagnosis is still applicable; e.g., fully repaired cleft lip and/or palate is no longer auto-eligible, and cataract surgery and contact lens placement may make a diagnosis of "low vision" no longer auto-eligible.

We appreciate your partnership to provide appropriate documentation so that we can offer services to NYC's young children with EI-eligible conditions in a timely manner.

Please direct questions to the New York City Bureau of Early Intervention Evaluations Standards Unit at ESU@health.nyc.gov. Also note that a brief review of this guidance, followed by an opportunity to ask questions, will be provided in late Spring of 2023.

Sincerely,



Lidiya Lednyak, MA, Esq.

c. Catherine Canary, MD, MPH, Medical Director, NYC BEI
Faith J. Sheiber, PhD, Director of Evaluation Standards Unit, NYC BEI
Dolores Giurdanella, Director of Regional Office Operations, NYC BEI
Raymond Pierce, Director, SDOH BEI
Peter Baran, SDOH BEI
Jessica Simmons, Training, Technical Assistance, and SSIP Unit Manager, SDOH BEI



**NYC EARLY INTERVENTION PROGRAM
CONSENT FOR EVALUATION OR SCREENING**

Child's Name: _____

Last

First

MI

EI #: _____ DOB: ____ / ____ / ____ Date of Referral ____ / ____ / ____

Dear Early Intervention Official Designee:

I authorize the evaluation/ screening of my child by: _____
Name of Evaluation Site

The information will be used to determine my child's eligibility for the Early Intervention Program. I understand that the evaluation site I have selected will coordinate and is the only agency authorized to arrange an Early Intervention evaluation or screening for my child.

I understand that a multidisciplinary evaluation team is made up of at least two therapists and/or teachers. This team will look at my child's overall development. They will also look at my main concerns with how my child is developing. I have discussed my main concerns with my evaluation site. My main area(s) of concern is:

- Gross motor development – How my child is moving around (ex: sitting, rolling, standing, crawling, walking)
 - Fine motor development – How my child uses their small muscles to do things like play with small toys, use a spoon/fork (fine motor, sensory skills)
 - Adaptive skills – How my child is learning to take care of themselves such as with sucking a bottle, eating solid foods, drinking from a cup, sleeping, dressing, toileting
 - Communication – How my child understands what is being said and uses sounds, words or gestures to let others know what they need
 - Cognitive skills – How my child shows he's thinking, learning, paying attention, figuring out how things work, using trial and error
 - Social Emotional development – How my child relates to and gets along with adults and children, gets used to new places, expresses emotions and manages feelings
 - Diagnosis (Specify): _____
- In addition, I have a concern about my child's hearing.

My evaluation site has discussed the difference between an evaluation and screening with me. I have been informed that I will be a part of my child's evaluation/screening, that I will receive the results of all evaluations/screening, and that a member of my evaluation team will review the results of my child's screening or evaluation with me. A copy of all evaluations will be forwarded to the NYC Early Intervention Program to assist in developing the IFSP, if my child is found eligible.

Signature of Parent/Surrogate Parent

Date: ____ / ____ / ____

Signature of Evaluation Site Representative

Date: ____ / ____ / ____



INSTRUCTIONS FOR COMPLETION CONSENT FOR EVALUATION AND SCREENING

A multidisciplinary evaluation (MDE) must be performed to determine the child's initial eligibility for early intervention services. The evaluator must obtain informed parental consent to perform the evaluation or screening. For all referrals received after April 1, 2024, supplemental evaluations may not be completed as part of the MDE. Supplemental evaluations may be authorized at the IFSP meeting based on input from the MDE team. The only supplemental evaluation that may be conducted as part of the MDE is an audiological evaluation. (10 NYCRR 69-4.30 (2))

One multidisciplinary evaluation may be reimbursed within a 12-month period without prior approval of the Early Intervention Official. (10 NYCRR 69-4.30(c)(2)(iii)(a)). The MDE team includes two or more qualified personnel from different disciplines who are trained to utilize appropriate methods and procedures and have sufficient expertise in child development; and at least one of whom must be a specialist in the area of the child's suspected delay or disability. (10 NYCRR 69-4.8 (e)). This regulatory requirement becomes critical given the limitation on supplemental evaluations. Therefore, the selected evaluation provider must discuss the parent's main developmental concern to ensure that the composition of the MDE team yields an accurate eligibility determination.

If the parent's development concerns are general, the evaluation agency/evaluator should consider and discuss a screening with the parent and perform a screening, with parental consent. A screening can provide valuable information regarding the need for an MDE or what the composition of the MDE team should be. A screening could be conducted using a screen that looks at all domains of development or could be conducted by a specialist if the parent has a question about a specific developmental domain, such as speech.

This consent form is to be signed by the birth/adoptive parent or the surrogate parent giving permission for an evaluation or screening **before** any type of developmental assessment may be performed. A representative from the evaluation site must also sign this form.

It is expected that the evaluation site will clearly explain to parents their right to an evaluation or screening within 30 days of the child's referral to the NYC Early Intervention Program, and that any evaluator accepting a child for an assessment must make all attempts to conform to the contractual obligation of submitting a completed evaluation/screening to the Regional Office via NYEIS **within 30 days of the child's referral to the EIP**.

This form is not to be used with a foster parent unless the NYC Early Intervention Program has assigned that person to be the surrogate parent (Refer to Chapter 2 – Foster Care & Surrogacy.) If the biological parent of a child who is in foster care is available and able to give informed consent for evaluation/screening, that parent may sign this form.

The **Consent for Evaluation and Screening** form(s) with the appropriate signature must be submitted with the screening/evaluation reports. Failure to obtain this consent from the parent, person in parental relationship, or assigned surrogate parent **prior** to the initiation of each evaluation/screening **will affect payment for it**.

An evaluation/screening can be reimbursed by the NYC Early Intervention Program **only** if the evaluator has a contract with NYS Department of Health and has submitted complete documentation to the Regional Office via NYEIS (i.e., **Summary of Multidisciplinary Evaluation** and evaluation reports, or **Screening Summary** and **Screening** report).



**New York City Early Intervention Program
Screening Summary Form**

Child's Name: _____ Date of Screening: _____

EI#: _____ Date of Birth: _____

SIGNATURE OF PERSON COMPLETING SUMMARY:

I certify that the summary of the screening is based upon my interview with the above-named child's parent/surrogate parent (or other guardian if there is no available parent) and my assessment of their area(s) of concern (if any). I further certify that, to the best of my knowledge, I employed age-appropriate instruments, clinical observations and informed clinical opinion.

Signature _____ Date _____

Print name, title and license number

Summary of Screening

- I. Name, title and discipline of the person performing the screening
- II. Description of the assessment process and conditions
- III. Screening instrument that was used and an explanation of this measure or score
- IV. The child's responses and the family's belief about whether the responses were optimal
- V. How informed clinical opinion was used in assessing whether the child passed or failed the screening
- VI. A clear statement of the child's screening results and next steps

If a bilingual screening is conducted, this summary should also be provided in the parent's dominant or preferred language or other mode of communication of the parent, if feasible.



New York City Early Intervention Program
Screening Summary Form
Instructions for Completion

The person writing the summary must sign and date the attestation, printing his/her name, title and license number (if appropriate) below the signature.

Note: The person completing the summary must be the person who conducted the developmental screening.

- I. List the name, title, and discipline of the individual involved in the screening of the child
- II. Description of the assessment process and conditions
 - a. How was it determined that the child should have a general developmental screening (such as with a special instructor) or a screening with a domain-specific qualified personnel (such as a PT or SLP)?
 - i. What are the family's concerns about their child's development, if any?
 - b. How was it determined that a bilingual screening was indicated?
 - i. What is the native or dominant language of the child/family?
 - ii. What are the language(s) to which the child is exposed, if applicable?
 - iii. How was an interpreter used? (name and relationship to the family, if any)
 - c. Location of the screening - in-person or telehealth. If by telehealth, document the reason and the physical location of both the child and the evaluator.
- III. Screening instrument that was used and an explanation of this measure or score
 - a. Identify the instrument used and provide an explanation of the results obtained, including relevance to the child's level of functioning.
 - b. The instrument used must be from the NYS Department of Health preferred list of instruments and must be the most current version of the instrument.
- IV. The child's responses and the family's belief about whether the responses were optimal
- V. How informed clinical opinion was used in assessing whether the child passed or failed the screening
 - a. Describe any qualitative factors impacting the child's functioning during the screening.
- VI. A clear statement of the child's screening result



New York City Early Intervention Program
Multidisciplinary Evaluation (MDE) Summary Form

Child's Name: _____ EI#: _____ Date of Birth: _____

SIGNATURE OF PERSON COMPLETING SUMMARY:

I certify that the determination of eligibility and summary of the Multidisciplinary Evaluation are based upon an interview with the above-named child's parent/surrogate parent (or other guardian if there is no available parent), a general assessment of the child's level of functioning in each of the five developmental domains, and an in-depth assessment of the specific domain(s) in which there is a suspected delay. To the best of my knowledge, age-appropriate instruments and procedures and informed clinical opinion were employed in such assessments.

I further certify that the findings of the MDE team were fully reviewed, integrated and reconciled in the MDE summary written by a member of this MDE team.

Signature _____ Date _____

Print name, title and license number

Summary of Evaluation

- I. Name, title and disciplines of the persons performing the evaluation
- II. The child's health assessment (e.g., recent physical examination report).
 - For children eligible based on a diagnosed condition, medical documentation
 - Documentation of prescriptions for evaluations, if applicable
 - Describe the nature of any delay with obtaining health assessment information from the child's primary care provider, if applicable
- III. Summary of Parent Interview and optional Family-directed Assessment
- IV. Description of the assessment process and conditions
 - If component evaluations are conducted via telehealth, one or more extenuating circumstance is documented, if applicable
- V. Measures and/or scores that were used, if any, and an explanation of these
- VI. The child's responses and the family's belief about whether the responses were optimal and representative of the child's functioning during daily routines
- VII. How informed clinical opinion was used by the evaluation team in assessing the child's developmental status and potential eligibility for the EIP
- VIII. The child's developmental status in the five developmental domains, including the unique strengths and needs in each area
- IX. A clear statement of whether the child is eligible on delay, eligible on diagnosed condition, or not eligible, with the appropriate ICD-10 code
- X. Nature of child and family's transportation needs

If a bilingual evaluation is conducted, this summary should also be provided in the parent's dominant or preferred language or other mode of communication of the parent, if feasible.

**New York City Early Intervention Program
Multidisciplinary Evaluation (MDE) Summary
Instructions for Completion**

EIP regulations require that the determination of the developmental domain status and eligibility is based on composite findings of the MDE team and that a member of the team prepares the written summary integrating the results of all evaluations. Any discrepancies between evaluations must be explained. To the extent feasible and within the parent's preference and consent regarding disclosure to the interpreter, and within confidentiality requirements, this summary should be provided in the dominant language or other mode of communication of the parent. The components of the MDE summary and reports are outlined in 10NYCRR69-4.8(i)(1-4).

NOTE: If the evaluation found the child not eligible for Early Intervention services, the evaluation team remains responsible for completing the **MDE Summary**.

- Provide the requested identifying information for the child
- Write the date that the MDE Summary was completed
- *The person writing the summary must sign and date the attestation, printing his/her name, title and license number (if appropriate) below the signature.*

Note: *The person completing the summary must be a member of the IFSP team.*

The Summary of the Multidisciplinary Evaluation is a narrative report containing the following information:

- I. List of the name, title, and discipline of all individuals involved in the evaluation and assessment of the child.
- II. The child's health assessment, which should include any relevant medical information, such as current health status and medical history, appropriate ICD-10 code for a diagnosed condition with a high probability of resulting in developmental delay, and any other information pertaining to the child's development. This might include audiological information, vision status, or additional information related to the child's diagnosed condition. For children who are eligible based on a diagnosed condition, medical documentation **must** be provided. Refer to *Appendix D: Required Documentation for Diagnosed Conditions*.
 - a. Describe the nature of delay with obtaining health assessment information from the child's primary care provider (if applicable).
 - b. Describe the frequent and persistent attempts made to obtain health assessment information.
 - c. Indicate that prescriptions for PT, OT, nursing and/or clearance for feeding were obtained prior to conducting these evaluations, if applicable.
- III. Summary of Parent Interview and optional Family-directed Assessment:
 - a. Parent Interview: Include information about the family's resources, priorities and concerns related to the child's development and developmental progress, including
 - i. How the evaluator determined that the child should have an MDE as

- opposed to a screening
 - ii. How the family's resources, priorities and concerns shaped the composition of the evaluation team
 - iii. The parent's perception of the child's abilities and performance on the date of testing
 - b. If the child is in foster care, the parent interview should include both the biological parent (if rights are not terminated) and foster parent as well as any relevant information from the foster care worker. If there is difficulty reaching the foster care worker, outreach should be made to the education specialist in the foster care agency to obtain the necessary information.
 - c. Optional family-directed assessment:
 - i. Identify formal supports and services available through the EIP or other service delivery systems (e.g., family training, family/parent support groups, services through the Office for People with Developmental Disabilities) that the family may want to access.
 - ii. Identify informal supports and community resources available to the family (e.g., family and friends, playgroups that can assist the family in enhancing their child's development).
- IV. Description of the assessment process and conditions:**
- a. Any other sources of information relevant to the eligibility determination, with parental consent (e.g., medical or educational information, report from relatives or family members, family day care or childcare provider, name of foster care agency).
 - b. How the evaluation team collaborated to determine the child's developmental level and eligibility status.
 - c. Describe the conditions of the evaluation (required by regulation to ensure the accuracy of the results.) Include the following:
 - i. The style of the evaluation (e.g., arena, individual) and location (in person, telehealth, hybrid).
 - ii. If a telehealth evaluation was conducted, indicate which of the following situations justified it:
 - Parent/family request for telehealth evaluation
 - Child has a complex medical condition, and the family does not want evaluators in their home
 - Family speaks a language for which an in-person bilingual evaluator or interpreter, as appropriate, is not readily available
 - Appropriate evaluators are not available in the region where the evaluation is to be conducted.
 - If component evaluations of the MDE are conducted via telehealth, one or more of the extenuating circumstances must be documented in each evaluation and the summary.
 - Note: Even if the family prefers in-person evaluations but is willing to accept telehealth, this is not a sufficient justification for conducting the evaluation utilizing telehealth. Instead the related evaluation(s) must document one of the acceptable reasons above articulated in the NYS

- If an MDE has been scheduled in-person but the family needs to reschedule portions of it and their availability only aligns with these portions being conducted via telehealth, this is permissible if the parent specifically requests a telehealth evaluation.
- iii. How parent/caregiver was involved
- iv. The evaluation setting, noting any possible impact on the child's performance. For telehealth evaluations, this must include:
- The starting and ending times for the evaluation,
 - Whether the evaluation took place over more than one session,
 - The physical location of both the child (living room with mother, daycare with other children present, etc.) and the evaluator (private office, quiet private room in evaluator's home, etc.)
- v. The child's state at the time of the evaluation (e.g., tired, irritable, hungry, alert, active).
- d. Describe how the evaluation was responsive to the cultural and linguistic background of the family (to ensure non-discriminatory evaluation and assessment procedures are employed). This may include:
- i. A statement of the extent to which the child was exposed to different languages
 - ii. Whether a bilingual evaluation was indicated and conducted
 - iii. Whether and how an interpreter was used (the name and relationship of the interpreter to the family, if any)
 - iv. The methodology used to conduct the bilingual evaluation with or without an interpreter and the child's response
 - v. The repertoire of words or sounds in all languages of exposure.
 - The combined number of words in all languages that the child is exposed to need to be listed and considered together when making a determination regarding the child's developmental status.
- V. Measures and/or scores that were used, if any, and an explanation of these measures or scores:
- a. Identify the instruments used and provide an explanation of the scores/ results obtained, including relevance to the child's level of functioning.
 - i. The instrument used must be from the NYS DOH preferred list of instruments.
 - ii. A justification must be provided if an instrument that is not on the preferred list is used.
 - b. This may include a discussion of the limitations of a tool when the evaluator has determined that the scores do not accurately reflect the child's level of functioning.
 - c. For communication-only where no norm-referenced instrument is available or appropriate, use the qualitative criteria articulated in NYS 10NYCRR 69-4.23.
- VI. The child's response to the procedures and instruments used as part of the evaluation process, and the family's belief about whether the responses were optimal:
- a. Report on the child's response to all evaluation procedures. This may include the child's spontaneous response, elicited response, or facilitated response to the parent/caregiver or the evaluator, etc.
 - b. Report on family's belief about whether the responses during each evaluation were optimal and reflective of the child's behavior and functioning during daily

routines; provide specific individualized information.

- VII. How informed clinical opinion was used by the evaluation team in determining the child's developmental status, possible diagnosed condition, and potential eligibility for the EIP. *See Appendix C: Informed Clinical Opinion.*
- Ensure that results of procedures and instruments used from all evaluations are integrated to address discrepancies. Describe how discrepancies were resolved and how composite findings accurately reflect the child's functioning in each developmental domain as well as child's diagnosis, if applicable.
- VIII. The child's developmental status in the five developmental domains, including the unique strengths and needs in each area. Developmental domain status must be clearly identified and should correspond to how the data is entered into the EI-Hub.
- IX. A clear statement of the child's eligibility:

If eligibility criteria are met	If eligibility criteria are not met
<ul style="list-style-type: none"> • A statement documenting that the child is eligible for the EIP based on a diagnosed condition with a high probability of resulting in developmental delay 69-4.1 (j) and associated ICD-10 code; or • A statement of developmental delay consistent with 69-4.1 (i) describing "the child's developmental status including objective and qualitative criteria in sufficient detail to demonstrate how the child meets the eligibility criteria for the program" and consistent with eligibility criteria in 69-4.23 and associated ICD-10 code for developmental delay 	<p>A statement documenting reasons why the child is not eligible for the EIP. Examples of reasons: the child's development is within acceptable limits; the child is not experiencing a developmental delay consistent with the NYS DOH's definition of developmental delay. (<i>NOTE: It is possible for a child to have a developmental delay and not meet the eligibility criteria for the EIP</i>)</p>

- X. Nature of child's/family's transportation needs:
- Information includes parents' ability or inability to provide transportation; the child's special needs related to transportation; safety issues/ parental concerns related to transportation, etc.



New York City Early Intervention Program Evaluation Agency MDE/Screening Submission Checklist

INSTRUCTIONS: This checklist must be completed and submitted along with all the required components of a child's Screening or Multidisciplinary Evaluation (MDE) in the 'Developmental Assessment' tab of the EI Hub. Complete the checklist below. If the required components are not submitted, the screening/MDE submission will be rejected:

Child's Name:	Date of Birth:
EI #:	<input type="checkbox"/> MDE <input type="checkbox"/> Screening Date (check one and indicate date):
Print name of person completing this form:	
Title:	

SCREENING: The following are **required** as attachments for a complete screening submission to the NYC EIP

Please check to indicate that item is included	Required Component
	Parental Consent for Screening/MDE
	Screening Report
	Screening Summary

The following are **required** as attachments to a Screening if applicable.

Please check to indicate if item is included	Required Component
	Telehealth Consent
	Reason for Delay in MDE/Screening Completion form

MDE: The following are **required** as attachments for a complete MDE submission to the NYC EIP
Eligible? NO YES If YES: on delay on diagnosis

The following are **required** as attachments for a complete MDE

Please check to indicate that item is included	Required Component
	Parental Consent for Screening/MDE
	MDE Summary Report (saved from EI-Hub)
	NYC Health Child & Adolescent Health Examination Form (CH205)/Health assessment information (medical form or electronic medical record printout signed by medical provider)
	MDE Report
	MDE Summary

The following are **required** as attachments to an MDE if applicable:

Please check to indicate if item is included	Required Component
	Telehealth Consent
	Reason for Delay in MDE/Screening Completion form
	Supplemental Audiology evaluation
	External Evaluation
	Family-directed Assessment
	Closure Form

EI-Hub Screening & Multidisciplinary Evaluation (MDE) Crosswalk

I. EI-Hub Screening Crosswalk - Evaluator Assignment

4/2024

The screenshot shows the EI-Hub Early Intervention Solution interface. At the top, there is a navigation bar with the EI-Hub logo, user profile information (nyesuat_fb452599), and location (New York City). Below the navigation bar, the URL indicates the user is on the 'Evaluation' page for a child named 'Smythe, Jane'. The main content area is titled 'Evaluation Edit' and contains tabs for 'Evaluation', 'Screening', 'Developmental Assessment', and 'Supplemental Evaluation'. On the left, a sidebar menu lists 'Evaluation Information', 'Evaluator Assignment' (which is currently selected and highlighted in blue), and 'Waiver'. The main form area is titled 'Evaluator Assignment' and contains two sections: 'Primary Evaluator' and 'Secondary Evaluator'. Each section has fields for 'PrimaryTherapistName' and 'Primary Evaluator NPI' (with a search icon) and 'SecondaryTherapistName' and 'Secondary Evaluator NPI' (with a search icon). A large blue 'Submit' button is located at the bottom right of the form.

Evaluation Edit

Evaluation Screening Developmental Assessment Supplemental Evaluation

Evaluation Information

Evaluator Assignment

Waiver

1 Primary Evaluator

PrimaryTherapistName

Primary Evaluator NPI

2 Secondary Evaluator

SecondaryTherapistName

Secondary Evaluator NPI

Submit



EI-Hub Screening: Instructions for Completion

Follow instructions for creating an MDE SA, EIOD approval of SA, and agency acceptance of assignment. Refer to the Choice of Evaluation Site Policy

Once the screening SA has been created by the ISC and approved by the EIOD, the agency accepts it, then clicks the blue Edit button to the right of the child's name to access the case. Then it goes to the “Evaluation Info” tab and clicks the blue “Edit” button at far right to enter evaluation/screening information. Refer to the Screening Policy for detailed EI-Hub navigation steps.

Notes:

- Only screens and fields that the NYC BEI is requiring NYC Early Intervention providers to complete are addressed below.
- Hub navigation instructions appear in *italics*

I. Screening: Evaluator Assignment

In the child's case, go to “Eval Info” tab and click on the “edit” button next to the authorized screening/evaluation. Click on the “Evaluator Assignment” pane on the left.

1. Primary Evaluator – this is the qualified personnel who is conducting the screening.
 - a. *Use the blue binoculars to select the evaluator name from the drop-down list.* The QP must already be entered as a licensed/certified professional with your agency.
 - b. *Then hit tab.* The NPI number will automatically populate.
 - c. Do not enter anything in the Secondary Evaluator field.

Select “Submit.” You will return to the “Evaluation Information” panel.

II. EI-Hub Screening Crosswalk – Screening Information

5/2024

Home / Child / This, Got / Evaluation

Evaluation Edit

Evaluation Screening Developmental Assessment Supplemental Evaluation

Screening Information

If the evaluator determines that they will conduct a screening, prior to a screening being conducted, the evaluator must provide notice to the parent/legal guardian of the intent to conduct a screening. This notice must also inform the parent/legal guardian that parental consent is required to conduct a screening and that the parent/legal guardian has the right to request a multidisciplinary evaluation at any time during the screening process (10 NYCRR 569-4.8(b)(1)(i)).

1 Notification of Intent to Conduct a Screening given to parent

2 Notification Intent Date

3 Parent/Legal Guardian Consented to Screening

4 Date Parent/Legal Guardian Consented to Screening

Parent/Legal Guardian withdrew screening consent

5 Date Parent/Legal Guardian withdrew screening consent

6 Screening Date

Parent/Legal Guardian Consented to Share Information with Primary Care Physician

If applicable, parent's/guardian's written designation of an alternate family member to be present during the screening has been uploaded

Chronological Age at Date of Screening NA

Individuals Present at Screening

Location of Screening

Adjusted Age at Date of Screening NA

Submit



II. Screening Information

Select the “Screening” tab at the top; this takes you to the “Screening Information” panel.

1. Check the box for “Notification of Intent to Conduct a Screening given to parent” – This must be checked to indicate that a conversation occurred with the parent regarding the benefits of screening and that an informed decision was made by the parent/guardian.
2. Use calendar picker to enter “Notification Intent Date” – Enter the date that the conversation with the parent/guardian occurred. This date must be the same as or prior to the date that the parent/guardian signed the **Consent for MDE or Screening form**.
3. Check the box to indicate that “Parent/Legal Guardian Consented to Screening.” - This must be checked to indicate that consent is on file.
4. Use calendar picker to enter “Date Parent/Legal Guardian Consented to Screening” – This must be the date that the parent/guardian signed the **Consent for MDE or Screening form**.
5. Use calendar picker to enter “Screening Date”. – This is the date that the screening was performed.
6. Enter “Screening Time”. - This is the time that the screening started on the selected “Screening Date”.

Click Submit.

III. EI-Hub Screening Crosswalk – Screening Results

5/2024

The screenshot shows the EI-Hub platform interface for screening results. The top navigation bar includes the EI-Hub logo, user profile (nre.suat_hinnxp06), and location (New York City). The main menu has tabs for Evaluation, Screening, Developmental Assessment, and Supplemental Evaluation. The current view is under the Screening tab.

Screening Information:

- 1** Screener Name - Individual (rendering provider): A dropdown menu with the placeholder "... Select ...".
- 2** Screener's credentials: A text input field with a pencil icon.
- 3** Screener's Agency: A text input field with a pencil icon.
- 4** Screening Tool: A text input field containing "Q" with a search icon, and a separate field for "If Other, please specify" with a pencil icon.

Summary of Observation of Child's Behavior: A large text area for notes.

Raw Scores:

Adaptive to Adaptive Raw Score (if applicable)	Cognitive Raw Score (if applicable)
Communication Raw Score (if applicable)	Physical Raw Score (if applicable)
Social-Emotional Raw Score (if applicable)	<input type="checkbox"/> Parent/Legal Guardian: Was Child's Behavior Optimal/Typical?

Comments: A text area for additional comments.

Submit: A blue button at the bottom right.



III. Screening Results

Select the “Screening Results” panel.

1. Screener Name
 - a. From the dropdown, select the name of the Qualified Professional (QP) who you entered as the “Primary Evaluator” and who conducted the screening
2. Screener’s Credentials
 - a. Type in the screener’s credentials (e.g., occupational therapist)
3. Screener’s Agency
 - a. Begin typing the name of the screener’s agency and click on the name when it appears
4. Screening Tool
 - a. Select the instrument used from the drop-down list based on the SDOH list of approved instruments. If the screening tool is not listed, enter it to the right in “Screening (if not listed above)”

Click Submit.

IV. EI-Hub Screening Crosswalk – Screening Recommendations

5/2024

The screenshot shows the EI-Hub Early Intervention Solution software interface. At the top, there is a navigation bar with icons for Home, Child, This, Got, Evaluation, and a user profile for 'nesuat_hinnxp06' from 'New York City'. Below the navigation bar, the page title is 'Evaluation Edit'. The main content area has tabs for Evaluation, Screening, Developmental Assessment, and Supplemental Evaluation. The 'Screening' tab is selected. On the left, there is a sidebar with sections for Screening Information, Screening Results, and Screening Recommendations. The main content area contains the following steps:

- 1** *Parent/Legal Guardian Requested Multi-Disciplinary Evaluation (MDE)
A dropdown menu labeled "... Select ...".
- 2** Comments
A large text area for comments.
- 3** No Further Evaluation(s) Required at this Time
Comments
A large text area for comments.

Below step 3, there is a checkbox labeled '(MDE) Recommended?' and another large text area for comments.



IV. Screening Recommendations

1. From the dropdown for “Parent/Legal Guardian Requested Multi-Disciplinary Evaluation (MDE)” select one:
 - a. Yes – Select if child is showing a possible delay in one or more developmental domains; or, the child does not show a possible delay, but the parent wants an MDE due to continued concerns.
 - i. If yes is selected, a new service authorization for an MDE and a new Consent for MDE or Screening form must be created and submitted for EIOD approval.
 - b. No – Select if no MDE needed. Child scored within normal limits and the parent does not request further testing; or if the parent does not want to move forward with an MDE, regardless of the screening results
2. In the “Comments” box, indicate why the parent does or does not want to move forward with an MDE, such as:
 - i. Child is showing a possible delay in one or more developmental domains; parent requests an MDE.
 - ii. Child is showing a possible delay in one or more developmental domains; however, parent does not want to move forward with an MDE at this time.
3. Recommendations by Screener
 - a. Check the box for “No Further Evaluations(s) Required at this Time” if child scored within normal limits and the parent does not request further testing.
 - b. In the “Comments” box, add any comments, such as:
 - i. Child failed screening but parent does not wish to proceed to MDE
 - ii. Child passed screening but parent requests MDE

Click the “Upload Screening Documentation” bar to upload the Screening, Screening Summary, and Reason for Delay form, if applicable.

I. EI-Hub Multidisciplinary Evaluation Crosswalk - Evaluator Assignment

4/2024

The screenshot shows the EI-Hub Early Intervention Solution software interface. At the top, there is a navigation bar with the EI-Hub logo, user profile information (ny_suat_fb452599), and location (New York City). Below the navigation bar, the URL path is displayed as Home / Child / Smythe, Jane / Evaluation. The main content area is titled "Evaluation Edit". A tab menu at the top of this area includes "Evaluation" (which is selected), "Screening", "Developmental Assessment", and "Supplemental Evaluation". On the left side, a vertical sidebar contains three options: "Evaluation Information" (selected), "Evaluator Assignment" (highlighted with a blue border), and "Waiver". The main content area displays two sections for evaluator assignment:

- ① Primary Evaluator**: Contains fields for "PrimaryTherapistName" (with a search icon) and "Primary Evaluator NPI" (with an edit icon).
- ② Secondary Evaluator**: Contains fields for "SecondaryTherapistName" (with a search icon) and "Secondary Evaluator NPI" (with an edit icon).

A large blue "Submit" button is located at the bottom right of the form.



EI-Hub MDE Crosswalk – Multidisciplinary Evaluation Instructions for Completion

Note: Only screens and fields that the NYC BEI is requiring NYC Early Intervention providers to complete are addressed below.

I. Evaluation: Evaluator Assignment

In the child's case, go to the "Eval Info" tab and click on the "edit" button next to the authorized evaluation. Click on the "Evaluator Assignment" pane.

1. Primary Evaluator – the individual assessing two or more domains who will be the rendering provider on the claim
 - a. *Use the blue binoculars to select the evaluator name from the drop-down list.* The QP must already be entered as a licensed/certified professional with your agency.
 - b. *Then hit tab.* The NPI number will automatically populate.
2. Secondary Evaluator – this is the second evaluator on the MDE team and is a required field if an MDE is being completed. Typically, this would be the special educator or, if the parent has two areas of concern, it would be another specialist.
 - a. *Use the blue binoculars to select the evaluator name from the drop-down list.* The QP must already be entered as a licensed/certified professional with your agency.
 - b. *Then hit tab.* The NPI number will automatically populate.

Select "Submit." You will return to the "Evaluation Information" panel.

II. EI-Hub Multidisciplinary Evaluation Crosswalk –Developmental Assessment Information

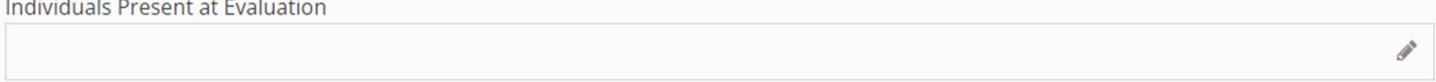
4/2024

Developmental Assessment - Information

Evaluation Assessment

Saved Successfully!

1 *Parent/Legal Guardian Consented to Evaluation
Date Parent/Legal Guardian Consented to Evaluation
03/31/2024 

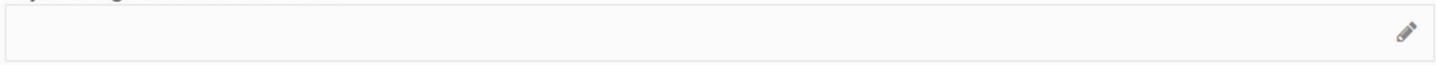
Individuals Present at Evaluation



If applicable, parent's/guardian's written designation of an alternate family member to be present during the evaluation has been uploaded
Location of Evaluation



2 Date From
03/31/2024  **3** Date To
03/31/2024 

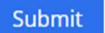
Chronological Age at Date of Evaluation
1 year 

Adjusted Age at Date of Evaluation



4 Bilingual Evaluation Performed
Language
5 English 
6 Other Language



7  Upload Development Assessment Document





II. Developmental Assessment: Developmental Assessment Information

Select the “Developmental Assessment” tab. It will open to the “Developmental Assessment Information” pane.

1. Parent/Legal Guardian Consented to Evaluation
 - a. Select the check box to indicate that the required parental consent to evaluation was obtained, and add the date consented. The date indicated should be the date that the parent/guardian signed the **Consent for MDE or Screening form**.
2. Date From:
 - a. Enter the date of the first evaluation.
3. Date To:
 - a. Enter the date of the second evaluation.
4. Bilingual Evaluation Performed
 - a. Check the box if a bilingual evaluation was performed.
5. Language
 - b. If this is a bilingual evaluation, select the language for the evaluation from the drop-down list.
6. Other Language
 - a. Select any other languages utilized in the MDE.
7. Upload Developmental Assessment Document
 - a. *Click the blue “Upload Developmental Assessment Document“ button in order to upload the MDE, MDE summary, Parental Consent, Reason for Delay form, and any other documents that are part of your complete MDE.*

Click “Submit”.

III. EI-Hub Multidisciplinary Evaluation Crosswalk – Evaluation Assessment

4/2024

The screenshot shows the 'Evaluation Assessment' section of the EI-Hub platform. The form is divided into several sections:

- Evaluation Assessment**:
 - 1** *Domain Category: A dropdown menu labeled "... Select ...".
 - 2** *Assessment Date: A date input field.
 - 3** *Assessment Evaluator: A dropdown menu labeled "... Select ...".
 - 4** *Raw Test Score: An input field with a pencil icon.
 - 5** *Developmental Status: A dropdown menu labeled "... Select ...".
 - 6** *Evaluation Method: A dropdown menu labeled "... Select ...".
 - 7** Evaluation Instrument: A dropdown menu labeled "... Select ...".
 - If Other Instrument: A text input field with a pencil icon.
 - Clinical Opinion: A large text input area with a pencil icon.
- 8** ICD 10 Code & Description Search: An input field with a magnifying glass icon.
- 9** Diagnosed Conditions: A dropdown menu labeled "Select Some Options".
- Was Child's Behavior Optimal/Typical?
If No, Explain: A text input area.

A blue 'Submit' button is located at the bottom right of the form.



III. Developmental Assessment: Evaluation Assessment

From the Developmental Assessment tab, select the “Evaluation Assessment” panel. Click the “Add Evaluation Assessment” button.

Note: The Evaluation Assessment panel must be completed for each of the 5 domains. You must return to the “Add Evaluation Assessment” button after completing each domain, until all 5 domains have been entered.

1. Domain Category
 - a. Select one of the 5 developmental domains assessed in the MDE: adaptive, cognitive, communication, physical, or social-emotional.
2. Assessment Date
 - a. Indicate the date that this domain was formally assessed by a member of the MDE team.
3. Assessment Evaluator
 - a. Select the name of the evaluator on the MDE team who assessed this domain; this will be the primary or secondary evaluator.
4. Raw Test Score
 - a. Indicate raw score if applicable based on the evaluation instrument used; if not applicable, type in “N/A”
5. Developmental Status
 - a. Select from the drop-down list
 - i. No eligible delay - development within acceptable range
 - ii. 1.5+ SD below the mean - similar delay in at least one other functional area needed to establish eligibility
 - iii. 12 month or more delay - sufficient alone for eligibility
 - iv. 2.0+ SD below the mean - sufficient alone for eligibility
 - v. 25% or more delay - similar delay in at least one other functional area needed to establish eligibility
 - vi. 33% or more delay - sufficient alone for eligibility
 - vii. Qualitative Criteria (communication delay only)
- Note:** The following options are used only to evaluate for ongoing eligibility and may not be used for an initial MDE

 - 1.0 SD or more below the mean
 - Outside expected range
6. Evaluation Method
 - a. Select the evaluation method used
 - i. Criterion Referenced Test
 - ii. Evaluator Observation
 - iii. Informed Clinical Opinion & Standardized Test
 - iv. Parent/Caregiver Report



- v. Standardized Test
Note: If more than one method needs to be reflected, you may have to complete this screen again
- 7. Evaluation Instrument
 - a. Select the instrument used from the drop-down list of SDOH-approved instruments
 - b. If your instrument does not appear in the drop-down list, it can be typed in below, under "If Other Instrument"
- 8. ICD-10 Codes & Description Search
 - a. Start typing the ICD code, and click on it when it pops up. It will now populate in the "Diagnosed Conditions" field.
 - b. Multiple codes can be selected by clearing the search field and searching for and selecting a new code, which will then populate the "Diagnosed Conditions" field.
 - c. The codes entered here must match the ICD-10 codes identified as part of the MDE conducted by Early Intervention approved providers.
- 9. Diagnosed Conditions
 - a. The diagnosed condition associated with the ICD code from 8. above will automatically populate.

Click "Submit" to submit the information entered for that domain.

Click the "Evaluation Assessment" pane at the left, then click the "Add Evaluation Assessment" button to enter another domain.

There must be an entry for each of the 5 Developmental Domains (Adaptive, Cognitive, Communication, Physical and Social-Emotional)

These fields MUST be completed for all 5 domains for the MDE to be approved by the NYC BEI.

IV. EI-Hub Multidisciplinary Evaluation Crosswalk – Medical Diagnostics Codes Summary

4/2024

The screenshot shows the EI-Hub software interface. At the top, there is a navigation bar with links for Home, Child, Edit, User Profiles (n.suat_fb452599), and New York City. The main title is "EI-Hub EARLY INTERVENTION SOLUTION". Below the navigation bar, the URL is "EI Child ID: 2760 - Smythe, Jane - DOB: 4/2/2023". The top menu bar includes links for Child at a Glance, Child Info, Family Info, Ins Info, Teams, Eval Info (which is selected), Eligibility, IFSP, Services, Child/Family Outcomes, Transition, and Transfer, Exit, & Close. A "Document" tab is also present. On the left side, a vertical sidebar lists several options: Evaluation Information, Child Medical Record, Current Medical Professional Involved with Child, Birth/Medical History, Medical Diagnostics Codes Summary (which is circled with a red number 1), Family Assessment Report, Child And Family History, External Evaluation, and MDE Summary Report. The main content area is titled "Child Diagnosis" and contains a table of medical diagnosis codes. The table has columns for Diagnosis Code, Diagnosis Description, Diagnosis Category, Diagnosis Date, Panel of Record, and Diagnosis Source. The data in the table is as follows:

Diagnosis Code	Diagnosis Description	Diagnosis Category	Diagnosis Date	Panel of Record	Diagnosis Source
F82	Specific developmental disorder of motor function	Specific	03/31/2024	Evaluation Assessment	EvaluationAssessment
F98.29	Other feeding disorders of infancy and early childhood	Behavioral	03/31/2024	Evaluation Assessment	EvaluationAssessment
Z13.40	Encounter for screening for unspecified developmental delays		03/31/2024	Evaluation Assessment	EvaluationAssessment

At the bottom of the table, it says "Showing 1 to 3 of 3 entries". There are "Prev" and "Next" buttons, and a "Rows per page" dropdown set to 10. A green "Excel" button is located in the top right corner of the table area.



IV. Eval Info: Medical Diagnostics Code Summary

Select the “Eval Info” tab, then the “Medical Diagnostics Code Summary” panel.

1. This panel is view-only and used for billing/claiming purposes. As diagnoses are recorded for a child throughout (such as with each developmental domain in which there is a delay, as in 8. above, or if a diagnosis is provided at the time of referral), these diagnoses are captured in this panel’s “Child Diagnosis” table.

V. EI-Hub Multidisciplinary Evaluation Crosswalk – Eligibility Determination

4/2024

The screenshot shows the EI-Hub Early Intervention Solution software interface. At the top, there is a navigation bar with the EI-Hub logo, user profile information (me suat_hinnxp06), and location (New York City). Below the navigation bar, the URL path is displayed as Home / Child / This, Got / Eligibility Add. The main content area is titled "Eligibility Add". On the left, a sidebar menu lists "Eligibility Determination", "Eligibility Delay Detail", "Eligibility Dates", and "Delay in Communication". The main form contains the following fields:

- *MDE Type (dropdown menu, circled 1)
- *Determination Date (text input field, circled 2)
- *Eligibility Outcome (dropdown menu, circled 3)
- *EI Eligibility Diagnosed Condition (text input field with search icon, circled 4)
- Other Eligibility Diagnosis (text input field with search icon, circled 5)
- *Diagnosis Date (text input field with edit icon, circled 6)

A "Submit" button is located at the bottom right of the form.



V. Eligibility: Eligibility Determination

Go out of the “Eval Info” tab and select the “Eligibility” tab, then click on the “Add Eligibility” button.

1. MDE Type
 - a. Select “Initial” or “Ongoing.” This will usually be “Initial,” even if the child has had a previous MDE that did not establish eligibility.
2. Determination Date – Type in the date the MDE summary was completed
3. Eligibility Outcome
 - a. Evaluation team determines the child’s eligibility for the Program based on the developmental domain status for all 5 domains. Select one:
 - i. Eligible – 12-month delay in one domain
 - ii. Eligible – 25% delay in two or more domains
 - iii. Eligible – 33% delay in one domain
 - iv. Eligible – At least 1.5 standard deviations below mean in two or more domains
 - v. Eligible – At least 2.0 standard deviations below mean in one domain
 - vi. Eligible – Delay in communication domain – representing as a severe delay or marked regression in communication development
 - vii. Eligible – Diagnosed Condition
 - viii. Eligible based on Informed Clinical Opinion (in conjunction with child observations, parent interview, and record review)
 - ix. Not Eligible
4. Eligibility Diagnosed Condition
 - a. This field will autopopulate from the Evaluation Assessment tab.
5. Other Eligibility Diagnosis
 - a. Enter any other relevant diagnosis that may not be on the SDOH list of autoeligible conditions but that relate to the child’s eligibility, in the informed clinical opinion of the evaluator.
6. Diagnosis Date – Type in the date the condition was identified, if applicable.

Click Submit.

VI. EI-Hub Multidisciplinary Evaluation Crosswalk – Delay in Communication (Under 18mo)

5/2024

Home / Child / This, Got / Eligibility Add

Eligibility Add

Elig

Eligibility Determination
Eligibility Delay Detail
Eligibility Dates
Delay in Communication

Child Age
28 days 

Child is under 18 months Section

Documentation that the child has attained none of the normal language milestones expected for children in the next younger age range, and none for the upper limit of the child's current chronological age range, and the presence of a preponderance of established prognostic indicators of communication delay that will not resolve without intervention, as specified in clinical practice guidelines issued by the Department

1

Submit

VI. EI-Hub Multidisciplinary Evaluation Crosswalk – Delay in Communication (Over 18mo)

5/2024

Home / Child / Smythe, Jane / Eligibility

Eligibility

Elig

- Eligibility Determination
- Eligibility Delay Detail
- Eligibility Dates
- Delay in Communication

Child Age
1 year 7 months 4 days 

Child is 18 months of age and over Section

For Children 18 months of age and older

Language Production

Language Comprehension

Phonology

EI-Hub Multidisciplinary Evaluation Crosswalk – Delay in Communication (Over 18mo)

5/2024

Imitation

Play

Gestures

Social Skills

Health and Family History of Language Problems

Submit



VI. Eligibility: Delay in Communication

If the child has a delay in communication, click on the “Delay in Communication” panel.

1. Child’s age will autopopulate and determine which of the following two options appears.
2. For children under 18 months of age:
 - a. In the text box, state that the required information is included in the attached MDE documentation.
3. For children 18 months of age and over:
 - a. Select the appropriate communication red flag from the drop-down menu.
 - b. Do not enter anything in the text boxes; it is expected that these issues are addressed in the attached MDE document.

Click Submit.

VII. EI-Hub Multidisciplinary Evaluation Crosswalk – Eligibility Dates

5/2024

The screenshot shows the EI-Hub software interface. At the top, there is a blue header bar with the EI-Hub logo, user profile information (User Profiles: ne.suat_hinnxp06, Location: New York City), and a Public Consulting Group logo. Below the header, the navigation path is Home / Child / This, Got / Eligibility Add. The main content area has a title 'Eligibility Add' and a tab navigation bar with 'Elig' selected. On the left, a sidebar menu includes 'Eligibility Determination', 'Eligibility Delay Detail', 'Eligibility Dates' (which is highlighted in blue), and 'Delay in Communication'. The main form area contains the following fields:

- Determination Date:** A text input field with a red circle containing the number 1.
- Sent To EIO/D For Review:** A checkbox field with a red circle containing the number 2.
- EIO/D Review Date:** A text input field with a red circle containing the number 2.
- EIO/D reviews & confirms eligibility criteria have been met:** A dropdown menu with the placeholder text "... Select ...".
- Eligibility Dates Comment:** A text input field with a red circle containing the number 2.

A blue 'Submit' button is located at the bottom right of the form.



VII. Eligibility: Eligibility Dates

Click on the “Eligibility Dates” panel.

1. Determination Date – Type in the date the MDE summary was completed
2. Sent to EIO/D For Review – Check the box to route the MDE to the EIOD for review and approval. **If this box is not checked, the MDE has not been submitted to NYC BEI.**

Click Submit.

The EIOD will enter the review date, confirm eligibility or ineligibility, and, if the MDE is not accepted, enter a comment in the comment section so the ISC or MDE team knows next steps. **Refer to the MDE Policy** to provider steps to monitor rejected MDEs.

Chapter 5: Individualized Family Service Plan (IFSP)

New York City Early Intervention Program

Policy Title: Individualized Family Service Plan Scheduling	Effective Date: 10/15/24
Policy Number: 5-A	Supersedes: 5-A – Dated June 1, 2010
Applicable Forms: <ul style="list-style-type: none"> - IFSP Meeting Request and Confirmation Form - Notice of IFSP Meeting (IFSP Meeting Notice for Parents/Surrogates) - Notice of IFSP Meeting (Spanish) 	Regulation/Citation: NYCRR 69-4.11(a)(1); NYCRR 69-4.11(a)(2) NYCRR 69-4.11(a)(5); NYCRR 69-4.11(a)(6); NYCRR 69-4.20(b)(4); Early Intervention Administrative Contract with NYS

I. POLICY DESCRIPTION:

If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting within 45 days of the receipt of the child's referral, to develop the initial IFSP. (**NYCRR 69-4.11(a)(1)**)

Meeting arrangements must be made with, and written notice provided to, the family and other participants with enough time before the meeting date to ensure that they will be able to attend. (**NYCRR 69-4.11(a)(5)**)

The early intervention official, initial service coordinator, parent, and evaluator or designated contact from the evaluation team shall jointly develop an IFSP for a parent of an eligible child who requests services. (**NYCRR 69-4.11(a)(5)**) A member of the team that performed the child's multidisciplinary evaluation (MDE) should attend the IFSP meeting for the purposes of developing the initial IFSP for a child. If a member of the MDE team cannot attend the IFSP, a representative of the MDE agency should attend the meeting. This individual must be within the category of "Qualified Personnel" under EI regulations and must have reviewed the findings of the evaluation and discussed them with the Qualified Personnel of the team that conducted the evaluation. Exceptions to such attendance shall be in accordance with **NYCRR 69-4.11(a)(2)** of the Regulations.

If a telephone conference call is required to facilitate participation of all relevant IFSP team members, arrangements must be made before the IFSP meeting with appropriate NYC BEI employees.

If the child is over two years of age, the IFSP meeting may be combined with a transition conference (refer to Early Intervention **Transition Chapter**). "With parent consent, the early intervention official shall convene a conference with the parent, service coordinator, and the chairperson of the Committee on Preschool Special Education or designee, at least 90 days prior to the child's eligibility for services under Education Law, Section 4410, or no later than 90 days before the child's third birthday, whichever is first, to review program options and if appropriate, establish a transition plan." (**NYCRR 69-4.20(b)(4)**)

The Individualized Family Service Plan Scheduling Policy applies to all IFSP meetings.

Note:

- The NYC BEI will consider IFSP meeting cancellations on a case-by-case basis.
 - Depending on the clinical complexity of the case, BEI may cancel an IFSP meeting if an evaluation team representative or interventionist cancels.

- However, the Regional Office may decide to proceed with the IFSP meeting when the EIOD, ISC/OSC, and parent/surrogate can attend, and the parent/surrogate consents to proceed with the meeting.
- Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Pre-IFSP Specialist	<ol style="list-style-type: none"> 1. <i>Monitors the EI-Hub Evaluation dashboard, under the dropdown “Eligibility Review Needed,” for submission of the MDE.</i> 2. <i>Reviews MDE submissions in the EI-Hub.</i> 3. <i>If the MDE submission and the EI-Hub screens are complete, accepts the MDE submission:</i> <ol style="list-style-type: none"> a. <i>In the “Eligibility” tab, finds the evaluation under “review” and clicks on the “Edit” button to the right.</i> b. <i>Clicks on the “Eligibility Dates” pane on the right.</i> c. <i>In the “EIO/D Review Date” field, enters the current date.</i> d. <i>In the “EIO/D reviews & confirms eligibility” field, selects “Accepted” from the dropdown.</i> 4. <i>Assigns the appropriate Regional Office Scheduler to the child’s Team:</i> <ol style="list-style-type: none"> a. <i>In the “Teams” tab, clicks the “Add EIOD or Service Coordinator” button.</i> b. <i>From the “EIOD or Coordinator Type” dropdown, selects EIOD.</i> c. <i>In “Agency Lookup,” begins typing New York City Department of Health & Mental Hygiene and clicks on the name when it pops up.</i> d. <i>For “Start Date,” enters the current date.</i> e. <i>Clicks Submit.</i> f. <i>Changes their DOHMH role by clicking the box next to User Profiles in the upper right corner of the screen and selecting it from the dropdown.</i> g. <i>The screen will change to the DOHMH Children Assigned to Caseload. Enters the EI Hub ID number in the search box.</i> h. <i>When the child appears, clicks on the Agency Assignment button to the right.</i> i. <i>In the box that pops up, selects “Accepted” from the “Agency Accept/Reject Assignment” dropdown and clicks Submit.</i> j. <i>The Agency Assignment button changes to an Edit button. Clicks Edit.</i> k. <i>Clicks on the Teams tab and looks for the new EIOD assignment in the grid. Clicks Edit.</i> l. <i>In the “EIOD or Service Coordinator Lookup” field, types the first few letters of the name of the Scheduler who will take the case, and clicks on the name when it pops up.</i> m. <i>Clicks Submit.</i>
Regional Office Scheduling Unit	<ol style="list-style-type: none"> 1. <i>Checks Teams assignments multiple times during the course of each day:</i> <ol style="list-style-type: none"> a. <i>In Children Assigned to Caseload, clicks the Action column to sort by cases that do/do not require action.</i> b. <i>For children that require action, clicks the Accept/Reject button to the right.</i> c. <i>In the box that pops up, selects “Accepted” from the “EIOD or Service Coordinator Accept/Reject” dropdown and clicks submit.</i> d. <i>The Scheduler is now EIOD on the case.</i>

	<ol style="list-style-type: none"> 2. Initial IFSP scheduling should begin on the day that the child is assigned to the Scheduler in the EI-Hub. 3. Contacts the SC or SC agency representative, via telephone or fax, to determine the family's preference for Individualized Family Service Plan (IFSP) meeting time and location. <ol style="list-style-type: none"> a. Reminds the SC or SC agency representative that families must be offered an in-person meeting option. 4. Checks the Schedulers Tableau dashboard on an ongoing basis to identify children who have been added to the dashboard because their eligible MDE has been accepted and the IFSP document has not been drafted, to verify that an Initial IFSP meeting has been scheduled for each eligible child.
Initial/Ongoing Service Coordinator (SC)	<ol style="list-style-type: none"> 1. Responds to the RO's request for scheduling or initiates scheduling by verbally confirming the IFSP meeting time (including the need for additional meeting time), date, and location of meeting, with: <ol style="list-style-type: none"> a. RO Scheduler, b. Parent/surrogate, c. ACS and/or foster care agency staff (if applicable), d. Evaluation representative or interventionist, and e. Others (with parental/surrogate consent). <p>Note:</p> <ul style="list-style-type: none"> • Scheduling is a dynamic process, depending on the case; the ISC may initiate the Initial IFSP scheduling process based on child and family circumstance. • The ISC should start the discussion regarding scheduling preferences at the initial home visit with the parent/surrogate (for example: days of the week or times in the day that the parent/surrogate is not available), to expedite the scheduling process. • It is expected that the SC will initiate the scheduling of IFSP Review and Annual meetings.. The OSC should discuss and confirm the IFSP meeting date and time previously issued by the Regional Office with the family and submit a new IFSP Meeting Request/Confirmation Form. • Family requests for in-person meetings must be honored and will be scheduled. <ol style="list-style-type: none"> 2. Faxes IFSP Meeting Request/Confirmation Form with Section I complete to the RO within 48 hours of receiving verbal confirmation from attendees. <ol style="list-style-type: none"> a. An evaluation representative or an interventionist should be present at Initial and Annual IFSP meetings. b. If the evaluation representative or interventionist cancels, the SC must notify the RO 24 hours before the scheduled meeting by phone. <ol style="list-style-type: none"> i. The SC will notify the RO by completing and faxing Section IV of the IFSP Meeting Request/Confirmation Form. c. If the evaluation site representative/interventionist is available by phone, they should be available for the pertinent portions of the meeting as required by the EIOD (at a minimum: the discussion of the evaluation, progress, outcome determination, and recommendations for services). <ol style="list-style-type: none"> i. In the rare circumstance that an evaluation site representative or interventionist is not available in person or by phone, a written report must be made available in advance of the meeting.

SC Cont.	<ul style="list-style-type: none"> The SC must contact the RO at least one (1) business day before the IFSP meeting to obtain approval for convening the IFSP in the absence of an evaluation site representative. <p>Note: Repeated occurrences of an agency failing to provide an evaluation site representative, an interventionist, or a written report will be reported to the NYC BEI Provider Oversight Unit for follow-up.</p>
	<p>d. SC must bring a copy of the IFSP Meeting Request/Confirmation form to the Initial or Annual IFSP meeting.</p> <p>Note:</p> <ul style="list-style-type: none"> Scheduling staff will remove the meeting request from the schedule (calendar) when written confirmation is not received within 48 hours of the verbal confirmation. Scheduling staff will call SC to confirm cancellation before removing the meeting request from the calendar. <p>IFSP Review (6/18/30 month review) Meetings:</p> <ol style="list-style-type: none"> OSC will submit the IFSP Meeting Request/Confirmation Form to the RO within 48 hours of verbal confirmation, and note if: <ol style="list-style-type: none"> The parent/surrogate would like to exercise the option of a review of records without the EIOD present. The parent/surrogate would like to exercise the option of a conference call with the EIOD present by phone. <ol style="list-style-type: none"> A working telephone number for the conference must be included, on the IFSP Meeting Request/Confirmation Form. Any interventionist(s) who is unable to attend should be available by phone. <ol style="list-style-type: none"> Participation is required for the pertinent portions of the meeting as indicated by the EIOD. OSC must send the participants' telephone numbers to the RO via fax. <p>Note:</p> <ul style="list-style-type: none"> It is the expectation of the NYC BEI that the date submitted on the new IFSP Meeting Request/Confirmation Form for the meeting will be the future meeting date that was issued by the Regional Office as part of the previous IFSP meeting confirmation <ul style="list-style-type: none"> For any IFSP meeting request that is for a review of records without the EIOD present, the Regional Office will review the request and inform the OSC if the request is approved. Refer to the IFSP Review and Annual Meeting Policy for details regarding review of records without the EIOD present. <p>Transition</p> <ol style="list-style-type: none"> Prior to the IFSP closest to the child's second birthday, transition out of the EIP must be explained to the parent/surrogate by the SC.

	<ol style="list-style-type: none"> 2. At the IFSP closest to the child's second birthday, a Transition Plan must be developed. <ol style="list-style-type: none"> a. A Transition Conference can only be scheduled with parental/surrogate consent. b. A Transition Conference should include ACS and/or foster care agency staff (if applicable). c. The Transition Conference can be scheduled in conjunction with an Initial, Annual, or Review IFSP meeting (see note below). 3. A representative from the Committee on Preschool Special Education (CPSE) must be invited to a Transition Conference. CPSE administrators are not required to attend the Transition Conference in person; they may be available by phone. 4. The EIOD must be present at a Transition Conference. <ol style="list-style-type: none"> a. If an IFSP Review Meeting is scheduled as a Transition Conference, the EIOD must be present. 5. The ISC/OSC must submit the Consent for Transition Conference Form signed by the parent/surrogate when requesting a Transition Conference, to accompany the IFSP Meeting/ Confirmation Form. <ol style="list-style-type: none"> a. Refer to the Transition Out of Early Intervention Policy. <p>Note: While participation in a Transition Conference is voluntary on the part of the parent/surrogate, a Transition Conference should be encouraged because it provides families with helpful information about options after leaving the Early Intervention Program.</p> <ul style="list-style-type: none"> • Parent declination of the Transition Conference must be clearly documented in Service Coordination Notes and the Consent for Transition Conference Form.
Regional Office Scheduling Unit	<ol style="list-style-type: none"> 1. Receives the IFSP Meeting Request/Confirmation Form from the OSC/ISC to identify the available date or confirm the future date previously issued to the family for the IFSP meeting. 2. Sends a Microsoft Outlook calendar invitation to the Assigned EIOD, SC, and the SC supervisor. 3. The Microsoft Outlook Calendar invitation will serve as the confirmation of the IFSP date requested. <ol style="list-style-type: none"> a. The IFSP Meeting Request/Confirmation Form will be sent to the SC as part of the calendar confirmation. b. Confirmation for the IFSP is certain only after the Scheduling Unit sends the Outlook Calendar invitation with the IFSP Meeting Request/Confirmation Form. c. In the body of the Confirmation, includes the future meeting date and time for the following IFSP period. 4. Once Confirmation is sent, <i>Assigns the appropriate Regional Office EIOD to the child's Team in the EI-Hub by following Step 4 in the Pre-IFSP Specialist section of this policy.</i> 5. Saves IFSP Meeting Request/Confirmation Form in the child's case file. 6. If the IFSP cannot be confirmed, the Scheduler will give a reason via phone or fax. <p>Note:</p> <ul style="list-style-type: none"> • For IFSP Meeting requests without the EIOD present:

	<ul style="list-style-type: none"> ○ The Scheduler will consult with the EIOD to ensure that EIOD participation is not necessary. ○ If EIOD participation is not necessary, the scheduler will send back a communication with approval and provide the future meeting date for the following IFSP period.
Initial/ Ongoing Service Coordinator (SC)	<ol style="list-style-type: none"> 1. Receives confirmation of IFSP date, time and location from RO via a Microsoft Outlook Calendar invitation: <ol style="list-style-type: none"> a. ISC/OSC sends written confirmation to all attendees no less than 2 days before the scheduled IFSP meeting. <ol style="list-style-type: none"> i. See Parent Notice of IFSP Meeting. ii. Final IFSP Meeting Request/Confirmation Form and Parent Notice of IFSP Meeting are kept in the child's Service Coordination file. <p>Note:</p> <ul style="list-style-type: none"> • The ISC/OSC must ensure that the parent/surrogate understands that they have been given a future meeting date for their child's next IFSP meeting. This will ensure that the child's IFSP is reviewed in a timely fashion without any service gaps. • The future meeting date and time should be placed on parent/surrogate schedule and the ISC/OSC's schedule. • The ISC/OSC may forward the Microsoft Outlook Calendar invitation to all meeting participants via email provided that the parent/surrogate has signed the Parent Consent to Use E-mail to Exchange Personally Identifiable Information Form.
SC Cont.	<ol style="list-style-type: none"> 2. Does <u>not</u> receive confirmation of IFSP date and time from RO OR The ISC or OSC, Evaluation Representative, Interventionist, Foster Care Case Planner, or Parent/Surrogate needs to reschedule: <ol style="list-style-type: none"> a. ISC/OSC must submit a new IFSP Meeting Request/Confirmation Form with a new date and time. b. ISC/OSC must fill out Section III of the IFSP Meeting Request/Confirmation Form with the new submission. c. Reason for rescheduling IFSP meeting must be included. <p>Note:</p> <ul style="list-style-type: none"> • If an evaluation representative or interventionist is not available for the IFSP meeting, 24-hour advance notice must be submitted to the Regional Office/EIOD via fax.

Approved By:

Date: 9/25/2024

Assistant Commissioner, Early Intervention

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option				
Date:	Regional Office Fax #		Attn(Scheduler):	
Child's Initials:	EI #:		Family's phone #	
Service Coordinator:		SC Phone #:	SC Fax #:	
SC Email (required):		Scheduling contact email (required):		
Evaluation Site Representative Email:		Evaluation Site Representative Phone #:		
Type of IFSP: _____ or		Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP:		Time of IFSP:		
Location of IFSP Meeting:		Address:		
Phone #(s) of IFSP meeting location:				
Special Circumstances:				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
<input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section II: Meeting Confirmation: Completed by Regional Office and Sent with Outlook Calendar Invite to SC				
<input type="checkbox"/> The above IFSP request is confirmed (Calendar notice sent to SC) <input type="checkbox"/> IFSP request NOT confirmed				
Signature _____		Date: _____		
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.				
Section III: Reschedule: Completed by Service Coordinator				
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
Date confirmation sent: _____ to <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator				
Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting. Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting. Who will be available by phone?				
<input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____				
Phone #(s) of person available by phone: _____				
The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.				

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option				
Date:	Regional Office Fax #		Attn(Scheduler):	
Child's Initials:	EI #:		Family's phone #	
Service Coordinator:		SC Phone #:	SC Fax #:	
SC Email (required):		Scheduling contact email (required):		
Evaluation Site Representative Email:		Evaluation Site Representative Phone #:		
Type of IFSP: _____ or		Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP:		Time of IFSP:		
Location of IFSP Meeting:		Address:		
Phone #(s) of IFSP meeting location:				
Special Circumstances:				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
<input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section II: Meeting Confirmation: Completed by Regional Office and Sent with Outlook Calendar Invite to SC				
<input type="checkbox"/> The above IFSP request is confirmed (Calendar notice sent to SC) <input type="checkbox"/> IFSP request NOT confirmed				
Signature _____ Date: _____				
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.				
Section III: Reschedule: Completed by Service Coordinator				
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
Date confirmation sent: _____ to <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator				
Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator				
Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting. Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting. Who will be available by phone?				
<input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____				
Phone #(s) of person available by phone: _____				
The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.				

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option				
Date:	Regional Office Fax #		Attn(Scheduler):	
Child's Initials:	EI #:		Family's phone #	
Service Coordinator:		SC Phone #:	SC Fax #:	
SC Email (required):		Scheduling contact email (required):		
Evaluation Site Representative Email:		Evaluation Site Representative Phone #:		
Type of IFSP: _____ or		Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP:		Time of IFSP:		
Location of IFSP Meeting:		Address:		
Phone #(s) of IFSP meeting location:				
Special Circumstances:				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
<input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section II: Meeting Confirmation: Completed by Regional Office and Sent with Outlook Calendar Invite to SC				
<input type="checkbox"/> The above IFSP request is confirmed (Calendar notice sent to SC) <input type="checkbox"/> IFSP request NOT confirmed				
Signature _____		Date: _____		
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.				
Section III: Reschedule: Completed by Service Coordinator				
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
Date confirmation sent: _____ to <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator				
Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting. Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting. Who will be available by phone?				
<input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____				
Phone #(s) of person available by phone: _____				
The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.				

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option				
Date:	Regional Office Fax #		Attn(Scheduler):	
Child's Initials:	EI #:		Family's phone #	
Service Coordinator:		SC Phone #:	SC Fax #:	
SC Email (required):		Scheduling contact email (required):		
Evaluation Site Representative Email:		Evaluation Site Representative Phone #:		
Type of IFSP: _____ or		Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP:		Time of IFSP:		
Location of IFSP Meeting:		Address:		
Phone #(s) of IFSP meeting location:				
Special Circumstances:				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
<input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section II: Meeting Confirmation: Completed by Regional Office and Sent with Outlook Calendar Invite to SC				
<input type="checkbox"/> The above IFSP request is confirmed (Calendar notice sent to SC) <input type="checkbox"/> IFSP request NOT confirmed				
Signature _____ Date: _____				
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.				
Section III: Reschedule: Completed by Service Coordinator				
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
Date confirmation sent: _____ to <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator				
Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting. Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting. Who will be available by phone?				
<input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____				
Phone #(s) of person available by phone: _____				
The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.				

Section I: IFSP Meeting Request: Completed by Service Coordinator. Parents Must be Offered an In-Person Meeting Option				
Date:	Regional Office Fax #		Attn(Scheduler):	
Child's Initials:	EI #:		Family's phone #	
Service Coordinator:		SC Phone #:	SC Fax #:	
SC Email (required):		Scheduling contact email (required):		
Evaluation Site Representative Email:		Evaluation Site Representative Phone #:		
Type of IFSP: _____ or		Paper Review of IFSP: Parent does not request changes to plan/meeting with EIOD. (SC must submit this form with Draft IFSP in EI-Hub)		
Date of IFSP:		Time of IFSP:		
Location of IFSP Meeting:		Address:		
Phone #(s) of IFSP meeting location:				
Special Circumstances:				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
<input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site/Interventionist <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator <input type="checkbox"/> Other: Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section II: Meeting Confirmation: Completed by Regional Office and Sent with Outlook Calendar Invite to SC				
<input type="checkbox"/> The above IFSP request is confirmed (Calendar notice sent to SC) <input type="checkbox"/> IFSP request NOT confirmed				
Signature _____		Date: _____		
The Regional Office confirmation contains a future meeting date. Please hold SC and parent availability for next IFSP Meeting.				
Section III: Reschedule: Completed by Service Coordinator				
Previous IFSP meeting was cancelled due to: <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Rep <input type="checkbox"/> SC <input type="checkbox"/> EIOD				
Service Coordinator must send written confirmation of the IFSP meeting no later than 2 days before the meeting to:				
Date confirmation sent: _____ to <input type="checkbox"/> Parent <input type="checkbox"/> Eval. Site <input type="checkbox"/> Foster Care Agency <input type="checkbox"/> CPSE Administrator Written confirmations must always be sent to the Regional Office within 48 hours of verbal confirmation				
Section IV: FAX Confirmation of Provider Availability by Phone: Completed by Service Coordinator				
Any person participating by phone is expected to call into the meeting. Providers participating by phone must be available for pertinent portions of the meeting. Provider will forward a signed attestation page to the EIOD during or within 24 hours of the IFSP meeting. Who will be available by phone?				
<input type="checkbox"/> Eval Site Representative <input type="checkbox"/> Interventionist <input type="checkbox"/> CPSE Representative <input type="checkbox"/> Other _____				
Phone #(s) of person available by phone: _____				
The Service Coordinator MUST notify the RO of the change 24 hrs before the meeting by completing and Faxing Section IV of this form.				



INSTRUCTIONS FOR COMPLETION IFSP MEETING REQUEST/ CONFIRMATION FORM

The Service Coordinator (SC) will work with the family to determine a convenient meeting time, date and location for their participation in the IFSP. The Regional Office (RO) will contact the SC, via telephone, to determine the family's preference for the meeting. The SC will complete the IFSP Meeting Request/Confirmation Form, as appropriate, as required by the IFSP Scheduling Policy.

Section I: Completed by SC to submit IFSP meeting request

1. **Date** - Write date that the form is sent to the RO.
2. **Regional Office Fax#** - Select regional office fax number from drop-down list.
3. **Attn (Scheduler)** – no additional information needed
4. **Child's Initials** - First name initial, then last name initial
5. **EI #** - Child's EI ID #
6. **Family's phone #** - A phone number where the family can be reached at all times
7. **Service Coordinator**- Name of SC assigned to the child and family, plus phone and fax numbers for the SC
8. **SC email** – The Service Coordinator's work email address
9. **Scheduling contact email** – Provide an email address of the service coordination agency scheduling point of contact. This can also be the service coordination supervisor.
10. **Evaluation Site Representative Email & Phone #** - Provide the email address and phone number of the evaluation site representative/ evaluator who will be participating in the meeting.
11. **Type of IFSP**- Check type of meeting scheduled
12. **Date and Time of IFSP** – Write the date and time of the IFSP meeting AFTER it is verbally confirmed with RO Scheduling Unit, parent/guardian, evaluation site representative and others (if applicable and with parent consent).
13. **Location of IFSP Meeting, and Address** – Check the location and write the address AFTER it is verbally confirmed with the RO Scheduling Unit, parent/guardian, evaluation site representative and others (if applicable and with parent consent).
14. **Phone Number of IFSP meeting location** - The phone number to be called by members participating by phone.
15. **Special Circumstances:** Describe any special circumstances for which you are requesting more time for the meeting, such as when the situation is complex enough to warrant additional time. It should not be presumed that certain diagnoses, e.g., ASD/autism, will need additional time. As appropriate, the RO will try to schedule additional time. Also, include if an alternate time is being requested.
16. **Service Coordinator must send written confirmation 2 days before the meeting to** – Check the boxes for those invited to attend and sent written confirmation of the scheduled meeting.

Section II: Completed by RO Scheduling Unit when confirming a requested or rescheduled IFSP meeting:

1. **The above IFSP request is confirmed** – Check as confirmation of verbal confirmation when SC faxes form to RO within 48 hours of verbal confirmation.
2. **The above IFSP request CANNOT be confirmed** – Check when IFSP cannot be confirmed. If this form is not received within 48 hours of verbal confirmation, the meeting slot will be removed from the schedule.
3. **Signature and Date** – RO staff will sign, date, and fax back to the SC the final confirmation of the meeting request. Meetings are considered confirmed only after the RO sends the Outlook Calendar invite to the SC with the signed confirmation form attached, at least two days before the IFSP date. A copy of this form will be filed in the child's chart.

Section III: Complete only if the request is to reschedule an already confirmed meeting.

1. **Previous IFSP meeting was cancelled due to** – When rescheduling, check the box indicating who cancelled the previous IFSP meeting.
2. **Service Coordinator must send written confirmation 2 days before the meeting to** - Check those who you invited to attend and to whom you sent written confirmation of the scheduled meeting. Write date confirmation was sent. Send copies of written confirmations to the RO within 48 hours of verbal confirmation.

Section IV: Complete only if the Evaluation representative, Interventionist or CPSE representative will be available by phone for the meeting.

1. **Who will be available by phone** – Check the appropriate box to indicate who will be available via conference call.
2. **Phone Number(s) of person available by phone** – Provide the phone numbers of all individuals who will participate by phone.

The SC must complete and fax this form to the RO at least 24 hours prior to the IFSP meeting when they find out that any of the participants will participate by phone. A copy of the fax confirmation of this form should be brought to the IFSP meeting.

The evaluation site representative or interventionist is expected to call in at the scheduled time of the meeting and to be available for the pertinent portions of the meeting as required by the EIOD (at a minimum: the discussion of the evaluation, outcome determination, and recommendations for services).

- The evaluation site representative or interventionist is expected to fax to the EIOD their signed attestation (p. 8 of the IFSP) within 24 hours of the IFSP meeting.

Unless the signed attestation form is received from the evaluation site representative or the interventionist, this participant is considered absent from the meeting.



NYC Early Intervention Program Notice of IFSP Meeting

Parent's Name _____

Date _____

Address _____

Dear _____,

As we discussed, an Individualized Family Service Plan (IFSP) meeting has been scheduled for your child. The IFSP meeting will be held on (date/time): _____ at (location): _____.

The NYC Early Intervention Program has also issued a meeting date of (date/time): _____ at (location): _____ for your child's next IFSP meeting. Please put this date on your calendar to make sure that your child's meeting happens without delays.

As we also discussed, if available, please bring the following information to the meeting:

1. Health insurance information;
2. Social Security Numbers for you and your child;

If you do not have some of this information, services will still be authorized for your child and family. You have the following rights at the IFSP meeting:

1. You have the right to participate in the IFSP meeting where the needs of your child and family are discussed and a service plan is developed.
2. You have the right to consent to or refuse to consent to any services recommended at the IFSP meeting. If you give consent for services, you can withdraw it at any time.
3. You have the right to review and obtain copies of all records used for the meeting.
4. You have the right to disagree with some parts of the IFSP and you may file a systems complaint or request mediation or an impartial hearing (due process). Please refer to **A Parent's Guide to the Early Intervention Program** if you need more information: http://www.health.state.ny.us/community/infants_children/early_intervention
5. If you request due process, all services in dispute must continue without change until after the mediation and/or impartial hearing is held.

If the time or place listed above is not convenient for you or you have any additional questions, we can reschedule this meeting.

Please call me at (_____) _____ if you have any questions.

Sincerely,

Name _____

Title _____



Programa de Intervención Temprana de la Ciudad de New York
Notificación de la Reunión Individualizada de Servicios para la Familia

Nombre de Padre _____

Fecha _____

Dirección _____

Estimado _____,

Como acordamos anteriormente, una reunión para desarrollar un plan de servicios individualizado para la familia (IFSP) ha sido programada para su niño/a.

La reunión se llevará a cabo el (fecha/hora) _____ en (lugar) _____.

El programa de Intervención Temprana de la Ciudad de Nueva York también ha fijado una fecha el (fecha/hora) _____ en (lugar) _____ para la próxima reunión del Plan de Servicios Individualizados (IFSP) de su hijo/a.

Por favor, anote esta fecha en su calendario para asegurarse de que la reunión de su hijo/a se realice sin retrasos.

Como también acordamos, si los tiene disponible, por favor traiga con usted la siguiente información:

1. Información sobre seguro medico
2. Números de Seguro Social para usted y su niño/a.

Si no tiene esta información, esto no impide que se le autoricen los servicios para su niño y familia. Usted tiene los siguientes derechos en esta reunión:

1. Tiene derecho de participar en la reunión donde se hablará sobre las necesidades de su niño/a y familia y se desarrollará un plan de servicios.
2. Tiene el derecho de dar su consentimiento o rehusar a dar su consentimiento a cualquiera de los servicios recomendados en la reunión. Si da su consentimiento, puede revocar ese consentimiento en cualquier momento.
3. Tiene el derecho a revisar y obtener copias de todos los documentos usados en esta reunión.
4. Tiene el derecho de estar en desacuerdo con algunas partes del plan de servicios y puede pedir una mediación y/o una audiencia imparcial. Por favor refiérase a la **Guía para los Padres del Programa de Intervención Temprana** si necesita mas información:
www.health.state.ny.us/community/infants_children/early_intervention
5. Si pide una mediación y/o audiencia imparcial, todos los servicios que se disputan continuarán sin cambios hasta que la mediación y/o audiencia imparcial se lleve a cabo.

Si el lugar o la hora de esta reunión no son convenientes para usted o tiene preguntas adicionales, podemos cambiar la fecha. Por favor llámeme al _____ con sus preguntas.

Sinceramente,

Nombre _____

Titulo _____

Policy Title: The Initial Individualized Family Service Plan Meeting	Effective Date: 10/15/2024
Policy Number: 5-B	Supersedes: 5-B Dated May 09, 2012
Applicable Forms: <ul style="list-style-type: none"> - Consent to Obtain/Release Information - “Your Family Rights in Early Intervention” - Social Security Number Collection Form - Concerns, Priorities, and Resources form - EI-Hub IFSP Crosswalk - IFSP Meeting Consent for Services Form - Assignment and Change of Services/Service Provider/Service Coordinator Form - Secure File Transfer Q&A (with link to guide) 	Regulation/Citation: NYCRR 69-4.11(a)(1); NYCRR 69-4.11 (a)(6); NYCRR 69-4.11 (a)(4); NYCRR 69-4.11 (a)(7); Early Intervention Memorandum 95-2 reissued 2017

I. POLICY DESCRIPTION:

“If the evaluator determines that the infant or toddler is an eligible child, the early intervention official shall convene a meeting within 45 days of the receipt of the child’s referral, to develop the initial IFSP...” (**NYCRR 69-4.11(a)(1)**)

“The IFSP meeting must be conducted in settings and at times that are convenient to the parent....” (**NYCRR 69-4.11 (a)(4)**)

“The early intervention official, initial service coordinator, parent and evaluator or designated contact for the evaluation team shall jointly develop an IFSP for a parent who requests services.” (**NYCRR 69-4.11 (a)(6)**)

The initial service coordinator is responsible for ensuring that the Individualized Family Service Plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities, concerns and resources change. Therefore, the Initial Service Coordinator should discuss the IFSP process with the parent and inform the parent that their priorities, concerns, and resources play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and early intervention official. (**NYCRR 69-4.7**)

“The written IFSP document is developed through a collaborative planning process intended to result in a service package tailored to the child’s unique developmental strengths and needs, and responsive to the family’s concerns, resources, and priorities for their child’s development.... The team goal is to:

- Develop outcomes to meet child and family needs that are relevant to the Early Intervention Program.
- Agree on appropriate Early Intervention services that will be provided to achieve identified outcomes.
- Identify and mobilize other services and supports which are not reimbursed or required by the Early Intervention Program but will enhance the child’s development and family’s capacity to care for their child.” (**Early Intervention Memorandum 95-2**)

“If the IFSP team members, including the early intervention official and the parent, agree on the initial or subsequent IFSPs, the IFSP shall be deemed final and the ongoing service coordinator shall be authorized to implement the plan.” (**NYCRR 69-4.11 (a)(7)**)

Note:

- **Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy.**
- This policy requires that a form be submitted to the NYC Bureau of Early Intervention using secure file transfer. Secure file transfer is a feature in the New York State Health Commerce System (HCS). All EI-Hub users have HCS Accounts. Otherwise, they would not be able to access the EI-Hub. A secure file transfer reference guide is linked [here](#).

II. PROCEDURE:

Responsible Party	Action
Initial Service Coordinator	<ol style="list-style-type: none">1. Before the meeting, ISC creates the draft IFSP by entering the following information into the IFSP in the EI-Hub:<ol style="list-style-type: none">a. <i>In the child's EI Hub case, clicks on the IFSP tab.</i>b. <i>Clicks the Add IFSP button.</i>c. <i>The IFSP Information screen appears.</i><ol style="list-style-type: none">i. <i>Selects Initial for IFSP Type</i>ii. <i>Enters the IFSP start and end dates.</i>iii. <i>Selects the method by which the IFSP will be conducted: in person or telephone/video.</i>iv. <i>Checks the box next to "Is the IFSP conducted in the dominant language of the parent?"</i>v. <i>Clicks Submit.</i><p>Note:</p><ul style="list-style-type: none">• When the IFSP meeting is held more than 45 days from the date of referral, <i>the IFSP Information Panel will display a red error box at the top when you try to submit the screen, and will require that "If IFSP was delayed, select reason for delay."</i>• Refer to the EI-Hub IFSP crosswalk for full instructions on completion.d. <i>Clicks the IFSP Team panel on the left.</i><ol style="list-style-type: none">i. <i>Clicks the Add IFSP Team button.</i>ii. <i>Enters each participant individually. Selects their role from the Participant Role dropdown.</i><ul style="list-style-type: none">• <i>If "other" is selected, enters the role in the Other text box.</i>• <i>If "parent" is selected, a box appears with the list of people entered in Family Info. Selects the correct person.</i>• <i>If SC or EIOD is selected, a box will appear with the name of the assigned SC or EIOD.</i>• <i>Enters the participant's phone number and email.</i>• <i>If a family member listed in the Family Info section is selected, their phone number and email will auto-populate.</i>• <i>Clicks Submit.</i>iii. <i>Repeats these steps until all participants are entered.</i><p>Note:</p><ul style="list-style-type: none">• <i>For cases that were migrated from NYEIS to the EI-Hub, there will not be "parent" and "primary contact" available to select as IFSP Team members. In those cases, a parent primary contact will need to be added to the "Family Info" tab so that they can be selected for the IFSP Team.</i>

- e. Clicks on the IFSP Meeting panel on the left.
 - i. Clicks the Add Meeting button.
 - ii. Enters the actual date and time of the IFSP meeting when the parent/surrogate and EIOD will be present
 - iii. Clicks Submit.
- f. Clicks on Level of Development on the left panel.
 - i. Clicks on the "Add IFSP Level of Development" button.
 - ii. Uses the EI-Hub IFSP Crosswalk to complete the "Results," box documented the results of the child's MDE. Writes "TBD" in the "Strengths" and "Needs" box.
 - iii. Clicks "Submit".
 - iv. Repeats these steps until results have been entered for the developmental domains of cognitive, adaptive, social or emotional, physical (e.g., fine and gross motor), communication.
 - Do not create separate entries for vision and hearing. They will not appear in the printed IFSP. Those topics should be covered and documented in the physical domain entry.

Note:

- Prior to the IFSP meeting, service coordinators must ensure that all updated private insurance and Medicaid information is entered into the EI-Hub and that copies of insurance cards are attached into the "Ins Info" tab. Refer to **Policy 3-A: Initial Service Coordination Responsibilities**.
- Prior to the IFSP Meeting, service coordinators must ensure that the **Concerns, Priorities, and Resources form** is completed and up-to-date to inform the Outcomes discussion at the IFSP.
- IFSP outcomes and developmental steps are created during the meeting with the initial IFSP team that includes the parent(s). They should not be created outside of the IFSP meeting.
- It is critical that the SC maintain and update the "Family Info" panel in the EI-Hub. Primary caregiver information must be up-to-date to prevent delays in completion of the "IFSP Team" panel.

Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. Convenes the initial Individualized Family Service Plan (IFSP) meeting at a time and place convenient to the family and within 45 calendar days of receipt of the child's referral to the New York City Early Intervention Program (EIP). 2. Writes the IFSP for providing Early Intervention (EI) services to an eligible child and family. <ol style="list-style-type: none"> a. The IFSP is an agreement between the parent/surrogate and the Early Intervention Official Designee (EIOD). The IFSP is developed collaboratively by a team of individuals. b. Each member of the team serves a primary role: <ol style="list-style-type: none"> i. Parent(s)/Surrogate(s): Describes the child; provides information on the family's concerns, priorities, and resources; collaborates with the other team members to develop desired outcomes for the child and family for the next six (6) months; determines with the EIOD what services will be authorized. ii. Initial Service Coordinator (ISC): Provides support to the family during the meeting, encouraging their participation; contributes to the discussion as appropriate, enters the IFSP information into EI-Hub. v. Early Intervention Official Designee (EIOD): Facilitates and guides the meeting ensuring team participation; determines with the parent/surrogate what services will be authorized. vi. Evaluator: Participates in the development of the IFSP by providing clinical input based on the Multidisciplinary Evaluation (MDE). vii. Advocate or person outside the family (if invited by the parent/surrogate). viii. Foster care caseworker (if appropriate).
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EIOD Cont.	<p>ix. Committee on Pre-school Special Education (CPSE) administrator (if Initial IFSP is also a Transition Conference).</p> <p>x. Service providers (as appropriate).</p> <p>xi. Other persons such as the child's primary health care provider or childcare provider whom the parent(s)/surrogate(s) or ISC (with the parent's/surrogate's consent) may invite.</p> <p>3. The EIOD facilitates the IFSP meeting by:</p> <ol style="list-style-type: none"> Introducing all members, reviewing parent/surrogate rights, providing a full description of EI and how family-centered practices are used as a part of services. Encouraging the active participation of the parent(s)/surrogate(s), the representative of the evaluation team, the ISC, and any other individual(s) present. <p>4. The EIOD determines if the parent(s)/surrogate(s):</p> <ol style="list-style-type: none"> Received the written MDE report and summary, “Your Family Rights in Early Intervention,” and “A Parent’s Guide.“ <ol style="list-style-type: none"> If parent/surrogate has not received a copy of “A Parent’s Guide,” EIOD will provide a copy or the web link (with parental/surrogate consent) to the guide by the end of the meeting. Provided insurance information <ol style="list-style-type: none"> If the parent/surrogate has not provided insurance information or has updates to the insurance information, the EIOD informs the parent/surrogate about the use of insurance information for the EIP. <p>5. <i>In the child’s EI Hub case, on the “Document” tab, selects “Insurance” from the “Document Area (Equal To)” dropdown. All documents attached in the “Ins Info” tab appear. Checks to ensure that a copy of the child’s insurance card is present.</i></p> <p>6. <i>If the insurance card attachment is missing, obtains a copy of the insurance card to attach in the EI Hub.</i></p> <p>7. <i>Updates/completes the “Insurance” screen in the EI Hub</i> <ol style="list-style-type: none"> <i>In the child’s EI Hub case, clicks on the “Ins Info” tab.</i> <i>Clicks the “Add” button.</i> <i>From the “Insurance Type” dropdown, selects the child’s coverage type: commercial, Medicaid, Medicaid Managed Care, or Medicare.</i> <i>Selects the insurance company from the Insurance Carrier dropdown.</i> <i>In the Relationship to Child dropdown, selects the relationship of the insurance policy holder to this child (mother, father, etc.).</i> <i>If the insurance plan is State regulated, checks the box next to “State Regulated?”</i> <i>If the insurance plan is part of the Children’s Health Insurance Program, checks the box next to “CHIP”.</i> <i>Enters the policy number or Medicaid CIN in the field “Policy Number/Medicaid CIN”.</i> <i>If the policy has a group number, enters it in the field “Group Number”.</i> <i>If the child’s member ID number is different from the policy holder’s, enters the child’s member ID number in the field “Child’s Member ID”.</i> <i>If the child is not the actual policy holder, in the field “Policy Holder, If Different from Child,” the name of the adult who insures the child will appear in the dropdown if that individual was indicated as being the adult who insures the child in the Family Info section.</i> <i>In the next fields, indicates whether the policy holder works for a school district (DOE or a school district outside of NYC); if so, selects the district.</i> <i>Policy holder’s address fields will auto-populate from the “Family Info” tab.</i> <i>Under “Policy Status”, selects if the policy is “active” or “inactive”.</i> <i>Enters Coverage Start Date.</i> <i>If applicable, enters the policy holder’s employer and their address and occupation.</i> <i>Clicks the Address Validate button.</i> </p>
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EIOD Cont.	<p>i. If the policy holder's employer's address is not validated because it was not entered, or it was entered correctly but is not being recognized, clicks the "Address Has Been Validated" box in order to move forward.</p> <p>r. From the dropdown for Insurance Policy Priority, chooses whether this policy is primary, secondary or tertiary. Commercial insurance should be primary before Medicaid.</p> <p>s. Chooses yes or no for the question "Does the Card Indicate that Some Claims Should be Submitted to Another Payer?"</p> <ul style="list-style-type: none"> i. If the answer is yes, goes on to the next fields to indicate the name of the other payer, the service types covered by the insurance, and whether preauthorization is needed. <p>t. Clicks Submit.</p> <p>Note:</p> <ul style="list-style-type: none"> • The EIOD will document in the "Levels of Development" panel of the EI-Hub IFSP that the parent signatures on the relevant insurance toolkit forms must be completed by the OSC or if parent declination must be entered into the Insurance section of the EI-Hub by the OSC. • Medicaid and coverage information must always be entered into the EI-Hub. <p>8. The EIOD determines if the parent(s)/surrogate(s) provided Social Security information</p> <ol style="list-style-type: none"> a. The Social Security Number Collection Form MUST be completed by the EIOD as per State Department of Health (SDOH) guidance. b. The Social Security Collection Form will stay in the child's file. It will NOT be attached to the case in the EI Hub. <p>Note: The Early Intervention Program (EIP) will provide services whether or not the parent/surrogate provides Social Security numbers.</p> <p>9. The EIOD determines if the parent(s)/surrogate(s) understands the results of the evaluation.</p> <ol style="list-style-type: none"> a. If parent/surrogate has not received a written copy of the MDE and summary, the EIOD: <ol style="list-style-type: none"> i. Asks if the parent/surrogate feels comfortable proceeding with the meeting if the evaluation team representative explains the results before the meeting begins and, if not, ii. Postpones the IFSP meeting until the parent/surrogate has had an opportunity to read and discuss the results of the MDE with the Evaluator and share reactions to the MDE with the ISC. <p>10. <i>The IFSP Team then completes IFSP in the EI Hub. Refer to the EI-Hub IFSP Crosswalk for a detailed walkthrough of all required fields, with guidance on completion:</i></p> <ol style="list-style-type: none"> a. In the child's EI Hub case, clicks on the "IFSP" tab. b. Clicks the "Edit" button to the right of the IFSP listed in the grid. c. The IFSP Information screen appears. <ol style="list-style-type: none"> i. Reviews and confirms that all information is correct. ii. Pays close attention to the IFSP "Start Date" and "End Date", and the "IFSP delay reason" for IFSPs convened after 45 days from the date of referral. iii. Clicks "Submit". d. Clicks on "IFSP Team" on the left panel. <ol style="list-style-type: none"> i. Reviews the list of participants to confirm that it is correct and complete. ii. Adds or removes participants if necessary. e. Clicks on "IFSP Meeting" on the left panel. <ol style="list-style-type: none"> i. Clicks on the "Edit" button to the right of the IFSP meeting listed in the grid. ii. Confirms that date, time, and location of meeting are correct. iii. Pays close attention to ensure that the date the confirmation was sent is included. f. Clicks "Submit".
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EIOD Cont.	<p>Note: While the Service Coordinator can assist with typing the IFSP to facilitate the meeting discussion, the EIOD must complete the Concerns, Priorities and Resources panel, the Outcomes panel, the services panels, and the parent agreement panel.</p>
	<p>11. <i>Clicks on Level of Development on the left panel.</i></p> <ul style="list-style-type: none"> a. <i>Clicks on the “Add IFSP Level of Development” button.</i> b. <i>Reviews the domain entries and uses the EI-Hub IFSP Crosswalk to complete the required fields of “Strengths,” and “Needs”.</i> c. <i>Clicks “Submit”.</i> d. <i>Repeats these steps until results have been entered for the five (5) developmental domains of cognitive, adaptive, social or emotional, physical (e.g., fine and gross motor), and communication.</i> <ul style="list-style-type: none"> i. Do not create separate entries for vision and hearing. They will not appear in the printed IFSP. Those topics should be covered and documented in the physical domain entry.
	<p>NOTE:</p> <ul style="list-style-type: none"> • <i>The information entered in the “Meeting Minutes” section of the “IFSP Parent Agreement” panel and “Additional Notes” panel are not included in the printed version of the IFSP for the family or for their EI Team members.</i> • <i>Therefore, all notes that are needed on any IFSP will be documented in the “Level of Development” panel in the “Adaptive” domain of development (in the “Needs” text box) so that they will be included in the printed version of the IFSP.</i> • <i>After you enter the information for the adaptive domain of development in the “Needs” text box, type a line to separate the content and enter all the additional family or IFSP information so that it’s documented and will print out. You will reference this “Level of Development” panel when completing the “IFSP Parent Agreement” panel of the child’s IFSP.</i>
	<p>12. <i>Clicks on Family Strengths, Concerns, Priorities and Resources on the left panel.</i></p> <ul style="list-style-type: none"> a. <i>Selects yes to answer whether the parent gave consent for collection of strengths/concerns/priorities/resources.</i> <ul style="list-style-type: none"> i. <i>The parent/surrogate has already signed the Consent to Obtain and Release Information form, and the Concerns, Priorities and Resources form has been completed with the family by the Initial Service Coordinator.</i> b. <i>Uses the completed Concerns, Priorities and Resources (CPRs) form to discuss family CPRs and document them in the “Family Concerns” field, the “Family Priorities” field, and the “Family Resources” field, identifying resources that the family already has.</i> c. <i>In the “Identified Family/Child Needs” section, under “Other resources the family/child receiving that are not funded by EIP,” clicks on the “Other” button and selects from the dropdown other sources of support that the family receives.</i> d. <i>Under “Other public programs that the family/child may need and be eligible for,” clicks on the “Other” button and selects from the dropdown any relevant public programs</i> <ul style="list-style-type: none"> i. <i>The programs and services listed in this category must also be listed in the “Levels of Development” panel in the “Adaptive” domain of development (in the “Needs” text box) to document the required OSC follow-up activities.</i> ii. <i>Clicks Submit</i>
	<p>13. <i>Clicks Natural Environments on the left panel.</i></p> <ul style="list-style-type: none"> a. <i>EIOD will explain that federal and state law requires that services be delivered in the natural environment of the child and family whenever possible.</i>

EIOD Cont.	<p>b. SDOH regulations [NYCRR 69-4.1(ae)] define natural environment as “settings that are natural or normal for the child’s age peers who have no disability, including the home, a relative’s home..., childcare setting, or other community setting in which children without disabilities participate.”</p> <p>c. EI services can be delivered in places where the child and family normally spend their time and include activities that are part of the child’s and family’s daily routines.</p> <p>d. Team discusses ways in which the therapists may involve and coach the family in using everyday activities/routines as learning opportunities for the child</p> <p>e. <i>Enters the natural environments for the child.</i></p> <ul style="list-style-type: none"> i. <i>If the child is in daycare, lists ways the qualified professionals will train daycare providers to accommodate the needs of the child.</i> ii. <i>Ways in which parent/surrogate would like to be involved in the child’s EI services will also be discussed.</i> <p>f. Clicks Submit.</p> <p>14. <i>Clicks on “IFSP Outcomes” on the left panel.</i></p> <p>a. EIOD will emphasize that outcomes are the cornerstone of the IFSP and describe the practical, desired results that the EI services will help the child and family achieve in the next six (6) months</p> <p>b. Before any outcomes are written, the EIOD will discuss that outcomes are:</p> <ul style="list-style-type: none"> i. Related to everyday routines, activities, and priorities identified while discussing family strengths; ii. Designed to help the parent/surrogate encourage the child’s development; iii. Identified as developmentally appropriate for the child; iv. Designed to be achieved in the authorization period of the IFSP (next six (6) months); and v. Described in a manner agreed upon by the IFSP team. <p>c. Once the outcome(s) is/are developed, the team will write the developmental steps (short term goals/objectives) necessary to achieve each outcome.</p> <p>d. <i>Enters the IFSP outcomes for the child.</i></p> <ul style="list-style-type: none"> i. <i>Clicks the Add IFSP Outcome Detail button.</i> ii. <i>The Outcome Number and Outcome Start Date will auto-populate.</i> iii. <i>Do not enter the Outcome Completed Date. If a date is entered, the outcome cannot be associated with a service authorization.</i> iv. <i>Describes the desired outcome in the Outcome Desired box.</i> <ul style="list-style-type: none"> • <i>The outcome must have all required elements of an EI (functional) outcome.</i> • <i>Refer to the EI-Hub IFSP Crosswalk for full outcome guidance.</i> v. <i>From the Outcome Type dropdown, selects whether this is an outcome for the child or the family.</i> vi. <i>Enters the developmental steps needed to obtain the outcome.</i> <ul style="list-style-type: none"> • <i>The developmental steps are the objectives needed to achieve the outcome entered.</i> vii. <i>Enters strategies and activities that will support this outcome.</i> viii. <i>Selects from the Progress Rating dropdown whether this outcome is new, ongoing, or achieved.</i> ix. <i>From the Modification to Outcome? dropdown, selects yes or no to indicate if this is an ongoing outcome that is being modified.</i> <ul style="list-style-type: none"> • <i>If so, indicates how many times this outcome has been modified under Outcome Version.</i> x. <i>Enters the criteria by which the IFSP Team will assess whether the outcome has been achieved.</i> xi. <i>Enters the people who will assist the child/family to achieve the outcome.</i>
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EIOD Cont.	<p>xii. <i>Indicates how often progress will be measured for this outcome: weekly, monthly, etc.</i></p> <p>xiii. <i>If this is an existing outcome, enters the date that progress was last reviewed.</i></p> <p>xiv. <i>Clicks Submit.</i></p> <p>xv. <i>Repeats until all outcomes have been entered.</i></p>
Note: Refer to Appendix A: Interim Approach to the Authorization of Services Utilizing Applied Behavioral Analysis Methods and Techniques for guidance on the creating IFSP Outcomes for services that utilize ABA Methods and Techniques.	
	<p>15. <i>If the IFSP Team has agreed to authorize an evaluation, clicks “IFSP Ongoing Evaluations” on the left panel.</i></p> <ul style="list-style-type: none"> a. <i>Clicks the Add IFSP Ongoing Evaluations button.</i> b. <i>Clicks on the binoculars next to the Program field.</i> c. <i>Selects the type of supplemental evaluation to be authorized from the dropdown, or selects MDE if it is an ongoing eligibility MDE, and clicks Submit.</i> d. <i>Enters the start and end dates of the evaluation in the “Dates of Evaluation From” and “Dates of Evaluation To” fields.</i> <ul style="list-style-type: none"> i. <i>The from date is the date of the IFSP meeting.</i> ii. <i>The to date must be the 30th day from the date of the IFSP meeting.</i> e. <i>Under Agency, types the name of the agency to perform the evaluation, and clicks on the agency name when it pops up.</i> f. <i>From the dropdown under Location Type, selects the setting where the evaluation will be conducted.</i> g. <i>Clicks Submit.</i>
	<p>16. <i>Team discusses types of services which could best achieve the outcomes developed, taking into account the discussion regarding family strengths and natural environments.</i></p> <ul style="list-style-type: none"> a. <i>EIOD and parent(s)/surrogate(s) agree on the service plan to be authorized.</i> b. <i>A Service Authorization(s) is created for a maximum period of six (6) months in the EI-Hub and reauthorized, terminated, or amended, as appropriate, based upon the child’s progress toward achieving their outcomes and their current needs, every six (6) months.</i>
	<p>17. <i>Creates Service Authorization(s) in EI-Hub for each service type agreed on by the IFSP team.</i></p> <ul style="list-style-type: none"> a. <i>Clicks on IFSP Services on the left panel.</i> <ul style="list-style-type: none"> i. <i>Clicks the Add Service Information button.</i> ii. <i>In the Program field, begins typing the service type (e.g., speech) and clicks on the full name when it pops up.</i> iii. <i>The “Service Type” field is autopopulated based on the Program field.</i> iv. <i>Scrolls to the bottom and clicks Submit.</i>
Note: Refer to Appendix A: Interim Approach to the Authorization of Services Utilizing Applied Behavioral Analysis Methods and Techniques for additional guidance.	
	<ul style="list-style-type: none"> b. <i>Clicks on Service Delivery on the left panel.</i> <ul style="list-style-type: none"> i. <i>Service Delivery is autopopulated from the Service Information panel.</i> ii. <i>IFSP Start Date and End Date are autopopulated from the IFSP Information panel.</i> iii. <i>Enters the service Start Date and End date – These should be consistent with the Start Date and End Date for the IFSP.</i> iv. <i>Under Frequency, enters how often the service will be delivered in one frequency unit, e.g., two.</i>

EIOD Cont.	<p>v. From the dropdown under Frequency Unit, selects the unit of frequency, e.g., week, IFSP period.</p> <p>vi. From the dropdown under Length (minutes), selects the length of the session.</p> <p>vii. Under IFSP Outcome Name, clicks on the Select button and selects the IFSP outcome(s) associated with this service.</p> <p>viii. If a group service is being authorized:</p> <ul style="list-style-type: none"> • Selects the Service Group type (with at least 51% of typically developing peers, less than 51%, none) from the dropdown window. • Documents in the text box if any service is being provided in a group setting without typically developing peers and explains why the IFSP team agrees this is appropriate. <p>ix. Clicks Submit.</p> <p>c. Clicks on Service Details on the left panel.</p> <p>i. Checks the box next to “Makeup visits allowed?”</p> <ul style="list-style-type: none"> • Enters 6 in the box for Makeup Quantity. If additional makeup visits are needed, they may be requested as an Amendment. Makeup visits must be delivered as per the Makeup Policy. • Selects IFSP Period from the “Makeup Frequency” dropdown • Enters “6” for “Total Makeups Authorized.” <p>ii. For group or team meetings where multiple interventionists will meet at the same time, checks the box next to “Co-visits allowed?”</p> <ul style="list-style-type: none"> • From the dropdown under Qualified Personnel List for Co-visit, selects the professional to participate in a co-visit with the therapist providing this service. <ul style="list-style-type: none"> ○ The EI-Hub only allows for one Qualified Personnel to be selected from this list. ○ However, this limitation does not preclude all of the treating professionals who have co-visits authorized as part of their service authorizations from participating in a team meeting. • Enters the number of co-visits in the box for Co-visit Quantity. <ul style="list-style-type: none"> ○ Team meetings that were authorized as monthly family training in the past will be authorized as 6 additional sessions as a co-visit on the service authorization of each treating professional. • From the dropdown under Co-visit Frequency, selects IFSP Period. • Enters the Total Co-visits Authorized as the total number of co-visits. <ul style="list-style-type: none"> ○ For example, indicate “6” for a monthly team meeting. • Enters the maximum number of co-visits allowed per day in the Visits Per Day field. <ul style="list-style-type: none"> ○ In most cases, “2” will be indicated to comply with billing rules. ○ For children authorized for services utilizing the methods and techniques of ABA, indicate “4” to account for waiver considerations. <p>iii. Clicks Submit.</p> <p>Note:</p> <ul style="list-style-type: none"> • Co-visits will be considered when the purpose of the co-visit is to: <ul style="list-style-type: none"> ○ Provide co-treatment for the child, targeting an area of child need in which 2 or more qualified personnel are providing different interventions; ○ Enable professionals and parents/caregivers to work together to assess child progress and problem-solve on emerging issues across the areas of child and family need that are being addressed by differently qualified personnel; or ○ Provide education, training, and instruction to the parent/designated caregiver in the use and integration of particular techniques and strategies to enhance the
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EIOD Cont.	<p>child's development and functioning in the area of need being addressed by the professionals.</p> <ul style="list-style-type: none"> • In the EI-Hub, co-visits will be authorized as a number of sessions on each service authorization.
	<p>d. <i>If the provider agency has been identified, clicks on Company Assignment on the left panel.</i></p> <ul style="list-style-type: none"> i. <i>Under Company Name, types the first few letters of the agency's name, then clicks on it when it pops up.</i> ii. <i>Clicks Submit.</i>
	<p>Note:</p> <ul style="list-style-type: none"> • If the provider agency is not known during the time of the IFSP, <ul style="list-style-type: none"> ○ The ongoing service coordinator must complete the Change and Assignment of Services/Service Provider/Service Coordinator Form. ○ once the service provider is identified and submit the form to the child's EIOD HIN ID and Regional Office HIN ID. ○ IFSP will be unlocked, and the service provider added to the child's active IFSP. ○ See Ongoing Service Coordinator section below.
	<p>e. <i>Clicks on Service Location on the left panel.</i></p> <ul style="list-style-type: none"> i. <i>From the dropdown under Location Type, selects the kind of site where the service will be delivered.</i> <ul style="list-style-type: none"> • <i>If "caregiver home" is selected for Location Type, the address fields will auto-populate from the caregiver's address entered in the Family Info tab.</i> • <i>For any other Location Type, enters the street, city, state and zip code of the location.</i> ii. <i>From the dropdown under Is the child being served in a natural environment? selects yes or no.</i> <ul style="list-style-type: none"> • <i>If the service is being provided in a group setting without typically developing peers, selects no.</i> • <i>If the answer is no, a box will appear requiring an explanation of why the IFSP team has chosen not to provide the service in a natural environment.</i> iii. <i>Clicks Submit.</i> <p>f. <i>If the service may be provided at a second location, clicks on Alternate Service Location on the left panel and repeats entry as for the Service Location panel.</i></p> <p>g. <i>When returned to the main Service Information panel after clicking Submit on the Service Location panel, clicks Submit on the Service Info panel to submit the service authorization.</i></p> <p>h. <i>Follows the steps above to create all the service authorizations for the child and family.</i></p>
	<p>Note: When the service authorization is complete, clicks on IFSP at the top of the screen (the breadcrumbs) to return to the child's main IFSP Information page.</p>
18.	<p>EIOD ensures that the parent/surrogate is given a choice of OSC.</p> <ul style="list-style-type: none"> a. Reviews with the parent their right to choose an OSC. Reviews the New York City Early Intervention Provider Directories for a full list of NYC OSC providers. b. <i>Follows the steps under 17 above and the EI-Hub IFSP crosswalk to create a Service authorization for OSC, ensuring that the following Service Info panels are completed:</i> <ul style="list-style-type: none"> i. <i>Service Information</i> ii. <i>Service Delivery</i> iii. <i>Company Assignment</i>

EIOD Cont.	<p>iv. <i>Service Location</i></p> <p>c. If the parent/surrogate selects an OSC who is different than their OSC, creates a Teams assignment in the EI-Hub by:</p> <ul style="list-style-type: none"> i. <i>In the “Teams” tab, clicks the “Add EIOD or Service Coordinator” button.</i> ii. <i>From the “EIOD or Coordinator Type” dropdown, selects Ongoing Service Coordinator.</i> iii. <i>In “Agency Lookup,” begins typing the name of the OSC agency and clicks on the name when it pops up.</i> iv. <i>For “Start Date,” enters the date of the IFSP.</i> v. <i>Clicks Submit.</i> <p>19. To create Assistive Technology- related service authorizations in the EI-Hub:</p> <ul style="list-style-type: none"> a. Refers to the Assistive Technology (AT) Chapter for required steps to facilitate access to Assistive Technology. b. The Assistive Technology and Assistive Technology Device Panels should not be utilized at EI-Hub go-live. <p>20. <i>Clicks on “Reasons/Indicators for Respite and/or Transportation” on the left panel.</i></p> <ul style="list-style-type: none"> a. Under “Has respite been identified as a possible need of the child/family?” selects yes or no from the dropdown. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • The IFSP team must explain that respite is a short-term and temporary service. • In New York City, respite is provided by agencies that hold a contract with New York City. • The SC should assist the parent/surrogate in obtaining a respite application through OPWDD if the child may be eligible, and the parent/surrogate requests assistance. • This service need should also be documented in the “Family Strengths, Concerns, Priorities and Resources” panel under “Other public programs that the family/child may need and be eligible for.” </div> <p>i. <i>If the answer is yes, a new section appears, “Have the following respite criteria been considered?” For each of the criteria listed, selects yes or no from the dropdown depending on whether they have been assessed for possibly contributing to a need for respite. If yes is selected, a comment is required:</i></p> <ul style="list-style-type: none"> • <i>Severity of the child’s disability and needs</i> • <i>Potential risk of out-of-home placement for the child if respite services are not provided</i> • <i>Lack of access to other sources of respite</i> • <i>Has the family applied for other sources of respite? If yes, enter the name of agency, the date applied, and the response from the agency (respite granted/not granted)</i> • <i>The presence of factors known to increase family stress</i> • <i>The perceived and expressed level of need for respite services by parent</i> <p>b. <i>In the next section, under “Were transportation needs discussed?” selects yes or no from the dropdown.</i></p> <ul style="list-style-type: none"> i. <i>Select no when no transportation is needed. This will be the case for all home/community-based services, or when the child resides less than 6 blocks from the location of services.</i> ii. <i>If the answer is yes, a new section appears, “Have the following transportation needs been considered?”</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Consideration is first given to transportation being provided by a parent/surrogate. </div>
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EIOD Cont.

- Other transportation options include Metro Cards, parent mileage/toll reimbursement, and school bus transportation.
- Transportation services can only be provided for authorized services by approved school bus providers when a site has SDOH and New York City Health Department approval for the delivery of group early intervention services.
- Refer to **Policy 8-A: Transportation**.

- iii. *For the field “Is caregiver able to provide transportation?” selects yes or no from the dropdown.*
- *If the answer is no, enters comments about why the caregiver is not able to provide transportation. Also documents if transportation was discussed and caregiver cannot provide it, but the child’s service plan does not necessitate any transportation.*
 - *If the answer is no, a question appears, “If no and if transportation is needed, how will transportation be provided?”*
 - *Selects from the dropdown: Medicaid Transportation [Medicaid Transportation Manager] or Early Intervention Vendor [school bus].*
 - *The NYC EIP will be implementing the use of Medicaid Transportation in the coming year. Until Medicaid Transportation is implemented, if any type of support is provided to a family for transportation, “Early Intervention Provider” should be selected.*
 - *Only select vendor (school bus) if child requires transportation to group Early Intervention services and caregiver is unable to transport.*
 - *If the answer is yes, a question appears, “If yes, is transportation reimbursement [mileage reimbursement/metro cards] being requested?” Selects yes or no from the dropdown and types any details in the Comments box.*
- iv. *Clicks Submit.*

21. *To create a transportation service authorization:*

- a. *Refers to the Transportation Policy, the EI-Hub IFSP Crosswalk, and step 17 above to complete the following “services info” panels:*
- i. *Service Information,*
 - ii. *Service Delivery,*
 - iii. *Company Assignment,*
 - iv. *Service Location, and*
 - v. *Transportation Services*

22. *To create a respite service authorization*

- a. *Refers to the EI-Hub IFSP Crosswalk and step 17 above to complete the following “services info” panels:*
- i. *Service Information,*
 - ii. *Service Delivery,*
 - iii. *Company Assignment,*
 - iv. *Service Location, and*
 - v. *Respite Services*

23. *Click Waiver under Service Info in the left-hand panel after each Service authorization to check for and approve system-generated waivers*

- a. *The EI-Hub automatically calculates when the service package requires a waiver. It will generate the waiver at the point that the billing rule is broken and will apply it to all relevant services.*

EIOD Cont.

- b. Follow the steps in the **EI-Hub IFSP Crosswalk** check for system-generated waivers.

Note: In order to ensure that waivers are applied to all relevant service authorizations, no service authorization should be approved until the IFSP is completed. If a service authorization is approved and then a subsequent authorization triggers a waiver, the waiver may not be applied to the earlier service authorization if it's already approved.

24. Clicks on Service Delay Reason in the left-hand panel.

- a. The Service Delay Reason is required whenever the start of the services being authorized will be delayed, if the delay is known at the time of the IFSP.

Note: When the service authorization is complete, clicks on IFSP at the top of the screen (the breadcrumbs) to return to the child's main IFSP Information page.

25. Clicks Other Services/Resources Where Family is Participating on the left panel.

- a. Completes the required fields as documented in the **EI-Hub IFSP Crosswalk**.
b. Clicks Submit.

Note:

- The IFSP team must explain that Early Intervention is not a medical or rehabilitative program.
- If the child requires services for a medical condition or services that are rehabilitative in nature, such as PT to recover from surgery or feeding therapy to address complex reflux, those services or service needs can be documented in this section.
- The SC should assist the parent/surrogate in facilitating access to these services, when needed.
- This SC follow-up activity should be documented in “Level of Development” panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.

26. Clicks on IFSP Transition on the left panel.

- a. Under “Has Transition Been Discussed with the Family”, selects yes or no.
i. Transition discussions must start in anticipation of transition and be discussed and documented during the IFSP closest to the child’s second birthday (this includes the Initial IFSP) and at every IFSP following the IFSP closest to the second birthday.
ii. If yes, gives the date of the discussion and a synopsis of what was discussed.
- b. Under “Has Transition to CPSE Been Discussed with the Family”, selects yes or no.
i. The answer must be yes if this is the IFSP closest to the second birthday.
ii. If yes, lists everything that was discussed with the parent/surrogate.
iii. The steps to a smooth CPSE transition must be explained to the parent, including the dates for Notification, Transition Conference and Referral.
- c. Under “Has Transition to Other Programs Been Discussed with the Family”, selects yes or no.
i. If yes, lists the options that have been discussed with the parent/surrogate including public service options and private service options.
- d. Lists procedures taken to prepare the child for changes in service delivery.
- e. Under “Did the Parent Consent to Allow Qualified Personnel to Prepare for the Child’s Transition (Referral to CPSE)”, selects yes or no.
- f. Under “Did the Parent Consent to Transmit Info to CPSE”, selects yes or no.
- g. Clicks Submit.

Note:

EIOD Cont.

- Refer to the [EI-Hub IFSP Crosswalk](#) for detailed documentation requirements.
- If the child is in foster care, the birth parents should be included in transition planning whenever possible.

27. Prior to proceeding to the attestation page and the IFSP Parent Agreement panel, the EIOD ensures that all the necessary information is documented in the IFSP:
- a. Level of Development
 - b. Family Strengths, Priorities, Concerns and Resources (with parental consent)
 - c. Natural Environment
 - d. IFSP Outcomes
 - e. Reasons/Indicators for Respite and/or Transportation
 - f. IFSP Ongoing Evaluations
 - g. IFSP Services
 - h. Other Services/Resources
 - i. IFSP Transition

28. *Documents all the following notes as part of the IFSP in the EI-Hub*

Note: The notes entered in the “Additional Notes” Panel will not be included when the IFSP is printed out. Therefore, this section should not be used during the IFSP to record notes or minutes that the IFSP team wants the parents/surrogate to receive a copy of.

- a. *Clicks on the Level of Development in the left-hand panel.*
 - i. *Since the information for each developmental category has been entered, you will see a table of the categories and the information the team entered for each level of development.*
 - ii. *Select edit next to the “Adaptive” area of development.*
 - iii. *In the “Needs” text box, enter a line to separate the content and enter all the additional family or IFSP information so that it will print out, documenting:*
 - *The specific areas where the OSC will assist the family, such as:*
 - *Applying for Public Programs*
 - *Applying for other non-EI services needed by child/family*
 - *Monitoring all services, including co-visits*
 - *Updating insurance information*
 - *Locating bilingual services as authorized*
 - *Assisting the family with transition*
 - *All services offered and those declined by the parent/surrogate*
 - *Any Written Notice issued in the meeting*
 - *That make-up sessions were explained and the family was given a copy of the make-up policy*
 - *The ABA services offered to the parent/surrogate and those accepted*
 - *Any of the authorized services that do not have a rendering provider agency assigned*
 - *If the parent/surrogate was offered and declined telehealth*
 - *If the child is in foster care, how the birth parent will be involved in EI services*
 - *If the family will be moving to another NYS municipality in the coming IFSP period, along with:*
 - *Expected transfer date*
 - *Receiving municipality*

EIOD Cont.	<ul style="list-style-type: none"> ○ <i>Comments and any known information about new address, phone number, and whether parent has contacted EI or CPSE in the new municipality</i> <p style="margin-top: 5px;">iv. <i>Clicks Submit.</i></p> <p>29. Reviews and completes the Individualized Family Service Plan Consent for Services Form</p> <p>a. The EIOD will inform the family that:</p> <ul style="list-style-type: none"> i. If the parent/surrogate believes the child needs a change in services that is not recommended on the IFSP, they have the right to request an amendment to the IFSP. ii. Justification for the change is required (Refer to the Amendments Chapter). iii. If the request is not approved by the EIOD, the parent/surrogate will receive Written Notice from the EIP. iv. Parent/surrogate has the right to accept or decline any EI service without jeopardizing other EI services. v. Occupational Therapy, Physical Therapy, and Nursing services and evaluations cannot begin without a prescription from a primary care provider. vi. Parent/surrogate is authorizing information sharing within the EIP for the purposes of developing and maintaining services. vii. For phone or virtual meetings, EI services cannot begin without written parent/surrogate consent on the Individualized Family Service Plan Consent for Services Form.
<p>Note:</p> <ul style="list-style-type: none"> • The Consent to Obtain and Release Form must be completed and signed only if the parent/surrogate would like to share the IFSP document with parties other than providers of EI services. • For children in the care and custody, or custody and guardianship, of the local social services district, the local commissioner of social services or designee will be given access to the records collected, maintained, or used for the purposes of the EIP. • For phone or remote IFSP meetings, the EIOD will review the Individualized Family Service Plan Consent for Services Form with the parent/surrogate and indicate that the OSC will work with parent to obtain the parent's written consent within five (5) calendar days of the IFSP meeting. 	
<p>b. Parent/surrogate signs to attest that:</p> <ul style="list-style-type: none"> i. They understand their rights under EI ii. They agree/disagree with the Plan: <ul style="list-style-type: none"> • Either the EIOD and the parent(s)/surrogate(s) agree on the services authorized and the parent/surrogate has selected an ongoing service coordinator, or • The EIOD and the parent(s)/surrogate(s) do not agree on all aspects of the IFSP <ul style="list-style-type: none"> ○ The services that the parent/surrogate and EIOD agree upon are to be implemented at the conclusion of the IFSP meeting ○ The EIOD should explain the parent's/surrogate's due process rights and assist the parent/surrogate accordingly to resolve the disagreement (e.g., re-evaluation, mediation, impartial hearing) 	

EIOD Cont.	<p>a. Clicks the box that describes the level of the parent's agreement with the development and components of this IFSP (click only one of the three):</p> <ul style="list-style-type: none"> i. Parent participated in the development of this IFSP and agrees with all components of this IFSP ii. Parent agrees with the IFSP, except for the following services - check only if the parent does not agree with one or more of the services recommended by the IFSP team. Document in the text box which services, frequency, etc. the parent disagrees with. iii. Parent does not agree with this plan, or some parts of this plan. Due process rights/procedural safeguards have been explained to the parent at this IFSP meeting. Parent understands that disagreeing to some services will not affect other agreed upon EIP services. <p>b. Checks to indicate that the parent's signature is on file.</p> <ul style="list-style-type: none"> i. Enter the date signed by parent. ii. For phone IFSP meetings, enter the date of the meeting. <p>c. For in-person IFSP meetings only, checks to indicate that a completed signature page has been uploaded.</p> <p>d. Meeting Minutes. Information entered here will not be included in the printed IFSP. DO NOT USE THIS FIELD.</p> <p>e. Uploads the Individualized Family Service Plan Consent for Services Form into the IFSP Parent Agreement panel.</p> <p>b. Clicks on the "Upload Signature Page" button at the bottom of the page, when applicable.</p> <ul style="list-style-type: none"> i. From the dropdown under Document Type, selects Parent Documents. ii. For Document Name, types IFSP Meeting Consent for Services (IFSP Date) (child initials) (Child ID number). iii. Clicks the Choose File button and navigates to where the file is saved. iv. Clicks Upload. v. Clicks Submit. <p>31. Finalizing the IFSP. The IFSP is considered final once signed by the EIOD and parent/surrogate.</p> <ul style="list-style-type: none"> a. Clicks on the Generate Draft IFSP Document button. A box will open to save the document. Navigates to the child's Regional Office file and saves it there. b. Opens the saved IFSP file and prints it. c. The list of IFSP participants will autopopulate Section 17 of the print EI-Hub IFSP, titled: "People who participated in the development of this IFSP (EI-Hub IFSP Meeting Attendees Page)" <ul style="list-style-type: none"> i. All participants must sign and date beneath their names. d. Uploads the signed EI-Hub IFSP Meeting Attendees Page into the EI-Hub. <ul style="list-style-type: none"> i. Clicks on the Upload Signature Page button at the bottom of the page, when the meeting is being conducted in-person. ii. From the dropdown under Document Type, selects Parent Documents. iii. For Document Name, types IFSP Meeting Attendees Page Services (IFSP Date) (child initials) (Child ID number). iv. Clicks the Choose File button and navigates to where the file is saved. v. Clicks Upload. e. Submits the IFSP by changing the IFSP Status on the "IFSP Information" panel to "submitted" and clicking "Submit". f. When the page reloads, clicks on "IFSP Services" on the left panel. g. For each service authorization, clicks the Edit button to the right of the authorization in the grid. h. At the bottom of the screen, selects "approve" from the EIOD Approval dropdown. <ul style="list-style-type: none"> i. Clicks Submit.
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- i. Repeats for each service authorization until they are all approved.

Note:

- Once the IFSP is finalized, no documents can be attached to the final document.
- Therefore, SCs are required to use **HCS Secure File Transfer** to send signed Individualized Family Service Plan Consent for Services Forms and the signed EI-Hub IFSP Meeting Attendees Pages to the EIOD and Regional Office for signature and to be attached to the child's case in the EI-Hub.

32. Clicks on IFSP at the top navigation portion of the screen (the breadcrumbs) to return to the child's main IFSP Information page.
- a. At the bottom of the IFSP Information page, selects "approve" from the EIOD Approval dropdown.
 - b. Clicks Submit.
 - c. The IFSP is final approved when the IFSP Status changes to "active".
 - d. Gives the printed IFSP, the IFSP Consent for Services Form, the Early Intervention Make-up Policy, and "Your Family Rights in Early Intervention" to the parent/surrogate.
 - i. The Collection of Social Security Information Form is maintained in the RO and is NOT given to providers or attached in the EI Hub.
 - ii. If the IFSP meeting is held in the parent's/surrogate's home or other location where the IFSP cannot be completed in the EI Hub during the meeting and cannot be printed/copied:
 - The EIOD will ensure that the IFSP is entered into the EI Hub within (1) one week of the meeting.
 - The OSC will ensure that the parent/surrogate receives a copy of the IFSP and all related documents no later than 48 hours after the OSC receives it.
33. Assign the OSC agency in Teams:
- a. Click on the Teams tab.
 - b. Click the "Add EIOD Service Coordinator" button.
 - c. Select Ongoing Service Coordinator from the "EIOD or Coordinator Type" dropdown.
 - d. In the Agency Lookup field, type the first few letters of the OSC agency's name, and click on the name when it pops up.
 - e. Enter Start Date as the day after the IFSP meeting.
 - f. Click "Submit."

Note:

- OSC no longer sends the entire IFSP to service providers.
- OSC must send Transportation Service Authorization to the service provider who will send the information to the Bus Company.
- OSC must send the child's IFSP and authorized respite documents to the Respite Agency when respite is approved.

Ongoing Service Coordinator	<ol style="list-style-type: none"> 1. Accepts OSC Service Authorizations and Teams assignments as outlined in the Rendering Service/OSC/Evaluation Provider Agency section of this policy and procedure. 2. Accepts the OSC Teams assignment as outlined in Policy 1-A Referral. 3. For all remote (non-in-person) IFSP meetings, ensures that parent/surrogate receives a copy of the IFSP (with IFSP Attendees Page), IFSP Consent for Services Form, the Early Intervention Make-up Policy, and "Your Family Rights in Early Intervention" and all related documents no later than 48 hours after the IFSP meeting 4. Obtains signature from all IFSP participants on the EI-Hub IFSP Meeting Attendees Page and the IFSP Consent for Services Form within five (5) calendar days of the IFSP meeting.
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	<p>5. The parent/surrogate can return the IFSP Forms via email when Parental Consent to Use E-mail to Exchange Personally Identifiable Information is obtained.</p> <p>6. Submits the IFSP Consent for Services Form and the EI-Hub IFSP Meeting Attendees Page by sending the forms via Secure File Transfer (SFT) to the HIN ID of the child's EIOP and a cc to the general NYC Regional Office HIN ID indicating that "IFSP Consent for Services Form" for Child ID XXXXX obtained. EIOP signature required."</p> <ul style="list-style-type: none"> a. Brooklyn RO HIN ID: BKRO b. Bronx RO HIN ID: BXRO c. Queens RO HIN ID: QRO d. Manhattan RO HIN ID: MRO e. Staten Island RO HIN ID: SIRO <p>7. Identifies a rendering provider agency for each authorized service that does not have a rendering provider agency assigned (pending services) within 2 weeks of the IFSP.</p> <ul style="list-style-type: none"> a. Completes Section I of the Assignment and Change of Services/Service Provider/Service Coordinator Form identifying the rendering provider agency. b. Submits the Assignment and Change of Services/Service Provider/Service Coordinator Form by sending a communication via Secure File Transfer (SFT) to the HIN ID of the child's EIOP and a cc to the general NYC Regional Office HIN ID indicating that "IFSP pended service provider identified for Child ID XXXXX obtained. IFSP change needed." i. The Assignment and Change of Services/Service Provider/Service Coordinator Form must be attached to the HCS SFT communication.
EIOP	<p>1. Receives the EI-Hub IFSP Meeting Attendees Page and the IFSP Consent for Services forms from the OSC via HCS.</p> <ul style="list-style-type: none"> a. Prints the forms and signs the EI-Hub IFSP Meeting Attendees Page under their name. b. Scans the forms separately and saves them to the child's electronic file. c. Locates the child in the EI Hub by searching for their ID on Children Assigned to Caseload and clicking the Edit button when the child appears. d. Clicks the Child Info tab. e. Clicks the Referral panel on the left. f. Finds the active referral in the grid and clicks Edit. g. Clicks the Parent Document Upload bar. h. In the pop-up box, selects Parent Documents from the Document Type dropdown. i. Enters the name of the document, following naming conventions j. Clicks Choose File and navigates to the Meeting Attendees Page and selects it. k. Clicks Upload. l. Repeats for the IFSP Consent for Services form. <p>2. Receives the Assignment and Change of Services/Service Provider/Service Coordinator Form from the OSC via HCS.</p> <ul style="list-style-type: none"> a. Locates the child in the EI Hub by searching for their ID on Children Assigned to Caseload and clicking the Edit button when the child appears. b. Clicks the IFSP tab. c. Locates the active IFSP in the grid and clicks the Edit button. d. Clicks the Unlock IFSP button at the bottom of the IFSP Information screen. e. Clicks the Yes button when asked Are you sure you want to unlock the IFSP? f. The status reverts to Draft and new fields appear. g. Selects Service Authorization Amendment from the Modification Reason dropdown. h. Enters the reason for unlocking in the Reason for Change textbox. i. Clicks Submit. j. Clicks IFSP Services on the left panel. k. Locates the relevant service authorization in the grid and clicks Edit.

	<ul style="list-style-type: none"> <i>l. Clicks the Company Assignment panel and enters the name of the service provider in the Company field, then clicks Submit.</i> <i>m. When returned to the Service Information panel, selects Approve from the EIOD Approval dropdown at the bottom.</i> <i>n. When returned to the IFSP Information panel, selects Approve from the EIOD Approval dropdown at the bottom.</i>
Rendering Service/ OSC/ Evaluation Provider Agency	<ol style="list-style-type: none"> 1. <i>Routinely checks for new service authorization assignments by going to Children Assigned to Caseload and sorting by “action needed”.</i> 2. <i>When sees that a case has a “Accept Assignment” button in the Action column, clicks the button.</i> 3. <i>In the pop-up box, selects “Accepted” from the Accept Assignment dropdown.</i> 4. <i>Clicks Submit.</i> <ol style="list-style-type: none"> a. <i>The Accept Assignment button will change to an Edit button.</i> b. <i>Clicks the Edit button to access the child’s case.</i> c. <i>Clicks the Services tab.</i> <ol style="list-style-type: none"> i. In the grid, looks for the service assigned to the provider agency. ii. <i>Clicks the Edit button for that service.</i> iii. <i>In the service authorization that opens, clicks the Therapist Assignment panel on the left.</i> iv. <i>Clicks the Add Therapist Assignment button.</i> v. <i>The dropdown under Therapist will list all the agency’s therapists for that discipline. Selects the therapist to assign to the case.</i> <ul style="list-style-type: none"> • Note: If the therapist’s licensure/certification expires before the end of the service authorization period, the therapist will not appear as available for assignment. vi. <i>Clicks Submit.</i>

Approved By:

Date: 9/25/2024

Assistant Commissioner, Early Intervention

New York City Early Intervention Program

Policy Title: The Individualized Family Service Plan Review and Annual Meetings	Effective Date: 10/15/2024
Policy Number: 5-C	Supersedes: Policy 5-C issued 5/19/2012
Applicable Forms: <ul style="list-style-type: none"> - IFSP Meeting Request/Confirmation Form - Consent to Obtain and Release Information (if applicable) - “Your Family Rights in Early Intervention” - Provider Progress Notes - EI Make-up Sessions Policy – Information for Families - IFSP Meeting Consent for Services Form - Assignment and Change of Services/Service Provider/Service Coordinator 	Regulation/Citation: NYCRR 69-4.11(b)(1-3); 69.4.11(a)(2-3)

I. POLICY DESCRIPTION:

The Individualized Family Service Plan (IFSP) shall be reviewed at six (6) month intervals and shall be evaluated annually to determine the degree to which progress toward achieving the outcomes is being made and whether or not there is a need to amend the IFSP to modify or revise the services being provided or anticipated outcomes. NYCRR 69-4.11(b)

IFSP reviews shall be conducted by an in-person meeting or other means agreed to by the parent, which may include a telephone or video conference call or record review and written correspondence. NYCRR 69-4.11(b)(1)

An IFSP meeting shall be conducted at least annually to evaluate the IFSP for the child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Section 69-4.8 and any other information available from the ongoing assessment of the child and family must be used in determining the services that are needed and will be provided. NYCRR 69-4.11(b)(2)

The annual meeting to evaluate the IFSP and the six-month reviews must include the parent, EIOD, Service Coordinator, a person directly or indirectly involved in the evaluation, and any other person invited with parent's consent. NYCRR 69-4.11(b)(3); Sec 69-4.11(a)(2-3)

The EI-Hub streamlines the process of IFSP reviews. The EI Hub allows the user to create a copy of an active IFSP with associated service authorizations and modify it as appropriate for the next IFSP. For some children, the IFSP will only require modest changes. The copying function will be used for IFSP reviews with or without the EIOD present when there are no changes to IFSP service authorizations.

The following Service authorizations should be deleted immediately after the IFSP is copied:

- Service authorizations for Assistive Technology services
- Service authorization for Audiological services
- Service authorizations for supplemental evaluations performed during the previous IFSP period
- Respite service authorizations

Note:

- Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy.

- The EI-Hub has limited attachment functions. Once an IFSP is finalized, no documents can be attached to that IFSP.
- Therefore, service coordinators are responsible for collecting progress notes and other relevant documents and attaching them to the draft IFSP for the child's next IFSP Period.
- Rendering providers cannot attach documents to IFSP drafts; therefore, all progress notes and other documents must be submitted to the assigned service coordinator.

II. PROCEDURE:

Responsible Party	Action
Early Intervention Service Provider Agency	<ol style="list-style-type: none"> 1. Discusses the current service plan with the parent/surrogate to determine if service changes may be necessary. 2. Ensures that all Provider Progress Notes are forwarded to the Ongoing Service Coordinator (OSC) at least two (2) weeks before the expiration of the IFSP period.
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> 1. Gathers the following information at least two (2) weeks before the expiration of the IFSP: <ol style="list-style-type: none"> a. Six (6) month Provider Progress Notes (IFSP review meetings) / and Twelve (12) month Provider Progress Notes (IFSP annual meetings) from each Interventionist for each service type; or documentation explaining the reason(s) that s/he has been unable to collect Progress Notes from any provider. b. Calendars or alternate tools completed by the parent/surrogate, if available. c. Supplemental evaluations and/or justifications for changes in services. <p>Note:</p> <ul style="list-style-type: none"> • Parents/surrogates should be given a copy of all Progress Notes by the OSC prior to the IFSP meeting so that they may review them. • The foster care case planner should be sent a copy of all Progress Notes by the OSC prior to the IFSP meeting when the child is in foster care. • Submission of supplemental evaluations and/or justifications for changes in service only applies when their completion coincides with an IFSP meeting. <ul style="list-style-type: none"> ○ If a request to modify service(s) is needed during an IFSP period, supplemental evaluations and/or justifications for changes in services should not be held back until an IFSP review/annual meeting. ○ If a request to modify service(s) coincides with the end of a current IFSP period, supplemental evaluations and/or justification for changes in services should be submitted at least two (2) weeks before the expiration of the IFSP. ○ Supplemental evaluations are entered in the EI-Hub as a specific service authorization type. <ol style="list-style-type: none"> 2. Discusses with the parent/surrogate if s/he would like a face-to-face meeting with the EIOD, a conference call with the EIOD present, or a meeting without the EIOD present (referred to as a review of records meeting). <ol style="list-style-type: none"> a. If the parent/surrogate would like a face-to-face meeting with the EIOD or conference call with the EIOD:

- i. Contacts the Regional Office (RO) scheduling staff by phone to arrange for the IFSP meeting. This should be done at least **two (2) weeks** before the end of the IFSP period.
- ii. Faxes the **IFSP Meeting Request/Confirmation Form** to the RO scheduling staff within 48 hours of verbal confirmation from the RO scheduling staff and other required participants.
- iii. Indicates specifically on the **IFSP Meeting Request/Confirmation Form** if the parent/surrogate would like to exercise the option of a conference call with the EIOD present.
- iv. Ensures that the contact information (phone number) is current and correct for the parent/surrogate and interventionist(s).
- v. If information is needed from an interventionist(s) who is/are unable to attend:
 - Notifies RO via fax **24 hours** before the scheduled meeting (refer to the policy on **IFSP Scheduling** in this chapter of the manual).
 - The individual(s) should participate through a telephone conference call.
 - Interventionist(s) participating through a conference call should be available for the pertinent portion of the meeting as required by the EIOD (at a minimum: the discussion of child progress, outcome determination and recommendations for services).

Note:

- Required participants for annual IFSP meetings must meet to discuss the IFSP in-person or be available by phone.
- EIOD is a required participant at annual IFSP meetings.

- b. If the parent/surrogate would like to request a review of applicable records and meeting with the interventionist(s) and OSC (referred to as a review of records) without the EIOD present (IFSP Review Meetings only):
 - i. Indicates that the parent/surrogate would like to exercise the option of a review of applicable records and meeting with the Interventionist(s) and OSC on the **IFSP Meeting Request/Confirmation form**.
 - ii. If the EIOD approves, when a review of records without the EIOD is conducted, the **IFSP Meeting Request/Confirmation Form** must be attached to the draft EI-Hub IFSP in the “*IFSP Parent Agreement*” panel with the signed **IFSP Consent for Services Form**, the signed **EI-Hub IFSP Meeting Attendees Page**, **The Early Intervention Make-up Policy – Information for Families** and “**Your Family Rights in Early Intervention**” obtained at the conclusion of the IFSP meeting.

Note:

- IFSP Review meetings can be conducted without the **EIOD** present only for review meetings when:
 - There are no requested changes or additions in services or service types, **and**
 - Parent/surrogate does not request an in-person meeting, **and**
 - The EIOD has reviewed the request and agrees to the review of records, **and**
 - An in-person meeting was conducted at the most recent IFSP (for example, initial and annual IFSPs were held in person).

- When the above conditions are met, a review of records without the EIOD present may be conducted and services reauthorized for six (6) months.
3. Submits the following documents in the EI Hub at least two (2) weeks prior to the expiration date of the current IFSP:
- a. Six (6) month Provider Progress Notes (IFSP Review meetings)/ Twelve (12) month Provider Progress Notes (IFSP Annual meetings) from each Interventionist for each service type; or documentation explaining the reason(s) that s/he has been unable to collect progress notes from any provider
 - b. Calendars or alternate tools completed by the parent/surrogate (if available)
 - c. Justifications for changes in services
 - d. Other documents that reflect current child development such as:
 - i. Private evaluations, and
 - ii. Updated medical information.
4. Attaches the above documents to the child's draft IFSP for the next 6-month period in the EI Hub:
- a. When there are **no changes** to IFSP service authorizations:
 - i. *Creates a copy IFSP in the EI-Hub by:*
 - *On the Children Assigned to Caseload screen, enters the child's EI Hub number in the search box.*
 - *When the child appears, clicks the blue Edit button to the right.*
 - *Creates Copy Review IFSP:*
 - *Clicks on the IFSP tab*
 - *Locates the current (active) IFSP in the grid and clicks on the "COPY" button to the right*
 - *When the copy opens, selects IFSP Type from the dropdown: Review*
 - *Selects Method by Which IFSP Will Be Conducted from dropdown: Recorded review and written correspondence*
 - *Clicks Submit*
 - *Clicks on IFSP Meeting on the left panel*
 - *Clicks on the Add IFSP Meeting button*
 - *Enters the IFSP meeting date and time*
 - *Clicks Submit.*

Note:

- Copying brings ALL data from the previous IFSP, except IFSP Meeting, into the copied IFSP.
 - The new copied IFSP will start on the day after the end date of the previous IFSP period, and end six months later.
 - Each SA that is copied gets the Start Date and End Date of the new IFSP.
- ii. *The copied IFSP includes copies of all SAs still active in the previous IFSP. Those SAs which should not continue must be deleted from the Services tab (not from the IFSP Services panel within the IFSP). Service authorizations to be removed include assistive technology, audiology, and respite.*
- *Clicks on the child's name in the breadcrumbs bar at the top to exit the IFSP, then clicks on the Services tab.*

- Locates the service authorizations to be deleted in the grid and clicks on the Delete button to delete them.
- iii. Uploads required documentation by clicking on the IFSP tab and locates the draft IFSP in the grid and clicks Edit.
 - Clicks on IFSP Parent Agreement in the left panel.
 - Clicks the Upload Signature Page bar at the bottom.
 - From the dropdown under Document Type, selects Parent Documents.
 - For Document Name, types:
 - (Document Name) (child ID number) (service type) (date).
 - E.g., 6-Month Progress Note (child ID number) (service type) (date completed).
 - Clicks the Choose File button and navigates to where the file is saved.
 - Clicks Upload.
- b. When **there are proposed changes to IFSP** service authorizations, and for Annual meeting,
 - i. Creates a new IFSP in the EI-Hub, rather than copying the current IFSP.
 - In the child's case in the EI Hub, click the IFSP tab.
 - Click the Add IFSP button.
 - When the new IFSP opens, selects IFSP Type from the dropdown: Annual or Review.
 - For IFSP Start Date, enters the date after the current IFSP end date.
 - For IFSP End Date, enters the date six months after the IFSP Start Date.
 - For Method by Which IFSP Will Be Conducted, selects the method by which the meeting will occur.
 - Clicks Submit.
 - Clicks on IFSP Meeting on the left panel.
 - Clicks on the Add IFSP Meeting button.
 - Enters the IFSP meeting date and time.
 - Clicks Submit.

Note:

- Missing Progress Notes will not prevent an IFSP review or annual meeting from being convened.
- **No changes in services will be authorized unless there is sufficient documentation of child status available prior to the meeting, (e.g., Progress Notes for the particular service type, additional evaluations as authorized, etc.)**

- ii. Follows up with all EI providers authorized to provide a supplemental evaluation to ensure that the supplemental evaluations were completed and submitted in the EI-Hub within **30 days of the IFSP Start Date** located on the “*IFSP Information*” panel of the child’s IFSP.
- iii. Follows the steps in the Initial IFSP Policy to enter and update information in the following panels in preparation for the Review/Annual IFSP:
 - “*IFSP Information*”

	<ul style="list-style-type: none"> • “IFSP Team” • “IFSP Meeting”
Regional Office Staff (RO)	<ol style="list-style-type: none"> 1. Checks the EI Hub to ensure that Progress Notes and other applicable documents are attached to the child’s draft IFSP. <ol style="list-style-type: none"> a. If Progress Notes are not attached two (2) weeks prior to scheduling the IFSP meeting: <ol style="list-style-type: none"> i. RO will call the OSC to follow up on the receipt of the Progress Notes. ii. If the OSC remains unable to collect the Progress Notes: <ul style="list-style-type: none"> • Provider Oversight Unit will be notified by the RO for follow-up action.
Early Intervention Official Designee (EIOD)/ Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> 1. Convenes the six (6)-month review or annual meeting at least two (2) weeks prior to the expiration date of the current IFSP. The participants include: <ul style="list-style-type: none"> • The parent(s)/surrogate(s) • The Early Intervention Official Designee (EIOD) (when required) • The Ongoing Service Coordinator (OSC) • The Evaluator or Interventionist(s) working with the child and family • The foster care worker (if appropriate) • CPSE administrator (when parent/surrogate consent is obtained for a Transition Conference) • Any other person who the parent/surrogate or the service coordinator, with the parent’s/surrogate’s consent, invites. 2. Informs the parent/surrogate of their rights and gives them <i>“Your Family Rights in Early Intervention”</i>. 3. Asks the parent/surrogate if there are any changes in the child’s insurance coverage. <ol style="list-style-type: none"> a. Refer to the Initial IFSP Policy for detailed instructions regarding updating insurance information. 4. Facilitates a team review and discussion of: <ol style="list-style-type: none"> a. The current needs of the child and family, b. Progress toward achieving outcomes, c. The effectiveness of strategies used during intervention sessions, and d. Any needed modification of the outcomes or Early Intervention (EI) services. 5. Completes the six (6)-month review or annual IFSP in the EI Hub. <ol style="list-style-type: none"> a. <i>Clicks the blue “Edit” button to the right of the IFSP listed in the grid.</i> b. <i>In the child’s EI Hub case, clicks on the “IFSP” tab.</i> c. <i>Accesses the copied IFSP when there are no changes:</i> <ol style="list-style-type: none"> i. <i>Finds the copied IFSP in the grid and clicks Edit</i> ii. <i>Reviews and updates the copied IFSP</i> iii. <i>Every field within the copied IFSP needs to be reviewed and discussed with the IFSP team to ensure the information continues to reflect the child and family’s updated concerns and priorities.</i> iv. <i>If information in any panel except Outcomes Needs to be changed/updated:</i> <ul style="list-style-type: none"> • Do NOT delete the old information from the writable fields • <i>Insert the updated information in the appropriate field above the old information</i> • <i>Ensure that the updated information is preceded by the date</i> • <i>The updated information and the old information must be separated by a line</i> v. <i>Each outcome must be reviewed, and updates made as described in the EI-Hub IFSP Crosswalk.</i>

- vi. Updates or completes the IFSP Transition panel found on the left navigation pane following the **Transition Chapter**, whenever:
- The child is leaving EI for any reason; or
 - The IFSP review is the IFSP meeting closest to the child's second birthday.
- d. Accesses the child's new draft IFSP **when there are proposed changes, and for Annual IFSPs** by:
- i. Clicking on the IFSP tab in the child's EI Hub case
 - ii. Finding the draft IFSP in the grid and clicking Edit
 - iii. Complete the EI-Hub IFSP as described in the Initial IFSP Policy following the EI-Hub IFSP Crosswalk
 - iv. Update or complete the EI-Hub Transition Sections, whenever:
 - The child is leaving EI for any reason; or
 - The IFSP review is the IFSP meeting closest to the child's second birthday.

Note:

- A child may receive EI services only until the day before their third (3rd) birthday unless s/he has been found to be eligible for services from the Committee on Pre-School Special Education (CPSE).
- The parent/surrogate is responsible for making the referral to CPSE.
 - The OSC may assist the parent/surrogate with making the referral to CPSE (refer to Transition Chapter for more information and specific time frames for referral).
- An IFSP Review/Annual meeting may be combined with a Transition Conference when appropriate.
 - If the IFSP Review/Annual meeting is combined with the Transition Conference, the EIOD must be present.
 - The CPSE administrator must be invited to this meeting with parent/surrogate consent. They may attend by phone.

- e. Completes the **IFSP Consent for Services Form** and the **EI-Hub IFSP Meeting Attendees Page**
- i. New **Consent Page** with parent/surrogate signature(s) and EIOD stamp and signature and the **EI-Hub IFSP Meeting Attendees Page** is required.
 - ii. Refer to the **Initial IFSP Policy** for detailed instructions.

Note: The parent/surrogate MUST receive a copy of **The Early Intervention Make-up Policy – Information for Families** and “**Your Family Rights in Early Intervention**” at every IFSP meeting.

Conclusion of the IFSP Meeting:

1. If the EIOD is **not** present at the review meeting (applies only to IFSP review meetings):
 - a. The OSC attaches **The IFSP Consent for Services Page**, **The Early Intervention Make-up Policy – Information for Families** and “**Your Family Rights in Early Intervention**” in the IFSP Parent Agreement section of the IFSP, and then submits the completed IFSP for EIOD approval by changing IFSP Status to “submitted” on the IFSP Information page, then clicking Submit.

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| | <p>b. The EIOD will review the IFSP document within one (1) week of submission. EIODs will access the NYC BEI Tableau Dashboard to identify submitted draft IFSPs requiring review and approval.</p> <ul style="list-style-type: none"> i. <i>On the Children Assigned to Caseload screen, enters the child's EI Hub ID in the search box.</i> ii. <i>When the child appears, clicks the blue Edit button to the right.</i> iii. <i>Clicks on the IFSP tab.</i> iv. <i>Finds the draft IFSP in the grid and clicks on the blue Edit button to the right.</i> v. <i>Reviews all screens and attachments.</i> vi. <i>If everything is correct:</i> <ul style="list-style-type: none"> • Prints, signs, and stamps the IFSP Consent for Services Form. • Prints and signs the EI-Hub IFSP Meeting Attendees Page, if the EIOD was present at the meeting. <ul style="list-style-type: none"> ○ <i>Attaches the signed forms in the IFSP Parent Agreement panel on the left in EI-Hub.</i> • <i>Approves the service authorizations by clicking on IFSP Services on the left.</i> <ul style="list-style-type: none"> ○ <i>For each service authorization in the grid, clicks on the blue Edit button to the right.</i> ○ <i>At the bottom of the Service Information page, under EIOD Approval, selects "approve" from the dropdown.</i> ○ <i>Clicks Submit.</i> ○ <i>Repeats for each service authorization.</i> • <i>When all service authorizations are approved, clicks on IFSP at the top.</i> <ul style="list-style-type: none"> ○ <i>Clicks Submit.</i> • <i>When the page reloads, selects "approve" from the dropdown under EIOD Approval at the bottom.</i> <ul style="list-style-type: none"> ○ <i>Clicks Submit.</i> c. The OSC will ensure that the parent/surrogate receives a copy of the approved IFSP expeditiously (including the IFSP Consent for Services Page), but no later than 48 hours after approval from the EIOD is received. d. The OSC will ensure that a copy of all IFSP forms is given/sent to the foster care case planner (if applicable). <p>2. If the meeting is convened with the EIOD present (<u>applies to all annual IFSP meetings</u>):</p> <ol style="list-style-type: none"> a. The printed EI-Hub IFSP, the IFSP Consent for Services Form, the Early Intervention Make-up Policy, and "Your Family Rights in Early Intervention" are given to the parent/surrogate at the conclusion of the meeting. <ol style="list-style-type: none"> i. If the IFSP meeting is held in the parent's/surrogate's home or other location where the IFSP cannot be completed in EI-Hub during the meeting and cannot be copied: <ul style="list-style-type: none"> • The EIOD will ensure that the IFSP is entered into EI-Hub within (1) one week of the IFSP meeting. • OSC will ensure that the parent/surrogate receives a copy of the approved IFSP (including the IFSP Consent for Services Form) expeditiously, but no later than 48 hours after approval from the EIOD is received. |
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	<p>Note:</p> <ul style="list-style-type: none"> • A copy of the aforementioned documents should be given/sent to the foster care case planner (if applicable). • OSC no longer sends the full IFSP to service providers. 	
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> For all non-in-person IFSP meetings in which the EIOD was present and the team finalized the IFSP, ensures that parent/surrogate receives a copy of the IFSP, IFSP Consent for Services Form, the Early Intervention Make-up Policy, and “Your Family Rights in Early Intervention” and all related documents no later than 48 hours after the IFSP Meeting Obtains signatures from all IFSP participants on the EI-Hub IFSP Meeting Attendees Page and the IFSP Consent for Services Form within one week of the IFSP meeting. The parent/surrogate can return the IFSP Forms via email when Parental Consent to Use E-mail to Exchange Personally Identifiable Information is obtained. Submits the IFSP Consent for Services Form and the EI-Hub IFSP Meeting Attendees Page by sending the forms via Secure File Transfer (SFT) to the HIN ID of the child’s EIOD and a cc to the general NYC Regional Office HIN ID indicating that “IFSP Consent for Services Form for Child ID XXXXX obtained. EIOD signature required.” <ol style="list-style-type: none"> Brooklyn RO HIN ID: BKRO Bronx RO HIN ID: BXRO Queens RO HIN ID: QRO Manhattan RO HIN ID: MRO Staten Island RO HIN ID: SIRO Ensures that the Transportation Provider receives a copy of the Transportation Service Authorization. Ensures that the Respite Provider receives a copy of the IFSP and other necessary documents. Ensures that new services begin within two (2) weeks of the authorization on the IFSP (see policy on <i>Start Date of Services</i>). Identifies a rendering provider agency for each authorized service that does not have a rendering provider agency assigned (pending services) within 2 weeks of the IFSP. <ol style="list-style-type: none"> Completes Section I of the Assignment and Change of Services/Service Provider/Service Coordinator Form identifying the rending provider agency. Submits the Assignment and Change of Services/Service Provider/Service Coordinator Form by sending a communication via Secure File Transfer (SFT) to the HIN ID of the child’s EIOD and a cc to the general NYC Regional Office HIN ID indicating that “IFSP pended service provider identified for Child ID XXXXX obtained. IFSP change needed.” <ol style="list-style-type: none"> The Assignment and Change of Services/Service Provider/Service Coordinator Form must be attached to the HCS SFT communication. 	
EIOD	<ol style="list-style-type: none"> Follows the steps in the Initial IFSP Policy to: <ol style="list-style-type: none"> Sign and attach the EI-Hub IFSP Meeting Attendees Page and the IFSP Consent for Services forms in the EI-Hub once received from the OSC via HCS Review the Assignment and Change of Services/Service Provider/Service Coordinator Forms when received from the OSC via HCS, and assign service providers for pended Service Authorizations in the EI-Hub 	

Approved By:
Assistant Commissioner, Early Intervention

Date: 9/20/2024

Appendix A: New York City Early Intervention Program
Interim Approach to the Authorization of Services Utilizing Applied Behavioral Analysis
Methods and Techniques (9.2024)

Background

In the Early Intervention case management system, the EI-Hub, Applied Behavioral Analysis (ABA) is authorized as a service. According to the New York State Education Department, New York State Licensed Behavior Analysts (LBAs) and Certified Behavior Analyst Assistants (CBAAs) are the only qualified professionals who can deliver ABA as a discrete service. However, LBAs and CBAAs have not yet been incorporated into the Early Intervention (EI) system as approved EI providers. According to the New York State Department of Health Bureau of Early Intervention, approvals of this new licensure and certification will not occur before the implementation of the EI-Hub.

In the current EI case management system, New York Early Intervention System (NYEIS), Applied Behavioral Analysis is authorized as a methodology that is added onto a service type, typically Special Instruction. As such, the method of ABA can be provided by a number of qualified personnel under the New York State Early Intervention Program, such as NYS-certified special education teachers, licensed psychologists, licensed speech-language pathologists, licensed occupational therapists, etc., **as long as they are acting within their scope of practice**, are appropriately trained, and are competent to provide ABA.

Approach for the authorization of services utilizing the ABA methodology or technique

Therefore, to ensure that children do not experience gaps in service during the transition from NYEIS to the EI-Hub, the New York City Health Department Bureau of Early Intervention will take the following approach to authorizing ABA services in the EI Hub until a sufficient quantity of LBAs and CBAAs are approved EI providers in the NYS Early Intervention Program, a timeline to be determined and communicated by the New York State Bureau of Early Intervention:

We will continue to authorize ABA as a methodology for service delivery rather than as a service type. When services are to be delivered using an ABA approach, the service type authorized will be the type associated with the discipline of the professional delivering those hours. For example:

- If a certified teacher is using the methodology or technique of ABA, the service would be listed in the IFSP as special instruction.
- Alternatively, if an occupational therapist or speech-language pathologist is using the methodology or technique of ABA, the service would be listed in the IFSP as occupational therapy or speech-language pathology, respectively.

In addition, the IFSP team will craft a functional outcome indicating that the service authorized will be utilizing ABA methods and techniques. That outcome will be linked to the service authorization(s) created for the disciplines permitted to utilize ABA as a specific intervention

methodology or technique under their scope of practice. In Early Intervention, this includes all of the following qualified professionals:

- Licensed Behavior Analysts (LBA),
- Certified Behavior Analyst Assistants (CBAAs) UDO LBA,
- Audiologist,
- Certified School Psychologist (*only eligible in EIP through 04/01/2025),
- Licensed Clinical Social Worker (LCSW),
- Licensed Creative Arts Therapist,
- Licensed Master Social Worker (LMSW),
- Licensed Mental Health Counselor,
- Licensed Marriage and Family Therapist,
- Licensed Psychoanalyst,
- Licensed Psychologist,
- Occupational Therapist,
- Occupational Therapist Assistant,
- Pediatricians and other physicians,
- Physical Therapist,
- Physical Therapist Assistant (UDO physical therapist) *facility-based services only,
- Speech-Language Pathologist,
- Teacher of Special Education (permanent certification issued prior to 2004),
- Teacher of Students with Disabilities (B-Grade 2),
- Teacher of Blind and Visually Impaired,
- Teacher of Blind & Partially Sighted,
- Teacher of Deaf & Hard of Hearing,
- Teacher of Deaf & Hearing,
- Teachers of the Speech and Hearing Handicapped, and
- Teachers of Speech and Language Disabilities.

UDO - Under the Direction of

Below is an example of an outcome for a special educator or speech-language pathologist to use ABA methodologies in Early Intervention settings.

Bella Smith

IFSP Outcome Report

IFSP Outcome	Outcome Number 1	*Outcome Start Date 08/19/2024	*Outcome Desired Using ABA methods and techniques. Bella will play with two toys other than cars so that she can stop spinning wheels and play with her 6-year old brother when they are home together.
	*Outcome Type Child	*Strategies and Activities to support this outcome (include activity settings and everyday routines of the child and family): 3 ABA methods and techniques: this may include but is not limited to positive reinforcement, verbal cues, physical prompt, modeling, fading, and includes these family routine activities: play time, social times, family times.	
	*Modification to Outcome? No	Outcome Version B	*Progress Rating New Outcome
	Who will assist the child/family with this outcome? Parent/Caregiver - child only X Siblings - both X		When does the team plan on measuring progress for this outcome? --- Select ---
	Criteria: How will we know when this outcome is achieved?		Last Reviewed Date
<input type="button" value="Submit"/>			

- I. The IFSP Team will develop the outcome according to the New York City Early Intervention Policy and Procedure Manual [Initial IFSP Policy](#). All required fields will be completed using the [EI-Hub IFSP Crosswalk](#).
 1. **Outcome Desired:**
 - a. “Using ABA methods and techniques” will be included prior to the full outcome statement in the “Outcome Desired” field.
 - b. Example: Using ABA methods and techniques, Bella will play with two toys other than cars so that she can stop spinning wheels and play with her 6-year-old brother when they are home together.
 2. **What are the Developmental Steps needed to obtain this Outcome:**
 - a. The Developmental Steps (Objectives) approach will remain consistent and unchanged as with any functional outcome objective written by IFSP teams in the NYC Early Intervention Program.
 - b. Example:
 - i. Caregiver or Bella’s brother will pick out 3-5 different non-car type toys each time the siblings want to play during the day. All other toys, especially cars, should be out of Bella’s view.
 - ii. Caregiver or brother can model for Bella how to play with toy appropriately and have Bella copy the action at least one time with her brother or caregiver (e.g., you roll a ball back and forth, roll a ball to knock down blocks, you stack blocks up high, etc.). If Bella copies the action of the new toy, reward her for her behavior.
 - iii. Bella will imitate playing with a different toy (as step #1) up to 10 times throughout the day with her caregiver or brother.

- iv. Bella will independently play with at least one non-car toy appropriately.
3. **Strategies and Activities to support this Outcome:**
 - a. The IFSP team will specifically reference the ABA methods and techniques and the family routine activities.
 - b. For example: “ABA methods and techniques: this may include but is not limited to positive reinforcement, verbal cues, physical prompts, modeling, fading, and includes these family routine activities: play time, social times, family times.”
 - II. The IFSP Team will connect the developed Outcome to each associated authorized service on the child’s IFSP. Refer to Chapter 5 of the New York City Early Intervention Policy and Procedure Manual. All required fields will be completed using the **EI-Hub IFSP Crosswalk**.
 - Click on the “Service Info” panel of the IFSP
 - Click on “Service Delivery” in the left-hand panel.

The screenshot shows the 'Service Delivery' panel of the EI-Hub IFSP Crosswalk. On the left, a sidebar lists 'Transportation Services', 'Respite Services', 'Waiver', and 'Service Delay Reason'. The main area contains several input fields: 'Intensity' (with a pencil icon), '*Frequency' (with a dropdown arrow and a pencil icon), '*Frequency Unit' (with a dropdown arrow and a pencil icon), '*Length (minutes)' (with a dropdown arrow and a pencil icon), 'IFSP Outcome Name' (containing '1.C - Using ABA methods and techniques, Bella will play with two t...', with a red '1' icon to its left and a close button 'X'), and 'Session Duration Minutes' (with a pencil icon).

1. **IFSP Outcome Name** – click on the box to see the different IFSP outcomes entered and select all the outcome name(s) that will be addressed by each service authorization.
 - a. The IFSP Team will ensure that the discipline selected is one of the disciplines permitted to utilize ABA as a specific intervention methodology or technique under their scope of practice.

EI-Hub Individualized Family Service Plan (IFSP) Crosswalk

1. EI-Hub Individualized Family Service Plan (IFSP): Instructions for Completion

8/2024



Open the Case Management panel to prepare for the IFSP.

- The screen opens to *Children Assigned to Caseload*.
- In the search box, type the EI Hub ID for the child whose IFSP you are creating.
- When the child appears in the grid, click the blue *Edit* button to the right to access the case.
- Click on the **IFSP** tab.
- **Generate a New IFSP Document by:**
 - Clicking on the yellow **Add IFSP** button.

Notes:

- Only screens and fields that the NYC BEI is requiring NYC Early Intervention providers to complete are addressed below.
- Hub navigation instructions appear in *italics*.
- Refer to the **IFSP Policy** for detailed requirements.

Panels of the IFSP should be completed in the order provided in this crosswalk as this will facilitate a full discussion with the IFSP Team and ensure that all regulatory requirements are met for the facilitation of an Individualized Family Service Plan. The sequence presented here is different from the order listed in EI-Hub. This is also the order of this IFSP crosswalk document.

1. IFSP Information
2. IFSP Team
3. IFSP Meeting
4. Level of Development* - All IFSP Notes will be entered in this section
5. Family Strengths, Priorities, Concerns, Resources
6. Natural Environments
7. IFSP Outcomes
8. IFSP Ongoing Evaluations
9. IFSP Services
10. Reasons/Indicators for Respite and/or Transportation
11. Other Services/Resources where Family is Participating
12. IFSP Transition
13. Additional Notes* - Notes entered will not appear on the final printed IFSP
14. IFSP Parent Agreement

2. EI-Hub IFSP Crosswalk - IFSP Information

8/2024

Home / Child / Smith, Betty / IFSP

IFSP Add

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources
where Family is
Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

Active IFSP Services Panel

EI Child ID
1169610

*IFSP Type
1 --- Select ---

*IFSP Status
2 Draft

*IFSP Start Date
3

*IFSP End Date
4

IFSP Extension Reason
5 --- Select ---

*Method by which IFSP was conducted
6 --- Select ---

Who Requested the New IFSP

7 Is the IFSP conducted in the dominant language or mode of communication of the parent/caregiver?

EIO/D Approval

Date Approved

Submit

2. EI-Hub IFSP Crosswalk – IFSP Information Cont. (Reason for Delay)

8/2024

 Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources
where Family is
Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

Active IFSP Services Panel

Error saving
IFSP date calculation is over 45 days, please complete the field 'If IFSP was delayed, select reason for delay'

El Child ID
1169994

*IFSP Type
Initial

*IFSP Status
Draft

*If IFSP was delayed, select reason for delay
8 --- Select ---

*IFSP Start Date
08/13/2024

*IFSP End Date
02/13/2025

IFSP Extension Reason
--- Select ---

*Method by which IFSP was conducted
Telephone or video conference call

Who Requested the New IFSP

Is the IFSP conducted in the dominant language or mode of communication of the parent/caregiver?

EIO/D Approval
--- Select ---

2. EI-Hub IFSP Crosswalk – IFSP Information

Note: Check that you are entering IFSP information for the correct child based on the “*EI Child ID*” field.

1. Select the correct **IFSP type** from the dropdown window. Choices include Interim, Initial, 1st Review, 1st Annual, 2nd Review, 2nd Annual, Amendment, or Extension, etc.
2. Select the correct **IFSP status** from the dropdown. For example, select *draft*, *submitted*, or *cancel*.
 - a. NOTE: The ISC must select leave the IFSP in *draft* status until the initial IFSP meeting is completed and all requisite signatures are included.
3. Enter the **actual start date of the IFSP**.
 - a. Do not enter the date that the ISC/OSC completed sections of the IFSP in preparation for the meeting (e.g., parent’s concerns, priorities and resources) but the *actual IFSP start date*.
 - b. To enter the date, pull down the calendar to select the start date.
4. Enter the **end date for this IFSP period**.
 - a. Pull down the calendar to help determine the correct end date for the IFSP period. An IFSP service authorization period is usually six (6) months or 26 weeks long.
 - b. The end date is not auto-populated in EI-Hub unless the IFSP is being copied for a review, so the correct end date must be calculated based on the start date of the IFSP.
 - i. Count 26 weeks from the start date of the IFSP to determine the end date for the IFSP service authorization period. For example, the initial IFSP meeting for the child John Williams is held on August 28, 2024 and the start date for services is August 29, 2024. The end date will then be February 27, 2025.
 - ii. Use one of the calculators below to figure out and/or verify the end date:
 - **INCH Calculator** - this automatically calculates 26 weeks from the current date <https://www.inchcalculator.com/weeks-from/26-weeks-from-today/>
 - **Date and Time Calculator** -this allows you to calculate specific number of days, weeks, or months from the current date. <https://www.timeanddate.com/date/dateadded.html?m1=08&d1=27&y1=2024&type=add&ay=&am=06&aw=&ad=&rec=>
 - iii. Exceptions: An example of when the IFSP service authorization period may not be 26 weeks is when a child transitions out of Early Intervention based on their birthday and/or are found eligible for CPSE. For example, the child John Williams, in the previous example above, was born on November 11, 2021, and was recently found eligible for CPSE. Therefore, the child’s last date for the EI service authorization will be January 1, 2025 rather than February 27, 2025. If John Williams was not found eligible for CPSE, his last day in Early Intervention would then be the day before his third birthday, which is November 10, 2024.
 5. Select the **IFSP Extension Reason**, which includes some of the following options: Child Illness, CPSE Eligible, EIOD Scheduling Difficulties, Family Request, Family/Caregiver Illness, Provider Delay, SC Scheduling Difficulties, Weather, etc.
 - a. Refer to the **IFSP Extension Policy** for additional requirements and scenarios under which an IFSP should be extended.

6. Select **the method by which the IFSP was conducted**. For example, was the IFSP meeting conducted in-person, or by telephone or by video conference call, or by recorded review and written correspondence?
7. Check to indicate that the **IFSP is conducted in the dominant language or mode of communication of the parent/caregiver** (regulations 69-4.11 (4) (ii)).

*Click on the **Submit** button to save information.*

- If the information is saved, you will receive a confirmation in a **green** box on top.
 - If the information is not saved, you will receive a message in a **red** box on top to alert you that something entered is incorrect or something required is missing. You must go back and enter the correct information or enter any missing information before clicking on the Submit button again.
8. When the IFSP meeting is held over 45 days from the date of referral, the IFSP Information Panel will display a red error box at the point of saving the screen and will require that the **If IFSP was delayed, select reason for delay** field must be documented in the IFSP. This is also an indicator on the federal level for Part C services.
 - a. Select one of the following reasons listed below, ensuring that there is a full review to identify a family delay reason, if applicable:
 - i. COVID-19
 - ii. Due process
 - iii. EIO/D encountered foster care system problem
 - iv. EIO/D referred child late to SC
 - v. EIO/D scheduling problem
 - vi. Evaluator conducted late evaluation
 - vii. Evaluator sent report late
 - viii. Family-missed/cancelled evaluation or IFSP meeting
 - ix. Family-problem scheduling evaluation
 - x. Family-unresponsive/moved
 - xi. ISC high caseload
 - xii. ISC unable to facilitate transportation to evaluation
 - xiii. Natural Disaster
 - xiv. Not Delayed
 - xv. Transportation difficulty
 - xvi. Weather emergency declared

*Click on the **Submit** button to save information.*

NOTE: The EIO/D will select whether the information is approved or rejected once the IFSP is changed from draft to submitted status. The EIOD cannot approve the IFSP while it remains in draft status. Refer to the **Parent Consent Section** of this crosswalk for detailed submission steps.

3. EI-Hub IFSP Crosswalk – IFSP Team

8/2024

IFSP Team

IFSP Team

*Participant Role
1 --- Select ---

*Participant Name
2 Participant Phone
3

Participant Email
4

5 Parental Agreement on Attendance
Mailed On Date

Emailed On Date

Faxied On Date

Hand Delivered On Date

Notes
7 Attend/Contribute
--- Select ---

Submit

3. EI-Hub IFSP Crosswalk – IFSP Team Cont.

8/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities
Concerns
Resources

Reasons/Indicators for Respite and/or Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources where Family is Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

IFSP Team

IFSP TEAM1

Add IFSP Team

Excel

8

Search...

10

Parental Agreement on Attendance	Participant Role	Participant Role Other	Participant Name	Participant Email	Participant Phone	Team Notes	Action
Yes	EIO/D		Naomi Dehart	ndehart@health.nyc.gov	396-000-4312		<button>Edit</button> <button>Delete</button>
Yes	Service Coordinator		Naomi Dehart	ndehart@health.nyc.gov	396-000-4312		<button>Edit</button> <button>Delete</button>
Yes	Parents/Caregivers		Bob Smith		(212)-212-2222		<button>Edit</button> <button>Delete</button>
Yes	Parents/Caregivers		Nancy Smith		(347)-333-7777		<button>Edit</button> <button>Delete</button>

Showing 1 to 4 of 4 entries

Prev 1 Next

3. EI-Hub IFSP Crosswalk – IFSP Team

Click on **IFSP Team** on the left panel. This is a record of who is participating in this IFSP meeting. Click on the **Add IFSP Team** button.

NOTE: The Service Coordinator is expected to enter information about the participants prior to the IFSP meeting while the IFSP remains in DRAFT form.

1. Select the **Participant Role**.
 - a. The Initial Service Coordinator is required to enter all the IFSP participants confirmed as part of the IFSP Scheduling process. See **IFSP Scheduling Policy**.
 - b. Select one of the following in the drop-down window: parent, day care provider, service coordinator, EIO/D, friend, interpreter/translator, provider, or evaluator.
 - i. When you select “parent,” a second drop-down will appear, and you can select from the adults listed in the “Family Info” tab.,
 - ii. For service coordinator, your name should appear in the drop-down window.
 - iii. For team members who do not fall under any of the categories, select “Other” and enter their information (e.g., name, email, cell phone number).

Note: For cases that were migrated from NYEIS to the EI-Hub, there will not be “parent” and “primary contact” available to select as IFSP Team members. In those cases, a parent primary contact will need to be added to the “Family Info” tab so that they can be selected for the IFSP Team.

Refer to Policy 3-A: Initial Service Coordination Responsibilities.

2. Enter the **Participant Name**.
3. Enter the **Participant Phone**.
4. Enter the **Participant’s Email**.
5. Check ***Parental Agreement on Attendance box***.
 - a. This box must be checked for the EIOD, Service Coordinator, and Evaluation representative/therapist as these are required participants.
 - b. When a family invites other participants to the meeting, this box must also be checked. For example, this may be another family member such as an aunt, sibling, or grandmother or it may be a friend or childcare teacher.
6. Enter the date when the participant was notified of the meeting. Complete the **Mailed on Date**, **Emailed on Date**, **Faxed on Date**, or **Hand Delivered on Date** to document the date the service coordinator sent the IFSP confirmation.
7. Under **Notes**, document information about the participant or the reason why certain participants could not attend the full meeting (e.g., the evaluation site representative did not participate during the entire meeting).

*Click the **Submit** button to have information saved in EI-Hub each time you have entered information for a participant.

NOTE: Repeat these steps for each IFSP participant to document attendance at the meeting.

- Add the other participants in the IFSP meeting by clicking on the **IFSP Team** on the left-hand panel each time, then clicking on the **Add IFSP Team** button.



- The information for each participant may be edited to ensure that the information is accurate, or deleted for those who did not attend (especially if the participant's name and contact information was entered prior to the actual IFSP meeting).
8. A table will appear that shows the participants you have already entered. Review to ensure the information saved is accurate, especially the names of the participants, roles, phone numbers and email addresses.
- a. Edit any information by clicking on the **Edit** button (e.g., email, phone number).
 - b. Delete a participant if they do not participate in the IFSP meeting by clicking on the **Delete** button.

4. EI-Hub IFSP Crosswalk – IFSP Meeting Info

8/2024

IFSP Meeting Report

IFSP Meeting Info

Mailed On Date

E-Mailed On Date

Faxed On Date

Hand Delivered On Date

Meeting Location

① *IFSP Meeting Date

② *Meeting Time

③ Address Line 1

④ Address Line 2

Address City

Address State
 --- Select ---
Address Zip Code

Address Validate **City / State / Zip Lookup**

Submit



4. EI-Hub IFSP Crosswalk – IFSP Meeting Info

Select **IFSP Meeting** on the left side panel. Then Click on the **Add IFSP Meeting** button.

1. Enter the **IFSP Meeting Location** such as Regional Office, Provider Agency, Phone.
2. Enter the **IFSP Meeting Date** as it appears on the IFSP Meeting Confirmation sent by the Regional Office.
3. Enter the **IFSP Meeting Time** as it appears on the IFSP Meeting Confirmation sent by the Regional Office.
4. Enter the **Address, Address City, Select State, and Zip Code** for any in-person meeting.
 - a. Validate the address by clicking on the **Address Validate** button.

Click on the **Submit** button.

5. EI-Hub IFSP Crosswalk – Level of Development

8/2024

 Home / Child / Smith, Betty / IFSP / Level Of Development Add

Level Of Development Add

Level Of Development

Level Of Development

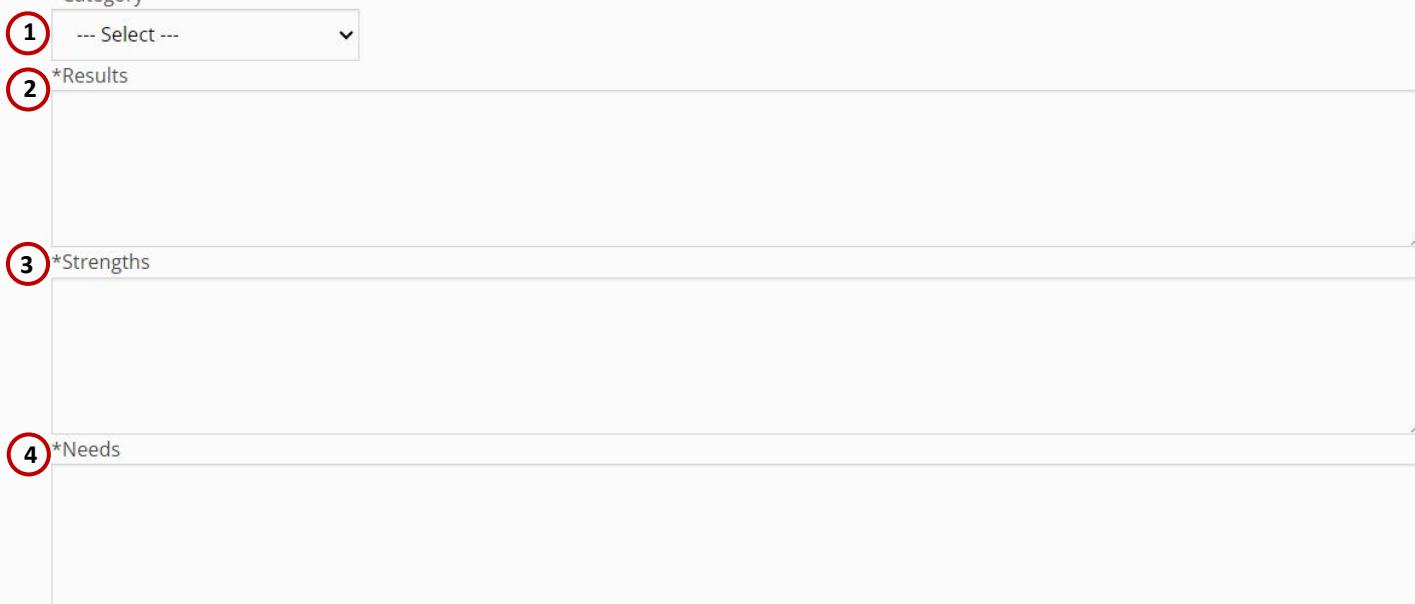
*Category
1 --- Select --- ▾

2 *Results

3 *Strengths

4 *Needs

Submit



The form consists of several input fields. At the top left is a header 'Level Of Development'. Below it is a sub-header 'Level Of Development'. The first field is a dropdown menu labeled '*Category' with the placeholder '--- Select ---' and a dropdown arrow. It is circled with a red circle and labeled '1'. The second field is a large text area labeled '*Results' and is circled with a red circle and labeled '2'. Below these are two more large text areas, both labeled with a red circle and a number: '3 *Strengths' and '4 *Needs'. A blue 'Submit' button is located at the bottom right of the form.

5. EI-Hub IFSP Crosswalk – Level of Development

Click on the **Level of Development** in the left-hand panel. Click on the **Add IFSP Level of Development** box.

This panel must be completed for each of the five domains/areas of development: cognitive, adaptive, social-emotional, physical and communication. If the child also has a vision and/or hearing delay, please identify this by selecting it as a sixth domain of development.

1. Select the **Category** in the drop-down window (e.g., *cognitive, adaptive, social or emotional, physical* (e.g., fine and gross motor), *vision, hearing and communication*).
2. Enter MDE information in the **Results** text box.
 - a. Provide a statement, based on objective criteria, of the child's present level of functioning in the selected developmental domain.
 - b. Indicate when the MDE results indicated that the child was developing normally in each area of development or if delays were found.
3. Enter MDE and parent information in the **Strengths** text box.
 - a. Provide a statement of those skills that the child is performing based on the MDE and reports of the evaluation site representative. In addition, include skills based on parent/surrogate observations of the child in their natural environment and interactions with family members and peers.
4. Enter MDE and parent information in the **Needs** text box.
 - a. Indicate if the parent has concerns in any domain.
 - b. This section must include a short and concise description of the family's/caregiver's concerns and the child's abilities in everyday life for those areas of concern.

Review the information you entered in the **Results**, **Strengths**, and **Needs** text boxes to ensure it is complete and accurate.

Click the **Submit** button to save the information.

- To enter the next domain of development, click on the “Level of Development” in the left-hand panel of the IFSP. Click on the button “Add IFSP Level of Development” to add the next category of development to the IFSP.
- Once you enter information for each developmental category, you will see a table of the five categories and the information you submitted.
 - Review the panel and edit or delete any incorrect information.
 - Check that you have entered information for each of the five domains of development.
 - Do not create separate entries for “vision” and “hearing”. They will not appear in the printed IFSP. Those topics should be covered and documented in the physical domain entry.

NOTE: The information entered in the “*Meeting Minutes*” section of the “*IFSP Parent Agreement*” panel and “Additional Notes” Panel are **not** included in the printed version of the IFSP for the family or for their EI Team members.

Therefore, all notes that are needed on any IFSP will be documented in the “**Level of Development**” panel in the “**Adaptive**” domain of development (in the “**Needs**” text box) so that it will be included in the printed version of the IFSP.

After you enter the information for the adaptive domain of development in the “**Needs**” text box, type a line to separate the content and enter all the additional family or IFSP information so that it’s documented and will print out. You will reference this “**Level of Development**” panel when completing the “**IFSP Parent Agreement**” panel of the child’s IFSP.

6. EI-Hub IFSP Crosswalk – Family Strengths, Priorities, Concerns, and Resources

8/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
**Family Strengths
Priorities Concerns
Resources**
Reasons/Indicators for Respite and/or Transportation
IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services
Natural Environments
Other Services/Resources where Family is Participating
IFSP Transition
Additional Notes
IFSP Parent Agreement
Active IFSP Services Panel

1 Parental Consent for inclusion of Strengths/Concerns/Priorities/Resources
--- Select ---

2 Family Concerns
Concerns I have about my child's health and/or development. Information, resources, and/or supports I need or want for my child and/or family.

3 Family Priorities
The most important things for my child and/or family

4 Family Resources
Resources that my child/family have for support

Identified Family/Child Needs
Other resources the family/child receiving that are not funded by EIP

5 --- Select --- ✕

6 Other Resources Receiving

7 Other public programs that the family/child may need and be eligible for:

8 Other Public Programs

Submit

6. EI-Hub IFSP Crosswalk – Family Strengths, Priorities, Concerns, and Resources

Click on the ***Family Strengths, Priorities, Concerns, Resources*** category in the left-hand panel.

Note:

- Prior to the IFSP Meeting, service coordinators must ensure that the **Concerns, Priorities, and Resources** form is completed and up to date so as to inform the completion of this section and the Outcomes discussion at the IFSP.
- The family's concerns, priorities and resources (CPRs) are a required component of the IFSP (69-4.11 (10) (iii)).
- The fully completed CPR Form must be attached in the developmental assessment panel in EI-Hub as part of the MDE service authorization by the ISC.
- The updated **NYC EIP CPR Form**, the instructions, and the **Appendix A: Family Concerns, Priorities, and Resources (CPRs): Frequently Asked Questions**.

1. Parent Consent for inclusion of Strengths/Concerns/Priorities/Resources

- a. Select “Yes”. The parent/surrogate has already signed the **Consent to Obtain and Release Information form**, and the **Concerns, Priorities and Resources** form has been completed with the family by the Initial Service Coordinator.
2. Enter information about **Family Concerns** - Concerns that I have about my child’s health and/or development, information, resources, and/or supports I need or want for my child and/or family.
 - a. Family Concerns means those areas the parent identifies as needs, issues, or problems which they wish to have addressed within the Individualized Family Service Plan [Section 69-4.1 (r) Definitions].
 - b. List the daily activities that are difficult for the family/caregiver, such as bath time, mealtime, nap time, family outings, etc. For example, does the child really enjoy playing with other children yet find it difficult due to a communication delay? Does the child become upset at the shopping mall or on the street when there are a lot of people and noise? Include those activities or routines about which the parent has concerns, such as bathing, mealtime, sleeping, or transitioning from one activity to another.
 3. Enter information about **Family Priorities** – The most important things for my child and/or family.
 - a. Family priorities means those areas which the parent selects as essential targets for Early Intervention services to be delivered to their child and family [Section 69-4.1 (s) Definitions].
 - b. Early Intervention is a family-centered program. It is possible that the services and supports that members of the IFSP team are recommending may not be aligned with family priorities.
 4. Enter information about **Family Resources** - Resources that my child/family have for support.

- a. Family Resources means the strengths, abilities, and formal and informal supports that can be mobilized to address the family concerns, needs, or desired outcomes [Section 69-4.1 (t) Definitions].
 - b. List the language that the child hears or uses during most of the day. This may be different from the dominant language of the parent (e.g., an English-speaking child may have a Spanish-speaking babysitter).
 - c. Foster Care - Indicate if the child is in foster care, and whether he/she has visits with the birth parent at the foster care agency.
5. In **Identified Family/Child Needs**, it is also important to document in the IFSP additional family and/or child needs especially when they are not funded by Early Intervention.
- a. Select a response to **Identified Family/Child Needs: Other resources the family/child is receiving that are not funded by EIP**. For example, these are included in the drop-down window: Diagnosis Specific Advocacy Groups, Community Food Cupboard, Community Pre-School (not through Part C), Family Resource Center Network, Physician or other health practitioner, Home Energy Assistance Program (HEAP), Local Housing Authority (Section 8 Housing), NORD-National Organization for Rare Disorders, No Needs indicated outside of the EIP, or specify Other.
6. Enter in **Other Resources Receiving** what the family is currently participating in or receiving outside of Early Intervention (e.g., Church Food Pantry).
7. Select a response to **Other public programs that the family/child may need and be eligible for**. For example, these are included in the drop-down window: Child Health Plus, Children with Special Health Care Needs (CSHCN), Commission for the Blind and Visually Handicapped or Impaired, Community Food Cupboard, Early Head Start, Local Department of Social Services (LDSS), Local Housing Authority (Section 8 Housing), Local Office of Children and Family Services (OCFS)-Finding Daycare, Local Office of Children NORD-National Organization for Rare Disorders, Medicaid Waiver/Health Home Program for Children, Medical Assistance Program, Office for People with Developmental Disabilities (OPWDD), Physically Handicapped Children's Program (PHCP), Social Security Disability Income (SSDI), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Programs (SNAP), Supplemental Social Security Income Program (SSI), Other (please specify), or No Needs indicated outside of the EIP.
8. Enter **Other Public Programs** what other public programs the family may need and be eligible for (e.g., childcare voucher).

Click the **Submit** button.

7. EI-Hub IFSP Crosswalk – Natural Environments

5/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

① What Are The Natural Environments For The Child?

② If the child is in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child.

Submit

The screenshot shows a web-based form for editing an IFSP (Individualized Family Service Plan). The top navigation bar includes links for Home, Child, Smith, Betty, and IFSP. Below this, the page title is "IFSP Edit". A sidebar on the left lists various sections: IFSP Information, IFSP Team, IFSP Meeting, Level of Development, Family Strengths (with sub-options for Priorities, Concerns, and Resources), Reasons/Indicators for Respite and/or Transportation, IFSP Outcomes, IFSP Ongoing Evaluations, IFSP Services, and Natural Environments (which is underlined, indicating it is the current section). The main content area contains two numbered questions. Question 1, circled in red, asks "What Are The Natural Environments For The Child?". Question 2, also circled in red, asks "If the child is in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child.". A blue "Submit" button is located at the bottom right of the main form area.

7. EI-Hub IFSP Crosswalk – Natural Environments

Click on **Natural Environments** on the left-hand panel.

Note:

- The **natural environments** are settings that are natural or normal for the child's age peers who have no disability, including the home, a relative's home when [care is delivered] the child is being cared for by a relative, childcare setting, or other community setting in which children without disabilities participate. [Section 69-4.1 – Definitions]
- It is considered the natural environment when EI services are provided to the EI child during the childcare program's routine activities along with the caregiver (e.g., the childcare staff) and with a group of typically developing children.
- It is expected that interventionists partner, communicate and collaborate with, and coach parents, caregivers, and childcare staff during EI sessions.
- When children receive services when the parent is not present during sessions, the parents should select the method(s) and the frequency (e.g., once a week, after each session, every other week) they prefer that the intervention team uses to communicate with them. This may be via email when the parent has given signed written consent, via a communication book, via phone calls, etc. Texting is never permitted except for scheduling purposes. See the [New York State DOH BEI Memoranda, Guidance and Clinical Practice Guidelines](#) webpage for email consent and text messaging guidance.

1. **What are the Natural Environments for the Child?** – Document the typical places and activities that the child participates in on a daily basis. For example, this may be home, at the babysitter's, at grandma's house, or at a childcare program.
Indicate the locations the parent(s) want services to happen, and who will participate in the EI sessions.
2. **If the child is in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child** – Document the people whom the early interventionists will be coaching and communicating with at the daycare program.
 - a. Document if the parent consents to sharing the IFSP plan with the daycare program and ensure that they are included in the parent-signed consent to release information.
 - b. Document how the interventionists should communicate with the parents about the EI services their child is receiving at daycare.
 - i. What is the parent's preferred method of communication?
 - ii. How often does the parent want the EI team to communicate with her?
 - c. Document how the early interventionists will work with the daycare staff.

Click the **Submit** button.

8. EI-Hub IFSP Crosswalk – Outcomes

8/2024

Home / Child / Smith, Betty / IFSP / IFSP Outcome

IFSP Outcome Add

IFSP Outcome Report

IFSP Outcome

Outcome Number *Outcome Start Date
1 0 2 08/13/2024

Outcome Completed Date *Outcome Desired
3 4

*Outcome Type
5 ... Select ...

What are developmental steps needed to obtain this outcome?
6

*Strategies and Activities to support this outcome (include activity settings and everyday routines of the child and family)
7

*Progress Rating
8 ... Select ...

*Modification to Outcome? Outcome Version
9 No 10

Who will assist the child/family with this outcome?
11 Select Some Options

If Other
12 ... Select ...

Criteria: How will we know when this outcome is achieved?
13

Last Reviewed Date
14

Submit

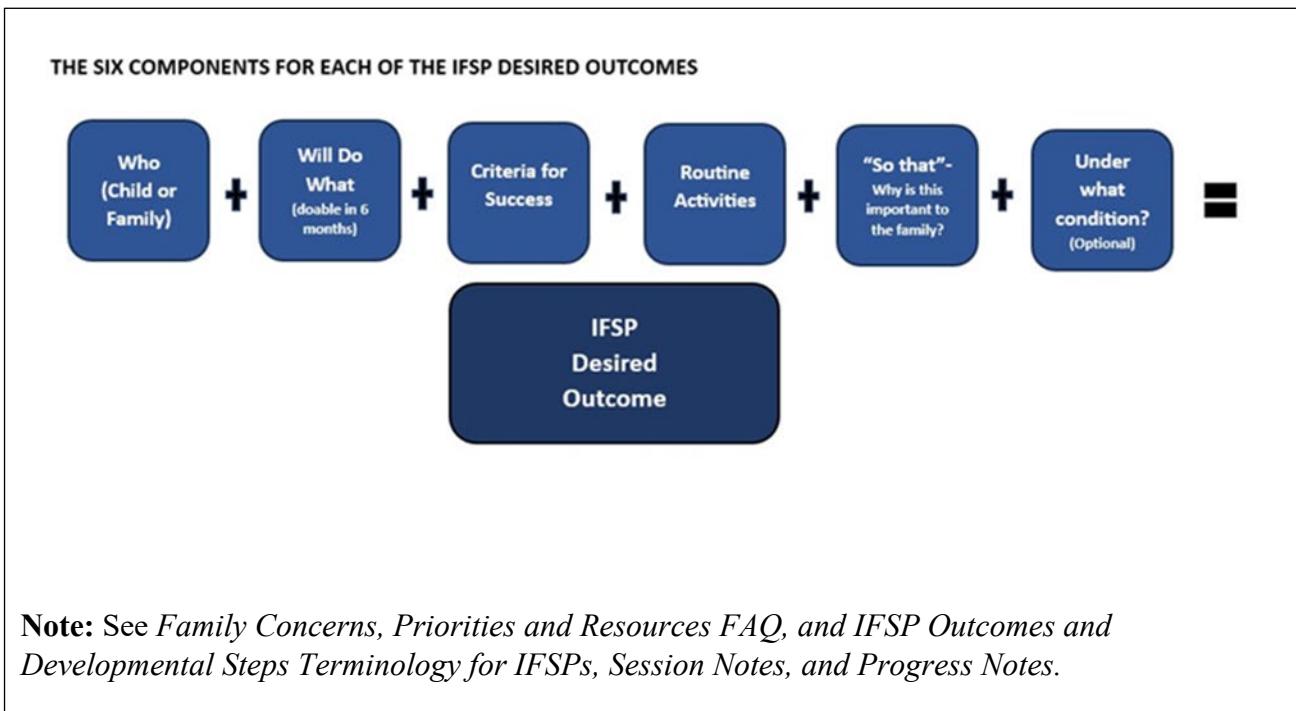
This image shows a screenshot of the IFSP Outcome Add form in the EI-Hub system. The form is titled "IFSP Outcome Report" and "IFSP Outcome". It contains various input fields and dropdown menus, each labeled with a red circle containing a number from 1 to 14. The fields include: Outcome Number (1), Outcome Start Date (2), Outcome Completed Date (3), Outcome Desired (4), Outcome Type (5), Developmental steps (6), Strategies and Activities (7), Progress Rating (8), Modification to Outcome (9), Outcome Version (10), Who will assist (11), If Other (12), Criteria (13), and Last Reviewed Date (14). A "Submit" button is located at the bottom right of the form.

8. EI-Hub IFSP Crosswalk – Outcomes

Click on the left-hand panel on ***Outcomes***. The ***IFSP Outcome*** panel will appear.

- All required fields must be entered for **each** IFSP outcome.
 - ***Each service authorization must be tied to an outcome(s) in EI-Hub.***
 - Therefore, each service authorization should be tied to all IFSP outcomes.
 - Other than outcomes for Counseling, Assistive Technology, and an outcome that is clearly outside of a discipline's scope of practice such as outcomes specifically referencing Applied Behavioral Analysis methodologies and techniques (Refer to *Appendix A: Interim Approach to the Authorization of Services Utilizing Applied Behavioral Analysis Methods and Techniques* for guidance on the creating IFSP Outcomes for services that utilize ABA methods and techniques.), it is expected that each early interventionist on the EI team will work on each functional outcome from their domain perspective, knowledge and experience.
1. Enter the ***Outcome number***. The first outcome will autopopulate as 0.
 2. Select or enter the ***Outcome Start Date*** – this is the IFSP start date.
 3. Do not enter an ***Outcome Completed Date***. If you enter a date, even in the future, the EI Hub will assume that the outcome is completed and you will be unable to associate it with service authorizations.
 4. Enter the ***entire*** functional outcome with all components in ***Outcome Desired***.
 - a. You will need to refer to this when responding to questions about the specific components of each outcome for this panel.
 - b. The IFSP Outcome has required components: A complete IFSP outcome has the following five or six components to support family-centered goals and services:
 - i. **The Who:** Who is the desired outcome for? It's usually the child but may sometimes be the Family (e.g., parent or caregiver).
 - ii. **The What/Will Do What (Family Concern):** What are the functional areas of concern for the parents? (e.g., playing, eating, talking, transition, sleeping). This is what the child will learn to do in the next six months related to the child's developmental status.
 - iii. **The Routine Activity (Natural Environment/Reflects Family Culture):** These are regular events that occur during the child's day and are individualized by the family's culture and environment. Examples include activities of daily living, family errands, social events, play times, hygiene routines, mealtimes, dressing times, etc.
 - iv. **The Criteria of Success (Progress):** What is the measurable criterion for success that is developmentally appropriate in the next six months for this? This is how everyone on the team including the parents will know that the outcome has been met and it should be observable. Examples of criteria of success should include how often, how much, how long, or how well.

physical prompt, or with the parent's help). If there is no condition, the assumption is 100% independence.



Note: See *Family Concerns, Priorities and Resources FAQ*, and *IFSP Outcomes and Developmental Steps Terminology for IFSPs, Session Notes, and Progress Notes*.

5. Select the **Outcome Type** in the drop-down panel – this is equivalent to the *Who*. Specifically, Is this a child or family outcome? Options include:
 - a. Child Outcome
 - b. Family Outcome
 - c. Migrated Data – this option is reserved for outcomes that migrated from NYEIS to the EI-Hub.
6. Enter the **Developmental steps needed to obtain this outcome**.
 - a. The *developmental steps* are the 1-4 objectives for this desired outcome.
 - b. Developmental steps are the related objectives that lead to the achievement of the outcome and are not domain- or discipline-specific.
 - c. As you enter the steps, remember to number each one in the text box (e.g., Outcome #1, Developmental Step 1a, Developmental Step 1b; or Outcome #2, Developmental Step 2a, Developmental Step 2b, Developmental Step 2c).
 - i. The text box for developmental steps does not expand when as you type; however, all the development steps will be visible when the IFSP is printed.
7. Enter the **Strategies and Activities to support this outcome (include activity settings and everyday routines of the child and family)**
 - d. List the routine activities (that parents have identified in their CPRs) and the other types of strategies that may be used (e.g., ABA methods and techniques)
 - i. The Routine Activity (Natural Environment/Reflects Family Culture): These are regular events that occur during the child's day and are

- individualized by the family's culture and environment. Examples include activities of daily living, family errands, social events, play times, hygiene routines, mealtimes, dressing times, etc.
- ii. The natural environment plays an integral role in Early Intervention Part C of IDEA services.
 - iii. Natural Environments help to individualize services; shows respect and considers the culture of the family; and includes the following examples:
 - Settings where services take place such as the home, backyard, grocery store, childcare, or library.
 - Materials include anything that is found in the child's usual physical environment such as their own toys, books, bowls, spoons/chopsticks, family songs and games. Using materials in the home that are typically used during family routines considers the family's culture and supports practice for the child between EI sessions.
 - People include the parents, siblings, relatives, friends, childcare teacher or anyone with whom the child interacts on a consistent, regular basis.
 - Activities highlight the interests and routines of the child and family. These routines include mealtimes, bathing, dressing, playing, going to worship, riding transportation, and celebrating holidays. These activities reflect the family's culture too.
8. Select the **Progress Rating**. This pertains to whether this Outcome is new, continued, edited, achieved, or discontinued.
- a. If this is an initial IFSP, select "New".
 - b. If this is a 6-month or annual IFSP review, select either "New," "Continued," "Achieved," "Discontinued," or "Outcome is edited" based on the progress notes from the early intervention team and parent feedback and observations about their child's progress.
 - c. See the updated **NYC Early Intervention Progress Notes and Instructions** for rating the child's progress and determining whether an outcome and developmental steps are continued, achieved, discontinued or new for the IFSP review.
9. For **Modification to Outcome?**
- a. Select "No" for *Modification to Outcome?* for the initial IFSP.
 - b. For the 6-month and annual IFSP review, select "yes" if the outcome is being edited; select "no" if the outcome is being continued or if it's new.
10. Enter the **Outcome Version** in the text box (e.g., A, B, C, etc.).
- a. For the original version during the initial or interim IFSP, this would be "A."
 - b. If this outcome is to be continued in a IFSP review meeting, this would be "A."
 - c. If this is a modified version during a IFSP review meeting, this would be "B."
11. Select **Who will assist the child/family with this outcome?**

- a. Select the following in the drop-down window: Parent/caregiver – child only; Siblings-both; Extended Family-both; Friends-both; Child care provider – both; Service Coordinator-both; FS Service provider-both; Health Care Provider – both; or Other-both. *You may select more than one choice.
 - b. In “*If other,*” list the additional people who will be part of the EI services.
12. Select “***When does the team plan on measuring progress for this outcome?***”
- a. These are the choices: Weekly, Monthly, Quarterly, and Six (6) Month.
 - b. Note: This should usually be six (6) months from the start date of the IFSP unless this is an amendment to the IFSP. If this is an amendment, you may select quarterly if there are only 3 months remaining in this IFSP service period.
13. Enter information about the ***Criteria: How will we know when this outcome is achieved?***
 Refer to the desired outcome to see what the criterion for success is.
- a. **The Criteria of Success:** What is the measurable criterion for success that is developmentally appropriate in the next six months for this? This is how everyone on the team including the parents will know that the outcome has been met and it should be observable. Examples of criteria of success should include how often, how much, how long, or how well.
14. Enter the ***last reviewed date*** for this IFSP outcome.
- b. For an initial IFSP, enter the date of the meeting.
 - c. For an IFSP review, enter the last date the outcome was reviewed.

Click the **Submit** button.

NOTE: REMEMBER TO REPEAT THESE STEPS FOR EACH DESIRED OUTCOME.

To check that all **desired outcomes** are listed in the IFSP:

- Click on ***IFSP Outcomes*** in the left-hand panel.
- A table of the saved outcomes will appear.
- You can modify an outcome in the table by clicking on the **Edit** box next to the outcome.
- To add a new outcome, click on the “**Add IFSP Outcome Detail**” box.

Notes:

- Early Intervention is a developmental program and not a medical or rehabilitative program. Early Intervention uses evidence-based, family-centered best practices for evaluations and services in compliance with Part C of IDEA’s (Individuals with Disabilities Education Act) mission and regulations. Therefore, the IFSP outcomes are intended to be those goals that the family would like to see for their child and themselves within the next six months given the child’s developmental status. [New York State Department of Health Bureau of Early Intervention. (Revised: February 2017) [Early Intervention Program Guidance Document Individualized Family Service Plans](#)]



- Review the [*Appendix of Outcomes and Developmental Steps*](#) for more information about the required components for IFSP outcomes and examples.

9. EI-Hub IFSP Crosswalk – IFSP Ongoing Evaluations

5/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
Family Strengths
Priorities
Concerns
Resources
Reasons/Indicators for Respite and/or Transportation
IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services
Natural Environments

IFSP Ongoing Evaluations

-Default Report-

Add IFSP Ongoing Evaluations **1**

Search... 10

IFSP Type	IFSP Status	IFSP Start Date	IFSP End Date	Program Name	Service Type	Authorization Status	Authorization #	Evaluator	Start Date	End Date	Assessment Date	Wai Rev Nee
No data available in table												

Showing 0 to 0 of 0 entries

9. EI-Hub IFSP Crosswalk – IFSP Ongoing Evaluations

Click on **IFSP Ongoing Evaluations** in the left-hand panel.

1. Click on the **Add IFSP Ongoing Evaluations** button.
2. Follow instructions for entering an evaluation service authorization in **Policy 3B: Choice and Approval of Evaluation/Screening Site**.
 - a. *Enter only the following information for the service authorization:*
 - i. *Program (type of evaluation or service) Click the blue binoculars – select the type of supplemental evaluation, then click ‘Save’ in the pop-up window.*
 - ii. *Dates of Evaluation From and Dates of Evaluation To – “from” date is the date of the IFSP meeting (the date of the request) and “to” date must be the 30th day from the date of the IFSP meeting*
 - iii. *Agency – click in box and type first few letters of agency name; click on the name when it pops up*
 - iv. *Location Type – select setting where evaluation will be conducted.*
 - v. *Scroll to the bottom and click Submit – the ‘Assigned Date’ will auto-populate to the current date.*

Note:

- A service authorization must be created and submitted **separately** for each: supplemental, and bilingual add-on.

10. EI-Hub IFSP Crosswalk – IFSP Service (Service Info)

8/2024

Service Info

Service Information

*Pay Source
New York City

*Program
①

*Service Type
② ... Select ...

*Enrollment Status
Inactive

Waiver Review Needed

Waiver Type

Authorization #

First Date Service Delivered

Assigned Date

Assignment Status

Accept Assignment

EIO/D Section

EIO/D Approval

EIO/D Review Date

Submit

The screenshot shows a web-based form for managing IFSP services. On the left, a sidebar lists various service categories. The main area is titled 'Service Info' and contains several input fields. Two specific fields are highlighted with red circles and numbered 1 and 2: 'Program' and 'Service Type'. The 'Program' field has a dropdown menu open, showing 'New York City' as the selected option. The 'Service Type' field also has a dropdown menu open, showing '... Select ...' as the selected option. Other visible fields include 'Enrollment Status' (set to 'Inactive'), 'Waiver Review Needed' (unchecked), 'Waiver Type' (empty), 'Authorization #' (empty), 'First Date Service Delivered' (empty), 'Assigned Date' (empty), 'Assignment Status' (empty), 'Accept Assignment' (empty), 'EIO/D Approval' (empty), and 'EIO/D Review Date' (empty). A 'Submit' button is located at the bottom right of the form.



10. EI-Hub IFSP Crosswalk – IFSP Service (Service Info)

To add a service, click on the left-hand panel for ***IFSP Services***. The panel for **Service Information** will appear.

Click on ***Service Information*** in the left-hand panel.

1. In the **Program** field, begin typing the name of the service type (e.g., speech). When the full name pops up, click on it.
2. **Service Type** will automatically populate from **Program**.

Refer to [*Appendix A: Interim Approach to the Authorization of Services Utilizing Applied Behavioral Analysis Methods and Techniques*](#) for additional guidance.

Click on the **Submit** button.

11. EI-Hub IFSP Crosswalk – Service Info (Service Delivery)

5/2024

Service Info

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

Assistive Technology Device

Transportation Services

Respite Services

Waiver

Service Delay Reason

1 Service Type

2 IFSP Start Date
08/13/2024

3 IFSP End Date
02/13/2025

4 *Start Date

5 *End Date

Suspended Start Date

Suspended End Date

Extended End Date

Intensity

*Frequency

*Frequency Unit
7 --- Select ---

*Length (minutes)
8 --- Select ---

IFSP Outcome Name
9 --- Select --- X

Service Group Type
10 --- Select ---

If any service is being provided in a group setting without typically developing peers, explain why the IFSP team agrees this is appropriate
11

Session Duration Minutes
12

Sessions Authorized
13

Submit

11. EI-Hub IFSP Crosswalk – Service Info (Service Delivery)

Click on **Service Delivery** in the left-hand panel.

1. **Service Type** will autopopulate from the Service Information panel.
2. The **IFSP Start Date** will autopopulate from the IFSP Information screen.
3. **IFSP End Date** will autopopulate from the IFSP Information screen.
4. Enter the **Start Date** (required) – In the majority of cases, this should be the same as the IFSP Start Date. However, if, at the time of the IFSP meeting, the team knows that the service will be starting late due to family reasons such as vacation or scheduled medical procedures, or if this authorization is for a team meeting that will begin more than 30 days after the date of the IFSP, these start date variations must be documented.
5. Enter the **End Date** (required) – In the majority of cases, this should be the same as the IFSP end date.
6. Enter the **Frequency**.
 - a. **Frequency** is the number of times that the service will be provided within one frequency unit (see 6 below).
 - b. In NYC, frequency is typically 104 for Ongoing Service Coordination.
7. Select the **Frequency Unit** (e.g., Day, IFSP Period, Month, Week) from the dropdown.
 - a. In NYC, frequency unit is usually week, but some services might occur monthly (e.g., Social Work).
 - b. In NYC, the frequency unit for Service Coordination is “IFSP Period.”
8. Select the **Length (minutes)** (e.g., 30, 45, 60, 90, 120).
 - a. Length is the number of minutes of actual time spent delivering services during each session.
 - i. Basic is a session that is 30 to 59 minutes long. Up to three (3) such visits provided by appropriate qualified personnel within different disciplines per day may be billed for each eligible child as specified in the approved IFSP without prior approval of the EIO.
 - ii. Extended is a session that is 60 or more minutes long. Up to three (3) such visits provided by appropriate qualified personnel within different disciplines per day may be billed for each eligible child as specified in the approved IFSP without prior approval of the EIO.
 - iii. For transportation authorizations, the length is 1 unit – no time specified.
9. Select the **Outcome Name** – These are the numbers linked to the Outcomes that this interventionist will work on. (e.g., Outcome numbers 1, 2, 3, 4 are linked to the outcome names documented in the Outcomes panel).
 - a. Each service authorization is tied to the IFSP Outcomes:
 - i. It is expected that each member of the intervention team will work on all IFSP outcomes from their own discipline perspective, knowledge and experience.
 - ii. The exceptions are for counseling, assistive technology, and ABA (refer to NYC ABA Authorization Guidance) outcomes.

10. Select the **Group type** from the drop-down window. Complete only if a group service is being authorized.

a. Service Group Types:

- i. Family/caregiver support group is the provision of EI services by appropriate qualified personnel to a group of parents or other designated caregivers to enhance their capacity to care for and enhance the development of the eligible child and to provide support, education, and guidance to such individuals relative to the child's unique developmental needs.
- ii. Parent-child group is the provision of EI services in a group composed of parents or other designated caregivers and eligible children and a minimum of one appropriate professional qualified to provide EI services at an EI provider's site or a community-based site (e.g., childcare center or family day care). Up to one visit per day may be billed for each eligible child as indicated in the approved IFSP without prior approval of the EIO.
- iii. Group Early Intervention is the provision of EI services by appropriate qualified personnel (e.g., physical therapy, occupational therapy, speech-language therapy, applied behavior analysis or special instruction services) to eligible children in a group at an approved EI provider's site or a day care facility duly licensed in New York State.
- iv. A group session is minimally 60 minutes and maximally 120 minutes in length.
 - Group consists of two to ten children with similar IFSP outcomes and includes appropriate therapeutic approaches.
 - Use of a one-to-one aide should be based on clinical appropriateness.
 - Groups shall be provided by, at minimum, one approved and appropriately qualified early interventionist and one assistant.
 - There are no push-in or pull-out individual services permitted while the group is in session.

11. Document in the text box *if any service is being provided in a group setting without typically developing peers, explain why the IFSP team agrees this is appropriate.*

- a. Complete only with group services.
- b. This justification is a required component of IDEA, as group services without typically developing peers do not comply with the Natural Environment mandate.

12. **Session Duration in Minutes** will autocalculate from **Length (minutes)**

13. **# Sessions Authorized** will autocalculate from the frequency, unit, and start and end date entered above.

Click the **Submit** button.

12. EI-Hub IFSP Crosswalk – Service Info (Service Details)

5/2024

Home / Child / Smith, Betty / IFSP / Service

Service Add

Service Info

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

Assistive Technology Device

Transportation Services

Respite Services

Waiver

Service Delay Reason

1 Makeup visits allowed?

2 Makeup Quantity

3 Makeup Frequency **4** Total Makeups Authorized

5 CoVisits allowed?

6 Qualified Personnel List for CoVisit

7 CoVisit Quantity

8 CoVisit Frequency **9** Total CoVisits Authorized **10** Visits Per Day

Submit

12. EI-Hub IFSP Crosswalk – Service Info (Service Details)

Click on **Service Details** in the left-hand panel.

Note: This panel is optional and may not apply to some service types. (i.e. Assistive Technology, Transportation authorizations). The IFSP team will discuss and determine if it should be completed.

1. Click on the box to indicate ***Make-up visits allowed?***
 - a. In New York City, make-up sessions are allowed to be delivered when:
 - i. It is feasible to do so based on the schedule and availability of the authorized provider.
 - ii. The make-up session can be delivered within 2 weeks of the missed session.
 - iii. The delivery of the make-up session does not violate Early Intervention billing rules.

Billing Limitation without Prior Approval (Waiver) from EIOD	
TYPE OF SERVICE	LIMIT
Basic Home and Community Based Visits per day	No more than 3
Extended Home and Community Based Visits per day	No more than 3
Basic and Extended Home and Community Based Visits per day	No more than 3
Basic or Extended Home/Community Based Visit per discipline per day	No more than 1
Office/Facility Based visits per day	No more than 3
Office/Facility Based visit per discipline per day	No more than 1
Group Developmental session per day	No more than 1
Parent/Child group session per day	No more than 1
Family/Caregiver Group session per day	No more than 2
Multi-disciplinary Evaluation (MDE) per year	No more than 1
Supplemental Evaluations per year	No more than 2

- iv. When the make-up sessions are not contraindicated based on the needs of the child or would not violate the prescription issued by the child's health care provider. Refer to [**Policy 6-C: Obtaining Prescriptions For Authorized Services and Evaluations.**](#)
- v. Refer to [**Policy 6D: Make-up Sessions.**](#)
2. Enter in the number for ***Makeup Quantity***.
 - a. A standard quantity of **6 make-up sessions** will be authorized per service per IFSP Period.
3. Select “IFSP Period” from the ***Makeup Frequency*** drop-down.
4. Enter “6” in the text box ***Total Makeups Authorized***.
5. Click on the box when ***Co-Visits allowed?***
 - a. **Co-visits will be considered when the purpose of the co-visit is to:**
 - i. Provide co-treatment for the child targeting an area of child need in which 2 or more qualified personnel are providing different interventions;

- ii. Enable professionals and parents/caregivers to work together to assess child progress and problem-solve on emerging issues related to child and family needs across the areas of need that are being addressed by differently qualified personnel; or
 - iii. Provide education, training, and instruction to the parent/designated caregiver in the use and integration of particular techniques and strategies to enhance the child's development and functioning in the area of need being addressed by the professionals.
6. Select from the drop-down box the ***Qualified Personnel List for the Co-Visit***.
 - a. The EI-Hub only allows for one Qualified Personnel to be selected from this list. The IFSP team will select another discipline on the treating team.
 - b. New York City team meetings that were authorized as family training in the past will be authorized as 6 additional sessions as a co-visit on the service authorization of each treating professional.
 - c. The IFSP team will link the Outcomes that will be addressed by the co-visit.
7. Indicate in the text box the ***Co-Visit Quantity***.
 - a. For example, indicate “1” for monthly team meetings.
8. Select from the drop-down box the ***Co-Visit Frequency*** (e.g., day, IFSP Period, month, week).
 - a. For example, indicate “month” for team meetings.
9. Enter in the text box how many ***Total Co-Visits Authorized***.
 - a. For example, indicate “6” for a monthly team meeting taking place in a six-month IFSP period.
10. Enter in the text box how many ***Visits Per Day***.
 - a. In most cases “1” will be indicated to comply with billing rules.
 - b. For children authorized for services utilizing the methods and techniques of ABA services, indicate “4” to account for waiver considerations.

Click the ***Submit*** button to save.

13. EI-Hub IFSP Crosswalk – Service Info (Company Assignment)

8/2024

 Home / Child / Smith, Betty / IFSP / Service

Service Add

Service Info

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

Assistive Technology Device

Transportation Services

Respite Services

Waiver

1 Company Name

Service Site

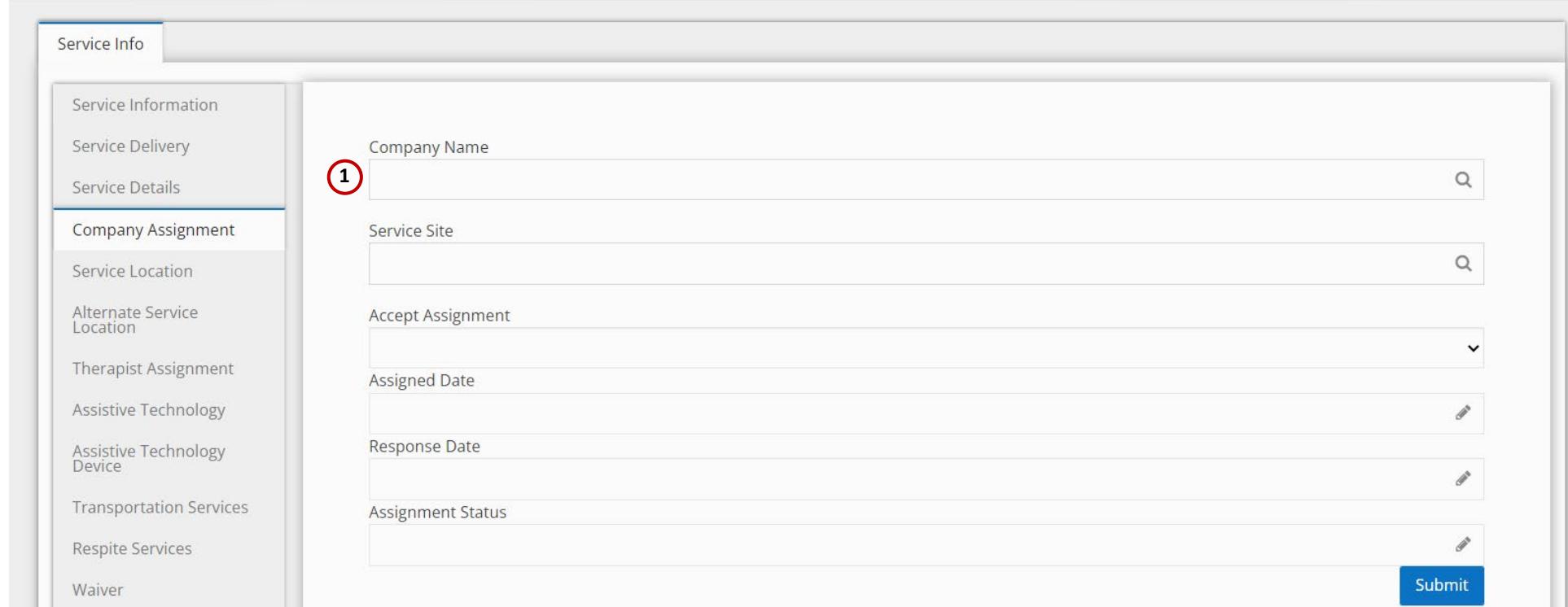
Accept Assignment

Assigned Date

Response Date

Assignment Status

Submit





13 EI- Hub IFSP Crosswalk – Service Info (Company Assignment)

Click on **Company Assignment** in the left-hand panel. This panel should be completed if a service provider agency is known at the time of the IFSP meeting.

1. Begin typing the name of the Provider Agency in the ***Company Name*** text box. Click on it when it pops up.

Click the **Submit** button to save.

14. EI-Hub IFSP Crosswalk – Service Info (Service Location)

8/2024

Service Add

Service Info

Service Information
Service Delivery
Service Details
Company Assignment
Service Location
Alternate Service Location
Therapist Assignment
Assistive Technology
Assistive Technology Device
Transportation Services
Respite Services
Waiver
Service Delay Reason

*Location Type
① --- Select ---

Location Type Other
②

Address 1
③

Address 2
④

Address 3
⑤

City
⑥

State
⑦

Zip
⑧

Site
⑨

*Is the child being served in a Natural Environment?
--- Select ---

Submit

14. EI-Hub IFSP Crosswalk – Service Info (Service Location)

Click on **Service Location** in the left-hand panel.

1. Select the **Location Type** in the drop-down window. Choices in the drop-down window include: Caregiver home, Community-based site, Licensed day care, Licensed Family day care, Neighborhood site, or other.
2. If “other” was selected, enter information in **Location Type Other**.
 - a. For transportation authorizations, **Location Type** will default to other. Enter “transportation” in the **Location Type Other** field and leave the address fields blank.
 - b. If “caregiver home” was selected for **Location Type**, the address information will autopopulate from the Family Info tab.
3. If address did not autopopulate, enter the location information for **Address 1**.
4. Enter the location information for **Address 2** (e.g., apartment number).
5. Enter the **City**.
6. Enter the **State**.
7. Enter the **Zip Code**.
8. Enter the Name of the **Site**.
9. Select no or yes in response to the question: **“Is the child being served in a Natural Environment?”**
 - Natural environment means settings that are natural or normal for the child’s age peers who have **no** disability, including the home, a relative’s home when [care is delivered] the child is being cared for by a relative, childcare setting, or other community setting in which children without disabilities participate. [Section 69-4.1 – Definitions]
 - If “no” is selected, a box will appear asking why the IFSP team determined that it was not appropriate to provide the service in a natural environment. Write the explanation in the box.

Click the **Submit** button.

15. EI-Hub IFSP Crosswalk – Service Info (Alternate Service Location)

8/2024

Service Add

Service Info

Service Information
Service Delivery
Service Details
Company Assignment
Service Location
Alternate Service Location
Therapist Assignment
Assistive Technology
Assistive Technology Device
Transportation Services
Respite Services
Waiver
Service Delay Reason

*Alternate Location Type
1 --- Select ---

2 Location Type Other

3 Alternate Service Site

4 Address 1

5 Address 2

6 Address 3

7 City

8 State

9 Zip

10 Site

*Is the child being served in a Natural Environment?
10 --- Select ---

Submit

15. EI-Hub IFSP Crosswalk – Service Info (Alternate Service Location)

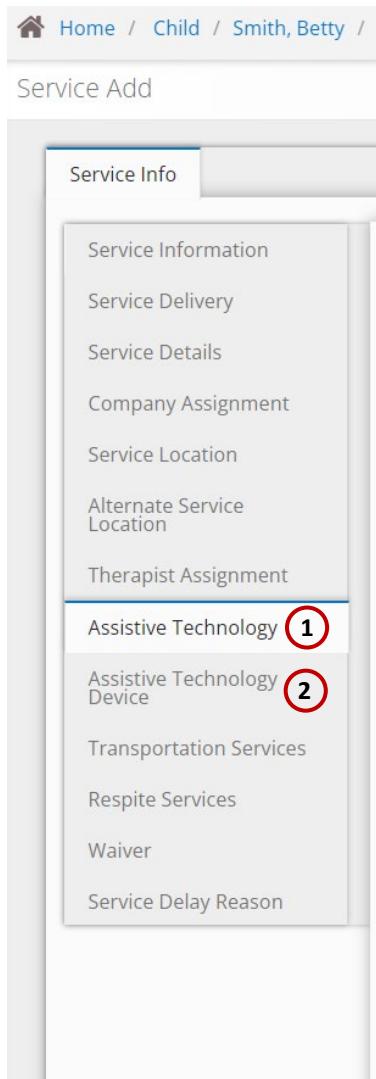
Click on the **Alternate Service Location** in the left-hand panel. Complete only if some service sessions may take place in a different location than the one identified in the Service Location panel.

1. Select the **Location Type** in the drop-down window. Choices in the drop-down window include Caregiver home, Community-based site, Licensed day care, Licensed Family day care, Neighborhood site, or other.
2. If “other” was selected, enter information in **Location Type Other**.
3. Enter the **Alternate Service Site**.
4. Enter the location information for **Address 1**.
5. Enter the location information for **Address 2**.
6. Enter the **City**.
7. Enter the **State**.
8. Enter the **Zip Code**.
9. Enter in the name of the **Site**.
10. Select no or yes in response to the question: **“Is the child being served in a Natural Environment?”**
 - Natural environment means settings that are natural or normal for the child’s age peers who have no disability, including the home, a relative’s home when [care is delivered] the child is being cared for by a relative, childcare setting, or other community setting in which children without disabilities participate. [Section 69-4.1 – Definitions]
 - If “no” is selected, a box will appear asking why the IFSP team determined that it was not appropriate to provide the service in a natural environment. Write the explanation in the box.

Click the **Submit** button.

16. EI-Hub IFSP Crosswalk – Service Info (Assistive Technology & Assistive Technology Device)

8/2024



The ***Assistive Technology panel*** and ***Assistive Technology Device panel*** in the EI-Hub **are not** to be completed to request Assistive Technology services or Assistive Technology devices.

- These panels are not yet operational in the EI-Hub.
- **Follow the NYC Early Intervention Program Policy and Procedure Manual chapter on Assistive Technology to request assistive technology devices and services.**

17. EI-Hub IFSP Crosswalk – Service Info (Transportation Services)

8/2024

 Home / Child / Smith, Betty / IFSP / Service

Service Add

Service Info

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

Assistive Technology Device

Transportation Services

Respite Services

Waiver

Service Delay Reason

Authorized Service

①

Transportation Vendor

③ --- Select ---

Trip Frequency (total trips authorized per week)

⑤

TransportationRatePerMile

⑦

Total Number of Weeks

⑨

Total Number of Miles Authorized

⑪

Child Transportation Needs

⑬ --- Select ---

Outcome # Associated with Service

⑮ --- Select --- X

End Date

⑯

Start Date

⑯

Family Member Transportation

⑰

Transportation Type

② --- Select ---

Trip Duration (One Way)

④

Miles Authorized per Trip

⑥

TransportationRate

⑧

Total Number of Individual Trips

⑩

Transportation Method

⑫ --- Select ---

Other Child Transportation Needs

⑭

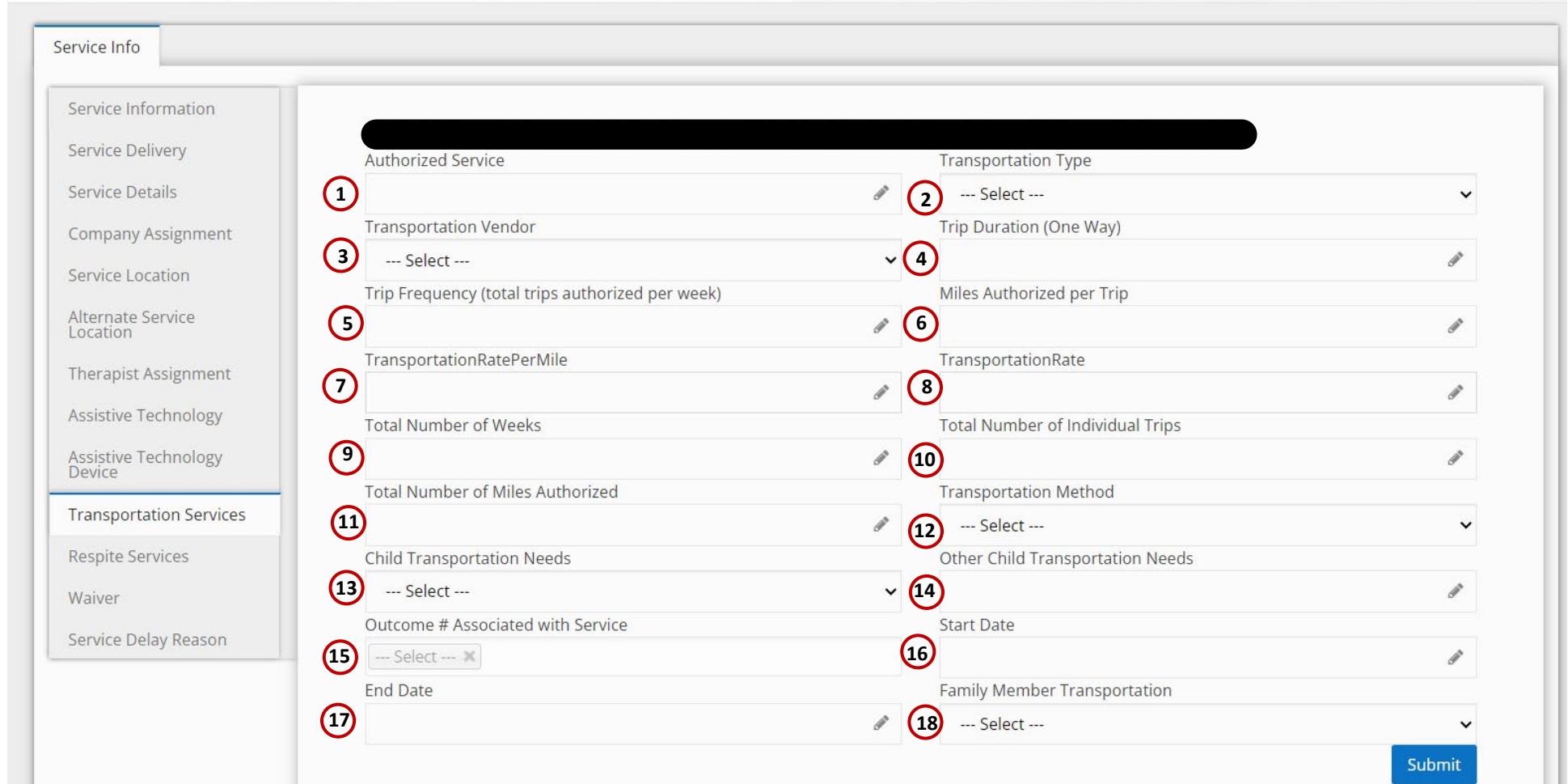
Start Date

⑯

Family Member Transportation

⑰

Submit



17. EI-Hub IFSP Crosswalk – Service Info (Transportation Services)

Under Service Info in the left-hand panel, click on **Transportation Services**.

- Before this Transportation panel can be completed, the *Reasons/Indicators for Transportation* must be fully completed in the child's IFSP, and
- The *Service Info - Service Information* Panel must be completed with the correct type of transportation under Program: Transportation (caregiver charge) (in NYC, Metrocards); Transportation (caregiver mileage) (mileage reimbursement to the caregiver); or Transportation (one-way trip) (school bus service).
- The Service Delivery and Service Location panels must be completed.
- The Company Assignment panel must be completed with NYC DOHMH as the company.

NOTE: Please refer to the **Transportation Policy** for information on Transportation Policy, Procedures.

The *Authorized Service* populates from the Program field in the Service Information panel

- I. For the caregiver charge (Metrocard) option:
 1. *Authorized Service* will default to Transportation (Caregiver-Charge).
 2. *Transportation Type* will default to Family
 3. Do not enter anything under *Transportation Vendor*
 4. Do not enter anything under *Trip Duration (One Way)*
 5. Do not enter anything under *Trip Frequency (total trips authorized per week)*
 6. Do not enter anything under *Miles Authorized per Trip*
 7. Do not enter anything under *Transportation Rate Per Mile*
 8. For *Transportation Rate*, enter the cost of a 1-month unlimited Metrocard: \$132.
 9. Do not enter anything under *Total Number of Weeks*
 10. *Total Number of Individual Trips* will be autopopulated from the Service Delivery panel.
 11. Do not enter anything under *Total Number of Miles Authorized*
 12. Select “public transportation” for *Transportation Method*
 13. Do not enter anything under *Child Transportation Needs*
 14. Do not enter anything under *Other Child Transportation Needs*.
 15. Select the *Outcome # Associated with Service*.
 16. *Start Date* will be autopopulated from the dates in the Service Delivery panel.
 17. *End Date* will be autopopulated from the dates in the Service Delivery panel.
 18. The *Family Member Transportation* dropdown will include all family members entered in the Family Info tab. Select the family member who will accompany the child.

Click Submit.

- II. For the caregiver mileage option:

1. *Authorized Service* will default to Transportation (Caregiver-Mileage).

2. **Transportation Type** will default to Family.
3. Do not enter anything under **Transportation Vendor**.
4. Do not enter anything under **Trip Duration**
5. Do not enter anything under **Trip Frequency**.
6. Enter “50” Under **Miles Authorized Per Trip**
7. **Transportation Rate Per Mile** is autopopulated with the Federal mileage reimbursement rate.
8. Do not enter anything under **Transportation Rate**,
9. Do not enter anything under **Total Number of Weeks**
10. Do not enter anything under **Total Number of Individual Trips**
11. Do not enter anything under **Total Number of Miles Authorized**.
12. Under **Transportation Method**, choose “caregiver – private car”.
13. Do not select anything under **Child Transportation Needs**
14. Under **Other Child Transportation Needs**, enter “NYC EI will reimburse up to \$100 per day for mileage, tolls, and parking”.
15. Select the **Outcome # Associated with Service**.
16. **Start Date** will be autopopulated from the dates in the Service Delivery panel
17. **End Date** will be autopopulated from the dates in the Service Delivery panel.
18. The **Family Member Transportation** dropdown will include all family members entered in the Family Info tab. Select the family member who will transport the child.

Click Submit.

- III. For School Bus Transportation (one-way trip option):
1. **Authorized Service** will default to Transportation (one-way)
 2. The **transportation type** will default to Business.
 3. Select the bus company that serves this child’s center from the **Transportation Vendor** drop-down.
 4. Do not enter anything under **Trip Duration**
 5. Do not enter anything under **Trip Frequency**
 6. Do not enter anything under **Miles Authorized per Trip**
 7. Do not enter anything under **Transportation Rate Per Mile**
 8. **Transportation Rate** will autopopulate to the Medicaid one-way transportation rate.
 9. Do not enter anything under **Total Number of Weeks**.
 10. **Total Number of Individual Trips** will autopopulate from the Service Delivery panel.
 11. Do not enter anything under **Total Number of Miles Authorized**.
 12. Select “School Bus” from the **Transportation Method** dropdown.
 13. Select any needed child supports from the **Child Transportation Needs** drop-down,
 14. Enter anything not on the drop-down in the **Other Child Transportation Needs** field
 15. Select the **Outcome # Associated with Service**.
 16. **Start Date** will autopopulate from the dates in the Service Delivery panel
 17. **End Date** will autopopulate from the dates in the Service Delivery panel
 18. Do not enter anything under **Family Member Transportation**.

Click Submit.

18. EI-Hub IFSP Crosswalk – Service Info (Respite Services)

8/2024

Service Add

Service Info

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

Assistive Technology Device

Transportation Services

Respite Services

Waiver

Service Delay Reason

Service Type
①

Duration
②

Sessions Authorized
③

Start Date
④

End Date
⑤

Outcome #
⑥

Only one of the two next fields can be selected (Company must be defined before using Vendor Assignment)

Vendor Assignment
⑦ --- Select ---

*Rate per 15 minute unit
⑧

Caregiver
⑨ --- Select ---

Reason for Respite
--- Select ---

Other Reason
⑩

Comments
⑪

Submit

22. EI-Hub IFSP Crosswalk – Service Info (Respite Services)

Click under Service info **Respite Services** in the left-hand panel.

- Before this Respite panel can be completed, the Reasons/Indicators for Respite must be fully completed in the child's IFSP.
- The Service Info - Service Information panel must be completed with Respite Care as the Program.
The Service Delivery and Service Location panels must be completed.
- The Company Assignment panel must be completed with NYC DOHMH as the company.

Click on the *Respite Services* on the left panel of the Service Authorization.

1. The **Authorized Service** populates from the Program field in the Service Information panel
2. **Duration** will autopopulate from the Service Delivery pane.
3. # **Sessions Authorized** will autopopulate from the Service Delivery pane.
4. **Start Date** will autopopulate from the Service Delivery pane.
5. **End Date** will autopopulate from the Service Delivery pane.
6. **Outcome #** will autopopulate from the Service Delivery pane.
7. Choose the company that will deliver the respite from the **Vendor Assignment** dropdown.
NOTE : Do not select anything under **Caregiver**.
8. Under **Rate Per 15 Minute Unit**, enter one-quarter of the applicable hourly rate (depending on whether it is regular or specialized respite, or the child lives in an underserved zip code where there is a surcharge).
9. Select the **Reason for Respite** from the dropdown,
10. Write additional reasons for respite it under **Other Reason**.
11. Enter any **Comments**.

Click the **Submit** button.

19. EI-Hub IFSP Crosswalk – Service Info (Waiver)

8/2024

Home / Child / Smith, Betty / IFSP / Service

Service Add

Service Info

Waiver

Waiver

Excel

Search...

10

Waiver Type	Visit Type	Requestor	Request Date & Time	Waiver Status	EIO/D Reviewer	EIO/D Decision Date	Action
No data available in table							

Showing 0 to 0 of 0 entries

Prev Next

Service Information

Service Delivery

Service Details

Company Assignment

Service Location

Alternate Service Location

Therapist Assignment

Assistive Technology

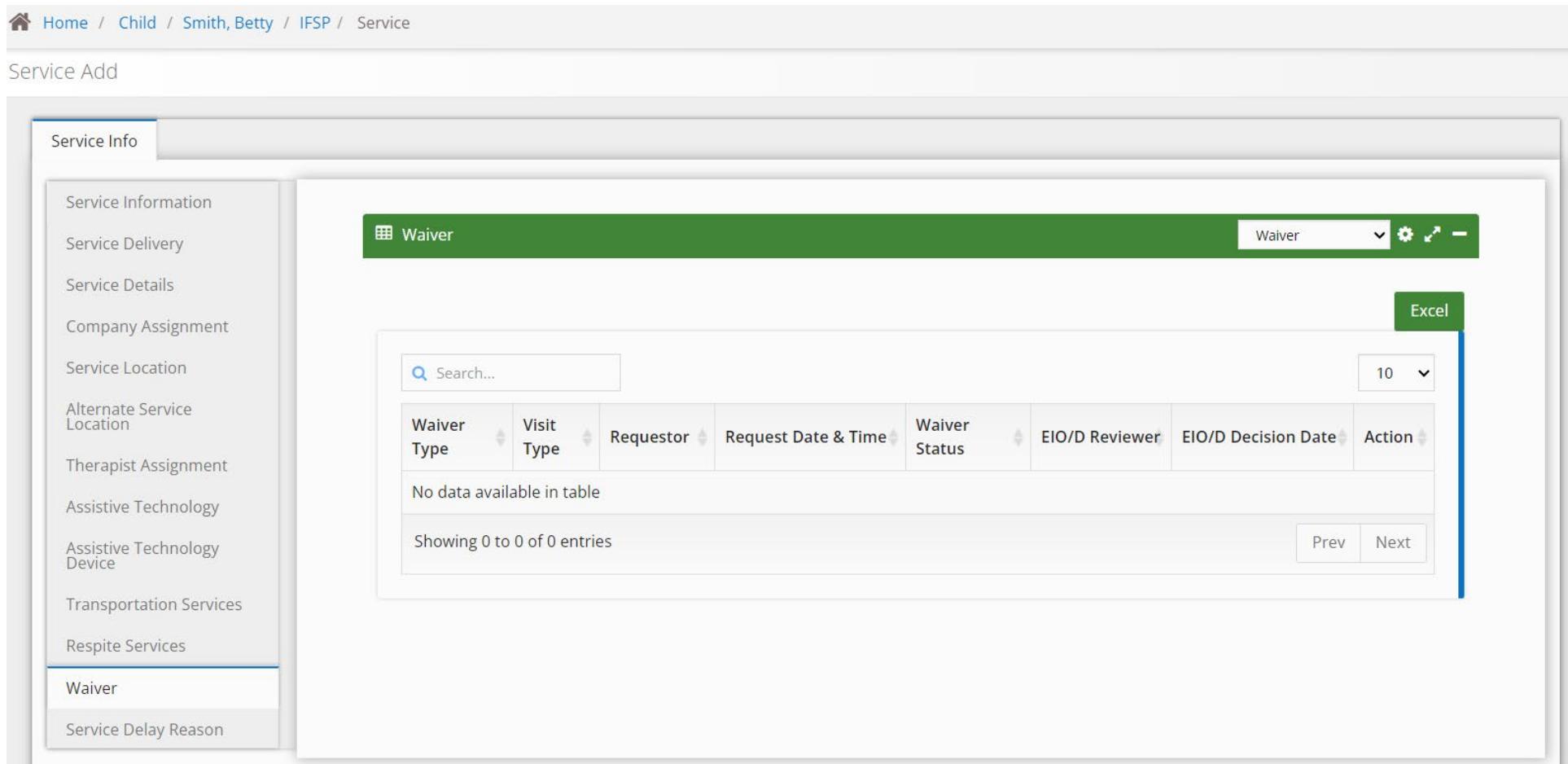
Assistive Technology Device

Transportation Services

Respite Services

Waiver

Service Delay Reason



19. EI-Hub IFSP Crosswalk – Service Info (Waiver)

Click **Waiver** under Service Info in the left-hand panel.

- The EI Hub automatically generates waivers when service authorizations break billing rules. There should be NO need to manually generate or approve waivers. The information below is informational.**

To add a waiver :

1. Click Add Waiver.
2. Select the type of waiver from the **Waiver Type** dropdown (see list of waiver types below).
3. From the **Visit Type** dropdown, select co-visit, makeup or regular depending on the authorization.
4. **Date and Time of Request** and **Requestor** will autopopulate.
5. Do not enter anything under **EIOD Decision Date** and **EIOD Reviewer**.
6. Click Submit.

Billing Limitation without Prior Approval (Waiver) from EIOD

TYPE OF SERVICE	LIMIT
Basic Home and Community Based Visits per day	No more than 3
Extended Home and Community Based Visits per day	No more than 3
Basic and Extended Home and Community Based Visits per day	No more than 3
Basic or Extended Home/Community Based Visit per discipline per day	No more than 1
Office/Facility Based visits per day	No more than 3
Office/Facility Based visit per discipline per day	No more than 1
Group Developmental session per day.	No more than 1
Parent/Child group session per day	No more than 1
Family/Caregiver Group session per day	No more than 2
Multi-disciplinary Evaluation (MDE) per year	No more than 1
Supplemental Evaluations per year	No more than 2

EIOD Only:

1. Click the Waiver panel.
2. Click the Edit button next to the waiver submitted.
3. Click the Waiver Approval panel.
4. Select approve or reject from the **Waiver Status** dropdown.
5. Click Submit.

20. EI-Hub IFSP Crosswalk – Service Info (Service Delay Reason)

8/2024

 Home / Child / Smith, Betty / IFSP / EnrollmentService / Services Delay Reason Add

Services Delay Reason Add

Service Delay Reason

Services Delay Reason

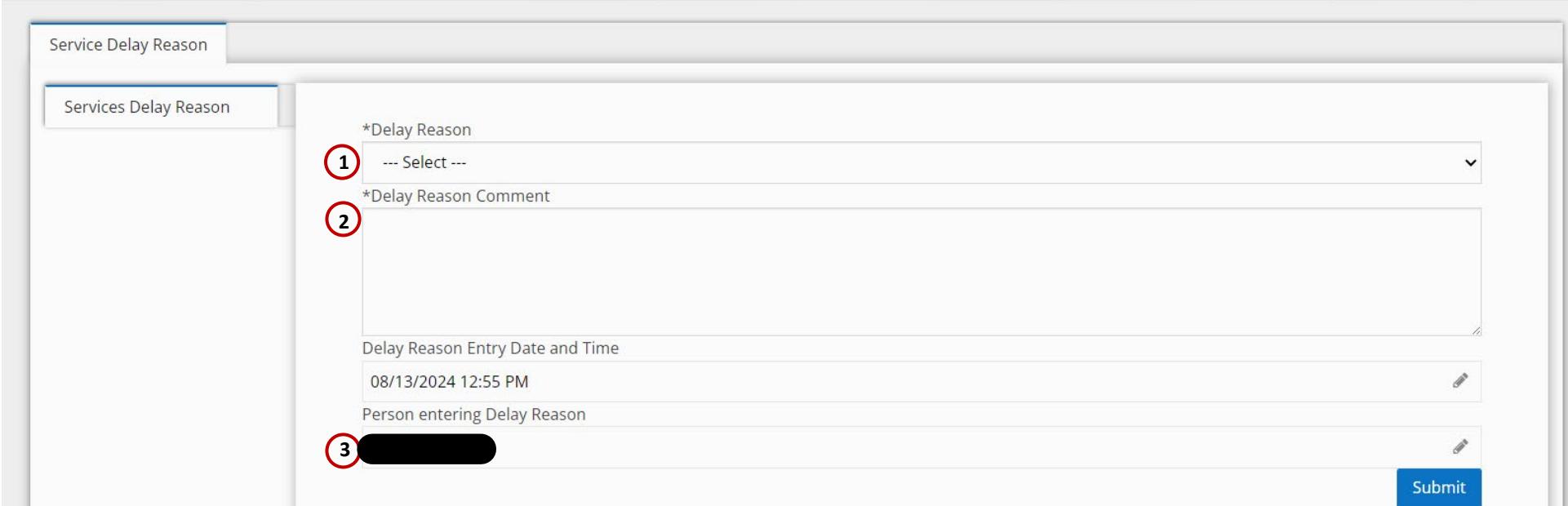
*Delay Reason
① --- Select ---

*Delay Reason Comment
②

Delay Reason Entry Date and Time
08/13/2024 12:55 PM

Person entering Delay Reason
③ [REDACTED]

Submit



20. EI-Hub IFSP Crosswalk – Service Info (Service Reason for Delay)

Click on **Service Delay Reason** in the left- panel.

NOTE: The Service Delay Reason is required whenever the start of services will be delayed. Please document all the reasons in #1 and #2 if known at the time of the IFSP.

Click the Add Services Delay button.

1. Select the **Delay Reason** in the drop-down window. The IFSP team must ensure that a full review occurs, to identify a family delay reason, if applicable.
 - COVID-19
 - Due process
 - EIO/D encountered foster care system problem
 - EIO/D referred child late to SC
 - EIO/D scheduling problem
 - Evaluator conducted late evaluation
 - Evaluator sent report late
 - Family-missed/cancelled evaluation or IFSP meeting
 - Family-problem scheduling evaluation
 - Family-unresponsive/moved
 - ISC high caseload
 - ISC unable to facilitate transportation to evaluation
 - Natural Disaster
 - Not Delayed
 - Transportation difficulty
 - Weather emergency declared
2. Document the **Delay Reason Comment**.
3. ***Delay Reason Entry Date and Time*** and ***Person Entering Delay Reason*** will autopopulate.

Click the **Submit** button.

21. EI-Hub IFSP Crosswalk - Reasons/Indicators for Respite and/or Transportation

8/2024

The screenshot shows the EI-Hub Early Intervention Solution interface. At the top, there's a navigation bar with icons for Home, Child, Curry, Roti, and IFSP. On the right, there are user profile icons for 'nusuat_fb452599' and 'Francine Brow'. Below the navigation bar, the page title is 'IFSP Edit'. A sidebar on the left lists categories: IFSP Information, IFSP Team, IFSP Meeting, Level of Development, Family Strengths, Priorities Concerns Resources, and Reasons/Indicators for Respite and/or Transportation. The 'Reasons/Indicators for Respite and/or Transportation' option is highlighted. The main content area contains two dropdown menus. The first dropdown is labeled '1 *Has Respite been identified as a possible need of the child/family?' and has a red circle with the number '1' around its selection button. The second dropdown is labeled '*Were transportation needs discussed?' and also has a selection button. A blue 'Submit' button is located at the bottom right of the form.

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
Family Strengths
Priorities Concerns
Resources
Reasons/Indicators for Respite and/or Transportation

*Has Respite been identified as a possible need of the child/family?
1 --- Select ---

*Were transportation needs discussed?
--- Select ---

Submit

21. EI-Hub IFSP Crosswalk – Reasons/Indicators for Respite Cont.

8/2024

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for Respite and/or Transportation
IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services
Natural Environments
Other Services/Resources where Family is Participating
IFSP Transition
Additional Notes
IFSP Parent Agreement
Active IFSP Services Panel

*Has Respite been identified as a possible need of the child/family?
Yes

Has the following Respite Criteria been considered?

1. Severity of the child's disability and needs
1.

2. Potential risk of out-of-home placement for the child if respite services are not provided
2.

3. Lack of access to informal support systems (e.g., extended family, supportive friends, community supports, etc.)
3.

4. Lack of access to other sources of respite (e.g., Family Support Services under the auspices of the Office for People with Developmental Disabilities and respite provided through other State early intervention service agencies), due to barriers such as waiting lists, remote/inaccessible location of services, etc.
4.

5. Has the family applied for other sources of respite?
5.

6. The presence of factors known to increase family stress (e.g., family size, presence of another child or family member with a disability, etc.).
6.

7. The perceived and expressed level of need for respite services by parent
7.

*Were transportation needs discussed?

Submit

21. EI-Hub IFSP Crosswalk – Reasons/Indicators for Respite and/or Transportation

Click on the **Reasons/Indicators for Respite and/or Transportation** category on the left-hand panel.

1. Select a response: **Yes** or **No** to “**Has Respite been identified as a possible need of the child/family?**”

Click on the **Submit** button.

When **Yes** is selected as a response to “**Has Respite been identified as a possible need of the child/family?**”

The IFSP Team should review the following:

- **Respite is a temporary service.**
- If the family needs long-term respite services, the OSC should assist them in accessing other supports in the community.
- Indicate whether a parent/guardian has expressed a need for EI respite services.
- Indicate whether the family is eligible or has applied for other sources of respite, such as through OPWDD.

Proceed to answering the next set of questions related to **Has the following Respite Criteria been considered?**

- This section must be completed prior to the creation of a Respite Service Authorization. Refer to the **Respite Service Authorization Section** of the Crosswalk.
 - If respite is approved, it can only be provided via a contracted NYC respite provider.
1. Select either **No** or **Yes** as a response to the **Severity of the child's disability and needs.**
 - Information about the severity of the child's disability and how this contributes to the need for respite is required for **yes** responses or information will not be saved.
 2. Select either **No** or **Yes** as a response to the **Potential risk of out-of-home placement for the child if respite services are not provided.**
 - Provide information and examples about the risk of out-of-home placement if short term respite is not provided by EI. Comments are required for **yes** responses or information will not be saved.
 3. Select either **No** or **Yes** as a response to the **Lack of access to informal support systems (e.g., extended family, supportive friends, community supports).**
 - Provide information about informal supports available to the family. Comments are required for **yes** responses or information will not be saved.
 4. Select either **No** or **Yes** as a response to **Lack of access to other sources of respite (e.g., Family Support Services under the auspices of the Office for People with Developmental Disabilities and respite provided through other State early intervention service agencies), due to barriers such as waiting lists, remote/inaccessible location of services, etc.**
 - Comments are required for **yes** responses or information will not be saved.
 5. Select either **No** or **Yes** as a response to **Has the family applied for other sources of respite?** If you selected **yes**,

- Enter information into the text box for Agency/Program applied through.
 - Enter the date applied in the text box.
 - Comments are required for **yes** responses or information will not be saved.
6. Select either **No** or **Yes** as a response to ***The presence of factors known to increase family stress (e.g., family size, presence of another child or family member with a disability)***. If you selected **yes**,
- Enter information in the text box related to the presence of factors that increase family stress.
 - Comments are required for **yes** responses or information will not be saved.
7. Select either **No** or **Yes** as a response to ***The perceived and expressed level of need for respite services by parent***. If you selected **yes**,
- Enter information in the text box related to perceived and expressed level of need for respite services.
 - Comments are required for **yes** responses or information will not be saved.

Click the **Submit** button.

22. EI-Hub IFSP Crosswalk – Reasons/Indicators for Transportation

8/2024

 Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for Respite and/or Transportation

IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services

*Has Respite been identified as a possible need of the child/family?
No

*Were transportation needs discussed?
① Yes

Has the following Transportation Needs been considered?
Is caregiver able to provide transportation?
② No
Comments

If No and if transportation is needed, how will transportation be provided?
③
④ --- Select ---

Submit

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for Respite and/or Transportation

IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services

Has the following Transportation Needs been considered?
Is caregiver able to provide transportation?
Yes

If Yes, is transportation reimbursement being requested?
⑤ --- Select ---

Comments

Submit

22. EI-Hub IFSP Crosswalk – Reasons/Indicators for Transportation

1. Select *Yes or No* for the question: *Were transportation needs discussed?*
 - a. The team should review the family's transportation needs related to implementation of the service plan and check the appropriate box.
2. If transportation was discussed, under the section: *Has the following Transportation Needs been considered?:*
 - a. Select *Yes or No* as a response to "***Is the caregiver able to provide transportation?***"
 - b. Select "Yes" if parent can transport or if no transportation is needed because the service is less than six blocks from the child's home or if the child is authorized for home/community services.
 - c. ***If "No" is selected,*** the questions below must be completed prior to the creation of a Transportation Service Authorization. Refer to the **Transportation Service Authorization Section** of the Crosswalk, and the **Transportation Policy**.
3. Enter comments about why the caregiver is not able to provide transportation.
 - a. If the caregiver is unable to transport the child to the location of service provision, the reason for this inability must be clearly documented. For example, "The family/caregiver works during the day, the child stays at the home of a caregiver who cannot leave the building to transport the child to the location of service." "The family does not have a car or other means to transport the child to the EI center." The IFSP team should determine the validity of the reason and proceed to consider whether a parent mileage reimbursement, Metro Cards, or school bus is an appropriate option.
4. For ***If no and if transportation is needed, how will transportation be provided:*** select either Medicaid Transportation or Early Intervention Provider.
 - a. The NYC EIP will be implementing the use of Medicaid Transportation in the coming year. Until Medicaid Transportation is implemented, if any type of support is provided to a family for transportation, "Early Intervention Provider" should be selected.
5. When *Yes* is the response to "***Is caregiver able to provide transportation?***"
 - a. Select either *Yes or No* as to whether transportation reimbursement is being requested.
6. Enter comments about the following:
 - a. This section should include the final determination of the IFSP team regarding all methods of transportation discussed and the final determination.
 - i. No Transportation – Less than 6 blocks
 - ii. Caregiver will bring the child
 - iii. Caregiver will bring the child with Metro Card provided by NYC EIP
 - iv. Caregiver will bring the child with mileage and toll reimbursement



v. School Bus authorized for group early intervention services

Note:

- As per NYS DOH regulations, consideration shall first be given to provision of transportation by the parent of a child.
- The IFSP team should explore all options.
- Is transportation needed at all? If so, is the caregiver able to transport the child either by public transportation or by private car? If the family is requesting reimbursement for public transportation or for mileage accrued, note as such.
- Please refer to the **Transportation Policy** for the full transportation procedures and service authorizations.

23. EI-Hub IFSP Crosswalk – Other Services/Resources where Family is Participating

5/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information
IFSP Team
IFSP Meeting
Level of Development
Family Strengths
Priorities Concerns
Resources
Reasons/Indicators for Respite and/or Transportation
IFSP Outcomes
IFSP Ongoing Evaluations
IFSP Services
Natural Environments
Other Services/Resources where Family is Participating
IFSP Transition
Additional Notes
IFSP Parent Agreement

1 *Medical and Other Services (Needed but not required under Part C)

2 Service or Program

3 Provider

4 Contact Information

5 Funding source or steps taken to secure services

Submit



23. EI-Hub IFSP Crosswalk – Other Services/Resources where Family is Participating

Click on ***Other Services/Resources where Family is Participating*** on the left-hand panel.

1. Enter information in the text box for ***Medical and Other Services (Needed but not required under Part C)***.
2. Enter the name of the ***Service or Program***.
3. Enter the name of the ***Provider***.
4. Enter the ***Contact Information***.
5. Document the ***Funding source or steps taken to secure services***.

Click the ***Submit*** button.

24. EI-Hub IFSP Crosswalk – IFSP Transition

5/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources
where Family is
Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

Active IFSP Services Panel

*Has Transition been discussed with the family?

1 --- Select ---

Date Transition discussed with family

2

Synopsis of family discussion

*Has transition to CPSE been discussed with the family?

3 --- Select ---

Transition to CPSE Synopsis of discussion

4

*Has transition to other programs, supports and services been discussed with the family?

5 --- Select ---

Transition to other programs Synopsis of discussion

6

Procedures to prepare child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting

7

24. EI-Hub IFSP Crosswalk – IFSP Transition Cont.

5/2024

Does the family understand their rights and to develop advocacy skills?

--- Select ---

Did the parent consent to allow qualified personnel to prepare for the child's transition (referral to CPSE)?

8

--- Select ---

Did the parent consent to transmit info to CPSE (including evaluations & IFSPs)?

9

--- Select ---

Submit

24 EI-Hub IFSP Crosswalk – IFSP Transition

Click on **IFSP Transition** in the left-hand panel.

1. Select a response (yes or no) to the question: ***Has transition been discussed with the family?***
 - a. Transition discussions must start in anticipation of transition and be discussed and documented during the IFSP closest to the child's second birthday and at every IFSP following the IFSP closest to the second birthday.
2. Enter the date for the ***Date transition discussed with family***.
 - a. This date must be entered if this is the IFSP closest to the second birthday and at every review and annual after.
 - b. This date can be prior to the date of the IFSP meeting.
3. Select a response (yes or no) to the question: ***Has transition to CPSE been discussed with the family?***
 - a. The discussion regarding transition to the CPSE, if applicable, must start in anticipation of this transition and be discussed and documented during the IFSP closest to the child's second birthday and at every IFSP following the IFSP closest to the second birthday.
4. Document a brief summary of the transition discussion under ***Transition to CPSE Synopsis of discussion*** text box.
 - a. The steps to a smooth CPSE transition must be explained to the parent, including the dates for Notification, Transition Conference and Referral.
 - b. In addition, enter the Department of Education Region and District in which the child resides.
 - c. It is important that the parent understand that it is the parent's responsibility to refer the child to the CPSE for initial evaluations. The SC should assist the family by helping them complete the referral and submit it to the CPSE.
 - d. The OSC may, if asked by the parent, assist the family with follow-up.
 - e. The parent must be informed that their child will no longer be eligible for EI services after turning 3 unless the child has been found eligible for services by the CPSE.
 - f. If the parent requests it, the service coordinator may attend the CPSE meeting to determine the child's eligibility for preschool special education services.
 - g. Document parent decisions re: Notification, Referral, and Transition Conference.
 - i. Document if parent reversed an earlier decision not to notify/refer to CPSE at review and annual IFSP meetings.
5. Select a response (yes or no) to the question: ***Has transition to other programs, supports and services been discussed with the family?***
 - a. The discussion regarding transition must start in anticipation of transition and be discussed and documented during the IFSP closest to the child's second birthday and at every IFSP following the IFSP closest to the second birthday.
6. Document a brief summary in the ***Transition to other programs Synopsis of discussion*** text box.

- a. List the options that have been discussed with the parent and in which the parent shows interest.
 - b. These may include both government-sponsored (e.g., OPWDD, NYC Public School 3K, Early Learn Services, Health Homes) and private alternatives (e.g., childcare, preschool, playgroups).
7. Document the ***Procedures to prepare child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting*** in the text box.
- a. For example, SC and interventionists may begin talking with the child and family about changes in services and settings; provide referrals and literature to the family; suggest visiting possible sites or contacting community agencies.
 - b. The Assigned DOE Transition Specialist and contact information must be documented in this section to ensure that families have access to this resource.
 - c. Include other resource information and contacts, as needed.
8. Select a response (yes or no) to ***Did parent consent to allow qualified personnel to prepare for the child's transition (referral to CPSE)?***
9. Select a response (yes or no) to the question: ***Did the parent consent to transmit info to CPSE (including evaluations and IFSPs)?***

Click the **Submit** button.

25. EI-Hub IFSP Crosswalk – Additional Notes

8/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources
where Family is
Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

Active IFSP Services Panel

IFSP Note Date IFSP Notes Add 1

No data available in table

Showing 0 to 0 of 0 entries

Prev Next

*Click on **Additional Notes** in the left-hand panel for IFSP. Click the yellow “add” button to add a note onto the IFSP.*

You can add information in this panel related to the IFSP.

However, notes that are added in this section will not be included when the IFSP is printed out. Therefore, this section WILL NOT BE used during the IFSP to record notes or minutes that the IFSP team wants the parents/surrogate to receive a copy of.

26. EI-Hub IFSP Crosswalk – IFSP Parent Agreement

8/2024

Home / Child / Smith, Betty / IFSP

IFSP Edit

IFSP

IFSP Information

IFSP Team

IFSP Meeting

Level of Development

Family Strengths
Priorities Concerns
Resources

Reasons/Indicators for
Respite and/or
Transportation

IFSP Outcomes

IFSP Ongoing Evaluations

IFSP Services

Natural Environments

Other Services/Resources
where Family is
Participating

IFSP Transition

Additional Notes

IFSP Parent Agreement

Active IFSP Services Panel

① Parent participated in the development of this IFSP and agrees with all components of this IFSP

② Parent agrees with the IFSP, except for the following services
If selected, identify which services, frequency, etc. with which the parent disagrees
③

④ Parent does not agree with this plan, or some parts of this plan. Due process rights/procedural safeguards have been explained to the parent at this IFSP meeting. Parent understands that disagreeing to some services will not affect other agreed upon EIP services

⑤ Parent/Guardian Signature On File
Date Signed by Parent
⑥ 08/12/2024

⑦ Has completed signature page been uploaded?

Meeting Minutes
⑧

Upload Signature Page

Generate Draft IFSP Document

Submit

26. EI-Hub IFSP Crosswalk – Parent Consent

Click on **IFSP Parent Agreement** in the left-hand panel for IFSP.

Click the box that describes the level of the parent's agreement with the development and components of this IFSP (click only one of the three):

1. ***Parent participated in the development of this IFSP and agrees with all components of this IFSP***
2. ***Parent agrees with the IFSP, except for the following services –***
3. ***If 2 is selected, document in the text box which services, frequency, etc. the parent disagrees with***
4. ***Parent does not agree with this plan, or some parts of this plan. Due process rights/procedural safeguards have been explained to the parent at this IFSP meeting. Parent understands that disagreeing to some services will not affect other agreed upon EIP services***
5. Click the box for ***Parent/Guardian Signature on File*** if there was agreement to the plan and the parent provides verbal consent.
 - The parent must be told that IFSP services will not start unless the parent signs and returns the IFSP Consent for Services Form and the EI-Hub IFSP Attendance Sheet to their ongoing service coordinator to be uploaded into the EI-Hub.
6. Enter the ***Date Signed by Parent***.
 - For phone IFSP meetings, enter the date of the meeting.
7. Click on the ***Has completed signature page been uploaded?*** box when the completed signature page has been uploaded.
 - Only check this box for in-person meetings when the parent's written consent was obtained.
8. Do not enter anything in ***Meeting Minutes***. Information entered here will not be included in the printed IFSP. DO NOT USE THIS FIELD.

NOTE: The information entered in the “***Meeting Minutes***” section of the “***IFSP Parent Agreement***” panel and “Additional Notes” Panel are **not** included in the printed version of the IFSP for the family or for their EI Team members.

Therefore, all notes that are needed on any IFSP will be documented in the “***Level of Development***” panel in the “***Adaptive***” domain of development (in the “***Needs***” text box) so that it will be included in the printed version of the IFSP.

After you enter the information for the adaptive domain of development in the “***Needs***” text box, type a line to separate the content and enter all the additional family or IFSP information so that it's documented and will print out. You will reference this “***Level of Development***” panel when completing the “***IFSP Parent Agreement***” panel of the child's IFSP.

Click on ***Upload Signature Page*** when applicable.

Click the **Submit** button.

Submit and Approve the IFSP



- Return to the main IFSP Information page.
- Change ***IFSP Status*** to Submitted.
- Click Submit.
- Enter “approve” under the EIOD Approval dropdown.
- Click Submit.

IFSP FORMS

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
MEETING CONSENT FOR SERVICES FORM**

Child's Name: (Last) _____ (First) _____
 EI #: _____ DOB: / / IFSP Date: / /

IFSP Attestations and Consents:

- I received a copy of A Parent's Guide when my child was referred to Early Intervention (EI). I have received a verbal and written description of My Family Rights at this IFSP meeting. I understand that:
 - I or an authorized representative can ask to read my child's file or request a change to the file.
 - I may refuse one or more services and continue to receive other EI services for my child or family.
 - I can contact my Service Coordinator or EIOD any time I have questions or concerns about this IFSP.
 - My child's services will be based on his or her continuing needs and eligibility. I will be notified if the EIOD makes any change to the IFSP.
 - I have the right to mediation or impartial hearing if I disagree with any part of my child's IFSP.
- I have selected an Ongoing Service Coordinator to continue working with my child and family. I was informed that a list of agencies is available on the NYC Website.
- My family and I can use the services in this IFSP to help my child achieve our IFSP outcomes. I have been informed that EI services are most effective when a caregiver participates during sessions.
- I have been informed of the service options in the program. I understand that if in-person services are not available that telehealth can be delivered while in-person services are located. I have been informed that EI will not reimburse me for any costs for services that I obtain to supplement my child's IFSP.
- I have been given a copy of the *EIP Policy on Make-up Sessions* and I understand that make-up sessions can be provided and when make-up sessions can be provided.

Parent's Signature
Parent's Signature
Date

/ /

Consent to Release Information to Early Intervention Providers of Service

- I understand that providers (evaluators, service providers, and service coordinators) offering EI services to my child may need to exchange information to develop and carry out my child's IFSP
- I authorize the release of the following information: EI Medical Form Multidisciplinary Evaluation Supplemental Evaluation(s): Specify: _____
 IFSP Provider Progress Note Other: _____ to all EI providers providing evaluation, service coordination, or services to my child and family
- I understand that this "Release" can be withdrawn at any time upon written notice to my Service Coordinator. This "Release" ends on the date of my next scheduled IFSP (or, if sooner, specify date _____ / _____ / _____).

Parent's Signature
Parent's Signature
Date

/ /

If Parent/ Surrogate chooses to send the IFSP to others working with their child (i.e. Primary Care Provider, or Childcare Provider), complete the "Consent to Obtain/Release form"

- I (We) have participated in the development of this IFSP and agree to all parts of this plan. I (we) give permission for the NYC EI Program to implement this plan.
- I (We) do not agree with parts of this plan. I (We) understand that I (we) have due process rights that are described in the Parent's Guide and that have been explained to me (us) at this meeting. I (We) understand that disagreeing will not affect the other EI services. I (we) do not agree with:

Parent's Signature
Parent's Signature
Date

/ /

EVALUATION REPRESENTATIVE:

I certify that I am a qualified professional defined under New York State Early Intervention Regulations. I am representing the Multidisciplinary Evaluation Team for the above-named child. I have evaluated this child and/or have read the complete multidisciplinary evaluation. I am knowledgeable about the clinical needs of this child and family, and I can answer any questions about the child's evaluations and assist in developing outcomes and developmental steps during this meeting.

Signature: _____

Date: _____ / _____ / _____

EARLY INTERVENTION OFFICIAL DESIGNEE (EIOD):

I certify that the services that I have authorized in this IFSP are based upon the review of the documentation provided by the evaluators and the discussion that took place at this IFSP meeting as documented in the IFSP.

EIOD STAMP:

INSTRUCTIONS FOR COMPLETION**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) MEETING CONSENT FOR SERVICES FORM****A. IFSP Attestations and Consents:**

1. **First Parent Signature, Agreement with Plan** – Signature of the parent(s)/guardian(s) indicating that s/he has read the bulleted points and understands his/her rights and responsibilities. *The EIOD must ensure that the parent understands his/her rights in the Early Intervention Program (EIP) and has received copies of My Family's Rights and the EIP Policy on Make-up Sessions.*
2. **Second Parent Signature, Agreement with Plan** – Signature of the parent(s)/guardian(s) indicating agreement/disagreement with the plan outlined on the previous pages. Check the appropriate box and record any disagreement the parent(s)/guardian(s) has with the recommended services on this page. The parent(s)/guardian(s) **must sign and date** this form.

If the parent(s)/guardian(s) and the EIOD do not agree on any part of the IFSP, the sections of the proposed IFSP that are not in dispute should be implemented. The parent(s)/guardian(s) may exercise their due process rights to resolve the disputed areas. The EIOD and SC must ensure that the parent(s)/guardian(s) understand their due process rights to request mediation or an impartial hearing. The parent(s)/guardian(s) should be referred to the EIP's "A Parent's Guide" for information on mediation/due process forms and procedures.

- B. Consent to Release Information to Early Intervention Providers of Service** - This section replaces the "Consent to Release/Obtain Information" form for EI providers after the initial IFSP meeting. The parent/guardian signature here authorizes exchange of information regarding the child's EI records and service plan between all EI providers, service coordinators, evaluators, and municipal staff. The parent(s)/guardian(s) may opt to indicate a limited release.
- C. Attestations and Consents** - The evaluation representative and the EIOD must sign and date the IFSP attestation at the initial IFSP meeting. The EIOD will use the official NYCEIP stamp and sign and date this page for each IFSP, indicating authorization of the plan.

New York City Early Intervention Program

Policy Title: Social Security Documentation	Effective Date: 2/28/2011
Policy Number: 5-E	Supersedes: N/A
Attachment: • Social Security Number Collection Form	Regulation/Citation: NYCRR Section 69-4.11(a)(5)(i)(a,b,c)

I. POLICY DESCRIPTION:

NYS Regulations Section 69-4.11 (5) requires that:

"(5)(i) The notice to the child's parent of the IFSP meeting shall also inform the parent of the following:

(a) parents are required to furnish their social security numbers and the social security number of their child to the early intervention official, in accordance with subdivision four of section 2552 of the Public Health Law, for the purposes of administration of the Early Intervention Program;

(b) parents shall provide their social security numbers and the social security number for their child at the time of the IFSP meeting; and

(c) social security numbers of the child and parent will be maintained in a confidential manner, will be used solely for the purpose of administration of the Early Intervention Program, and will not be re-disclosed to any party other than the Department."

The EIOD is responsible for collecting the Social Security Numbers of the child and his/her parent(s) at the Initial IFSP meeting and recording them on the **Social Security Number Collection Form**.

All Early Intervention child records are maintained in accordance with confidentiality requirements set forth in Federal IDEA, New York State Early Intervention Regulations, Federal Educational Rights and Privacy Act (FERPA) and The Department of Health and Mental Hygiene confidentiality policies.

Child records and other materials contained therein which are personally identifiable are confidential and may not be released or made available to persons other than those authorized.

II. PROCEDURE:

Responsible Party	Action
Early Intervention Official Designee (EIOD)	At the Initial IFSP meeting, the EIOD must inform the parent/guardian of the following: <ol style="list-style-type: none">Parents are required to provide EIP with their Social Security Numbers and the Social Security Number of their child.Social Security Numbers are being requested under authority granted at Section 2552 of the Public Health Law.

	<p>3. The information will be used for the general administration of the program including, but not limited to, assisting in maximizing third party reimbursement for early intervention services.</p> <p>4. Information will be maintained by the NYC Early Intervention Program in a confidential manner and not disclosed to any party other than the NYS Department of Health.</p> <p>Social Security Information is collected at the beginning of the Initial IFSP meeting.</p> <p>Note:</p> <ul style="list-style-type: none"> • Foster Parents are not required to provide EIP with their SSN numbers. <ul style="list-style-type: none"> ◦ The Child's SSN should still be provided. • The Early Intervention Program will provide services regardless of whether the parent provides Social Security Numbers. • EIODs must record Social Security Numbers on the Social Security Number Collection Form.
Early Intervention Regional Office	<p>The Social Security Number Collection Form will become part of the child's internal EI record.</p> <p>SSN documentation forms will not be made available to Service Coordinators, Evaluators or Service Providers</p> <p>Note:</p> <ul style="list-style-type: none"> • If a request for a copy of the child's record is received from a non EI-staff person, the Social Security Number Collection Form must be removed from the file before copy is sent.

Approved By:
Assistant Commissioner, Early Intervention

Date: 1/21/11

NYC EARLY INTERVENTION PROGRAM

SOCIAL SECURITY NUMBER COLLECTION FORM

THIS FORM IS COMPLETED BY THE EIOD-DO NOT COPY THIS FORM

The NYS Early Intervention Regulations (NYCRR 69-4.11(a)(5)(i) require the collection of Social Security Numbers of an eligible child and the child's parents (except in the case of foster parents):

"(5)(i) The notice to the child's parent of the IFSP meeting shall also inform the parent of the following:
(a) parents are required to furnish their social security numbers and the social security number of their child to the early intervention official, in accordance with subdivision four of section 2552 of the Public Health Law, for the purposes of administration of the Early Intervention Program;

(b) parents shall provide their social security numbers and the social security number for their child at the time of the IFSP meeting; and

(c) social security numbers of the child and parent will be maintained in a confidential manner, will be used solely for the purpose of administration of the Early Intervention Program, and will not be re-disclosed to any party other than the Department."

CHILD'S NAME (Last, First and Middle): _____

EI #: _____

DOB: ____ / ____ / ____

SS #: _____ - _____ - _____ Individual does not have a Social Security Number

Foster child: Yes No (Social Security Numbers are not required for foster parents)

Mother's/Guardian's Name: _____

SS #: _____ - _____ - _____

Individual does not have a Social Security Number

Father's/Guardian's Name: _____

SS #: _____ - _____ - _____

Individual does not have a Social Security Number

NOTE: The Early Intervention Program will provide services regardless of whether the parent provides Social Security Numbers. If applicable, check box below:

Parent has refused to furnish requested Social Security Numbers.

Parent's Signature: _____

Date _____

EIOD Signature: _____

Date: _____

INSTRUCTIONS FOR COMPLETION

SOCIAL SECURITY NUMBER COLLECTION FORM

The EIOD is responsible for collecting the Social Security Numbers of the child and his/her parent(s) at the initial IFSP meeting and recording them on this form.

The EIOD must complete the information requested, checking the appropriate box if the child and/or parent(s) do not have a Social Security Number.

The Early Intervention Program will provide services for eligible children and their families regardless of whether the parent(s) and child have Social Security Numbers or whether the parent provides the Social Security Numbers.

Check the box if the parent refuses to furnish the requested Social Security Numbers and have the parent sign and date in the box.

The EIOD will sign and date this form.

Chapter 6: Service Delivery

New York City Early Intervention Program

Policy Title: Start Date of Services	Effective Date: 5/03/2013
Policy Number: 6-A	Supersedes: Policy 6-A dated 10/17/2010
Attachments: <ul style="list-style-type: none">• Status of Start Date of Services Form• Change in Services/Service Provider/Service Coordinator form	Regulation/Citation: Early Intervention Administrative contract with New York State Department of Health; NYCRR 69-4.6 (b) (4).

I. POLICY DESCRIPTION:

Services authorized by the Individualized Family Service Plan (IFSP) must begin within **two (2) weeks** of the date that the parent(s) signs the IFSP. This timeline also applies to new services (amendments to the IFSP) or services added at the time of the six month review or annual IFSP. When phone IFSPs are held, the Ongoing Service Coordinator (OSC) will obtain parental signature within **48 hours** of the IFSP, the services authorized must begin within two (2) weeks of the date that the OSC obtains parental signature.

If at the time of the IFSP (with or without the EIOD present), it is determined that some or all services will not start in a timely fashion due to the nature of the service (i.e. Team Meetings) or parent request, the “Late Services” section of the IFSP must be completed indicating “Delay reason and/or frequency as per the IFSP” as the “Delay Reason”.

The 2 week timeline does not apply to the delivery of an assistive technology device.

The Early Intervention Ongoing Service Coordination Agency must ensure that:

- Ongoing service coordination services are provided;
- Ongoing service coordinators appropriately monitor services and implement the IFSP to ensure that service begins within two (2) weeks of the IFSP meeting; and
- Services are provided continuously for the entire period covered by the IFSP.

II. PROCEDURE:

Responsible Party	Action
Service Provider Agency	1. Immediately contacts the OSC if a rendering provider is not located after verbally accepting a case. 2. Immediately contacts the OSC if a rendering provider does not start serving the child within two weeks of the start date of service.
Ongoing Service	1. Contacts the family and the service provider agency (agencies) within one (1) week of the IFSP meeting (Initial, Amendment, 6 Month Review, and

Coordinator (OSC)	<p>Annual) date to determine if all authorized services have begun.</p> <ol style="list-style-type: none"> 2. For each authorized service type, confirms that the service has started and documents the start date on the Status of Start Date of Services Form. 3. For all authorized services that have begun within two (2) weeks of the authorized start date: <ol style="list-style-type: none"> a. Enters the information on the Status of Start Date of Services Form. b. Attaches the form to the child's current IFSP in NYEIS, and keeps it as part of the Service Coordination record. 4. For any service(s) that has not started within two (2) weeks of the authorized start date: <ol style="list-style-type: none"> a. Contacts the identified service provider agency to determine the reason. b. If an interventionist has been identified and has set up a schedule, reflects the information in the Service Coordination notes. <ol style="list-style-type: none"> i. Continue to monitor to ensure the service begins as planned. c. If the interventionist has not started to deliver services, determine with the agency if they will be able to locate a rendering provider. <ol style="list-style-type: none"> i. If the agency will no longer be able to provide the service: <ul style="list-style-type: none"> • Informs the family of their rights by reviewing the Your Family Rights in Early Intervention. • Informs the family that SC will locate another service provider to deliver services. • Diligently searches for a provider agency/rendering provider. <ul style="list-style-type: none"> ○ If a new provider cannot be located, and assistance is required: <ul style="list-style-type: none"> ▪ Notifies the Technical Assistance Unit and the Regional Office by submitting the Status of Start Date of Services Form with a list of agencies contacted in attempt to identify a new provider agency via the Health Commerce System (HCS) to username: hinbeb02. ii. When a service provider(s) has been identified: <ul style="list-style-type: none"> • Requests change in service provider in NYEIS via the amendment process (Chapter 7).
NOTE: <ul style="list-style-type: none"> • Parents must give written consent for changes in Ongoing Service Coordinator, Ongoing Service Coordination Agency, and Amendment to IFSP services. • Parents must be notified of changes to Service Provider Agency and Interventionists <u>prior to</u> any changes in provider. • Documentation of parent notification for changes to providers or services is captured on the Change in Services/Service Provider/Service Coordinator form. 	

	<p>iii. Documents all attempts to locate service providers and includes copies of all documents in the child's service coordination record.</p>
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. <i>Once the services are documented in NYEIS, the EIOD monitors the Tasks and Notifications for their "My Cases" to ensure and monitor Provider service assignments for:</i> <ol style="list-style-type: none"> a. Accepted, b. Rejected, c. Re-assigned, if rejected , or d. Provider agency designated, if none is listed. 2. <i>Approves any request for change in service provider in NYEIS as required in the Amendments Policy.</i>
Technical Assistance Unit	<ol style="list-style-type: none"> 1. Provides guidance to OSC by: <ol style="list-style-type: none"> a. Suggesting additional provider agencies to contact who may accept the case; and/or b. Referring case to Regional Office for assistance, as needed.
Regional Office	<ol style="list-style-type: none"> 1. As needed, the IFSP service authorizations will be amended to ensure that the functional outcomes are addressed.

Approved By:
Assistant Commissioner, Early Intervention

Date: 3/26/2013

New York City Early Intervention Program: Status of Start Date of Services Form

Child's Name (Last, First)	EI#:		
OSC Name:	Date of Completion:		
OSC Agency:	OSC Tel:	OSC Fax:	
IFSP Type:	IFSP Date:		

				For Services Not Started Within Two Weeks of the IFSP:	
Service Type	IFSP Service Start Date	Authorized EI Agency	Services Started?	Actual Service Start Date	If New Provider is needed, date SC informed RO & TA*
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		

* For any service that has not started within two (2) weeks of the IFSP, due to difficulty in identifying a service provider agency, notify the NYC EIP Technical Assistance Unit (TA) and Regional Office (RO) via the Health Commerce System (HCS) with documentation reflecting all attempts made to secure a new provider. Include the service type, start date, reason for delay in start of service, all agencies contacted, contact name and date of contact, of all agencies contacted to secure a new service provider. Refer to the Start Date of Services Policy.

NEW YORK CITY EARLY INTERVENTION PROGRAM
STATUS OF START DATE OF SERVICES
INSTRUCTIONS FOR COMPLETION

1. The Ongoing Service Coordinator (OSC) must contact the family and/or the service provider agency **within one (1) week** of the IFSP date to inquire whether all IFSP authorized services have begun.
2. For each IFSP authorized service type, the OSC must confirm that the service has started and indicate the actual start date of each service.
3. If any service has not started **within two (2) weeks** of the IFSP date, the OSC must inform the family of their rights and inform them that EI can select another service provider to deliver services.
 - a. If the authorized provider agency is able to deliver the services with an anticipated start date in excess of two (2) weeks but no more than three (3) weeks,
 - i. Record the actual start date, and ensure the actual start date is acceptable to the family.
 - ii. The OSC will then monitor to ensure service starts as stated by provider.
 - b. If after two (2) weeks a change in service provider agency is needed in order to deliver the service:
 - i. The OSC must identify a new service provider agency and request an amendment to the IFSP in NYEIS as per the **Amendment Policy**.
 - ii. All activity to locate service providers must be documented in the service coordination notes.
 - c. For any service that has not started **within two (2) weeks** of the IFSP, due to difficulty in identifying a service provider agency, notify the NYC EIP Technical Assistance Unit and the RO according to the procedures set out in the **Start Date of Service Policy**.
 - i. The SC must send the **Status of Start Date of Services Form**, and
 - ii. Documentation that captures the reason for any delay in the starts of service(s) and his/her attempts to locate other services (including agencies) contacted, contact name, and date of contact).
4. Once all services have been initiated, the OSC attaches the completed **Status of Start Date of Services Form** to the child's Integrated Case in NYEIS.

New York City Early Intervention Program

Policy Title: EI Hub Error Submission	Effective Date: October 30, 2024
Policy Number: 6-B	Supersedes: Policy 6-B, issued January 22, 2013
Attachment: - EI Hub Data Change Request Form	Regulation/Citation:

I. POLICY DESCRIPTION:

Any service authorizations and evaluations errors discovered by the service provider agency must be reported to NYCEIP, via email to nycnyeis@health.nyc.gov within ten (10) business days of discovering the error.

All **EI Hub Data Change Request Forms** must be reviewed by the service provider agency for accuracy prior to submitting the request to the NYC Help Desk. Upon completion of its review, the NYCEIP will update the EI Hub or submit the request to the PCG EI Hub Help Desk.

Incomplete Data Change Request Forms will be returned to the provider agency.

EI Hub Data Change Request

Please fill out request accurately and completely; failure to do so may result in an invalid request and cause delays in processing.

User Requesting Data Change:

User ID: _____

First Name: _____

Agency Name (if applicable) : _____

Phone Number: _____

Last Name: _____

Child's Municipality: _____

E-mail Address: _____

Data Change Request Information: Categories of Change(s)

Referral

HCS Activation

MDE

Other _____

IFSP# _____

Role _____

Transfer

Medicaid# _____

Service Auth.# _____

Transition

Child Reference # (located on the child's home page next to their name): _____

Requested Change:

Description of Requested change(s): Please include what data is currently listed in EI Hub and describe in detail the data change that you want to occur.

Current data: (ex: IFSP #99999 end date is 09/01/2015)	Requested change: (ex: IFSP #99999's end date needs to be changed to 10/01/2015)
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Comments:

To be completed by the Municipality.

Data entry "errors" that create the need for a data change request (DCR) may impact billing/claiming timelines. Therefore, it is the responsibility of this DCR's requester and approver to understand the implications of their request regarding the 90-day timely filing requirement.

I have reviewed this data change request and agree that the requested change should be made in EI Hub.

Municipal Reviewer/Approver:

Name: _____ Phone #: _____ Email: _____ El Hub User Role: _____

Person Submitting Request (if different than above):

Name: _____ Phone #: _____ Email: _____ El Hub: _____

Revised: 10/10/2024

II. PROCEDURE:

Responsible Party	Action
EI Provider Agencies	<p>1. Reviews all entries (IFSPs, MDE, service authorizations) in the EI Hub immediately.</p> <p>2. Upon identification of an error, submits an EI Hub Data Change Request Form via email to nycnyeis@health.nyc.gov within ten (10) business days of discovering the error.</p> <p>a. Completes the following sections of the Data Change Request Form:</p> <ul style="list-style-type: none"> i. User Requesting Data Change <ul style="list-style-type: none"> • User ID (Health Commerce System (HCS)/ Health Provider Network (HPN) Number) • First Name • Last Name • Agency Name (if applicable) • Child's Municipality • Phone Number • Email Address ii. Data Change Request Information: Categories of Change(s) <ul style="list-style-type: none"> • Referral • HCS Activation • MDE • IFSP • Role • Transfer • Medicaid # • Service Authorization # • Transition • Other (Provide an explanation of the request) iii. Child Reference Number: Child's EI Hub identification number iv. Requested Change: Provide a description of the data change request and the justification for the request. <ul style="list-style-type: none"> • Description of Requested Change: Provide an explanation of how the data error occurred • Current Data: What is currently incorrect in the EI Hub • Requested Change: What needs to be changed in the EI Hub • Comments <p>Note: Incomplete submissions will be returned to the service provider.</p>
NYC Help Desk Staff	<p>1. Reviews the Data Change Request Form to ensure completeness and accuracy.</p> <p>a. Confirm the error and need for correction in the EI Hub</p>

	<ol style="list-style-type: none"> i. Reviews child's case and relevant service authorizations <ul style="list-style-type: none"> • Consults with EIOD/AD or provider when a determination cannot be made or additional information is necessary ii. Updates the system to reflect the correct information if warranted iii. If system cannot be updated, forwards request to the PCG Help Desk for review. <ol style="list-style-type: none"> 2. Data Change Request Forms are processed within three (3) business days of receipt by the NYC Help Desk 3. In cases where the issue must be forwarded to PCG for resolution, the NYC Help Desk Staff reviewer: <ol style="list-style-type: none"> a. Enters the case into the PCG Help Desk web access ticketing system. b. Informs the provider via email when the request has been submitted to PCG. c. Notifies the provider upon completion of the request.
EI Service Provider Agency	<ol style="list-style-type: none"> 1. Reviews the completed Data Change Request Form 2. Keeps a copy of the completed Data Change Request form on file 3. Notifies the child's service coordinator of the change to the child's record once approved by the EIP. 4. Submits claim for payment

Approved By:
Assistant Commissioner, Early Intervention

Date: 10/09/2024

El Hub Data Change Request

Please fill out request accurately and completely; failure to do so may result in an invalid request and cause delays in processing.

User Requesting Data Change:

User ID: _____

First Name: _____ Last Name: _____

Agency Name (if applicable) : _____ Child's Municipality: _____

Phone Number: _____ E-mail Address: _____

Data Change Request Information: Categories of Change(s)

- | | | | |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> HCS Activation | <input type="checkbox"/> MDE | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IFSP# _____ | <input type="checkbox"/> Role _____ | <input type="checkbox"/> Transfer | |
| <input type="checkbox"/> Medicaid# _____ | <input type="checkbox"/> Service Auth.# _____ | <input type="checkbox"/> Transition | |

Child Reference # (located on the child's **home page** next to their name): _____

Requested Change:

Description of Requested change(s): Please include what data is currently listed in El Hub and describe in detail the data change that you want to occur.	
Current data: (ex: IFSP #99999 end date is 09/01/2015)	Requested change: (ex: IFSP #99999's end date needs to be changed to 10/01/2015)

Comments:

To be completed by the Municipality.
Data entry "errors" that create the need for a data change request (DCR) may impact billing/claiming timelines. Therefore, it is the responsibility of this DCR's requester and approver to understand the implications of their request regarding the 90-day timely filing requirement.

- I have reviewed this data change request and agree that the requested change should be made in El Hub.

Municipal Reviewer/Approver:

Name: _____ Phone #: _____ Email: _____ El Hub User Role: _____

Person Submitting Request (if different than above):

Name: _____ Phone #: _____ Email: _____ El Hub: _____

Policy Title: Obtaining Orders for Authorized Services and Evaluations	Effective Date: 9/1/2024 w/ EI-Hub Steps Effective: 10/15/2024
Policy Number: 6-C	Supersedes: Policy 6-C issued 5/03/2013
Attachment: <ul style="list-style-type: none"> • Request for Prescription Form (Sample Language) 	Regulation/Citation: Early Intervention Program Guidance Memorandum 2003-01 Footnote 13; Responses to Technical Assistance Questions from Municipalities Regarding NYSAC-DOH Training Sessions on Early Intervention Guidance Memorandum 2003-01 ; 10 NYCRR 69-4.26(b)(8); Public Consulting Group (PCG) Job Aid – Entering Insurance

I. POLICY DESCRIPTION:

10 NYCRR 69-4.26(b)(8) requires written orders or recommendations from specific medical professionals when required for the Early Intervention (EI) services being provided to the child. Written orders mean prescriptions/orders for any early intervention service where an order is required to initiate the service as authorized by the early intervention official/designee. This includes orders for multidisciplinary (MDE) and supplemental evaluations.

The Evaluation Agency or Service Provider Agency must obtain a healthcare provider's order prior to the initiation of services or evaluations pertaining to those Early Intervention (EI) services/evaluations which require such an order. The Initial (ISC) and Ongoing Service Coordinator (OSC) are responsible for documenting delays in obtaining prescriptions for evaluations and services.

The Ongoing Service Coordinator (OSC) is responsible for assisting with this activity only if it is listed as an OSC follow-up activity on the Individualized Family Service Plan (IFSP), or at the request of a parent.

Note: Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy

II. PROCEDURE:

Responsible Party	Action
Evaluation Agency	<ol style="list-style-type: none"> 1. Obtains a separate physician, physician's assistant, or nurse practitioner prescription when one of the following qualified professionals is the <i>primary evaluator</i> of a child's Multidisciplinary Evaluation (MDE) prior to claiming for the MDE: <ol style="list-style-type: none"> a. Registered Nurse b. Physical Therapist c. Occupational Therapist <ol style="list-style-type: none"> i. Requests prescriptions using the <u>sample language</u> in the Request for Prescription Form. 2. If a Speech Language Pathologist is the primary evaluator, they can provide the written order for the MDE. <ol style="list-style-type: none"> a. It is sufficient to document the recommendation and reason at the beginning of the speech-language pathology evaluation. 3. When a separate physician, physician's assistant, or nurse practitioner

	<p>prescription is not required and a Speech Language Pathologist written order for the MDE is not required, the billing agency may use its own NPI as the referring NPI on the evaluation claim.</p> <p>Note:</p> <ul style="list-style-type: none"> • The <i>primary evaluator</i> is the individual assessing two or more domains and will be the rendering provider on the claim. • It is sufficient for a prescription to say “Early Intervention Evaluation for motor concerns conducted by a PT.” • A script with a general statement “to cover all services” may not be used. • Consistent with SDOH guidance, the inability to obtain a written order/script should not delay the MDE from being conducted.
	<ol style="list-style-type: none"> 4. If a speech language pathologist will be assessing feeding as part of the speech evaluation, obtains written medical clearance from the child’s healthcare provider indicating that there are no contraindications. <ol style="list-style-type: none"> a. Requests clearance using the <u>sample language</u> in the Request for Prescription Form. b. Sample language: “Child is cleared for a speech-language pathologist to assess feeding as part of the evaluation. No contraindications.” 5. Obtains new prescription(s) when there is a change to the composition of the MDE Team to add an evaluation conducted by a Registered Nurse, Physical Therapist or Occupational Therapist who will be serving as a <i>primary evaluator</i>. 6. Provides a copy of the prescription to all relevant evaluators. <ol style="list-style-type: none"> a. Documents the prescriptions that were obtained, and the dates obtained, in the MDE summary Section II: Child’s Health Assessment. 7. Informs the child’s assigned Initial Service Coordinator if there are delays in obtaining needed prescriptions to initiate the MDE. 8. Enters the prescription and associates it with the service authorization in the EI-Hub as described in the last section of this policy and procedure. 9. Notifies the Initial Service Coordinator when the prescription(s) has been obtained, entered, and attached in the EI-Hub. 10. Ensures all prescriptions and clearances for evaluations are retained in the child’s file for State and City provider oversight and auditing activities.
Initial Service Coordinator	<ol style="list-style-type: none"> 1. Ensures that delays in obtaining the prescriptions for evaluations are documented in service coordination notes and reflected on the Reason for Delay of Evaluation Completion Form. 2. Ensures that delays in obtaining prescriptions are clearly documented in service coordination notes. 3. Assists with obtaining the MDE prescription at the request of the parent/guardian and in coordination with the Evaluation Agency. 4. References the prescriptions as necessary by:

	<p>a. In the EI-Hub “Scripts, Orders, Recommendations and Referrals” panel by:</p> <ol style="list-style-type: none"> i. On the Children Assigned to Caseload screen, enters the child’s EI Hub ID in the search box. ii. When the child appears, clicks the blue “Edit” button to the right. iii. When the case opens, clicks on the “Ins Info” tab. iv. Clicks on “Scripts, Orders, Recommendations and Referrals” on the left panel. v. In the grid, clicks on the blue “Edit” button to the right of the prescription to be reviewed. <p>b. In the EI-Hub Attachments as follows:</p> <ol style="list-style-type: none"> i. Clicks on the “Document” tab. Under “Document Area,” ii. selects “Prescription” from the dropdown and clicks “Search”. iii. Applicable prescription attachments will appear in the grid. iv. Clicks on the blue “View” button to the right of the document to be reviewed.
Service Provider Agency	<ol style="list-style-type: none"> 1. Obtains separate physician, physician’s assistant, or nurse practitioner prescription for each of the following services authorized as part of a child’s IFSP before service delivery can begin: <ol style="list-style-type: none"> a. Nursing b. Physical therapy c. Occupational therapy i. Requests prescriptions using the sample language in the Request for Prescription Form. <div style="border: 1px solid black; padding: 5px;"> <p>Note:</p> <ul style="list-style-type: none"> • Prescriptions should not be obtained prior to the IFSP meeting. • It is not sufficient for a prescription to say “on as-needed basis” if no time frame or frequency is indicated in the IFSP. • A script with a general statement “to cover all services” <u>may not</u> be used under the EIP. </div> <ol style="list-style-type: none"> 2. Obtains written medical clearance from the child’s healthcare provider indicating that there are no contraindications if a speech language pathology service authorization contains a feeding outcome. <ol style="list-style-type: none"> a. Requests clearance using the sample language in the Request for Prescription Form. 3. Obtains new prescription(s) when an amendment to a service is made that changes the frequency/duration stated in the current order(s). 4. New prescriptions are not necessary for the six (6) month review of the IFSP if frequency and duration of the specific service is not changed. 5. Obtains new prescriptions at the time of annual review even if there has been no change in frequency/duration.

	<ol style="list-style-type: none"> 6. Informs the child's assigned Ongoing Service Coordinator if there are delays in obtaining needed prescriptions to initiate services or initiate amended services. 7. Enters the prescription and associates it with the service authorization in the EI-Hub as described in the last section of this policy and procedure. 8. Notifies the Ongoing Service Coordinator when the prescription(s) has been obtained, entered, and attached in the EI-Hub. 9. Provides a copy of the prescriptions to all relevant therapists. 10. Ensures all prescriptions and clearances are retained in the child's file for State and City provider oversight and auditing activities.
Supplemental Evaluation Agency	<ol style="list-style-type: none"> 1. Obtains separate physician, physician's assistant, or nurse practitioner prescriptions for each of the following supplemental evaluations authorized at a child's Individualized Family Service Plan (IFSP) meeting before the evaluation can begin: <ol style="list-style-type: none"> a. Evaluation conducted by a Registered Nurse b. Evaluation conducted by a Physical Therapist c. Evaluation conducted by an Occupational Therapist <ol style="list-style-type: none"> i. Requests prescriptions using the sample language in the Request for Prescription Form. <p>Note:</p> <ul style="list-style-type: none"> • It is sufficient for a prescription to say "Early Intervention Evaluation for motor concerns conducted by a PT." • A script with a general statement "to cover all services" may not be used. <ol style="list-style-type: none"> 2. Obtains a written recommendation from a physician, nurse practitioner, physician's assistant; or speech pathologist for a speech-language pathology evaluation. <ol style="list-style-type: none"> a. When a written recommendation is obtained for a speech-language pathology evaluation, it is sufficient to document the recommendation and reason at the beginning of the speech-language pathology evaluation. 3. If a speech language pathologist will be assessing feeding as part of the speech evaluation, obtains written medical clearance from the child's healthcare provider indicating that there are no contraindications. <ol style="list-style-type: none"> a. Requests clearance using the <u>sample language</u> in the Request for Prescription Form. b. Sample language: "Child is cleared for a speech-language pathologist to assess feeding as part of the evaluation. No contraindications." 4. Informs the child's assigned Ongoing Service Coordinator if there are delays in obtaining needed prescription to initiate the Supplemental Evaluation. 5. Provides a copy of the prescription to the relevant evaluator. <ol style="list-style-type: none"> a. Ensures that the evaluator documents in the supplemental evaluation that a prescription was obtained, and the date obtained.

	<ol style="list-style-type: none"> 6. Enters the prescription and associates it with the service authorization in the EI-Hub as described in the last section of this policy and procedure. 7. Notifies the Ongoing Service Coordinator when the prescription(s) has been obtained, entered, and attached into the EI-Hub. 8. Ensures all prescriptions and clearances for evaluations are retained in the child's file for State and City provider oversight and auditing activities.
Ongoing Service Coordinator	<ol style="list-style-type: none"> 1. Ensures that delays in obtaining prescriptions are clearly documented in service coordination notes. 2. Assist with obtaining prescription for evaluations and/or services if it is listed as an OSC follow-up activity on the IFSP, or at the request of a parent and in coordination with the Evaluation/Service Agency. 3. References the prescriptions as necessary by: <ol style="list-style-type: none"> a. In the EI-Hub "<i>Scripts, Orders, Recommendations and Referrals</i>" panel by: <ol style="list-style-type: none"> i. <i>On the Children Assigned to Caseload screen, enters the child's EI Hub ID in the search box.</i> ii. <i>When the child appears, clicks the blue "Edit" button to the right.</i> iii. <i>When the case opens, clicks on the "Ins Info" tab.</i> iv. <i>Clicks on "Scripts, Orders, Recommendations and Referrals" on the left panel.</i> v. <i>In the grid, clicks on the blue "Edit" button to the right of the prescription to be reviewed.</i> b. In the EI-Hub Attachments as follows: <ol style="list-style-type: none"> i. <i>Clicks on the "Document" tab. Under "Document Area," selects "Prescription" from the dropdown and clicks "Search".</i> ii. <i>Applicable prescription attachments will appear in the grid.</i> iv. <i>Clicks on the blue "View" button to the right of the document to be reviewed.</i>
Evaluation Agency/ Service Provider Agency/ Supplemental Evaluation Agency	<ol style="list-style-type: none"> 1. Documents any delays in obtaining prescriptions for services or supplemental evaluations 2. Upon receiving the prescription for services, enters information in the EI-Hub for each evaluation or service authorization utilizing the "<u>Provider Data Entry</u>" role in the EI-Hub (see PCG Job Aid – Entering Insurance) <ol style="list-style-type: none"> a. <i>On the Children Assigned to Caseload screen, enters the child's EI Hub ID in the search box.</i> b. <i>When the child appears, clicks the blue "Edit" button to the right.</i> c. <i>When the case opens, clicks on the "Ins Info" tab.</i> Clicks on "<i>Scripts, Orders, Recommendations and Referrals</i>" on the left panel. d. <i>Clicks on the yellow "Add Child Prescription" button.</i> <ol style="list-style-type: none"> i. <i>In the NPI Lookup section at the top, either enters the prescriber's NPI in the NPI field, or enters the prescriber's first and last name, and state, in the corresponding fields. Clicks "Search".</i>

- ii. A box will pop up displaying the provider's information. It may take a moment for the green "Select" button to appear in the box. When the "Select" button appears, clicks it, and the prescriber's information will populate the Prescriber Name, NPI Number, and Taxonomy Code fields below.
- iii. From the dropdown under "Prescription Provided By", selects the type of professional the prescriber is: Medicaid provider, nurse practitioner, physician, physician assistant, or speech-language pathologist.
 - These are the only professionals authorized to write prescriptions for EI evaluations and services.

Note:

- Searching for Organizational NPI returns the name listed as the Authorized Official, e.g. Agency Director, in the 'NPPES NPI Registry and displays this name in the Prescriber's Name field.

- iv. From the dropdown under "Service Prescribed", selects the type of service (e.g., MDE, ABA). (Note that this field does not have an asterisk, but is required.)
- v. Enters the prescription start and end dates in the "Script Start Date" and "Script End Date" fields.
- vi. Under "Active Service Information", clicks on "Select" to show the dropdown. The dropdown includes a list of every service authorization the child has ever had, including evaluations. Select the service authorization that this prescription applies to.
 - The Service Type will autopopulate to reflect the service authorization selected, and the Authorization field will autopopulate with the service authorization ID.
- vii. Enters any notes in the Notes field.
- viii. Clicks "Submit".
- ix. Clicks the blue "Upload" bar that appears, to upload a copy of the prescription.
 - Selects "Medical Records" from the Document Type dropdown.
 - Enters "Prescription – Service Type Evaluation/Service DATE (i.e. Prescription – OT Evaluation 8/20/24)" for "Document Name".
 - Clicks the "Choose File" button to navigate to where the file is saved on the computer.
 - Clicks "upload".

Note:

- Select one service per prescription.

- | | |
|--|---|
| | <ul style="list-style-type: none">• Choose the service that aligns with the prescription dates. For example, if the prescription is for June 2024 - November 2024, select the correct service that aligns with that date range.• When a new prescription is received, for example, for November 2024 - April 2025, a new service auto-populates as a selection, and users will create a new entry and match the prescription with the new service. |
|--|---|



Approved By:
Assistant Commissioner, Early Intervention

Date: 8/1/2024

**NYC EARLY INTERVENTION PROGRAM
REQUEST FOR PRESCRIPTION FORM (SAMPLE LANGUAGE)**

Child's Name: _____ DOB: _____
EI #: _____ Date: _____

Dear Health Care Provider,

The NYC Early Intervention (EI) Program provides developmental services to children with developmental delays or disabilities and supports parents/caregivers, using everyday routines to promote development. The program does not provide medical or rehabilitative services.

At the request of the parent/guardian, we are writing to inform you that your patient:

I. Evaluation for Program Eligibility

Is being evaluated to determine eligibility for the Program. An evaluation provider approved by the NYS Department of Health met with the family on (date) _____, to discuss their concerns and review all available information. The child will receive the following evaluations:

Evaluation conducted by (discipline) _____ to evaluate (domain/areas) _____
Evaluation conducted by (discipline) _____ to evaluate (domain/areas) _____
Evaluation conducted by (discipline) _____ to evaluate (domain/areas) _____

Based on the New York State Practice Acts, Occupational therapy (OT), Physical therapy (PT), and Nursing services require a healthcare provider's prescription. The script can state "Early Intervention evaluation conducted by an Occupational Therapist," as an example. A separate prescription is needed for OT, PT, and Nursing evaluations. **Please attach each required prescription(s) if you agree with the plan.**

Has also been recommended for a speech language pathologist to assess feeding as part of the evaluation. Are there any medical concerns? If so, please let us know of the limitations of participation, e.g., cardiac or respiratory disease, etc. **Please attach specific medical clearance**, e.g., "Child is cleared for a speech-language pathologist to assess feeding as part of the evaluation. No contraindications"

II. Services and Evaluations – Program Eligibility Established

Has been found eligible for the Program.

The NYC EIP staff met with the family on (date) _____, and discussed their concerns, priorities and resources to develop the Early Intervention Individualized Family Service Plan (IFSP). Based on the IFSP meeting, your patient will receive the following services and evaluations:

Speech Therapy: _____ (per week / month)
Occupational Therapy: _____ (per week / month)
Physical Therapy: _____ (per week / month)
Special Instruction: _____ (per week / month)
Other: _____ (per week / month)
Evaluation conducted by (discipline) _____ to evaluate (domain/areas) _____
Evaluation conducted by (discipline) _____ to evaluate (domain/areas) _____

Based on the New York State Practice Acts, Occupational therapy (OT), Physical therapy (PT), and Nursing services and evaluations require a physician's prescription.

SERVICES: The script can specify the above frequency or say "on an as needed basis."

EVALUATIONS: The script can state, e.g., "Early Intervention evaluation conducted by an Occupational Therapist." A separate prescription is needed for OT and PT services. **Please attach each required prescription(s) if you agree with the plan.**

Your patient has also been recommended for a speech language pathologist to:

assess feeding as part of an evaluation **address feeding as part of the service plan**

Are there any medical concerns for this? If yes, please let us know of the limitations of their participation, e.g., cardiac or respiratory disease, etc. **Please attach specific medical clearance**, e.g., Child is cleared for a speech-language pathologist to assess feeding as part of the evaluation/ address feeding as part of the child's service plan. No contraindications"

The service plan will be reviewed by the NYC EIP every six (6) months and adjustments to the plan will be made based on the child's progress. With parent permission, please keep us updated on any medical information or diagnoses that may impact their interventions within the NYC EIP.

If there are any questions about this request, please contact me at the below number/address:

Provider Contact (print name):	
Title:	
Address:	
Phone:	Fax:
Email (optional):	
Signature:	

New York City Early Intervention Program

Policy Title: Make-up Sessions	Effective Date: 5/03/2013
Policy Number: 6-D	Supersedes: Policy 6-D dated 10/17/10
Attachments: <ul style="list-style-type: none"> • IFSP Meeting Consent for Services Form • NYC EI Make-up Policy – Information for Families • Service Authorization Data Entry Form (Eliminated by NYEIS) • IFSP Page 8: Attestations, Consent for Services (Eliminated by NYEIS) 	Regulation/Citation: NYCRR 69-4.9 (g)(2)(i); NYCRR 69-4.9 (g)(2)(ii); NYCRR 69-4.9 (g)(2)(i)(a)

I. POLICY DESCRIPTION:

“Providers shall make reasonable efforts to notify the child’s parent within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such service due to circumstances such as illness, emergencies, hazardous weather, or other circumstances which impede the provider’s ability to deliver the service.

Providers shall notify the child’s parent and service coordinator **at least five (5) days** prior to any scheduled absences due to vacation, professional activities, or other circumstances, including the dates for which the provider will be unable to deliver services to the child and family in conformance with the Individualized Family Service Plan and the date on which services will be resumed by such provider.

Missed visits may be rescheduled and delivered to the child and family by such provider, as clinically appropriate, agreed upon by the parent and in conformance with the child’s and family’s IFSP.”

Sessions delivered in excess of the authorized frequency per week/month to compensate for a prior missed session (make-up) may be rescheduled by the service provider according to the procedure indicated below.

Note: Instruction for navigating NYEIS are denoted in *italics* in the body of this Policy

II. PROCEDURE:

Responsible Party	Action
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. Reviews the make-up policy with parents at conclusion of every IFSP meeting. (IFSP Meeting Consent for Services Form) <ol style="list-style-type: none"> a. Gives parent a copy of the <i>NYC EI Make-Up Policy – Information for Families</i>. b. Explains that: <ol style="list-style-type: none"> i. Make-up sessions are delivered to compensate for one or more missed sessions in excess of the authorized frequency (per week/month). <p>Example: A child is authorized to receive Speech Therapy once a week. In a particular week, no session was delivered. In a future week, two (2) sessions</p>

	<p>were delivered; the second is a “make-up” for the missed session of the earlier week.</p> <ul style="list-style-type: none"> ii. While make-up sessions are not mandatory, providers are encouraged to make-up missed sessions. iii. NYC EIP authorizes six make-up sessions for each authorized service at the time of the IFSP meeting. iv. Sessions can be made up within two (2) weeks after the missed session. v. Interventionist(s) will notify the child’s parent and Service Coordinator (SC) at least five (5) days prior to any scheduled absences and create a plan to make-up missed sessions when possible. <p>Note:</p> <ul style="list-style-type: none"> • If the family has circumstances that may result in many missed sessions, those circumstances should be documented in the IFSP, if known. • The Ongoing Service Coordinator (OSC) is responsible for monitoring delivery of services. • NYEIS requires that a specific number of make-up sessions are authorized at the time of the IFSP meeting. In the event that additional make-up sessions are needed, the OSC will provide a written justification to the Regional Office for approval.
Service Provider Agency	<ol style="list-style-type: none"> 1. Does not provide individual and/or group (Group Developmental, Parent/Child Group, Family/Caregiver Support Group) make-up sessions under the following circumstances: <ol style="list-style-type: none"> a. While the services are being located, not to exceed fourteen (14) calendar days. <ol style="list-style-type: none"> i. Refer to Start Date of Service Policy. b. During family vacations: <ol style="list-style-type: none"> i. Service Provider must document such occurrence (s) in the session notes. ii. Informs family the sessions will not be made up <ul style="list-style-type: none"> • Refer to Family Vacation Policy. c. If parent/child displays a pattern of missed sessions (three (3) consecutive missed scheduled sessions, or ten (10) consecutive days of planned service sessions for waivered services) that was not agreed to by the interventionist and the parent. <ol style="list-style-type: none"> i. Service Provider must document such occurrences in the session notes. <ul style="list-style-type: none"> • Refer to Closure Policy for specific procedures in the event of three (3) consecutive missed scheduled sessions, or ten (10) consecutive days of planned service sessions for waivered services. 2. Provides individual and/or group make-up sessions within two (2) weeks of the missed session within the existing IFSP period, if the following conditions are met: <ol style="list-style-type: none"> a. The make-up session is not medically or therapeutically contraindicated, as indicated by the child’s record b. The make-up session does not exceed a prescription.

- c. For services with a billing waiver, the make-up session does not exceed the frequency of services authorized on the IFSP or the number of sessions waived on the IFSP.

Note:

- Waivers are not given to address missed sessions.
 - Make-up sessions may not take place in advance of a missed session.
- d. Scheduling a make-up session does not violate any New York State DOH billing rules for a particular day:
 - i. Home/Community, Individual/Collateral Visit - Basic and Extended: Up to **three (3) per day**. The **three (3) visits** may include only **one (1) visit** per discipline per day.
 - ii. Office/Facility Individual/Collateral Visit: Up to **three (3) per day**. The **three (3) visits** may include only one visit per discipline per day.
 - iii. Group developmental visits and parent-child group – No more than one per day
 - iv. Family/caregiver group – No more than **two (2) per day**.
 - v. Regularly scheduled Early Intervention therapy sessions may not be extended for the purpose of making up for a missed session.
- e. Group sessions can be made up if all of the conditions above are met:
 - i. An appropriate group is available
 - ii. An appropriate teacher or therapist is available
 - iii. The transportation company can accommodate the child on an existing route (if transportation has been authorized) or the parent can provide transportation for the child for the make-up session.
3. Plans as far in advance as possible for therapist absences known ahead of time.
 - a. Provides families a calendar with scheduled agency closures at the initiation of service and yearly thereafter.
 - b. Notifies the child's parent and SC at least **five (5) days** prior to any scheduled absences due to vacation, professional activities, or other circumstances.
 - c. If missed sessions are due to a prolonged absence by an interventionist (absence of **more than fourteen (14) calendar days** since the last intervention session), a new interventionist or service arrangement (home/center) should be initiated by the service provider with parent/caregiver consent.
 - i. If the parent consents to a new interventionist but the agency cannot locate a new therapist within **three (3) business days**, the agency must immediately contact the parent and service coordinator.
 - ii. If the parent/caregiver chooses to wait for the interventionist to return (**not to exceed three (3) weeks**):

	<ul style="list-style-type: none"> • The agency must notify the OSC. • The agency must document parent/caregiver choice in the child's record. <p>Note: The service provider agency must ensure that the parents and the OSC are fully aware of the dates when the agency or individual therapists cannot provide services due to scheduled vacations or agency closures.</p>
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> 1. Locates another interventionist/service provider when s/he becomes aware of any interventionist vacation lasting longer than fourteen (14) calendar days. <ol style="list-style-type: none"> a. Refer to the Amendment Policy for detailed procedures regarding changes to interventionists and agencies. 2. If the parent/caregiver chooses to wait for the interventionist to return: <ol style="list-style-type: none"> a. OSC must document parental choice in the SC notes. b. OSC must review the Make-up Policy with the parent. c. A child cannot go without services for more than three (3) weeks. <p>Note: If a prolonged absence is due to a delay in initiation of services that exceeds fourteen (14) days see Start Date of Services Policy.</p>
Early Intervention Official Designee	<ol style="list-style-type: none"> 1. Reviews Amendment requests as required by the Amendment Policy. 2. Ensures that arrangements for additional sessions are authorized for missed intervention sessions, if appropriate. 3. If the EIO D determines that a provider has not delivered services for an excessive period of time (more than four (4) weeks), and a new provider for those services is <i>located by the OSC</i>: <ol style="list-style-type: none"> a. <i>An increased frequency may be added to the new provider's Service Authorization in NYEIS to the extent that the sessions are clinically appropriate and feasible.</i> <ol style="list-style-type: none"> i. <i>A note will be made in the comment section of the Service Authorization and in the IFSP that "[X] number of sessions are being added for services not previously delivered as authorized for the previous provider."</i> ii. Sessions can be added to either the current or subsequent IFSP service authorizations. (This determination is made after consultation with the AD.) <p>Note:</p> <ul style="list-style-type: none"> • Scheduling the changes in frequency will be addressed on a case-by-case basis depending on the new provider's ability to accommodate increased sessions. • Authorization for services not delivered as authorized by the previous provider will be documented as such in the IFSP and in the comments section of the Service Authorization. <ul style="list-style-type: none"> o Authorization will include the frequency and duration of the services. Refer to the Amendment Policy for additional information regarding changes to frequency. o If the EIOD determines that a provider agency is at fault of extended periods of services not being delivered as authorized, the AD will notify Provider Oversight.

Program Oversight Unit	1. Provider Oversight will investigate the reasons for services not being delivered as authorized and determine if a Corrective Action Plan or further sanctions are warranted.
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Approved By:
Assistant Commissioner, Early Intervention

Date: 3/29/2013

NYC EARLY INTERVENTION PROGRAM

MAKE-UP POLICY - INFORMATION FOR FAMILIES

Your child's services should begin within two (2) weeks (14 days from the date of the IFSP authorization). Make-up sessions will not be provided from the date that services are authorized to the date that they begin.

Make-up sessions are not mandatory. However, if a make-up session is held, the NYC Early Intervention Program (NYC EIP) expects that it will be held within **two (2) weeks** of the missed session. A session can only be made-up if it is medically or therapeutically appropriate for your child. It will not be made-up if it violates your child's prescription for services.

- Six make-up sessions per service will be authorized at the time of the IFSP meeting.
- Make-up sessions must happen within two weeks of a missed session.

Special child/family circumstances will be considered by the EIOD. Your service coordinator will contact the Regional Office to discuss child/family circumstances.

Services can be made-up in the following ways:

1. When the make-up session is on a **different day** than a regularly scheduled visit (Example: If a visit is on Tuesday, the make-up session can happen on any day except Tuesday).
2. If the make-up session does not break any New York State billing rules. **NYC will not give waivers for make-up sessions.** Talk to your service provider about how often services can be provided.
3. Group sessions may be made-up only if:
 - a. An appropriate group is available. Your service provider will need to make sure that the group is appropriate for your child.
 - b. An appropriate teacher or therapist is available. If the teacher or therapist does not know your child, s/he may not know how to work with him/her.
 - c. The bus company has room for you and your child or you can transport your child to and from the program.

Not all groups are right for all children, the needs of each child must be considered.

Services cannot be made-up in the following ways:

1. A session cannot be made longer to make-up for missed sessions. For example, if speech therapy is approved for a half-hour, it cannot be made-up as an hour session.
2. Sessions cannot be made-up before they are missed.
3. Sessions **will not** be made-up for family vacations.
4. Missed services cannot be made-up for scheduled agency closings. The agency providing services to your child should give you a copy of their calendar indicating the days that they will be closed.

NYC EARLY INTERVENTION PROGRAM
MAKE-UP POLICY - INFORMATION FOR FAMILIES

Therapist Absences

The therapist or the agency that s/he works for must tell you if a therapist will not provide your child with services for more than 14 calendar days [two (2) weeks]. You can choose to ask for a new therapist or to wait for him/her to come back as long as your child does not go without services for more than three (3) weeks. You should call your service coordinator, right away with your choice, if this happens.

You should also tell your Service Coordinator if your child's therapist or teacher:

- a. Keeps changing the schedule;
- b. Misses a lot of sessions;
- c. Asks you to combine services (for example, a service is authorized two (2) times a week for 30 minutes. The therapist wants to come one (1) time a week for 60 minutes. This is not allowed);
- d. Asks you to sign session notes that are blank or are written for days that s/he did not give services to you or your child.

If you have questions or concerns about services, call your service coordinator. If you still have concerns, call your Regional Office at the numbers below and ask for the EIOD or Assistant Director. You can also call the NYC EI Office of Consumer Affairs at 347-396-6828.

Bronx: 718-838-6887
Brooklyn: 718-694-6000
Manhattan: 212-436-0900
Queens: 718-553-3954
Staten Island: 718-568-2300

New York City Early Intervention Program

Policy Title: Family Vacations	Effective Date: 5/03/2013
Policy Number: 6-E	Supersedes: Policy 6-E Dated 10/17/2010
Attachments:	Regulation/Citation:

I. POLICY DESCRIPTION:

Families must contact the Early Intervention service provider agency when they will be unable to receive services for an extended period of time.

II. PROCEDURE:

Responsible Party	Action
Service Provider Agency	<p>1. At the start of services, informs the family to notify the Service Provider Agency when the family will be going on vacation.</p> <p>2. Provides the family with the following information before the family goes on vacation:</p> <ul style="list-style-type: none"> a. Child's Early Intervention (EI) case may be kept open. b. The Service Provider Agency and/or therapist(s) currently providing services may not be available to serve the child upon their return. c. Missed service sessions will not be made up. d. The family must give an anticipated return date. <ul style="list-style-type: none"> i. If the family does not return on the anticipated date, the service provider agency will notify the service coordinator: <ul style="list-style-type: none"> • The Service Coordinator (SC) will close the case after making three (3) documented unsuccessful attempts to contact the family. • The case can be re-referred by calling 311 when the family returns if the child remains age-eligible for EI services. ii. If the family does not give an anticipated return date: <ul style="list-style-type: none"> • The SC will attempt to contact the family after three (3) weeks of absence. • The SC will close the case after making three (3) documented unsuccessful attempts to contact the family. <p>Note:</p> <ul style="list-style-type: none"> • Three (3) documented unsuccessful attempts to contact the family is defined as: attempts made on different days to contact the family by phone, and in writing (at least one by certified mail). • Informs the parents that the case can be re-referred by calling 311 when the family returns if the child remains age-eligible for EI services. <p>3. Notifies the SC as soon as the family notifies the service provider agency of</p>

	<p>an upcoming vacation.</p>
Service Coordinator	<p>2. Notified that the family will be going on vacation.</p> <ul style="list-style-type: none"> a. Ensures that the family understands the Vacation Policy as it is written in the Service Provider section of this document. b. Documents the conversation in the SC notes. c. Sends a letter on service coordination agency letterhead to the service provider agency (ies) documenting that the family has indicated that they will be on vacation, giving the anticipated date of return, and that the family has been informed of the Vacation Policy. i. A copy of that letter must be kept in the child's SC file and attached to the child's Integrated Case in NYEIS. <p>Note:</p> <ul style="list-style-type: none"> • If the family is going on vacation within two (2) weeks of the expiration of the IFSP, an IFSP meeting should be held before the family goes away to facilitate continuity of services when the family returns from vacation. d. When the family does not give a return date: <ul style="list-style-type: none"> i. Attempts to contact the family after three (3) weeks of absence. ii. Makes three (3) documented unsuccessful attempts to contact the family. iii. Submits the Closure Form with documentation of attempts to contact the family via NYEIS as described in the Case Closure Policy. <ul style="list-style-type: none"> • The “effective date” of closure is not specified by the SC. The RO will enter the closure date after review of documentation. <p>Note:</p> <ul style="list-style-type: none"> • Three (3) documented unsuccessful attempts to contact the family is defined as: attempts made on different days to contact the family by phone, and in writing (at least one through a certified letter). <ul style="list-style-type: none"> ○ After the first failed attempt to contact a parent or a foster parent of a child that is in foster care, the second attempt must include a phone call to Administration for Children’s Services (ACS) Education Unit, at 212-341-0977. ○ The ISC must submit a copy of the certified letter, certified label, and the Closure Form via NYEIS. ○ A copy of the Closure Form, certified letter, and other unsuccessful contact attempts must be documented in the child’s SC record. • Refer to the Case Closure Policy. • The Closure Form must be submitted with a clear statement for the reason of closure. <p>3. Notified that the family is planning to be away for an extended time period during the summer.</p> <ul style="list-style-type: none"> a. Informs the family of all of the above (as appropriate).

	<ul style="list-style-type: none"> a. Informs the family of the following: <ul style="list-style-type: none"> i. The NYC EIP does not provide services outside of New York State. ii. Services <u>may be</u> provided in a county outside NYC by a NYC contracted provider <u>if therapist(s) are readily available:</u> <ul style="list-style-type: none"> • NYC SC is responsible for coordinating services. iii. Missed sessions will not be made-up. b. Sends letter on service provider agency letterhead to the RO indicating the arrangements and that the family understands the above. <ul style="list-style-type: none"> i. A copy of this letter must be attached to the child's Integrated Case in NYEIS, kept in the child's case record and sent to family and all service provider agencies. c. If the family moves their primary residence to another NYS county, the SC is responsible for transferring the case to the new county, notifying all NYC EIP providers and closing the case in NYC.
Regional Office (RO)	<ol style="list-style-type: none"> 1. Closure Forms are routed to the assigned Early Intervention Official Designee (EIOD) for review. 2. EIOD sends parents and the Initial Service Coordinator (ISC) / Ongoing Service Coordinator (OSC) Prior Written Notice. <ol style="list-style-type: none"> a. If the parent does not respond to the Prior Written Notice, closes the child's integrated case in NYEIS (refer to the Case Closure Policy). <ol style="list-style-type: none"> i. The "effective date" of closure is three (3) weeks and ten (10) days after the last service date.
Service Coordinator	<ol style="list-style-type: none"> 1. Inform all service provider agencies (including transportation providers and respite providers when appropriate) by sending them a copy of the Closure Form.


Approved By:
Assistant Commissioner, Early Intervention

Date: 3/26/2013

New York City Early Intervention Program

Policy Title: Extending the IFSP	Effective Date: 10/30/24
Policy Number/Attachment: 6-F	Supersedes: Policy 6-F issued 5/23/12
Forms: <ul style="list-style-type: none"> - Closure Form - IFSP Meeting Request/Confirmation Form 	Regulation/Citation:

I. POLICY DESCRIPTION:

The New York City Early Intervention Program (EIP) recognizes two types of circumstances when a current IFSP period may require an extension of 30-60 days.

A. **Circumstance “A”:** It is the expectation of the EIP that six-month Individualized Family Service Plan (IFSP) review and annual IFSP meetings occur prior to the expiration of the current IFSP. However, circumstances may interfere with the timely scheduling of these meetings and authorization of services. In these circumstances, the EIOD and parent/surrogate may agree to extend the current IFSP period for up to 30 days the first time, and 30 days at a time thereafter, with no changes to the service plan, so services can continue without interruption. In these cases, the next IFSP period will be diminished by the amount of the Extension. **A current IFSP must be present in the EI Hub in order to avoid gaps in services.**

Note:

- If the Service Coordinator (SC) cannot get the family to the next IFSP after two authorized extensions, the SC must initiate case closure as required by the Case Closure and Transfer Policy.
- The use of extensions by SCs and providers will be monitored.

B. **Circumstance “B”:** When a child is aging out of the EIP and there is a gap between the date the service authorization ends and the date the child transitions out of EI. **The Extension of IFSP Policy** will be applied to these children when:

- They are leaving the EIP **60 days or less** beyond the existing authorized IFSP AND
- No changes to the existing IFSP are being requested.

Examples of children that meet “Circumstance B”:

1. “Jane” has **been found eligible** for services from the Committee on Pre-school Special Education (CPSE). Her CPSE meeting has been held, and the Individualized Education Program (IEP) and DEP-1 are available. These indicate that Jane will stay in the EIP until her effective age-out date of 8/31/09. Jane’s current IFSP is effective for the period 2/5/09 to 8/5/09. Her next IFSP Review is due 8/6/09, which is less than 30 days from the date of her transition out of the EIP (8/31/09). Her next IFSP and current services can be extended from 8/6/09 to 8/31/09.

- “Tamara” is **found not eligible** for services from the CPSE. She has an IFSP for the period 12/3/11 to 6/4/11 and is due for an IFSP Review. Her DOB is 8/1/08. She will age out on 7/31/11 (the day before her 3rd birthday). Her next IFSP and current services can be extended from 6/5/11 to 7/31/11.

Note:

- Children who are aging out of EI, have been referred to CPSE, and whose eligibility for services from the CPSE was not determined by the day before their 3rd birthday, are not appropriate candidates for the **Extension of IFSP Policy**.
- Instruction for navigating the EI-Hub are denoted in *italics* in the body of this Policy.**

II. PROCEDURE:

Responsible Party	Action
Ongoing Service Coordinator (OSC)	<ol style="list-style-type: none"> Monitors all cases to ensure that services are extended where appropriate to prevent gaps in services. There are two scenarios in which services may be extended: <ol style="list-style-type: none"> A Review or Annual IFSP meeting is not held prior to the expiration date of the child’s authorized IFSP. A child: <ol style="list-style-type: none"> Has been found eligible for the CPSE, or Has been found ineligible for the CPSE, or The parent/surrogate has not referred the child for CPSE services; the child must exit EI the day before his/her third birthday AND The child is leaving the EIP within 60 days or less. Creates an “Extension” in the EI Hub at least two (2) weeks before the end date of the child’s IFSP authorization period: <ol style="list-style-type: none"> <i>Finds the case: From the Children Assigned to Caseload dashboard, search for the child using the name or EI#.</i> <i>Selects the Edit button to the right to access the child’s case.</i> <i>Extends the IFSP by creating an amendment.</i> <i>Clicks on the IFSP tab and finds the active IFSP in the grid.</i> <i>Clicks on the Copy button in the Action column to the right.</i> <ol style="list-style-type: none"> Doing so will copy most of the information from the active IFSP to the Amendment IFSP. <i>On the IFSP Information screen:</i> <ol style="list-style-type: none"> <i>For IFSP Type, selects Extension from the dropdown. An IFSP Extension Reason field will appear. Selects the reason for the extension.</i> <i>IFSP Status will change to Draft</i> <i>The IFSP Start and End dates reflect the six months immediately following the current active IFSP period. Changes the End Date to the date 30 days after the Start Date.</i>

OSC Cont.	<p>iv. In the Method by Which IFSP was Conducted dropdown, selects Recorded Review and Written Correspondence.</p> <p>v. Clicks Submit.</p> <p>Note:</p> <ul style="list-style-type: none"> • EI-Hub requires that the panels below be re-entered or updated when the IFSP is copied. <i>If the information for the section has not changed, review information and click Submit. If information for the section has changed, update it. A red error message will appear when you submit the IFSP if these panels are not completed or updated.</i> <ul style="list-style-type: none"> ○ IFSP Meeting ○ IFSP Transition ○ IFSP Parent Agreement <p>g. In the IFSP Meeting panel, clicks on Add IFSP Meeting and enters the date and time that the extension is being created.</p> <p>h. IFSP Transition</p> <ol style="list-style-type: none"> i. See Initial IFSP Policy and EI-Hub IFSP Crosswalk for instructions on how to complete. ii. Ensures that the date entered for Date Transition Discussed with Family is the date from the original IFSP. i. IFSP Parent Agreement <ol style="list-style-type: none"> i. Completes the panel based on the Initial IFSP Policy. ii. Attaches required documents: <ul style="list-style-type: none"> • For transitioning children, refers to the documentation requirements in the Transition Out of Early Intervention Policy. <ul style="list-style-type: none"> ○ Clicks on the Upload Signature Page button and individually uploads and labels each required document. • For children with a Review or Annual IFSP meeting that is not held prior to the expiration date of the authorization, no attachments are needed. j. Follows steps in the Initial IFSP Policy to submit the IFSP to the EIOD for approval. <p>3. In cases where the extension is due to an inability to convene an IFSP Annual or Review meeting in time, ensures that an IFSP Review or Annual meeting is scheduled within 30 days of requesting the extension.</p> <ol style="list-style-type: none"> a. Contacts the Regional Office (RO) scheduling staff by phone to arrange for the IFSP meeting. b. Faxes the IFSP Meeting Request/Confirmation Form to the RO scheduling staff within 48 hours of verbal confirmation from the RO scheduling staff and other required participants. <p>Note:</p> <ul style="list-style-type: none"> • An IFSP may be extended for a maximum of 30 days at a time.
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OSC Cont.	<ul style="list-style-type: none"> The next IFSP period will be diminished by the amount of the extension. Children for whom changes to the existing plan are being requested must have an IFSP meeting to make any changes to the IFSP. <ul style="list-style-type: none"> Children who are aging out of EI, have been referred to CPSE, and whose eligibility for services from the CPSE <u>was not determined by the day before their 3rd birthday</u>, are not appropriate candidates for the Extension of IFSP Policy. Refer to the Case Closure and Transfer Policy for children aging out of the EIP.
Early Intervention Regional Office (RO)	<ol style="list-style-type: none"> <i>Identifies IFSP extensions submitted for review in the IFSP Alerts dashboard, IFSPs Submitted for Review dropdown.</i> <i>Reviews request within 14 calendar days of the submission to EI-Hub.</i> <i>If the IFSP Extension is not approved, the EIOD will reject the IFSP Extension request.</i> <ol style="list-style-type: none"> <i>The OSC will need to make appropriate corrections and initiate the IFSP extension request again in EI-Hub.</i> <i>Corrections must be made and re-submitted within two (2) business days of receiving the rejection from the EIOD.</i> <i>If the IFSP Extension request is approved:</i> <ol style="list-style-type: none"> <i>Goes to the IFSP Services panel:</i> <ol style="list-style-type: none"> <i>Goes to the first row in the Services grid and clicks on the Edit button.</i> <i>At the bottom of the Service Info panel, selects Approve from the EIOD Approval dropdown.</i> <i>Clicks Submit.</i> <i>Repeats for each service authorization in the grid.</i> <i>Goes to the IFSP Information pane</i> <ol style="list-style-type: none"> <i>Selects "Approved" from the EIOD Approval dropdown in the IFSP Information pane.</i> <i>Calls the service coordinator to inform them of the extension.</i>
Service Coordinator (SC) and Provider Agency	<ol style="list-style-type: none"> OSC must send notify ALL providers of the extension once authorized by the EIOD. Service Authorization information must be sent to transportation providers once approved by the EIOD.
Provider Agency	<ol style="list-style-type: none"> <i>Reviews assigned cases in the EI Hub to remain aware of the end date for all authorized services.</i> Contacts the SC at least two weeks in advance of the end date of the current service authorization, if the IFSP will expire prior to an IFSP meeting.

Approved By:
Assistant Commissioner, Early Intervention

Date: 10/09/2024

New York City Early Intervention Program

Policy Title: Case Closure and Transfer	Effective Date: 10/15/2024
Policy Number: 6-J	Supersedes: Policy 6-J issued 5/03/2013
Attachments: <ul style="list-style-type: none"> • Closure Form • Your Family Rights in Early Intervention • Request for County/Borough Transfer Form • Assignment and Change of Service/ Service Provider/Service Coordinator Form • Child Outcomes Study Exit Form (COS) • Secure File Transfer Q&A (with link to guide) 	Regulation/Citation:

I. POLICY DESCRIPTION:

New York State Department of Health/Early Intervention Program has defined those circumstances under which cases should be closed. It is the responsibility of the Municipality to track and report closure events to the New York State Department of Health.

When sending a **Closure Form** to a family, the Service Coordinator (SC) must always enclose a copy of **Your Family Rights in Early Intervention**.

When a family is moving outside of New York State, the **case closure** procedures of this policy apply.

When a family is moving outside of New York City or between boroughs, the **case transfer** portion of this policy applies.

This Case Closure and Transfer Policy **does NOT** apply to cases where the family is on vacation.

Note:

- A child can only have a case open in one New York State County/Borough at a time. The case must be open in the family's/guardian's domicile. The Regional Office may request proof of residency, as appropriate.
- Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Initial Service	I. Closures 1. Follows the closure procedure below for the following scenarios:

Coordinator (ISC)	<ul style="list-style-type: none"> • Upon the request of a parent/caregiver; • When the family moves outside of NYS; • After an agreed-upon period of time by ISC and family following the death of a child (not to exceed four (4) weeks); • Upon a determination of ineligibility for the Early Intervention Program, when the parent is in agreement; • Upon the child's transition or age-out of the Early Intervention Program. <p>a. Completes the Closure Form as described in the Closure Form Instructions and Appendix A: EI-Hub Closure Reasons and Definitions of Categories</p> <ul style="list-style-type: none"> i. The “effective date” of closure is entered by the ISC in the above scenarios. ii. The “effective date” of closure is the last day the ISC can bill for Service Coordination on a case. <p>b. Obtains parent signature on the Closure Form.</p> <ul style="list-style-type: none"> i. Your Family Rights in Early Intervention must be provided to the family along with the Closure Form. ii. Do not send Closure Form or Your Family Rights in Early Intervention to the family following the death of a child. <p>c. If a child is found not eligible for EI services or the parent/caregiver does not want to continue with the EI process for any reason, the SC should discuss referral to Developmental Monitoring (At-Risk) with the parents.</p> <ul style="list-style-type: none"> i. Indicate if parent agrees with a transfer to DM on the Closure Form. ii. Select the risk indicators associated with the transfer to DM. <p>d. Sends the completed Closure Form within 5 calendar days of receiving parent signature or completing required follow-up activities to the NYC Regional Office in the child's borough of residence using HCS Secure File Transfer (SFT). Indicates “Case closure requested for Child ID: XXXXX.” Uses the below Regional Office HIN ID:</p> <ul style="list-style-type: none"> • Brooklyn RO HIN ID: BKRO • Bronx RO HIN ID: BXRO • Queens RO HIN ID: QRO • Manhattan RO HIN ID: MRO • Staten Island RO HIN ID: SIRO <p>e. Keeps a completed copy of the Closure Form in the child's Service Coordination Case Record.</p> <p>f. Faxes copies of the closure to the evaluation site (if closure occurs before screening or multidisciplinary evaluation is completed).</p>
<p>Note:</p> <ul style="list-style-type: none"> • The Regional Office will complete the EI-Hub case closure and re-open the case in Developmental Monitoring (if parent consents on the Closure Form) after all closure documentation is reviewed and approved. <p>2. Follows the closure procedure below for the following scenarios:</p>	

ISC Cont.	<ul style="list-style-type: none"> • After three (3) unsuccessful, documented attempts by the assigned ISC to contact a family; • After three (3) scheduled appointments for evaluation are missed; <ul style="list-style-type: none"> ○ The evaluation agency must contact the ISC who will attempt to contact the family. • After three (3) unsuccessful, documented attempts to schedule an IFSP meeting where the family was unwilling or unable to attend; or • After a family misses two (2) successive Initial IFSP meetings for which they have received notice, without informing the ISC at least 24 hours before the scheduled meeting AND for which the ISC has made three (3) documented unsuccessful attempts to contact the family after the missed Initial IFSP meetings. <ul style="list-style-type: none"> ○ When the family has an extenuating circumstance (e.g., child or family illness), is unable to attend the Initial IFSP meeting at the time and place scheduled, and cannot give at least 24 hours' notice, the RO working with the ISC must reschedule the meeting at a time and place convenient to the family. ○ The ISC must document all attempts to schedule the initial IFSP in the child's case record.
	<p>Note:</p> <ul style="list-style-type: none"> • Three (3) documented unsuccessful attempts to contact the family are defined as: attempts made on different days, to contact the family by phone, and in writing (at least one through a certified letter). <ul style="list-style-type: none"> ○ After the first failed attempt to contact a parent or a foster parent <u>of a child who is in foster care</u>, the second attempt must include a phone call to Administration for Children's Services (ACS) Office of Youth Success: Education Unit, at (212) 453-9918. ○ The ISC must send a copy of Your Family Rights in Early Intervention when contacting the family by mail.
	<ol style="list-style-type: none"> a. Completes Closure Form. <ol style="list-style-type: none"> i. The "effective date" of closure <u>is NOT</u> entered in the EI-Hub by the ISC in the above scenarios. b. Sends the completed Closure Form, a copy of the certified letter, and label from the certified letter to the NYC Regional Office in the child's borough of residence via HCS Secure File Transfer within 5 calendar days of the third documented unsuccessful attempt to contact the family. Indicates "Case closure requested for Child ID: XXXXX." Uses the below Regional Office HIN ID: <ol style="list-style-type: none"> i. Brooklyn RO HIN ID: BKRO ii. Bronx RO HIN ID: BXRO iii. Queens RO HIN ID: QRO iv. Manhattan RO HIN ID: MRO v. Staten Island RO HIN ID: SIRO

ISC Cont.	<p>c. Saves the Closure Form and certified letter, and documents other unsuccessful contact attempts in the child's SC record.</p> <p>II. Transfers</p> <p>3. If a transfer is needed to another municipality outside of NYC but in NYS.</p> <ol style="list-style-type: none"> Completes the Request for County/Borough Transfer Form <ol style="list-style-type: none"> Obtains written parental consent for transfer. Sends the completed Request for County/Borough Transfer Form to the NYC Regional Office Assistant Director in the child's current borough of residence via HCS Secure File indicating that "Case transfer is requested to a NYS county outside of NYC for Child ID: XXXXX." Calls the Regional Office in the child's current borough of residence to follow up on the request. Once the Regional Office Assistant Director makes the transfer, follows up with the receiving county to tell them whether the Service Coordination Agency can continue to serve the child in the new county. Keeps all providers informed as to the status of the transfer. <p>4. If a transfer is needed to a different borough in NYC</p> <ol style="list-style-type: none"> Completes the Request for County/Borough Transfer Form <ol style="list-style-type: none"> Obtains written parental consent for transfer Indicates on the form if a change to ISC Agency is needed If the child has an approved and accepted MDE SA, the transfer should not be made until after the MDE is submitted, to prevent delays. Sends the completed Request for County/Borough Transfer Form to the NYC Regional Office Assistant Director in the child's current borough of residence via HCS Secure File Transfer, indicating that "Case transfer is requested to a another borough for Child ID. Provider changes are/are not needed.: XXXXX." Calls the Regional Office in the child's current borough of residence and discusses the transfer request with an Assistant Director. If the Initial Service Coordination (ISC) agency will continue to serve the child and family after the transfer, the ISC agency and ISC will need to accept new Teams assignments and service authorizations once the transfer and new assignments are complete. Keeps all providers informed as to the status of the transfer. <p>Note: When completing the Request for County/Borough Transfer Form, the <u>effective date</u> of transfer is very important. That is the date that the Regional Office will enter as the transfer date in the EI-Hub. As of that date, all service authorizations will close and the SC and providers will no longer have access to the case.</p>
Ongoing Service Coordinator (OSC)	<p>I. Closure</p> <p>1. Follows the closure procedure below for the following scenarios:</p> <ul style="list-style-type: none"> • Upon the request of a parent/caregiver; • When the family moves outside of NYS;

OSC Cont.	<ul style="list-style-type: none"> • After an agreed upon period of time by OSC and family following the death of a child (not to exceed four (4) weeks); • When the child is no longer eligible for Early Intervention before the age of three; • When the family wants to withdraw from EI services; • Upon a child's transition or age-out of the Early Intervention Program (EIP). <p>a. <i>Completes or updates the panels in the “Transition” tab in the EI-Hub and attaches the relevant Transition forms to the related Transition panels as required by the Transition Chapter</i></p> <p>b. Completes the Child Outcomes Study Exit Form (COS) for any child identified as part of the outcomes study sample and who had received more than 6 months of IFSP services.</p> <p>c. Completes the Closure Form as described in the Closure Form Instructions and Appendix A: EI-Hub Closure Reasons and Definitions of Categories.</p> <ul style="list-style-type: none"> i. The “effective date” of closure is entered by the OSC in the above scenarios. ii. The “effective date” of closure is the last day the OSC can bill for Service Coordination on a case. <p>d. Obtains parent signature on the Closure Form</p> <ul style="list-style-type: none"> i. Your Family Rights in Early Intervention must be provided to the family along with the Closure Form ii. Do not send Closure Form or Your Family Rights in Early Intervention to the family following the death of a child. <p>e. Within 5 calendar days of receiving parent signature or completing required follow-up activities, sends the completed Closure Form and COS Exit Form to the EIOD assigned to the case, and to the NYC Regional Office in the child's borough of residence using HCS Secure File Transfer (SFT). Indicates “Case closure requested for Child ID: XXXXX. Child was/was not in COS Sample.” Uses the below Regional Office HIN ID:</p> <ul style="list-style-type: none"> i. Brooklyn RO HIN ID: BKRO ii. Bronx RO HIN ID: BXRO iii. Queens RO HIN ID: QRO iv. Manhattan RO HIN ID: MRO v. Staten Island RO HIN ID: SIRO <p>f. Keeps a completed copy of the Closure Form in the child's Service Coordination Case Record.</p> <p>g. Sends a copy of the closure to all the child's authorized service providers, including transportation and respite (if authorized).</p>
Note: <ul style="list-style-type: none"> • The OSC <u>cannot</u> initiate closure of cases in the EI-Hub. • The OSC <u>does not</u> initiate closures of open (“active”) IFSPs in the EI-Hub. 	

OSC Cont.	<ul style="list-style-type: none"> • The Regional Office will complete the EI-Hub case closure and will re-open the case in Developmental Monitoring (if parent consents on the Closure Form) after all closure documentation is reviewed and approved. • The Case Closure and Transfer Policy does not apply to cases where the family is on vacation. See Vacation Policy.
	<ol style="list-style-type: none"> 2. Follows the closure procedure below for the following scenario: <ul style="list-style-type: none"> • After a family misses three (3) consecutive scheduled intervention sessions for the same service without informing the OSC. When three (3) consecutive scheduled sessions are missed: <ul style="list-style-type: none"> ○ Service provider agency must document in the child's record their inability to provide services or locate the family. ○ The service provider agency must contact the OSC who will attempt to contact the family by phone and mail. 3. Makes three (3) documented unsuccessful attempts to contact the family, defined as: attempts made on different days to contact the family by phone and in writing (at least one through a certified letter). <ol style="list-style-type: none"> i. After the first failed attempt to contact a parent or a foster parent of a child who is in foster care, the second attempt must include a phone call to Administration for Children's Services (ACS) Office of Youth Success: Education Unit, at (212) 453-9918. ii. The OSC must send a copy of Your Family Rights in Early Intervention when contacting the family by mail. 4. <i>Completes or updates the panels in the "Transition" tab in the EI-Hub and attaches the relevant Transition forms to the related Transition panels as required by the Transition Chapter.</i> 5. Completes the Child Outcomes Study Exit Form (COS) for any child identified as part of the outcomes study sample and who had received more than 6 months of IFSP services. 6. Completes the Closure Form. <ol style="list-style-type: none"> i. The "effective date" of closure <u>is NOT</u> entered by the OSC in the above scenario. 7. Within 5 calendar days of receiving parent signature or completing required follow-up activities, sends the completed Closure Form, COS Exit Form, certified letter, and documentation of unsuccessful contact attempts to the EIOD assigned to the case, and to the NYC Regional Office in the child's borough of residence using HCS Secure File Transfer (SFT). Indicates "Case closure requested for Child ID: XXXXX. Child was/was not in COS Sample." Uses the below Regional Office HIN ID: <ol style="list-style-type: none"> i. Brooklyn RO HIN ID: BKRO ii. Bronx RO HIN ID: BXRO iii. Queens RO HIN ID: QRO iv. Manhattan RO HIN ID: MRO v. Staten Island RO HIN ID: SIRO 8. Saves the Closure Form, certified letter, and documentation of unsuccessful contact attempts in the child's SC record.

OSC Cont.	<p>g. Sends a copy of the closure to all the child's authorized service providers, including transportation and respite (if authorized).</p> <p>II. Transfers</p> <ol style="list-style-type: none"> 1. If a transfer is needed to another municipality outside of NYC but in NYS: <ol style="list-style-type: none"> a. Completes the Request for County/Borough Transfer Form <ol style="list-style-type: none"> i. Obtains written parental consent for transfer. b. Sends the completed Request for County/Borough Transfer Form to the NYC Regional Office Assistant Director in the child's current borough of residence via HCS Secure File indicating that "Case transfer is requested to a NYS county outside of NYC for Child ID: XXXXX." c. Follows up with the Regional Office to answer questions, assist with facilitating the transfer process, and advise if the agencies currently assigned to the child can continue service delivery in the new county. d. Keeps all providers informed as to the status of the transfer. 2. If <u>a transfer is needed to another borough in NYC</u> <ol style="list-style-type: none"> a. Determines if a change will be needed to the Ongoing Service Coordination agency, or to service provider agencies. If so, completes the Assignment and Change of Service/ Service Provider/Service Coordinator Form(s) identifying the new service providers. <ol style="list-style-type: none"> i. If there were pended Service Authorizations on the IFSP, completes Section I of the Assignment and Change of Service/ Service Provider/Service Coordinator Form if a provider is identified in the borough that the family is moving to. b. Completes the Request for County/Borough Transfer Form <ol style="list-style-type: none"> ii. Obtains written parental consent for transfer. iii. Indicates on the form if OSC agency and/or service provider agencies will need to change. c. Sends the completed Request for County/Borough Transfer Form and the Assignment and Change of Service/ Service Provider/Service Coordinator Form(s) (if needed) to the NYC Regional Office Assistant Director in the child's borough of residence via HCS Secure File Transfer, indicating that "Case transfer is requested to another borough for Child ID: XXXXX. Provider changes are/are not needed." d. Calls the Regional Office in the borough where the child currently resides and discusses the transfer request with an Assistant Director. e. Assists with facilitating the transfer process, and answers parent questions. f. Keeps all providers informed as to the status of the transfer <p>Note: When completing the Request for County/Borough Transfer Form the effective date of transfer is very important. That is the date that the Regional Office will enter as the transfer date in the EI-Hub. As of that date, all service authorizations will close and the SC and providers will no longer have access to the case.</p>
Regional Office (RO)	<p>I. Closures</p> <ol style="list-style-type: none"> 1. Early Intervention staff (Pre-IFSP Specialist for pre-IFSP closures and EIOD for post-IFSP closures) reviews closure requests within two (2) weeks of receipt.

RO Cont.	<p>2. Notifies ISC/OSC if the closure request is missing information and cannot be processed.</p> <p>3. If the Regional Office staff authorizes the closure and the Closure Form is signed by the parent:</p> <ul style="list-style-type: none"> a. Regional Office does not send Prior Written Notice to the parent and ISC/OSC. <p>4. For pre-IFSP case closures:</p> <ul style="list-style-type: none"> a. Pre-IFSP Specialist verifies if the parent has provided written consent for the child to be transferred to the Developmental Monitoring Unit for ongoing screening with the Ages and Stages Questionnaire. b. Enters the closure into the EI-Hub within two (2) weeks of receipt by: <p><i>i. Navigating to the Transfer, Exit & Close tab in the child's case.</i></p> <ul style="list-style-type: none"> • Clicking the Child Exit/Close panel on the left • Clicking the Add Child Exit button • Entering the exit (closure) date in the Exit Date field • Select the reason for closure from the Exit Reason dropdown. • If the Closure Form indicates parent consent to transfer the case to Developmental Monitoring, selects Yes from the dropdown for Was the child referred to At-Risk Developmental Surveillance? Otherwise, selects No. • Clicks Submit. <p><i>ii. If the parent requested that the child be transferred to Developmental Monitoring:</i></p> <ul style="list-style-type: none"> • Navigates to the Child Info tab. • Clicks on the Referral At-Risk panel on the left • Clicks the Add Referral At-Risk button • Referral At-Risk Status defaults to Open. • From the Referral Type dropdown, selects re-referral • Enters the date of referral in the Referral Date field • From the Referral Method dropdown, selects Provider • From the Referral Reason dropdown, selects At Risk • From the Referral Source Type, selects EIP Provider • For Referral Source First Name and Last Name, enters the first and last name of the service coordinator • Clicks the box indicating that the parent did not object to the referral. • Clicks Submit.
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Note: The EI-Hub refers to "exit" and "closure". "Exit" is what is referred to programmatically as closure, meaning that the municipality has manually closed the case following the child's departure from the Program. "Closure"

is an automated process that happens in the EI-Hub when a child turns five years old. Only the “Exit” function is used by RO staff members.

5. For post-IFSP case closures:

a. *The EIOD:*

- i. *Confirms that the Transition panels have been completed in the EI-Hub.*
 - *The Transition panels must be completed for any child who has had an IFSP meeting while in the EIP.*
 - *Refer to the Transition chapter for step-by-step instructions.*
- ii. If the child is in the Child Outcomes Study, verifies that a **Child Outcomes Study Exit Form** has been completed and sent by the SC.
- iii. Saves the **Closure Form**: and **COS Exit Form** in the electronic municipal child file.

- b. The Early Intervention Systems Administration Unit will close the case in the EI-Hub following the steps in 4.b above.

6. If the closure is authorized but parent **did not** sign the **Closure Form**:

a. For pre-IFSP case closures:

- i. Pre-IFSP Specialist sends and uploads the **Prior Written Notice** and a copy of **Your Family Rights in Early Intervention** when the reason for closure requires Prior Written Notice to the parent and ISC.
- ii. **Prior Written Notice** and a copy of **Your Family Rights in Early Intervention** will be uploaded in the Referral tab in the child’s case in the EI-Hub.
- iii. Notifies the ISC that the forms have been sent and uploaded to the child’s case in the EI-Hub.
- iv. See Prior Written Notice Policy for detailed instructions on how to upload forms into the “*Referral*” tab of the child’s case.
- v. The closure is entered into EI-Hub following the steps in 4.b above.

b. For post-IFSP case closures,

i. The EIOD:

- Confirms that the Transition panels have been completed in the EI-Hub.
 - The Transition panels must be completed for any child who has had an IFSP meeting while in the EIP.
 - Refer to the Transition chapter for step-by-step instructions.
- If the child is in the Child Outcomes Study, verifies that a **Child Outcomes Study Exit Form** has been completed and sent by the SC for children in the sample.

- Sends and uploads the **Prior Written Notice** and a copy of **Your Family Rights in Early Intervention** when the reason for closure requires Prior Written Notice to the parent and the OSC
 - **Prior Written Notice and a copy of Your Family Rights in Early Intervention will be uploaded in the Referral tab in the child's case in the EI-Hub.**
 - **Notifies the ISC that the forms have been sent and uploaded to the child's case in the EI-Hub.**
 - **See Prior Written Notice Policy for detailed instructions on how to upload forms into the "Referral" tab of the child's case.**
- The EIOD saves the **Closure Form**, supporting documentation and **Prior Written Notice** in the electronic municipal child file.
 - ii. If the parent responds within ten (10) business days requesting due process, all services must remain in place until a resolution is reached. The case is not closed in this instance.
 - iii. If the parent does not respond within ten (10) business days, the closure is entered into EI-Hub by the Early Intervention Systems Administration Unit following the steps in 4.b above.

Note:

- The effective date on the **Closure Form** and the date entered into the EI-Hub must be the same date as the date that is written on the **Prior Written Notice**.
- Effective date of closure is defined as the last date on which service coordination and services will be provided to a child/family, based on the reason for closure.
- Parent signatures on **Closure Forms** are not required in cases of child death.
- Regional Offices do NOT send **Prior Written Notice** in cases of child death.

II. Transfers

1. The Regional Office receives a request to transfer a case to another municipality outside of NYC but in NYS
 - a. Reviews the **Request for County/Borough Transfer Form** to verify parent consent for transfer.
 - b. Contacts the new county to inform them of the transfer.
 - c. Provides the county with the contact information of the child's currently assigned service coordinator.
 - d. Contacts the SC to verify the transfer date, ensuring that any evaluations or screenings associated with an open MDE, screening or supplemental evaluation service authorization have been accepted before initiating the transfer.

	<p>e. Attaches the Request for County/Borough Transfer Form and any other transfer related documents to the “Referral” tab of the child case in the EI-Hub</p> <ul style="list-style-type: none"> i. Navigate to Children Assigned to Caseload page ii. Select the Edit button to the right of the child’s name iii. Go to ‘Child Info’ tab iv. Click ‘Referral’ in the left navigation panel v. Click the ‘Edit’ button vi. Select the ‘Parent Document Upload’ button vii. Select ‘Parent Documents’ in Document Type pop-up box viii. Enter the Document Name: Request for County/Borough Transfer Form (Child Initials) (Date) ix. Navigate to file to be attached (must be Adobe PDF, cannot be larger than 10 MB) <p>f. Enters the transfer in the EI-Hub.</p> <ul style="list-style-type: none"> i. From Children Assigned to Caseload, search for the child by name or ID number. Click on Edit to access the child’s case. ii. In the Child Info tab, click on Child Address on the left and update the child’s address. iii. In the Family Info tab, update parent’s/guardian’s address and any other information that is changing. iv. Go to Transfer, Exit, & Close tab. v. Click Add Child Transfer button vi. Complete the following fields (mandatory fields denoted by *): vii. From the Transfer Request* dropdown, select To Receive viii. In Transfer Date*, enter the date the transfer will take effect ix. Check off box next to “Parent has been notified that early intervention information has been shared with new location.”** x. Enter any comments in the Sender Comments textbox xi. Transfer From Point of Entry will autopopulate with the current borough xii. In the Transfer to Point of Entry* box, begin typing the name of the county where the child is going, and click on it when the name pops up. xiii. Click Submit <p>2. Receives a request to transfer a case to another borough in NYC</p> <ul style="list-style-type: none"> a. Reviews the Request for County/Borough Transfer Form to verify parent consent for transfer and to determine if changes are needed to current SC and service providers. b. Reviews the attached Assignment and Change of Service/ Service Provider/Service Coordinator form(s) identifying new service providers and OSC provider to verify that all the required information has been submitted c. Contacts the assigned SC to verify the Transfer Date, ensuring that any evaluations or screenings associated with open MDE, screening or supplemental evaluation service authorizations have been accepted before initiating the transfer.
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- d. *Attaches the Request for County/Borough Transfer Form, the Assignment and Change of Service/ Service Provider/Service Coordinator form(s), and any other transfer related documents to the “Referral” tab of the child case in the EI-Hub following the steps in 1.e above.*
 - e. *Notifies the Assistant Director in the receiving borough of the transfer.*
 - f. *Enters the Transfer in the EI-Hub following the steps in 1.f above*
2. Receives notification from another borough or county that a child will be transferred to their borough.
- a. Discusses the case with the transferring county to determine the status of services and verify that the **Request for County/Borough Transfer Form**, the **Assignment and Change of Service/ Service Provider/Service Coordinator form(s)**, and any other transfer related documents are attached in the “Referral” tab of the child’s case in the EI-Hub.
 - b. Confirms with the transferring county that the case does not have any outstanding evaluations or screenings.
 - c. *Accepts the transfer in the EI-Hub:*
 - i. *From Children Assigned to Caseload, click the Transfer Alerts dashboard on the left*
 - ii. *From the dropdown, select Incoming Transfer*
 - iii. *Click Search*
 - iv. *If there are any children who are being transferred to your county, they will appear in the grid below.*
 - v. *To accept or decline the transfer, go to the Action column next to the child’s name and click the Receive Transfer button*
 - vi. *This brings up the Receive Transfer screen, which displays the information entered by the sender (listed above).*
 - vii. *The receiving county selects Accepted or Declined from the Transfer Accepted/Declined dropdown.*
 - viii. *Date Accepted/Declined will autopopulate with the current date.*
 - ix. *Any comments can be recorded in the Receiver Comments textbox.*
 - x. *Click Submit.*
 - d. Once the case transfer is accepted:
 - i. *Opens the transfer-related attachments in the EI-Hub*
 - ii. *Navigates to the ‘Document’ tab*
 - iii. *Do not select anything from the dropdowns, so that all areas and document types are searched*
 - iv. *Clicks Search*
 - v. *All case attachments will populate in a grid below. Locates the attachment in the grid and clicks the View button to see it.*
 - vi. *Reviews the case in the EI-Hub, including closed IFSP, evaluations, and service authorizations*

	vii. <i>Follows routine protocols to assign or reassign providers and to convene IFSPs to put a plan of services in place for the child and family</i>
ISC/OSC and Service Coordination Supervisor	<ol style="list-style-type: none"> 1. The ISC will no longer have access to the case in the EI-Hub when the closure is approved or transfer accepted. 2. The OSC will no longer have access to the case in the EI-Hub when the closure is approved or transfer accepted.

Approved By:



Date: 10/1/2024

Assistant Commissioner, Early Intervention

New York City Early Intervention Program Closure Form

Child's Name (Last, First):	DOB:	EI#
Effective Date of Closure:	Submission Date:	
SC Name (Last, First):	SC Agency:	
Telephone #:	Fax#:	

I. Early Intervention Program Closure

Early Intervention Case Closure Reason (select only one):

*If this form is handwritten, the reason for closure must be limited to those in **Appendix A: Closure Reasons and Definitions of Categories**

*If the EI case is being closed after an IFSP has been developed, the *Transition panels in the "Transition" tab in the EI-Hub* must be completed or updated and relevant Transition forms attached by the service coordinator before the Closure Form is submitted to the EI Systems Unit. See **Transition Chapter**.

Parent's Signature: _____

Date: ____ / ____ / ____

Parent is unavailable for signature. Explain below:

Note: If parent is unavailable for signature, send SC notes, certified letter (if applicable) and certified label (if applicable) to the Regional Office or EI Systems Unit documenting unsuccessful contact attempts and availability issues. Do not obtain parent signature in cases of child death. Refer to the **Closure Policy**.

II. Transfer to At-Risk (Developmental Monitoring)

Parent was informed of Developmental Monitoring Services (At-Risk): Transfer to At-Risk Parent objects to referral to Developmental Monitoring

If the case is being transferred to At-Risk/ Developmental Monitoring, select all the Risk Indicators that apply:

<input type="checkbox"/> Gestational age less than 33 weeks	<input type="checkbox"/> NICU stay of ten (10) days or more	<input type="checkbox"/> CNS insult/abnormality	<input type="checkbox"/> Asphyxia (Apgar <=3 at 5 minutes)
<input type="checkbox"/> Abnormalities in muscle tone	<input type="checkbox"/> Growth deficiency/nutrition problems	<input type="checkbox"/> Presence of Inborn Metabolic Disorder	<input type="checkbox"/> Maternal prenatal alcohol abuse
<input type="checkbox"/> Congenital malformations	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Birthweight <1501 grams	<input type="checkbox"/> Hyperbilirubinemia
<input type="checkbox"/> Risk of hearing impairment	<input type="checkbox"/> Perinatally or congenitally transmitted infection (HIV, hepatitis B, e.g.)	<input type="checkbox"/> Maternal prenatal abuse of illicit substances	<input type="checkbox"/> Prenatal exposure to therapeutic drugs with developmental implications
<input type="checkbox"/> Parental developmental disability or mental Illness	<input type="checkbox"/> Risk of vision impairment	<input type="checkbox"/> No prenatal care	<input type="checkbox"/> Parental substance abuse
<input type="checkbox"/> Parental or caregiver concern about developmental status	<input type="checkbox"/> Foster care placement	<input type="checkbox"/> Serious illness/traumatic injury with CNS implications/PICU >=10 days	<input type="checkbox"/> Child abuse or maltreatment
<input type="checkbox"/> Chronic Serous Otitis Media continuous for 3 months+	<input type="checkbox"/> Absence of Primary Health Care (by six months of age) or delayed immunizations	<input type="checkbox"/> Elevated Venous lead level (at or above 5 mcg/dl)	<input type="checkbox"/> Maternal PKU
<input type="checkbox"/> Presence of genetic syndrome conferring risk for developmental delay (Specify): _____			

New York City Early Intervention Program CLOSURE FORM INSTRUCTIONS FOR COMPLETION

The **Closure Form** may be completed by the Initial (ISC) or Ongoing Service Coordinator (OSC) under the circumstances described below (See Appendix A).

This form should not be completed if:

1. The child will be leaving one EI provider but will continue to receive any services through another EI provider within the five boroughs of New York City;
2. An active case is transferred from one borough to another borough; or
3. An active case is transferred to another New York State municipality.

The ISC/OSC will:

1. Complete the identifying information.
2. Complete *Effective Date of Closure* (if applicable) - Effective Date of Closure should only be indicated in those scenarios described in the **Case Closure Policy**.
3. Complete *Date of Submission* – The date of submission must be the date that the **Closure Form** is sent to the Regional Office or the Early Intervention Systems Unit via **HCS Secure File Transfer**.
4. Complete the SC information.
5. Provide the SC telephone and fax numbers.

When the **Closure Form** is completed and submitted by the ISC/OSC along with the other required documents via **HCS Secure File Transfer**, the appropriate staff in the Regional Office or the Early Intervention Systems Unit will review the form and supporting documentation.

Initial Service Coordinators – Closures before the child has an Initial IFSP Meeting:

1. Complete **Section I** of the **Closure Form** when any of the conditions listed under “Closure Reason” occurs (see Appendix A: Closure Reason and Definition of Categories).
2. Obtain parent signature on the **Closure Form**
3. If a child is found not eligible for EI services or does not want to continue with the EI process for any reason, the SC should discuss referral to Developmental Monitoring (At-Risk) with the parents.
 - a. Indicate if parent agrees with a transfer to DM in Section II of the **Closure Form**.
 - b. Select the risk indicators associated with the transfer to DM.
 - c. Select any other risk criteria as applicable to the DM transfer.
4. Keep a completed copy of the **Closure Form** in the child’s Service Coordination Case Record.
5. Send the completed **Closure Form** and related documentation (see below) within 5 calendar days of receiving parent signature or completing required follow-up activities to the Regional Office in the child’s borough of residence via **HCS Secure File Transfer** (SFT). Indicate “Case closure requested for Child ID: XXXXX.” Use the below Regional Office HIN ID:
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
 - a. If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) documenting unsuccessful contact attempts and parent availability issues. For more information, refer to the **Case Closure Policy**.
 - b. Parent signature and supporting documentation is **NOT** required in cases of child death.
6. Fax copies of the closure to the evaluation site (if closure occurs before evaluation is completed) and transportation and respite providers, if authorized.

Ongoing Service Coordinators - Closures after a child has had an Initial IFSP Meeting:

7. Complete **Section I** of the [**Closure Form**](#) when any of the conditions listed under “Closure Reason” occurs (see Appendix A: Closure Reason and Definition of Categories).
8. Obtain parent signature on the [**Closure Form**](#).
9. If the parent wants to stop the delivery of EI services or if a child is determined to no longer need EI services as a result of evaluation procedures but the child is younger than three years of age, the SC should discuss referral to Developmental Monitoring (At-Risk) with the parents if the child meets one of the at-risk conditions established under EI regulations.
 - a. Indicate if parent agrees with a transfer to DM in Section II of the [**Closure Form**](#).
 - b. Select the risk indicators associated with the transfer to DM.
 - c. Select any other risk criteria as applicable to the DM transfer.
10. Keep a completed copy of the [**Closure Form**](#) in the child’s Service Coordination Case Record.
11. Complete or update the *Transition panels* in the “*Transition*” tab in the EI-Hub and upload the relevant Transition forms to the Transition panels. Refer to the [**Transition Chapter**](#).
12. Send the completed [**Closure Form**](#) and related documentation (see below) within 5 calendar days of receiving parent signature or completing required follow-up activities to the Regional Office in the child’s borough of residence via [**HCS Secure File Transfer**](#) (SFT). Indicate “Case closure requested for Child ID: XXXXX.” Use the below Regional Office HIN ID:
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO
13. If the parent is unavailable for signature, attach the SC notes, certified letter (if applicable) and certified label (if applicable) documenting unsuccessful contact attempts and parent availability issues. For more information, refer to the [**Case Closure Policy**](#).
14. Parent signature and supporting documentation is **NOT** required in cases of child death.
2. Fax copies of the closure to transportation and respite providers, if authorized.

Regional Office Staff:

1. Review the [**Closure Form**](#) and any supporting documentation submitted via HCS.
2. Send Prior Written Notice (if applicable).
3. Close the child’s EI case in the EI-Hub.
4. If appropriate, open the case in Developmental Monitoring upon transfer.

Appendix A: EI-Hub Closure Reasons and Definitions of Categories	
Attempts to contact unsuccessful	The condition for which the child was receiving EI services has been resolved and the child no longer requires services.
Child deceased	Case is closed due to child's death. The date of the child's death must be entered in the EI-Hub.
Duplicate record for this child	Child is already active in the EI-Hub with another ID number
EI Evaluation found child not eligible	Child had an MDE and was determined to be not eligible for EI services. Child never had an IFSP.
Moved out of state	The family moved out of NYS.
No longer eligible for Part C prior to reaching age three	In order to select this category, child has had an Initial IFSP and receives EI services. This is typically selected when the condition for which the child was receiving EI services has been resolved and the child no longer requires services.
Not eligible for Part B, exited with no referrals	Child has been determined to be not eligible for services by the CPSE and ages out of EI with no referrals to other programs.
Not eligible for Part B, exited with referrals	Child has been determined to be not eligible for services by the CPSE and ages out of EI with referrals to other programs such as: preschool learning center, HeadStart, child care center, health and nutrition services, 3K.
Part B eligibility not determined	Child has aged out of EI but eligibility for services by the CPSE is unknown or the process is incomplete. This category also includes a child for whom parents did not consent to transition planning or to referral to CPSE.
Part B eligible, exited Part C	Child has been determined to be eligible for services by the Committee on Preschool Special Education (CPSE).
Record Modification	Case is being closed as an administrative record modification. Do not use unless instructed by NYC BEI
Withdrawal by parent (guardian)	Parent (or guardian) withdraws from the Program at any time in the EI process.



New York State Department of Health - Early Intervention Program
Child Outcomes Summary EXIT Form
All fields are required to be completed

Child's NYEIS Identifier: _____

1. Date Assessed: ____ / ____ / ____
Mo Day Year 2. Child's Name: _____
First Last

3. Child's Date of Birth: ____ / ____ / ____
Mo Day Year 4. Child's Sex: M F 5. County/Borough/Residence: _____
(FIPS No.)

6. **IFSP Team Members:** Check all members who participated and completed this form. If individual forms are being completed by each participant, please check only the box for the participant completing *this* form:

Parent(s) Evaluator(s) EIO/D Service Coordinator Service Provider(s) Other: _____

7. Please rate the child's **STATUS** in each of the three functional areas, **by circling the number which BEST DESCRIBES THE CHILD'S CURRENT BEHAVIORS AND SKILLS:**

7A. (1) To what extent does this child show **POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING RELATIONSHIPS)** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely	Somewhat	Emerging	Not Yet
7	6	5	4

(2) Has the child shown ANY new skills or behaviors related to **POSITIVE SOCIAL EMOTIONAL SKILLS (INCLUDING RELATIONSHIPS)** since the ENTRY outcomes form was completed? Please choose Yes or No below.

YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:

7B. (1) To what extent does this child **ACQUIRE AND USE KNOWLEDGE AND SKILLS** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely	Somewhat	Emerging	Not Yet
7	6	5	4

(2) Has the child shown ANY new skills or behaviors related to **ACQUIRING AND USING KNOWLEDGE AND SKILLS** since the ENTRY outcomes form was completed? Please choose Yes or No below.

YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:

7C. (1) To what extent does this child **TAKE APPROPRIATE ACTION TO MEET NEEDS** APPROPRIATE FOR HIS OR HER AGE and ACROSS A VARIETY OF SETTINGS AND SITUATIONS?

Completely	Somewhat	Emerging	Not Yet
7	6	5	4

(2) Has the child shown ANY new skills or behaviors related to **TAKES APPROPRIATE ACTION TO MEET NEEDS** since the ENTRY outcomes form was completed? Please choose Yes or No below.

YES NO

If Yes, briefly describe progress made, including new skills, behaviors, and/or functional abilities:



New York City Early Intervention Program Request for County/Borough Transfer Form

Instructions: The Service Coordinator must complete this form to notify the Regional Office that a child currently living in one borough will be moving to another borough in NYC or to another county in NYS. For transfers between boroughs, the assigned service coordinator is responsible for finding the Service Provider agency(s) for the Transferring To (receiving) county.

The effective date of transfer is very important. That is the date that the Regional Office will enter as the transfer date in the EI-Hub. As of that date, all service authorizations will close and the SC and providers will no longer have access to the case.

Demographic Information

Child's EI ID Number:	Child's DOB: / /	
Child's Name: (Last, First)		
Current Address:		
City:	State:	Zip code:
Current Phone Number: Home:	Cell:	
Service Coordinator:	ISC: <input type="checkbox"/> OSC: <input type="checkbox"/>	
SC Agency Name:		
Tel. #:	Fax:	

Transfer Information

Note: Providers or Service Coordinators should not initiate transfers in the EI-Hub. Any transfers initiated by providers will be rejected by the receiving borough/county.

<input type="checkbox"/> Transfer outside of NYC: from:	to:	
New Address:		
City:	State:	Zip code:
Updated Phone Number: Home:	Cell:	
Effective Date of Transfer:		
Parent Consent: I am changing my primary residence to the county listed above. I consent to the transfer of my child's case and all related records. I understand that I may be asked for additional information about this move:		

Parent/Guardian Signature:	Date: / /
Note: Once this information is received, the Regional Office will follow-up with the receiving county and enter the Transfer request into the EI-Hub. If there is an MDE in process, the Regional Office will initiate transfer after the MDE is submitted, to prevent delays.	

<input type="checkbox"/> Transfer Between NYC Boroughs: From:	To:	
New Address:		
City:	State:	Zip code:
Updated Phone Number: Home:	Cell:	
Effective Date of Transfer:		
Parent Consent: I am changing my primary residence to the county listed above. I consent to the transfer of my child's case and related records. I understand that my child's plan will be reviewed to make sure that services continue.		

Parent/Guardian Signature:	Date: / /	
Change in ISC Agency Needed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach ISC Change Form to request in HCS
Change in OSC Agency Needed?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach Assignment and Change Form to request in HCS
Change in Service Provider Agency?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Attach Assignment and Change Form(s) to request in HCS
Refer to the Case Closure and Transfer Policy .		
Note: If there is an MDE in process, the Regional Office will initiate transfer after the MDE is submitted.		



New York City Early Intervention Program

Policy Title: Session Notes and Service Logs	Effective Date: 9/01/2024
Policy Number/Attachment: 6-K	Supersedes: Policy 6-K issued 5/03/2013
Attachments: <ul style="list-style-type: none">• NYC Early Intervention Program Session Note• NYC Early Intervention Group Services Session Note• NYC Early Intervention Service Log	Regulation/Citation: NYCRR 69-4.9(g)(6)(7); 69-4.26(b)(15) NYCRR 69-4.30 Early Intervention Memorandum 2003-1

I. POLICY DESCRIPTION:

Agency and individual providers of Early Intervention services must maintain records that document the performance of authorized activities on behalf of an eligible child and the child's family, and must make records available to the municipality and to the State Department of Health (SDOH) upon request. They must complete financial records and clinical documentation related to the provision of Early Intervention services including information and documentation necessary to support billing to third party payors (including the medical assistance program) and the State, and must permit a full fiscal audit by appropriate State and municipal authorities (NYCRR 69-4.9(g)(6); (NYCRR 69-4.9(g)(7)).

The documentation that is required for submission and substantiation of early intervention claims for payment includes:

1. **Service logs** – A service log is completed by the individual provider (qualified personnel; e.g., special educator, physical therapist, speech language pathologist) who directly renders services to a child and family and is signed by the parent or caregiver verifying that the service was received by the child on the date and during the period of time recorded by the provider. Qualified personnel must supply original service logs upon the request of a municipality, the Department, or provider agency for programmatic monitoring and fiscal audit purposes ((NYCRR 69-4.26(b)(12); (NYCRR 69-4.26(b)(13)); and
2. **Session notes** - Individual providers who directly render services to a child and family, or an approved provider agency, must maintain **session notes** that are original and that are signed and dated by the individual providers delivering the early intervention services authorized in a child's IFSP. A session note must be completed for each service delivered, following each child and family contact (NYCRR 69-4.26(c), NYS DOH EIP Memorandum 2003-1). Qualified personnel must supply original session notes upon the request of a municipality, the Department, or provider agency for programmatic monitoring and fiscal audit purposes (NYCRR 69-4.26(c)(4)). Session notes for services delivered to children and families residing in the five boroughs of New York City must be signed by a parent or caregiver.

Provider agencies must maintain service logs and session notes. In NYC, both service logs and session notes must be signed by the parent or caregiver. Service logs and session notes must be collected, reviewed and reconciled prior to the submission of claims for payment.

The session note is also a valuable clinical tool to document what occurred during the session, how well previous activities worked for the family and child, what strategies and natural routines were used, and what learning activities are planned next. The session note should be used by the interventionist in partnership with the parent/caregiver as a reference to help support collaboration and communication with the parent/caregiver and among the other interventionists working with the child on the same functional outcomes.

II. PROCEDURE:

Responsible Party	Action
EIP Interventionist	<ol style="list-style-type: none"> 1. Completes the NYC Early Intervention Program Service Log located in the Chapter 6 of the NYC Policy and Procedure Manual and obtains parent/caregiver signature verifying that the service was received by the child on the date and during the period of time recorded by the provider. <ol style="list-style-type: none"> a. The service log must be completed in its entirety. b. The service log cannot be completed during the session. c. The service log must be completed and signed by the parent/caregiver contemporaneously (as close as possible to the end of the session). <ol style="list-style-type: none"> i. Each line of the service log documenting a specific session must be signed by the parent/caregiver present during that session. ii. When a child attends a group early intervention service defined under NYCRR 69-4.30 (c)(8), the qualified personnel who led the group meets the definition of caregiver for the purpose of obtaining parent/caregiver signature on the service log. iii. When a child attends a parent-child group or a family support group, the parent or caregiver present must sign the service log. iv. Parents/caregivers should never be asked to sign a blank service log. d. A separate service log must be completed for each service authorization on a child's Individualized Family Service Plan that an interventionist is delivering. <ol style="list-style-type: none"> i. The service log requirement does not apply to IFSP service authorizations for supplemental evaluations, assistive technology device(s), and ongoing service coordination. e. A separate service log must be completed by each interventionist participating in a co-visit/team meeting. f. Each interventionist must retain a copy of each service log and ensure that their corresponding provider agency(ies) receive a copy. 2. Documents information regarding all scheduled sessions (held or cancelled) for home/community-based visits defined under NYCRR 69-

- 4.30(c)(5) and individual facility-based visits defined under NYCRR 69-4.30(c)(6) on the NYC Early Intervention Program **Session Note** form. Documents information regarding all scheduled sessions for group early intervention visits defined under NYCRR 69-4.30 (c)(8), parent-child group visits defined under NYCRR 69-4.30 (c)(7), and family/caregiver support group visits defined under NYCRR 69-4.30 (c)(7) on the NYC Early Intervention **Group Session Note** form located in Chapter 6 of the NYC Policy and Procedure Manual.
- a. The session note must be completed in its entirety.
 - b. The session note must be completed and signed by the parent/caregiver contemporaneously (as close as possible to the end of the session).
 - i. When a child attends a group early intervention service defined under NYCRR 69-4.30 (c)(8), the qualified personnel who led the group meets the definition of caregiver for the purpose of documenting parent/caregiver signature on the session note.
 - ii. When a child attends a parent-child group or a family support group, the parent or caregiver present must sign the session note.
 - iii. Parents/caregivers should never be asked to sign a blank session note.
 - c. Session notes cannot be completed during intervention sessions.

Note:

- The duties of the provider are discussed in Social Services Law at 18 NYCRR Section 504.3. Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program.
("Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable.)
- When services are only being provided by telehealth, the EI provider should send service logs/notes, listing each individual session, to parents via US mail at minimum once a week.
 - The parent can return the signed service log/note(s) to the provider:
 - Hard copy via US mail
 - Scanned and returned via email, if parent has signed consent to email
- The EI provider is responsible to ensure the legibility of any signature that is transmitted electronically.

- d. A separate session note must be completed for each service authorization on a child's Individualized Family Service Plan that an interventionist is delivering.
 - i. The session note requirement does not apply to IFSP service authorizations for supplemental evaluations, assistive

	<p>technology device(s), and ongoing service coordination.</p> <ul style="list-style-type: none"> e. A separate session note must be completed by each interventionist participating in authorized co-visits and team meetings. f. Each interventionist must retain a copy of this session note and ensure that their corresponding provider agency(ies) receive a copy. g. Parent/caregiver must receive a copy of the session note(s) when requested. <p>Note:</p> <ul style="list-style-type: none"> • Demographic information (child's name, DOB, EI #, interventionist name and discipline) may be entered in preparation for the session on notes and logs. • Session notes and service logs may be corrected if each strikethrough is initialed and dated by the interventionist. • Session note and service log corrections will be questioned if the corrections create the appearance of impropriety. <p>h. When a session cannot be held for a family or provider reason:</p> <ul style="list-style-type: none"> i. Session notes must be completed for every session that was cancelled/not held. ii. The reason for the non-delivery of service must be indicated and a make-up date must be provided when possible. <ul style="list-style-type: none"> • Refer to the <i>NYC Policy and Procedure Manual Policy 6-D - Make-up Sessions</i>. iii. A single session note can be completed to indicate a range of absences or cancellations such as in the case of vacations. <p>3. Provides the family with a copy of the session note and/or service log for their use as a reference tool and/or record of services when requested by the parent/caregiver.</p> <ul style="list-style-type: none"> a. The family should receive a copy of their session note or service log as close as possible to the corresponding visit. <p>4. Submits session notes and service logs to the authorized service provider.</p> <ul style="list-style-type: none"> a. Independent contractors must keep original session notes and submit copies to the provider agency. b. Employed interventionists must submit original session notes to the authorized provider agency. <p>5. Makes all session notes and service logs available when requested by:</p> <ul style="list-style-type: none"> • parents; • the interventionist's supervisor, or their provider agency; • the internal departments of the New York City Health Department Early Intervention Program such as the Regional Offices, Provider Oversight, Technical Assistance, and Consumer Affairs; • the New York City Health Department Audit Services (for financial audits); and • the New York State DOH for systems complaints and audits.
Service Provider Agency	<p>1. Bills for services provided based upon the receipt and review of the interventionist's session notes and service logs.</p>

	<ol style="list-style-type: none"> 2. Implements a process to review and reconcile all service logs and session notes. 3. Reviews session notes and service logs to ensure that: <ol style="list-style-type: none"> a. Services were provided in accordance with IFSP service authorizations including, but not limited to, service type, frequency, duration, method, and discipline; b. Session notes and service logs were completed according to the instructions provided under the <i>NYC EIP Policy and Procedure Manual</i>; and c. Session notes and service logs demonstrate that services were delivered in compliance with regulatory requirements and include information necessary for reimbursement for services, as noted above (See I. Policy Description). 4. Upon request, expeditiously provides session notes to the various departments of the NYC Health Department EIP and NYS DOH BEI. 5. Upon request, provides session notes and service logs to parents within: <ol style="list-style-type: none"> a. Ten (10) business days upon receipt of request; and b. Five (5) business days when requested as part of a mediation or impartial hearing.
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Approved By:

Assistant Commissioner, Early Intervention



Date: 8/1/2024



NEW YORK CITY EARLY INTERVENTION PROGRAM SERVICE LOG

Instructions: A service log signed by the parent or caregiver which documents that the service was received by the child on the date and time recorded must be completed after each session. (10 NYCRR 69-4.26(c)). All fields are required. Each field must be completed and must match the appropriate fields on accompanying session notes. Typed signatures are not acceptable. Session notes and service logs must be maintained by interventionists and collected by service provider agencies to support billing. Session notes and service logs must be furnished for program monitoring, fiscal audits, and due process proceedings. Refer to the [New York City Policy and Procedure Manual Policy 6-K](#)

Child's Name:	Date of Birth:	Child's EI#:
Service Type:	Service Authorization (one SA per page)#:	
Interventionist Name:	Discipline:	NPI #:
Provider Agency Name:		

Date of Service	Start Time	End Time	In-person (I) OR Telehealth (T)	CPT Code	Signature of Parent/Caregiver Verifying that the Service was Delivered on the Date and Time Indicated	Date Signed by Parent/Caregiver
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				

Session Notes (Home/Facility)



NYC Early Intervention Program Session (Home/Facility) - Version 1

Child's Name:	DOB:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	EI #:
Interventionist's Name:	Credentials:	National Provider ID #:			Service Type:
Session Date: ____ / ____ / ____ IFSP Service Location: _____			Session Date: ____ / ____ / ____ IFSP Service Location: _____		
Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Intensity: _____ Session delivered: <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth			Intensity: _____ Session delivered: <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth		
Date Note Written: ____ / ____ / ____ ICD-10 code: _____			Date Note Written: ____ / ____ / ____ ICD-10 code: _____		
HCPCS Code (if applicable): _____ 1st CPT Code: _____			HCPCS Code (if applicable): _____ 1st CPT Code: _____		
2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____			2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		
<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____ / ____ / ____			<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____ / ____ / ____		
<input type="checkbox"/> This is a make-up for a missed session on ____ / ____ / ____ . (must be within 2 weeks)			<input type="checkbox"/> This is a make-up for a missed session on ____ / ____ / ____ . (must be within 2 weeks)		
Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____			Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____		
1. IFSP Outcome(s) and developmental step(s) addressed during this session:			1. IFSP Outcome(s) and developmental step(s) addressed during this session:		
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include parent/caregiver feedback on how they incorporated the strategies between sessions.			2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include parent/caregiver feedback on how they incorporated the strategies between sessions.		
3. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other: _____			3. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other: _____		
4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?			4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?		
Parent/Caregiver Signature: _____ Date: ____ / ____ / ____			Parent/Caregiver Signature: _____ Date: ____ / ____ / ____		
Relationship to child: _____			Relationship to child: _____		
Interventionist Signature: _____ Date: ____ / ____ / ____			Interventionist Signature: _____ Date: ____ / ____ / ____		
License/Certification #: _____			License/Certification #: _____		
Supervising Clinician (if applicable): _____ Date: ____ / ____ / ____			Supervising Clinician (if applicable): _____ Date: ____ / ____ / ____		
License/Certification #: _____			License/Certification #: _____		



NYC Early Intervention Program Session Note (Home/Facility) - Version 2

Child's Name: _____	DOB: ____ / ____ / ____	Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
EI #: _____		
Interventionist's Name: _____		Credentials: _____
National Provider ID #: _____		Service Type: _____
Session Date: ____ / ____ / ____		IFSP Service Location: _____
Date Note Written: ____ / ____ / ____		Session Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM.
Intensity:		Session delivered: <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth
ICD-10 code: _____ HCPCS Code (if applicable): _____		
1st CPT Code: _____ 2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		
<input type="checkbox"/> Session cancelled – List reason in #1. Session must be made up by: ____ / ____ / ____		
<input type="checkbox"/> This is a make-up for a missed session on ____ / ____ / _____. (must be within 2 weeks)		
Session participants (Check all that apply): <input type="checkbox"/> Child <input type="checkbox"/> Parent/caregiver <input type="checkbox"/> Other(s) specify: _____		
1. IFSP Outcome(s) and developmental step(s) addressed during this session: 		
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include the parent/caregiver feedback on how they incorporated the strategies between sessions. 		
3. How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity; feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other: 		
4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits? 		
Parent/Caregiver Signature: _____		Date: ____ / ____ / ____
Relationship to child: _____		
Interventionist Signature: _____		Date: ____ / ____ / ____
License/Certification #: _____		Title: _____
Supervising Clinician Signature (if applicable): _____		Date: ____ / ____ / ____
License/Certification #: _____		Title: _____

Parent/caregiver must sign both the Session Note and the Service Log after each service session. All session notes and service logs must be maintained for billing and audit purposes.



NYC EARLY INTERVENTION PROGRAM
SESSION NOTES
INSTRUCTIONS FOR COMPLETION

GENERAL INSTRUCTIONS

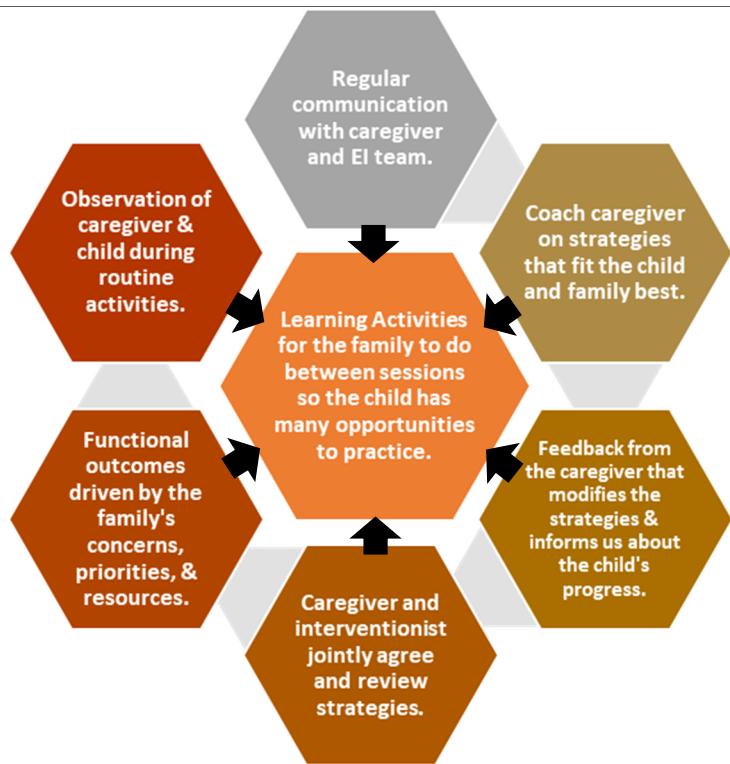
The interventionist must complete this form for each session conducted. They must also document whenever a session is cancelled and the reason for the cancellation on the form. The family should receive a copy of the session note as close as possible to the completed session. A copy must also be submitted to the interventionist's provider agency for billing purposes. **All Session Note fields are mandatory.** A provider may add additional fields or pages to the form if necessary. Refer to the [Session Note Policy](#).

DEMOGRAPHIC/AUTHORIZATION INFORMATION

Child's Name:	Information must be the same as in the NYS DOH BEI Data System EI Hub (do not use nickname).
DOB:	Enter child's date of birth.
Sex:	Enter the child's sex assigned at birth (Male or Female)
EI #:	The EI # as it appears in EI Hub
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Interventionist's discipline/credentials; e.g., speech language pathologist (MS, CCC/SLP); special educator (MS Ed.); or physical therapist (Dr.PT.), etc.
National Provider ID #:	Write the National Provider ID (NPI) #. [See NY State regulations from June 2010.]
Service Type:	IFSP authorized service delivered by the interventionist, e.g., Speech Therapy, Physical Therapy, Occupational Therapy, Special Instruction, etc.
Session Date:	Date session was held.
IFSP Service Location:	<p>Provide the IFSP service location used for this session. This is the location where the IFSP indicates the service is to be provided. IFSP locations include the home, in a community location (e.g., child care program), or in a facility.</p> <p>Home and community-based individual/collateral sessions are the provision by appropriate qualified personnel of EI services to an eligible child and/or collateral services provided in the context of the parent/child dyad to help the child reach their outcomes, as articulated in the IFSP.</p> <ul style="list-style-type: none">• Home/Community services take place at the child's home or other natural settings in which children under three are typically found (including child care centers, other than those located at the same premises as the EI provider, and family child care homes). [NYS DOH BEI regulations Section 69-4.30] <p>Note: The natural environment plays an important role in Early Intervention Part C services. These include the settings (e.g., home, grocery store, playground, library, places of worship, child care, etc.); the materials that are typically found and used in the child's environment and routines (e.g., child's toys, books, bowls, family songs and games); the people with whom the child interacts on a consistent, regular basis during their routine activities (e.g., parents, siblings, relatives, child care teacher); and their usual family routine activities (e.g., meal times, bath times, dressing, travel, celebrating holidays). By considering all these components of the natural environment, interventionists can enhance their provision of culturally respectful and family-centered EI services.</p> <ul style="list-style-type: none">• For services provided in child care programs, EI services should be provided to the EI child <i>within the child care group</i> (with the other typically developing children) during routine activities. This makes child care a natural environment.• When the EI child is pulled out to another room or segregated to a corner of a room away from their child care group during the EI sessions, the EI session is <i>no longer</i> being provided in the natural environment.• When services are not provided in the natural environment, such as when provided in a center-based program, the reasons why are required to be documented in the IFSP.
Date Note Written:	Date that the interventionist completes the note. It is expected that notes are written contemporaneously or as close as possible to the session.
Time:	Exact duration of session. From begin time to end time . AM/PM must be indicated in order to support billing.
Intensity:	Indicate if this session was provided as a home/community or individual-facility session as authorized in the IFSP. Use the NYC EI Group Session Note for group, parent-child, and family-support group services.

<p>How was this session delivered?</p> <p>In-person or Telehealth?</p>	<p>Check whether this session was provided in-person or via telehealth.</p> <p>Note: The parent must sign the <u>New York State Early Intervention Program Consent for the Use of Telehealth</u> for each service type before any remote (or hybrid) services (including service coordination) may begin.</p> <ul style="list-style-type: none"> • EI services rendered via telehealth must include both simultaneous audio and visual components for the entire duration of the authorized session for both the provider and the family. If this is not possible, the session must be provided in person. • The expectation post-COVID is that most early intervention services will be delivered in-person. However, telehealth remains an option for providing EI services with parent consent and in accordance with the IFSP. <u>NYS DOH Early Intervention Program Guidance Document (December 2023)</u> <p>IFSP service authorizations may include telehealth hybrid services, in which some sessions are provided in person (e.g., first session, once a month, twice a month) and some sessions are provided remotely.</p> <p>Telehealth can also be provided on a temporary basis when it is documented in the child's IFSP that in-person services are currently being sought, telehealth is necessary to prevent gaps in services, and the parent consents.</p>
ICD-10 Code:	The relevant ICD-10 code as indicated on the child's evaluation.
HCPCS Code (if applicable):	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (for example, Special Educator).
CPT Code(s):	<p>Enter the CPT code(s) as indicated by the interventionist's professional association.</p> <ul style="list-style-type: none"> • Depending on the CPT code, a session may require more than one code. For example, if the same service was provided for a 30-minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	<p>When a session is cancelled:</p> <ol style="list-style-type: none"> 1. Indicate that the session was cancelled and document the reason under question #1. 2. The missed session must be made up before: Write the date that is 2 weeks from the missed session. The make-up session should occur on or prior to this date. 3. This is a make-up session for: If this session is a make-up session, check this box and indicate the date of the missed session. <p>Note: Refer to the <u>Make-Up Policy</u></p>
Session Participants (check all)	Check the box(es) that indicates the session's participants, including the child, parent/caregiver, or other. Specify who the other participants are: (e.g., foster parent, siblings, child care teacher, other children in child care).
<p>1. IFSP Outcome(s) and developmental step(s) addressed during this session:</p>	<p>Document the IFSP outcome(s) and developmental step(s) that was worked on in this session with the child and parent/caregiver. List each outcome by number and each developmental step by number and letter.</p> <ul style="list-style-type: none"> • Interventionists should address each IFSP outcome and developmental step based on their <i>own</i> scope of practice proficiency, knowledge, experience, and expertise. • Whenever interventionists believe that they cannot address an IFSP outcome or developmental step, they should document this in Question #1 in the NYC EIP Progress Note with an explanation. <p>Note: Ongoing discussions with the parents about their current concerns, priorities and resources will help guide the IFSP outcome or developmental step that will be worked on during the session and promote collaboration with families. Joint planning is an evidence-based component of coaching and method for working with families.</p>
<p>2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the <u>routine activity</u> and the <u>strategies</u> used in the session. When available, include</p>	<p>Document what happened during this session, and the progress the child has made during this session (e.g., generalization to other routines, ease of doing the learning activity, obstacles encountered).</p> <ul style="list-style-type: none"> • If this is the first session, document the observations and assessment of the child's developmental status and functioning. Describe strengths and areas that need support.

<p>parent/caregiver feedback on how they incorporated the strategies between sessions.</p>	<p>The routine activity that was covered during this session must be included. The session note must include documentation that services are being delivered within the context of the family's natural routines and are functional for the child.</p> <ul style="list-style-type: none"> • The routines must be specific to the family's cultural and social environment and be a concern and priority for them. • The routine activities should include but are not limited to those listed in the outcomes in the IFSP. • It is expected that a range of family routines be documented when appropriate. Routines should not be limited to only "play routines". <p>When describing what happened during the session, provide the strategies that were used during the session. For example, what strategies were used to support the child's functioning, the child's response to the strategy, the child's engagement, or any modification in strategies to enhance the child's progress. Examples include:</p> <ul style="list-style-type: none"> • Modeling; • Verbal cues only; • Gesture with verbal cues; • Physical prompts; • Hand-over-hand; • Modification of the social or the physical environment; • Positioning; • Adaptation of materials; • Generalization of skills across routines; and • Use of Assistive Technology <p>When available, include the parent/caregiver's feedback about how they incorporated the strategies, and how well they worked and did not work between sessions.</p> <ul style="list-style-type: none"> • When parents/caregivers share that a strategy did not work, the interventionist should work with the parent/caregiver and the child on a strategy that may work and fit the child and family better. This modification in strategy should be documented in Question 4 of this session note. <p>Note: Interventionists should work collaboratively with the family to seek opportunities to adapt learning experiences and strategies to reflect the individual characteristics of the child and family, and to identify and implement, as appropriate, strategies that enhance and promote the child's participation in natural learning opportunities across both child and family routines and community settings (NYS DOH Provider Agreement XII C4).</p>
<p>Early Intervention is a developmental program and not a medical or rehabilitative one. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts (relationship-based learning). They need lots of practice to achieve developmental skills. Children practice throughout the day in addition to during their EI sessions. To give children many opportunities to practice within meaningful contexts, such as their everyday routine activities, it is important to help parents/guardians/caregivers learn new ways to support their child's learning and development. This is one of the main family outcomes for every EI program (ECTA). Therefore, interventionists should engage, partner and coach caregivers to enhance their confidence and competence to support their child's development. Research in early intervention and in early childhood brain development shows that parents and caregivers play an integral role in the success of EI services. Therefore, the parent/guardian/caregiver should participate in sessions whether they are in-person or via telehealth. <u>Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice – Part C Settings</u>. When working and communicating with the parent/caregiver and child, interventionist should consider the evidence-based family-centered information in the diagram below. See the <u>NYS DOH BEI Competency Areas for Evidence-based Evaluations and Services in the NY Early Intervention Program</u>.</p>	



<p>3. How did you work with the parent/caregiver during the session? Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observed parent/caregiver and child during routines <input type="checkbox"/> Parent/caregiver tried activity; feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool with parent/caregiver <input type="checkbox"/> Other: 	<p>Check off <u>all</u> techniques used during the session with the parent/guardian/caregiver. These are usually the adults or family members that the parents identified in the IFSP who will participate in EI sessions. For example, if the child is receiving services in child care, the child care teacher is considered the caregiver. If a technique was used that is not listed, please check “other” and describe the technique(s).</p> <p>Some techniques that can be utilized with the parent/caregiver include but are not limited to:</p> <ul style="list-style-type: none"> • Observed parent/caregiver and child performing activities; • Parent/caregiver tried activity and feedback was exchanged; • Reviewed communication tool with parent/caregiver; • Discussed activity with parent/caregiver; • Assisted parent/caregiver; • Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method; • Demonstrated parent/caregiver-child activity while describing and explaining what was happening; • Modeled and explained a strategy and provided feedback as parent/caregiver tried the activity with the child; • Videotaped learning activity and reviewed with parent/caregiver; • Observed parent/caregiver and child performing activities, with both parent/caregiver and interventionist providing feedback during the session; • Identified the methods and sequence of an activity for the parent/caregiver; and • Generalized the strategy to other routines with the parent/caregiver. <p>When the parent/caregiver did not participate in the session, check off “Other” and then explain why. Describe how you tried to include them in the session. While the presence of the caregiver may be distracting for the child at the beginning, it becomes more routine for the child as the caregiver continues to be part of the sessions. Therefore, parents/guardians/caregivers should <i>never</i> be removed from participating in sessions because they are too distracting for their child.</p>
<p>4. What strategies/activities did you and the parent/caregiver collaboratively agree to do</p>	<p>Infants and toddlers need lots of practice to achieve progress, and children with developmental delays need even more practice. More practice is not to be confused with more therapy or service, because all children learn and practice everywhere and anytime during their daily family routines. The primary role of the interventionist is to work</p>

<p>to support their child's learning and development between visits?</p>	<p>with, coach and support the family members and caregivers in a child's life. This is why natural environments are important and why the Early Intervention Program is family-centered.</p> <p>Outline the strategies/activities that the caregiver (e.g., parent, babysitter, child care staff) has agreed to do until the next visit. Indicate here if the parent/caregiver did not agree to work on a strategy/activity; include the reason (if given).</p> <p>During each visit, the interventionist and the parent/caregiver can determine and collaborate together on which learning activities:</p> <ul style="list-style-type: none"> • Will be integrated into the child and family's natural routines, based on family's comfort level • Will be used to build upon the child and family's strengths and competencies • Can be used by the family without the presence of the interventionist <p>Include the following information, if applicable:</p> <ul style="list-style-type: none"> • If the child is authorized for an AT device, describe how the family will use the device as part of the child's daily routine. • Support the generalization of the child's new skills and abilities. Describe the framework of the strategies and whether they may be used in other natural routines when the child and family feel they have been successful. • Include recommendations made by other interventionists working with the parent/caregiver and child whenever possible. EI team collaboration and communication is professional and considered best practice.
<p>Parent/Caregiver Signature and Date Relationship to the Child:</p>	<p>The parent or caregiver (the adult person responsible for the child during the session) must sign and dates the session note. The relationship to the child must be documented. For example, the mother or father and the caregiver may be the child care teacher, the baby sitter, grandmother, or the guardian.</p> <p>The parent or caregiver must also sign and date the service log for this session.</p> <p>Together, the session note and the service log, signed by the qualified personnel and parent/caregiver, would fulfill the requirements of documentation for billing and claiming of the early intervention service visit.</p> <p>Session notes:</p> <ul style="list-style-type: none"> • If the interventionist is an employee, the agency employer must maintain the original session notes. • If the interventionist is an independent provider, they must maintain the original session note for each session and submit copies to their EI provider agency. • Agencies must provide session notes and service logs when requested for billing and audit purposes. <p>10 NYCRR section 69-4.26(c) requires that providers maintain original signed and dated session notes and service logs.</p>
<p>Interventionist signature, credentials, date and license/certification number, and title</p>	<p>The interventionist signs the session note and adds their credentials. If certified, write "certified". Include the date signed. The date must be consistent with the date that the session note was created.</p>
<p>Supervising Clinician signature, credentials, date and license/certification number and title</p>	<p>For sessions provided by CFYs, OTAs, PTAs, and anyone working under a plan of supervision, the signature and license/certification of their supervisor must be included. Date of the signature must be within 45 days of the session.</p>
<p>Resources:</p> <p>The Family Activity Sheet is available to help support the parent/caregiver in implementing the learning activities until the next session. It is also available on the NYC EIP Early Intervention: Information for Families webpage under the section titled "Services Delivered During Daily Routines." The Family Activity Sheet is a <u>voluntary</u> tool that can be used to document the strategies that the family plans to use during targeted daily routines. The type of tool that the parent/caregiver decides to use is individual to the family. They may decide to use either the Family Activity Sheet, or a communication notebook, or a calendar or even a combination of these tools. They may also use different tools at different times or decide not to use any communication tool.</p>	

For more information regarding family-centered best practices, the parent-child dyad, and functional outcomes, please review the *New York State Department of Health Bureau of Early Intervention Companion Document for the Competency Areas for Evidence-Based Evaluations and Services in New York Early Intervention Program*.

To learn more about the policies and procedures of the New York City Early Intervention Program, please check out the *New York City Early Intervention Information for Providers* webpage; the *NYC Early Intervention: Provider Policies, Procedures, and Forms* webpage; and the *NYC Early Intervention: Professional Development and Trainings* webpage.

For more information regarding Telehealth services (e.g., service logs) in the New York State Early Intervention Program, please see the Telehealth Guidance, Consent for Telehealth services, and related FAQs in the *NYS DOH BEI Guidance and Memoranda* webpage.

Session Notes (Group)

NYC Early Intervention Program Group Session Note – Version 1

Child's Name:	DOB:	/ /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	EI #:
Interventionist's Name: _____ Credentials: _____ National Provider ID #: _____				
Service Type: <input type="checkbox"/> Group EI Service <input type="checkbox"/> Parent-Child Group <input type="checkbox"/> Family Support Group Address of Service Location: _____				
Session Date: ____ / ____ / ____ IFSP Service Location: _____		Session Date: ____ / ____ / ____ IFSP Service Location: _____		
Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
Intensity: Group Duration (Check one) <input type="checkbox"/> 60 min <input type="checkbox"/> 90 min <input type="checkbox"/> 120 min		Intensity: Group Duration (Check one) <input type="checkbox"/> 60 min <input type="checkbox"/> 90 min <input type="checkbox"/> 120 min		
Number of children present during session:				
Date Note Written: ____ / ____ / ____ ICD-10 code: _____		Date Note Written: ____ / ____ / ____ ICD-10 code: _____		
HCPCS Code (if applicable): _____ 1st CPT Code: _____		HCPCS Code (if applicable): _____ 1st CPT Code: _____		
2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		2nd CPT Code: _____ 3rd CPT Code: _____ 4th CPT Code: _____		
<input type="checkbox"/> Session cancelled - reason listed in #1. Session must be made up by: ____ / ____ / ____				
<input type="checkbox"/> This is a make-up for a missed session on ____ / ____ / ____ . (must be within 2 weeks)				
Session Participants: <input type="checkbox"/> child <input type="checkbox"/> parent/caregiver <input type="checkbox"/> Other: _____				
<input type="checkbox"/> 1-to-1 Aide (print name): _____				
1. FSP Outcome(s) and developmental step(s) addressed during this session:				
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child's progress between sessions.				
3. Parent-Child/Family Support Groups: How did you work with the parent/caregiver? <input type="checkbox"/> Observed parent/caregiver & child <input type="checkbox"/> Parent/caregiver tried activity & feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool <input type="checkbox"/> Other: _____				
4. If authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors.				
Parent/Caregiver Signature: _____ Date: ____ / ____ / ____		Parent/Caregiver Signature: _____ Date: ____ / ____ / ____		
Relationship to child: _____				
Interventionist Signature: _____ Date: ____ / ____ / ____		Interventionist Signature: _____ Date: ____ / ____ / ____		
License/Certification #: _____				
Supervising Clinician (if applicable): _____ Date: ____ / ____ / ____		Supervising Clinician (if applicable): _____ Date: ____ / ____ / ____		
License/Certification #: _____				

Child's Name: _____	DOB: ____/____/____	Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
EI #: _____		
Interventionist's Name: _____	Credentials: _____	
National Provider ID#: _____		
Service Type: <input type="checkbox"/> Group EI Service <input type="checkbox"/> Parent-Child Group <input type="checkbox"/> Family Support Group		
Session Date: ____/____/____ IFSP Service Location: <input type="checkbox"/> Center-based Program <input type="checkbox"/> Other EI approved site _____		
Address of Service Location: _____		
Date Note Written: ____/____/____ Session Time: From _____ <input type="checkbox"/> AM <input type="checkbox"/> PM To _____ <input type="checkbox"/> AM <input type="checkbox"/> PM.		
Intensity: Group Duration (Check one) <input type="checkbox"/> 60 min <input type="checkbox"/> 90 min <input type="checkbox"/> 120 min Number of children present during session: _____		
ICD-10 code: _____ HCPCS Code (if applicable): _____		
1st CPT Code: _____	2nd CPT Code: _____	3rd CPT Code: _____
4th CPT Code: _____		
<input type="checkbox"/> Session cancelled – List reason in #1. Session must be made up by: ____/____/____		
<input type="checkbox"/> This is a make-up for a missed session on ____/____/____. (must be within 2 weeks)		
Session participants (Check all that apply): <input type="checkbox"/> Child <input type="checkbox"/> Parent/caregiver <input type="checkbox"/> Other(s): _____		
<input type="checkbox"/> 1-to-1 Aide (print name): _____		
<p>1. IFSP Outcome(s) and developmental step(s) addressed during this session:</p> 		
<p>2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child's progress between sessions.</p> 		
<p>3. Parent-Child Groups and Family Support Groups: How did you work with the parent/caregiver? Check all that apply:</p> <input type="checkbox"/> Observed parent/caregiver & child <input type="checkbox"/> Parent/caregiver tried activity & feedback exchanged <input type="checkbox"/> Demonstrated activity to parent/caregiver <input type="checkbox"/> Reviewed communication tool <input type="checkbox"/> Other: _____		
<p>4. If a 1-to-1 aide is authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors, attention, responsiveness, socialization and/or generalization.</p> 		
Parent/Caregiver Signature: _____ Date: ____/____/____		
Relationship to child: _____		
Interventionist Signature: _____ Date: ____/____/____		
License/Certification #: _____ Title: _____		
Supervising Clinician Signature (if applicable): _____ Date: ____/____/____		
License/Certification #: _____ Title: _____		

Parent/caregiver must sign both the Session Note and the Service Log after each service session. All session notes and service logs must be maintained for billing and audit purposes.



Health

**NYC EARLY INTERVENTION PROGRAM
GROUP SESSION NOTES
INSTRUCTIONS FOR COMPLETION**

The interventionist must complete this form for each session completed; in addition, they must document whenever a session is cancelled and the reason for the cancellation on this form. Upon request, families should receive a copy of the session note as close as possible to the completed session. A copy of the session note and service log must also be submitted to the interventionist's provider agency for billing purposes **All Group Session Note fields are mandatory**. A provider may add additional fields to the form if necessary. **Refer to the Session Note and Service Log Policy**

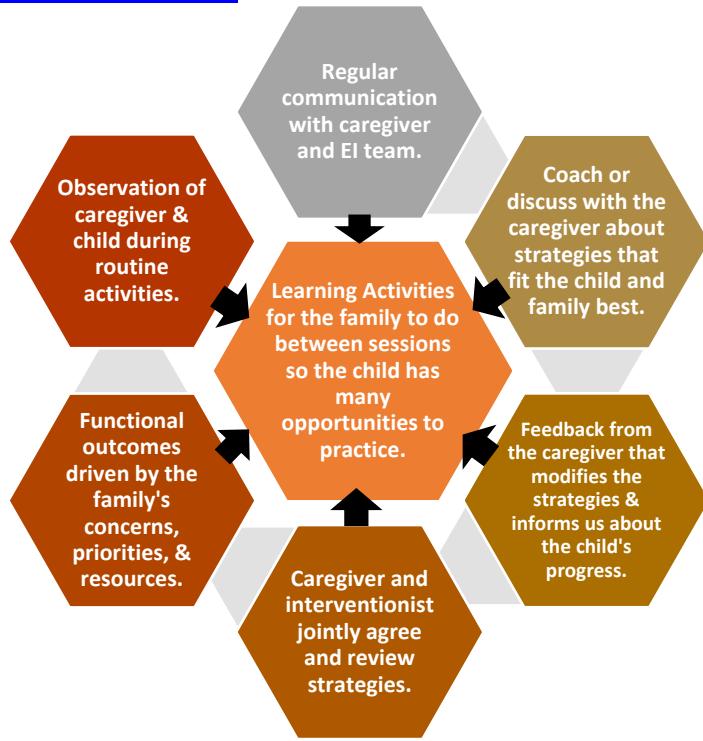
DEMOGRAPHIC/AUTHORIZATION INFORMATION

Model: “Group EI services” mean the provision of physical therapy, occupational therapy, speech-language pathology applied behavioral analysis, or special instruction services by appropriate qualified personnel to eligible children in a group consisting of two to ten children. <i>NYS DOH BEI Regulations Sections 69-4.1; 4.10; 4.30</i> <i>NYS DOH Bureau of Early Intervention Frequently Asked Questions and Answers – Group Early Intervention Services</i>	Group Service Models: <ul style="list-style-type: none">• Group intervention services: The provision of EI services by qualified personnel to a group of eligible children at an approved EI provider’s site or in a community-based site. Such provider site’s site or community-based site must be identified in the provider’s initial or amended application and documented in the provider’s current Department approval.<ul style="list-style-type: none">○ In New York City, group early intervention services must be held at a site with a permit issued by the New York City Bureau of Child Care.• Parent-child group: A group composed of parents or caregivers, children, and a minimum of one appropriate qualified provider of EI services at an EI provider’s site or a community-based site (e.g., childcare center, family day care centers). A parent-child group must:<ul style="list-style-type: none">○ Have in attendance a minimum of two families participating in the parent-child group to constitute a group (e.g., two EI Program eligible parent-child dyads participating).○ Be composed of, at a minimum, one appropriate professional qualified to provide EI services, in addition to the parent or other designated caregiver attending with each child and the eligible children.○ Be delivered in accordance with the Individualized Family Service Plan (IFSP).• Family/caregiver support group: The provision of EI services to a group of parents, caregivers and/or siblings of eligible children for the purpose of:<ul style="list-style-type: none">○ Enhancing their capacity to care for and/or enhance the development of the eligible child and/or○ Providing support, education, and guidance to such individuals relative to the child’s unique developmental needs.○ The number of participants must be at least two parents, caregivers and/or siblings participating in the family/caregiver group.• Groups must consist of children with similar IFSP outcomes and include appropriate therapeutic approaches.• Children participating in a group EI service may not also receive individual services (including push-in/pull-out services) while the group is in session.• A session note and a service log must be written for each child as an individual, not for the group as a whole.
Child’s Name:	Information must be the same as in EI-Hub (no nicknames).
DOB:	Enter child’s date of birth.
Sex:	Enter child’s sex assigned at birth (MALE or FEMALE).
EI #:	The EI number as it appears in the EI Hub.
Interventionist Name:	Print the name of the interventionist who is completing this form.
Credentials:	Enter the interventionist’s discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SLP), special educator (MS Ed.).
National Provider ID (NPI):	Write the interventionist’s National Provider ID (NPI) number.
Service Type:	Select the IFSP authorized service delivered by the interventionist. The IFSP authorized service type is “group: for group EI service or parent-child group; service type is “family support” for family support group.
Session Date	Date session was held (or date scheduled and cancelled, if applicable).
IFSP Service Location:	Indicate if the location was a center-based program or another EI-approved site. If another EI-approved site is selected, specify the type of site. Location must be the same as the location on the child’s IFSP.
Address of Service Location:	The address of the location where the IFSP indicates that the service is to be provided. IFSP locations for group EI services may include a center-based program or other EI-approved sites.

	<ul style="list-style-type: none"> Section 69-4.10 provides that parent-child groups may be held at an Early Intervention provider site or community-based site such as a childcare center, family care center, or other community sites. Group early intervention services may occur at an approved EI provider's site or in a community-based site. In New York City, group early intervention services must be held at a site with a permit issued by the New York City Bureau of Child Care. Parent-child groups or family support groups may also be provided in community-based locations such as libraries, places of worship, or at community centers. The site must be identified in the provider's initial or amended application and be documented in the provider's current Department approval.
Date Note Written:	Date that the interventionist completes the note. It is expected that notes are written contemporaneously or as close as possible to the session.
Session Time:	Exact start time and end time of the session. AM/PM must be indicated.
Intensity: Group Duration:	Indicate whether the group was 60, 90, or 120 minutes as authorized by the IFSP.
Number of Children Present During the Session:	Indicate the number of children who participated in the group session on this date. A group early intervention service visit may include two to ten children. (10 NYCRR 69-4.30).
ICD-10 Code:	The relevant ICD-10 code as indicated on the child's evaluation.
HCPCS Code (if applicable):	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (e.g., Special Educator).
CPT Code(s):	<p>Enter the CPT code(s) as indicated by the interventionist's professional association.</p> <ul style="list-style-type: none"> Depending on the CPT code, a session may require more than one code. For example, if the same service was provided for a 30-minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).
Session Cancelled:	When a session is cancelled, check this box and document the reason under Question #1.
Session must be made up by:	If the session cancelled box is checked, write the date that is 2 weeks later than the missed session. The make-up session should occur on or before this date.
This is a make-up for a missed session on:	If this session is a make-up session, check this box and indicate the date of the missed session. Note: Refer to the Make-Up Policy.
Session Participants	<p>Check all the boxes that apply to the participants in the session.</p> <ul style="list-style-type: none"> Document others not listed (e.g., siblings, assistant). If the 1-to-1 aide for the child is one of the session participants, print the aide's name.
1. IFSP Outcome(s) and developmental step(s) addressed during this session:	<p>Document the IFSP outcome(s) and developmental step(s) that was worked on in this session with the child and parent/caregiver.</p> <ul style="list-style-type: none"> In EI-Hub, Functional Outcomes are referred to as IFSP Outcomes. In EI-Hub, Objectives are referred to as Developmental Steps. Interventionists should address each IFSP outcome and developmental step based on their own scope of practice proficiency, knowledge and experience. <p>Note: Ongoing discussions with the parents about their concerns, priorities and resources will help guide the IFSP outcomes or developmental steps that will be worked on during the sessions and promote collaboration with families.</p>
2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity covered in this session and the strategies used. When available include the parent/caregiver feedback based on your regular communication about the child's progress between sessions.	<p>Document what happened during this session and the progress the child has made during this session (e.g., generalization to other routines, ease of doing the learning activity, obstacles encountered).</p> <ul style="list-style-type: none"> If this is the first session, document the observations and assessment of the child's developmental status and functioning. Describe strengths and areas that need support. <p>Include the routine activity that was covered during this session, especially related to the IFSP outcome and developmental step. Group activities may include:</p> <ul style="list-style-type: none"> Activities of Daily Living (ADL) such as hygiene, dressing, food/eating routines Play/Socialization routines, and Community routines (document what these are). <p>When describing what happened during the session, provide examples such as the strategies that were used. Describe the child's response including behavior, engagement with the strategy, and any adaptation or modification in strategy, environment, sensory stimulation, etc. that was needed.</p>

	When available, include the parent/caregiver feedback based on your regular communication with the family regarding child's progress between sessions. Consistent communication between the parents and the EI team about services and the effective strategies used is required.
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When working and communicating with the parent/caregiver and child, interventionist should consider the evidence-based family-centered information in the diagram below. See the [NYS DOH BEI Competency Areas for Evidence-based Evaluations and Services in the NY Early Intervention Program](#).



<p>3. Parent-Child Groups and Family Support Groups: How did you work with the parent/caregiver?</p>	<p>Document this only for Parent-Child Groups and Family-Support-Groups.</p> <ul style="list-style-type: none"> • <u>NOTE:</u> Group sessions <i>without</i> parents/caregivers/family present do not have to respond and may write N/A for this question. • How did you work with the parent/caregiver? Check all that apply: <ul style="list-style-type: none"> ○ Observed parent/caregiver and child; ○ Parent/caregiver tried activity and feedback exchanged; ○ Demonstrated activity to parent/caregiver; ○ Reviewed the communication tool with parent/caregiver; ○ Provided information and discussed strategies. • If “other” was checked, please list the technique you used with the parent/caregiver. Examples of other techniques include: <ul style="list-style-type: none"> ○ Discussed activity with parent/caregiver; ○ Gave the parent/caregiver a picture illustrating the way to position the child after demonstrating the method; ○ Demonstrated parent/caregiver-child activity while describing and explaining what was happening; ○ Modeled and explained a strategy and provided feedback as parent/caregiver tried the activity with the child; ○ Observed parent/caregiver and child performing activities, with both the parent/caregiver and the interventionist providing feedback during the session; ○ Identified the methods and sequence of an activity for the parent/caregiver; and ○ Generalized the strategy to other routines with the parent/caregiver.
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4. If a 1-to-1 aide is authorized, describe how the aide worked with the child to support progress toward the IFSP outcome(s). Include how the aide promoted the child's positive behaviors, attention, responsiveness, socialization and/or generalization.	<ul style="list-style-type: none"> If a 1-to-1 aide is authorized, remember to include the aide as one of the session's participants above and write in their name. Document how the aide worked with the child during this session to support the child's progress. Provide example(s) of what the 1-to-1 aide did during this group session that promoted the child's positive behaviors, attention, endurance, responsiveness, socialization with peers, and/or generalization of skills across different group activities. NOTE: If the child is not authorized a 1-to-1 aide, write N/A.
<p>Caregiver signature: Date: Relationship to child:</p>	<p>The parent or caregiver (the adult person responsible for the child during the session) must sign and date the session note. The relationship to the child must be documented. For example, the mother or father and the caregiver may be the baby sitter, grandmother, guardian, or the qualified EI personnel (see below).</p> <p>Group Services without Parent/Caregivers present:</p> <ul style="list-style-type: none"> The qualified EI personnel (e.g., special educator) who is responsible for the child during the delivery of service and who is leading the group meets the definition of "caregiver" in group services <u>without parents present</u>. Documentation for billing and claiming of an authorized group early intervention service visit, where the child attends without a parent or caregiver present, includes a session note completed and signed by the qualified personnel who led the group and a separate service log. The service log must be signed by a person responsible for the child during the delivery of the service, for example, the qualified personnel who led the group (e.g., special instructor, speech-language pathologist, etc.). Together, the session note and the service log, signed by the qualified personnel who led the group, would fulfill the requirements of documentation for billing and claiming of the group early intervention service visit. <p>Parent-Child and Family Support Groups: Early Intervention regulations state that there must be a session note and a service log signed to support billing and claiming for services.</p> <ul style="list-style-type: none"> When a group service in which the parent or caregiver is present is provided as authorized in a child's Individualized Family Service Plan, the parent or caregiver must sign the session note and service log. <p>Session notes:</p> <ul style="list-style-type: none"> If the interventionist is an employee, the agency employer must maintain the original session notes. If the interventionist is an independent provider, they must maintain the original session note for each session and submit copies to their EI provider agency. Agencies must provide session notes and service logs when requested for billing and audit purposes. 10 NYCRR section 69-4.26(c) requires that providers maintain original signed and dated session notes and service logs.
Interventionist signature, credentials, date and license/certification number, and title.	The interventionist signs the session note and adds their credentials. If certified, write "certified". Include the date signed. The date must be consistent with the date that the session note was created.
Supervising Clinician signature, credentials, date and license/certification number and title.	For sessions provided by CFYs, OTAs, PTAs, and anyone working under a plan of supervision, the signature and license/certification of their supervisor must be included. Date of the signature must be within 45 days of the session.

Resources:

A **Family Activity Sheet** is available to help support the parent/caregiver in the learning activities until the next session (it follows the session note in this chapter of the *NYC Policy and Procedure Manual* and is also available on the www.nyc.gov website).

The **Family Activity Sheet** is a voluntary tool that can be used to document the strategies that the family plans to use during targeted daily routines. The type of tool that the parent/caregiver decides to use is individual to the family. They may decide to use the Family Activity Sheet, a communication notebook, a calendar or a combination of these tools. They may also use different tools at different times.

For more information regarding family-centered best practices, the parent/child dyad, and functional outcomes, please review the New York State Department of Health Bureau of Early Intervention [Companion Document for the Competency Areas for Evidence-Based Evaluations and Services in New York Early Intervention Program](#).

To learn more about family-centered practices, **Group Developmental Intervention Services Standards**, and the NYS DOH BEI Frequently Asked Questions and Answers – Group Early Intervention Services, go to the New York State Early Intervention Program [Memoranda, Guidance and Clinical Practice Guidelines](#) webpage for this information and other resources.

To learn more about the policies and procedures of the New York City Early Intervention Program, please see the New York City Early Intervention [Information for Providers](#) webpage; the NYC [Early Intervention: Provider Policies, Procedures, and Forms](#) webpage; and the NYC [Early Intervention: Professional Development and Trainings](#) webpage.

For more information regarding Telehealth services (e.g., service logs) in the New York State Early Intervention Program, please see the Telehealth Guidance Document, consent for telehealth services, and the Telehealth FAQs on the [NYS DOH BEI Guidance and Memoranda](#) webpage.

New York City Early Intervention Program

Policy Title: Provider Progress Notes	Effective Date: 10/15/24
Policy Number: 6-L	Supersedes: Policy 6-L issued 5/03/13
Attachments: <ul style="list-style-type: none"> • Provider Progress Note w Instructions • Appendix B: IFSP Outcomes and Developmental Steps for IFSPs, Session and Progress Notes 	Regulation/Citation: NYCRR 69-4.9(g)(7); 69-4.26(a)(15); (b)(5)(10) NYC Provider Agreement Article IV Section 4.01 (a)(vii); Early Intervention Program Memorandum 2005-02

I. POLICY DESCRIPTION:

Early Intervention service providers are required to maintain progress notes, documenting the services being delivered and progress achieved by the child through provision of these services. Progress notes are a valuable source of information regarding the effectiveness of early intervention services and whether there is a need to modify the outcomes or services being provided to the child and family.

The IFSP must be reviewed at six-month intervals and evaluated annually to determine

- the degree to which progress is being made toward achieving outcomes in the IFSP;
- whether there is need to modify the IFSP to revise the services being provided or the outcomes to be anticipated; and
- whether a child's eligibility status may have changed.

Providers of Early Intervention services must maintain and make available to the municipality and the State Department of Health (SDOH), upon request, complete financial records and clinical documentation related to the provision of early intervention services including information and documentation necessary to support billing to third party payors (including the medical assistance program) and the State, to permit a full fiscal audit by appropriate State and municipal authorities (NYCRR 69-4.9(g)(6)).

Records must be maintained in accordance with NYCRR 69-4.17(a) that document the performance of activities required to be completed by the provider on behalf of an eligible child and the child's family.

Progress notes summarizing the effectiveness of the service and progress being made toward IFSP outcomes/developmental steps must be prepared by all early intervention providers for six (6)-month and annual (12-month) IFSP meetings. Progress Notes must be submitted at least two (2) weeks prior to each IFSP review meeting. An amendment progress note is a required component of IFSP amendment requests and must be submitted as part of each justification package.

Note: Instructions related to EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
NYCEIP Interventionist	<ol style="list-style-type: none"> 1. Completes progress notes semi-annually (every six (6) and twelve (12) months) after the child's initial IFSP. <ol style="list-style-type: none"> a. Uses the NYC Provider Progress Note form located in Chapter 6 of the <i>NYC Policy and Procedure Manual</i>. b. The Provider Progress Note must be completed in its entirety according to the provided Progress Notes Instructions for Completion. c. If a service provider is providing more than one service type (e.g., speech therapy and family training), a separate Provider Progress Note must be written for each service type. 2. Reviews the progress note with the parent/caregiver and obtains the parent's signature prior to submission. <ol style="list-style-type: none"> a. This includes reviewing the child's progress on each IFSP outcome. When a new or modified IFSP outcome or developmental step is being recommended for the new IFSP service authorization period, the interventionist should review these with the parent and consider their feedback and concerns and priorities. b. Submission should not be delayed pending parental signature. c. If the signature has not been obtained, an explanation should be attached to the note. 3. Provides the parent with a copy of every Provider Progress Note semi-annually, upon completion. 4. Submits the Provider Progress Note to the ongoing service coordinator semi-annually (every six (6) and twelve (12) months), at least two weeks prior to an IFSP review and annual meeting. Refer to the IFSP Review and Annual Meetings Policy. 5. Submits an amendment progress note as a required component of an IFSP amendment request. Refer to the Amendment Policy. <p>Note:</p> <ul style="list-style-type: none"> • If an interventionist drops a case for any reason, a Provider Progress Note must be completed if it is due 30 days or less from the last date that they delivered services to the child and family.
Service Provider Agency	<ol style="list-style-type: none"> 1. Reviews Provider Progress Notes for completion according to the Progress Notes Instructions for Completion provided in the <i>NYC EIP Policy and Procedure Manual</i>. 2. Ensures that Provider Progress Notes are reviewed with parents and copies of the notes are provided semi-annually to the parent. 3. Ensures Provider Progress Notes are submitted to the Ongoing Service Coordinator semi-annually (every six (6) and twelve (12) months), at least two weeks prior to IFSP review and annual meetings. Refer to the IFSP Review and Annual Meetings Policy.

	<p>4. Ensures that an amendment Provider Progress Note is submitted as a required component of an IFSP amendment request as part of a justification package. Refer to the Amendment Policy.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Note:</p> <ul style="list-style-type: none"> Rendering providers/service provider agency staff cannot attach documents to IFSP drafts in the EI-Hub. All progress notes and other documents must be submitted to the assigned service coordinator. </div> <p>5. Upon request, expeditiously provides Provider Progress Notes to the various departments of the NYC Bureau of Early Intervention.</p> <p>6. Provides copies of Provider Progress Notes to the parent within ten (10) business days of request, and/or within five (5) business days if request is part of a mediation or impartial hearing.</p> <p>7. Maintains Provider Progress Notes in the child's agency case file.</p>
Ongoing Service Coordinator	<p>1. Collects and receives Provider Progress Notes, at least two weeks prior to the IFSP review and annual meetings (every six (6) and twelve (12) months) after the child's initial IFSP.</p> <p>2. Documents all attempts to obtain Provider Progress Notes in service coordination notes.</p> <p>3. Provides follow-up to ensure that the parent has received and understands the content of the Provider Progress Notes before each IFSP meeting.</p> <p>4. Submits the Provider Progress Notes received from the child's service provider(s) for each service type on the child's IFSP at least two weeks prior to IFSP review and annual meetings (every six (6) and twelve (12) months).</p> <p>5. Submits Provider Progress Notes to prepare for IFSP review and annual meeting to support outcome or service modifications.</p> <p>a. Follows the steps outlined in the IFSP Review and Annual Meetings Policy to attach each Provider Progress Note <i>to the child's draft IFSP in the EI-Hub</i>:</p> <p>i. If there are no changes to the IFSP service authorizations, attaches each Provider Progress Note to the <i>Copy IFSP in the EI-Hub</i>.</p> <ul style="list-style-type: none"> <i>Progress notes are attached in the IFSP Parent Agreement panel of the child's copied draft IFSP.</i> <i>Names each note as follows: Progress Note (child ID number) (service type) (date).</i> <p>ii. If there are proposed changes to the IFSP service authorizations, attaches each Provider Progress Note <i>to the new review or annual IFSP created by the OSC in the EI-Hub</i>.</p> <ul style="list-style-type: none"> <i>Progress notes are attached in the IFSP Parent Agreement panel of the child's draft IFSP.</i>

	<ul style="list-style-type: none"> Names each note as follows: Progress Note (child ID number) (service type) (date). <p>Note:</p> <ul style="list-style-type: none"> Progress Notes are not required for authorizations of supplemental evaluations, ongoing service coordination, and transportation service authorizations on a child's IFSP. The EI-Hub has limited attachment functions. Once an IFSP is finalized, no documents can be attached to that IFSP. Therefore, service coordinators are responsible for collecting progress notes and other relevant documents and attaching them to the draft IFSP in preparation for the child's next IFSP meeting. Because service provider agency staff cannot attach documents to IFSP drafts, service coordinators MUST collect all progress notes to submit them to the Regional Office.
EIOD	<ol style="list-style-type: none"> Reviews Provider Progress Notes as part of IFSP review process. Requests that the Ongoing Service Coordinator obtain and/or submit missing Provider Progress Notes by attaching them to the child's <i>draft IFSP in the EI-Hub</i>, if applicable. Requests assistance from the Provider Oversight Unit in obtaining Provider Progress Notes that are not submitted. <ol style="list-style-type: none"> Changes in services will not be considered for authorization if sufficient information, (e.g., progress notes for the particular service type, additional evaluations, etc.) noting current child status, is not available prior to the meeting. <ol style="list-style-type: none"> Informs the IFSP Team and parent of the reason for not authorizing change(s). Provides Written Notice to the parent at the IFSP documenting the reason for not authorizing any change. <p>Note:</p> <ul style="list-style-type: none"> Missing Progress Notes will not prevent convening an IFSP review meeting.
Provider Oversight Unit	Assists Regional Office, as needed, in obtaining Provider Progress Notes that have not been submitted.

Approved By:
Assistant Commissioner, Early Intervention



Date: 8/28/2024



Complete progress reports and review with the parent. Submit the completed report to the service coordinator **no less than 2 weeks prior to the 6-month or Annual review. The 6-month and 12-month progress notes are mandatory. Submission of the amendment progress note is required as part of the justification whenever an amendment to a current IFSP is being requested.** All questions must be answered. Illegible handwritten reports will be returned. Use additional pages if needed. Typed reports are preferred. Parents should receive copies of session and progress notes. Progress notes must be maintained for routine NYC audit purposes.

Child's Name:	EI #:	DOB:
IFSP Period: From:	To:	Provider Agency Name:
Provider Agency ID #:	Print Name of Interventionist:	
Discipline:	Service Type:	Interventionist's Phone Number:
Service Coordinator Name:	EIOD Name:	
Indicate the language(s) used during the sessions:		
Date reviewed note with parent: _____ / _____ / _____ Parent's Signature: _____		
Authorized Frequency? _____ Date you started working with this child: _____ / _____ / _____		
How were services delivered? <input type="checkbox"/> In-person <input type="checkbox"/> Telehealth <input type="checkbox"/> Hybrid: Number of sessions delivered: In-person _____ Telehealth _____		
Where have services been delivered?		
Has a parent/caregiver participated during the sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What communication method(s) was selected by the parent to exchange information with the interventionist about the sessions? <input type="checkbox"/> Communication Book <input type="checkbox"/> Family Activity Sheet <input type="checkbox"/> Emails <input type="checkbox"/> Phone calls <input type="checkbox"/> Session Notes shared		
Other: _____		
How frequently is communication shared: _____		
If there have been any gaps in service delivery of more than three consecutive scheduled visits, describe the length and the reason(s).		
<p>List the child's medical diagnosis(es) (if any): _____</p> <p>Is the child using assistive technologies? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a new AT Device being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, identify the type of device, and the IFSP Outcome and specify how the device is helping (or will help) to achieve the Outcome:</p>		

I. List all the IFSP outcomes and developmental steps that you worked on. Indicate the progress for each and if each outcome and step should be kept or removed for the next IFSP period:

Outcome 1: _____	Rate Progress in This Time Period			Keep or Remove?	
	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Outcome Achieved <input type="checkbox"/>	Keep Outcome <input type="checkbox"/>	Remove Outcome <input type="checkbox"/>
1a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
1b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
1c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
1d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

Was this outcome and related developmental steps identified at the IFSP meeting? Yes No
If not, the date it was changed and the reason. (e.g., scope of practice or expertise).

Outcome 2: _____	Rate Progress in This Time Period			Keep or Remove?	
	No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each developmental step				Keep Y/N
2a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes No

If not, the date it was changed and the reason. (e.g., scope of practice or expertise).

Outcome 3: _____	Rate Progress in This Time Period			Keep or Remove?	
	No Progress	Emerging skills	Outcome Achieved	Keep Outcome	Remove Outcome
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate each developmental step				Keep Y/N
3a. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3b. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3c. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3d. Developmental Step:	No Progress <input type="checkbox"/>	Emerging Skills <input type="checkbox"/>	Step Achieved <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Was this outcome and related developmental steps identified at the IFSP meeting? Yes No

If not, the date it was changed and the reason. (e.g., scope of practice or expertise).

2. List the IFSP outcomes that you did not address in this service authorization period and explain why.

3. Describe the learning activities (technique/strategies/methods/routine activities) that were successful for the child/family and specify the IFSP outcomes and developmental steps (by number/letter) related to these activities.

4. What changes were made to the learning activities (coaching techniques/strategies/methods/routine activities) when they were ineffective for the family/caregiver? Were these modifications successful? If not, why not? Please address each IFSP outcome as applicable.

5. Describe all collaborative efforts made to address the IFSP outcomes (e.g., interaction with other service provider(s), members of the EI team, child care staff, community resources, and/or medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.

6. Based on your on-going assessment of the child, what is the overall progress in this child's functional abilities since the last IFSP meeting or Progress Report? How was progress determined (e.g. standardized instrument, checklist, non-standardized assessments, observation & informed clinical opinion)?

7. What skills will you be working on in the next 6 months?

8. Are new or modified IFSP outcomes or developmental steps recommended for the next 6-month IFSP period? The IFSP outcomes must include all components and be written in parent-friendly language. Outcomes must reflect the parents' current concerns, priorities, routine activities, and resources. All proposed new/modified outcomes and/or developmental steps must be discussed with and agreed to by the parent(s) before submission to NYCEIP. See the Appendix for Outcomes and Developmental Steps.

IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
IFSP Outcome and Developmental Steps	Check if New or Modified
IFSP Outcome ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New
Developmental Step ____:	<input type="checkbox"/> Modified <input type="checkbox"/> New

I certify that I have received and reviewed a copy of the child's IFSP and evaluation/progress notes prior to starting services, have provided services in accordance with the IFSP service's specified frequency and authorized session length, and have worked towards addressing the relevant IFSP outcomes. I further certify that my responses in this report are an accurate representation of the child's current level of functioning.

Signature/credentials of therapist completing report: _____

Print Name: _____ **License number:** _____

Date Report Was Completed: _____ / _____ / _____

**NYC EARLY INTERVENTION PROGRAM
PROGRESS NOTES
INSTRUCTIONS FOR COMPLETION**

GENERAL INSTRUCTIONS

The interventionist must complete this form at the 6- and 12-month intervals after a child's initial IFSP meeting.

- The 6- and 12-month progress notes must be submitted **at least two (2) weeks prior to each IFSP review**.
- The Amendment progress note is a required component of an IFSP amendment request and must be submitted as part of each justification package.
- **At the top of each page, check off the IFSP interval that this progress note covers** (e.g., 6-month, 12-month or amendment)

NOTE: Write notes clearly so that others can understand them. All questions must be answered; incomplete and/or illegible progress notes will be returned. Returned progress notes delay the IFSP review process. The timely submission of progress notes will be audited. Municipal and state early intervention programs will request progress notes for audit and for mediation/impartial hearing/systems complaint purposes.

DEMOGRAPHIC/AUTHORIZATION INFORMATION

Child's Name:	Information must be the same as in EI Hub (do not use a nickname).
EI # and DOB:	Make sure all identifying information is correct. The EI# is the number that appears at the top of the "Child Homepage" in EI-Hub.
IFSP Period:	These are the start and end dates of the current IFSP (not the time covered by this progress note).
Provider Agency Name and ID#:	Name and identification number of the agency for which the interventionist works.
Interventionist Name:	Print the name of the interventionist who is completing this form.
Discipline:	Interventionist's discipline, e.g., speech therapist, special educator, occupational therapist.
Service Type:	IFSP-authorized service delivered by the interventionist, e.g., speech therapy, occupational therapy, physical therapy, special instruction, etc.
Interventionist's Phone Number:	Direct number (e.g., cell phone) at which the interventionist can be reached if there are questions about the progress report. Do not use the provider agency's phone number.
Service Coordinator Name:	Print the name of the child's service coordinator.
EIOD Name:	Print the name of the child's EIOD (if known).
Language of Sessions:	Indicate the language(s) used during the sessions.
Date note was reviewed with parent and Parent's signature	The interventionist must review the progress report with the parent prior to submission and must indicate this review by dating it and having the parent sign it.
Authorized Frequency:	How often was the service authorized in the IFSP (e.g., 1 x 30).
Date you started working with the child:	Indicate the date that you delivered your first intervention session.
How were services delivered?	Indicate if services were provided in-person, by telehealth only, or by telehealth hybrid. Document the number of sessions provided in-person and via telehealth including telehealth hybrid.
Where have services been delivered?	Document the location of services, e.g., parent's home, babysitter's home, child care center, agency location, facility, community location, other EI approved site, etc. If approved services are delivered via telehealth, document the location of child when services are being delivered via telehealth.
Has a parent/caregiver participated during the sessions?	Indicate whether the parent/caregiver has been present for the sessions by checking off yes or no.
What communication method(s) was selected by the parent to exchange information with the interventionist about the sessions?	<p>Check off the communication method(s) that were selected by the parent to exchange information with the interventionist about the sessions. For example, communication book, family activity sheet, emails*, phone calls, and/or session notes shared and discussed. If "other," describe the communication method.</p> <p>*To use emails as a form of communication, there must be signed, written parent consent. See the <u>Dear Colleague Letter – Clarification to Early Intervention Providers on Parental Consent to Use E-mail to Exchange Personally Identifiable Information</u>.</p> <p>Note that text messaging is <i>not</i> an approved method of communication with families because it does not protect confidentiality. Review the <u>NYS DOH BEI guidance on the Use of Text Messaging in the Early Intervention Program (12.19.2020)</u>.</p>
How frequently is communication shared?	Indicate how frequently communication is shared with the parents using the methods indicated above during this IFSP service authorization period.

Describe the duration and the reason(s) for any gaps in service:	Explain the reason for, and length of, any gaps of more than 3 consecutive scheduled sessions, whether make-up sessions were delivered, whether there was a gap between your service delivery to the child and that of the previous interventionist, etc.
List the child's medical diagnosis(es) (if any):	List all diagnoses. Indicate if any diagnoses are newly identified.
Is the child using assistive technologies (AT)?	Check Yes or No
Is a new AT device being requested?	Check Yes or No
If yes, identify the type of device and the IFSP Outcome, and specify how the device is helping (or will help) to achieve the Outcome:	If the child is currently using an AT (Assistive Technology) device, or if an AT device is being requested, indicate type of device and how the device will help achieve an IFSP outcome. Specify the IFSP outcome(s) and developmental steps related to the AT device. If a child needs an AT device, refer to the Assistive Technology chapter for instructions on how to request AT devices.

Progress Note Question Instructions

1. List all the IFSP outcomes and developmental steps that you worked on. Indicate the progress for each and if each outcome and step should be kept or removed for the next IFSP period

- All the IFSP outcomes are expected to be addressed by each interventionist.
- For each IFSP, EI-Hub asks whether the outcome is new, is edited, is achieved, is to be continued, or is to be discontinued.
- Refer to the Appendix for Outcomes and Developmental Steps for more information about EI best practices.

- a. For each IFSP outcome, list the related, short-term developmental steps that have been and are currently being worked on. Include the number for each IFSP outcome and the number and letter for each developmental step.

Example

IFSP Outcome #1: Tomas will eat a whole bowl of Stage 1 baby food with a bended spoon without spitting it out so that he can be a part of mealtimes with his family and begin to learn the mealtime routine.

Developmental Step 1a: Tomas will hold the bended spoon without immediately dropping it.

Developmental Step 1b: Tomas will learn to scoop food from the bowl into his spoon.

Developmental Step 1c: Tomas will learn to scoop food from the bowl into his spoon and put the spoon of food into his mouth.

Developmental Step 1d: Tomas will be able to finish eating his stage 1 food from a bowl with a bended spoon on his own during mealtimes.

- b. For each IFSP outcome, rate the progress during this time period:

- i. **No Progress** means that there is no evidence of this skill or that it is rarely or never seen.
- ii. **Emerging skills** means that there is some evidence of this skill and that it has been observed but not consistently.
- iii. **Outcome achieved** means that the child has mastered this skill and demonstrates it consistently.
- iv. If the Outcome is achieved or the outcome is deemed no longer relevant, check off "**Remove Outcome**."
- v. If the Outcome rating is "no progress", "emerging skills," check off "**Keep Outcome**"

Progress is important for families. The progress note provides information to the family and the EI team on the progress made for each IFSP Outcome. It is important to review the progress note with the parents to discuss their observations about their child's progress.

NOTE: The IFSP team will use this information from the progress notes to update the IFSP outcomes and developmental steps for the next IFSP service authorization period in the IFSP panel for EI-Hub. For each IFSP, EI-Hub asks whether the outcome is new, is edited, is to be continued, is achieved, or is to be discontinued.

When no progress is made, it is important to describe and explain why in Question #4 of the progress note. In addition, the interventionist should include information about their efforts to try different strategies with the family and the results and effectiveness of their work.

The achievement of developmental steps and/or IFSP outcomes presents an opportunity to recommend new developmental steps and/or IFSP outcomes in partnership with the parents (that reflect their current concerns, priorities, and resources) and with the other members of the EI team for the next service authorization period [Question #8]. It is expected that the EI team members communicate and collaborate with the parents/caregivers and with each other so that the authorized EI services work together optimally and synergistically to help the child and family achieve the IFSP outcomes [Question #5].

- c. For each developmental step listed, check the appropriate rating that reflects the child's progress and whether to keep it or remove it: No progress (skill is rarely observed), Emerging (the skill has started to develop but has not been incorporated into all aspects of the child's routine) or Achieved (the skill is performed consistently).
- If the developmental step has been achieved or is no longer relevant, remove it by checking off "N" for "Keep Y/N."
 - If the developmental step has not been worked on yet, or if the skill is rarely seen or is emerging, check off "Y" for "Keep Y/N."

d. **Was this outcome and related developmental steps identified at the IFSP meeting? Indicate "Yes" or "No". If you indicated "No", record the date it was identified and added, and document the reason.**

- Explain when and how the interventionist decided with the family to work on non-IFSP outcomes and developmental steps. This may be decided when, for example:
 - the family shares new concerns and priorities because there is a change in the child's or family's status;
 - the family wants to generalize the child's new skills and abilities to other routine activities; or
 - the IFSP outcomes have already been met.

Examples of when this might occur:

An additional developmental step was added to build upon Tomas' progress and achievement of the IFSP outcome. For example, Tomas' parents would like to know when he wants more food or if Tomas can begin to eat stage 2 foods now that he has achieved developmental steps 1a to 1d, and they want Tomas to gain more weight.

Developmental step 1e: Tomas will ask for more food using one gesture and word after he finishes his bowl of stage 1 food.

Developmental step 1f: Tomas will feed himself a bowl of stage 2 food using his bended spoon during mealtimes with his family.

These developmental steps may be the jumping point for new IFSP outcomes or developmental steps in the next IFSP service authorization period that can be added in Question #8.

Note:

- The information that you have documented in your session notes will assist you in completing these questions.
- The questions must be addressed for *each* IFSP outcome and its developmental steps that you worked on
- Attach additional sheets to this progress note as needed.

2. List the IFSP outcomes that you did not address in this service authorization period and explain the reasons why.

- IFSP outcomes are intended to be those goals that the family would like to see their child and themselves accomplish within the next six months given the child's developmental status.
- The outcomes integrate the child's skills and abilities across developmental areas. For a child to function in a routine activity, they use the contributions and the interplay of skills from different developmental domains. Therefore, each interventionist should be able to address each outcome and developmental step from their own scope of practice, knowledge, and expertise.
- When the IFSP outcome was not addressed because the interventionist believes this is outside their scope of practice or individual expertise, record this as the reason in this section.
- When an interventionist believes that the IFSP outcomes are outside their scope of practice, knowledge, experience or individual expertise, consideration should be given as to whether the interventionist is an appropriate fit for this case.
- The exception is when the IFSP outcomes are related to specific Assistive Technology or Counseling services or are outcomes that are clearly outside of a discipline's scope of practice such as those specifically referencing Applied Behavioral Analysis methodologies and techniques (refer to the NYC EI Guidance on ABA authorizations).

3. Describe the learning activities (techniques/strategies/methods/routine activities) that were successful for the child/family and specify the IFSP outcomes and developmental steps (by number/letter) related to these activities.

- Describe in detail what types of strategies are being integrated within specific routine-based activities the family used to achieve each developmental step/IFSP outcome. Include the family's feedback as to how well these learning activities worked when you were not present. This question asks about the successes.

Example:

Developmental steps 1a, 1b, 1c, and 1d: The physical therapist showed the family how to position Tomas in the high chair before they begin mealtimes so that he can hold the spoon well and bring it to his mouth. The special instructor guided the family to use more words repeatedly during mealtimes so that Tomas could say and understand them (e.g., comamos, boca, cuchara, bol, pollo, maiz, mas, etc.). During mealtimes, the parent and older sibling modelled how to eat with a bended spoon by holding it first, then scooping the food onto the spoon, opening their mouths wide and then bringing the spoon to their lips. The parent would sometimes feed the child initially once or twice and then let the child feed himself depending on how he was feeling during that meal time. Mom believes that he can begin to feed himself without her feeding him first because he began to do this last week between sessions. Sometimes, the older sibling would sing the Manzanas y Platanos song to him which made Tomas smile and engaged in eating. The family was happy that Tomas can be part of meal times which he could not do before.

Notes:

- Describe and highlight what the child can do now that they were previously unable to do.

- Address each relevant outcome.
- Provide an overall picture of how the child is functioning within daily routines and how the learned skills have been incorporated.

4. What changes were made to the learning activities (techniques/strategies/methods/routine activities) when they were ineffective for the child/family? Were these modifications successful? If not, why not? Address each IFSP outcome and the relevant developmental steps whenever applicable.

Progress is important for families. When no progress is indicated, it is important to examine and explain why – for example, consider the child’s developmental and health status, the child’s interest and engagement in the activities, and your coaching/communication with parents/caregivers to enhance the child’s opportunities for practice throughout the day. Document the factors that impact the child’s progress and describe how you addressed them with the family especially for those outcomes and steps where you indicated that there was **no** progress or skills are emerging.

- a. Explain how you changed your techniques or the learning activities when the child’s progress was limited or when it was difficult for the family to incorporate strategies into their daily routines.
 - i. This question asks about how you worked with the family to modify your strategies/techniques and the learning activities to better fit the parent/caregiver and child and support their competencies and family culture.
 - ii. Indicate when IFSP outcomes or developmental steps are not achieved and explain why.

Example of a change to an activity: Tomas showed food preferences for specific stage 1 foods and would refuse to eat those he did not like during mealtimes by keeping his mouth closed and not picking up the spoon. Based on observations, the interventionist and parent decided to track the foods he liked and did not like to make the mealtime experience more engaging and rewarding for him. The family learned so far that Tomas liked pureed apples, bananas, chicken, and cornmeal cereal, but not pureed carrots, plums or peas. They will continue to track this as they introduce new pureed foods to Tomas such as yucca and sweet potatoes.

Example of a change to intervention approach: The parent and I found that Tomas was tired at the time of my scheduled visit. The parent and I discussed what would be better times for Tomas. We agreed and switched the time to after his nap when he is also hungrier. After this change, Tomas had better results.

5. Describe all collaborative efforts made to address the IFSP outcomes (e.g., interaction with other service providers, members of the EI team, child care staff, community resources, and/or medical providers (with written parent consent)). Please include the family members/caregivers you have been working with.

- a. Describe the communication and collaboration with the other early interventionists and how you worked with them to achieve the IFSP outcomes. With parental consent, have you communicated with relevant medical providers?
 - i. At the parent’s request, how have you assisted the family in finding other resources (e.g., books, videos, articles)?
 - ii. Have you communicated with child care staff, taught techniques to grandparents, nannies, etc. who are part of the child’s routine activities? How have you worked with those people the family identified in the IFSP as important in helping achieve the outcomes?
 - iii. How have you continued to provide on-going opportunities for the family to participate in sessions and to enhance their capacity to support their child’s learning and development between visits while building upon the interests and strengths of the child and family?

6. Based on your ongoing assessment, what is the overall progress in this child’s functional abilities since the last IFSP meeting or Progress Report? How was progress determined (e.g., standardized instrument, checklist, non-standardized assessments, observations, & informed clinical opinion)?

- a. Give a detailed description or specific examples of the child’s current skills. Underline any new skills that have been achieved in the preceding six (6) months.
 - i. Document if the parents have expressed any new concerns or priorities for the next IFSP period?

Note:

- When documenting the evidence on which a determination regarding the child’s current functional abilities is based, refer to the [NYS DOH Memorandum 2005-02 – Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility](#) and any relevant NYS DOH Clinical Practice Guidelines.
- If an instrument is administered, report the results according to the instrument’s manual. In addition, review the manual to ensure that this instrument is appropriate to use with this child. Refer to the [NYS DOH List of Developmental Assessment Instruments](#).

7. What skills will you be working on in the next 6 months?

Based on your on-going assessment of the child (question #5) and the parent’s concerns, priorities, observations, and feedback; indicate the functional skills (that are appropriate for this child’s chronological age, developmental status, rate of progress, and milestones) that you will be working on with the child and family for the next 6-month IFSP service authorization period.

8. Are new or modified IFSP outcomes or developmental steps recommended for the next 6-month IFSP period? The IFSP outcomes must include all components and be written in parent-friendly language. Outcomes must also reflect the parents' current concerns, priorities, routine activities and resources. All proposed new/modified functional outcomes and/or developmental steps must be discussed with and agreed to by the parent(s) before submission to NYCEIP. See the Appendix for Outcomes and Developmental Steps for how to structure outcomes and developmental steps.

- a. Propose new or modified IFSP outcomes and developmental steps for the next IFSP service authorization period. Include all required components for the new IFSP outcomes (e.g., who, will do what, criteria for success, routine activity, the “so that”).
NOTE: These individual outcome components must be specifically identified and documented for each IFSP outcome in EI-Hub.
 - i. Interventionists should submit new or modified IFSP outcomes when the outcomes and related developmental steps more closely reflect the current learning characteristics of the child (e.g., when the previous outcomes have been achieved). Document each new IFSP outcome and its related developmental steps and indicate in the table whether the outcome is new or modified and/or if the developmental steps are new or modified. Check all that apply for each outcome and its steps.
 - ii. Ensure that the IFSP outcomes you recommend:
 - include identified family routines;
 - reflect the family's current priorities and concerns for the next IFSP period;
 - are individualized to the child and family;
 - reflect integrated functional skills and abilities across developmental domains and are not domain-specific or are not failed test items;
 - describe measurable and observable skills so that everyone including the family will know the outcomes have been met;
 - take into consideration the child's abilities, disabilities, characteristics, strengths and needs; and
 - are written in parent-friendly language with no clinical jargon or technical terms.
 - iii. Whenever the interventionist has been working on a non-IFSP functional outcome (and objectives) that has not yet been achieved, and the family still feels this is a priority; the interventionist may recommend this non-IFSP outcome and its related developmental steps in this section so that it may become an outcome on the next IFSP.

Note: Refer to the **Appendix for Outcomes and Developmental Steps and the FAQs for Concerns, Priorities, and Resources**. For additional detailed information about IFSP outcomes, take the [**Implemented Family-Centered Best Practices**](#) training posted on the NYC EIP website: <https://www.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page>.

Certification: Sign, date, provide license number and print name. Include interventionist's discipline/credentials, e.g., speech therapist (Speech/Language Pathologist, MS, CCC/SLP, special educator (MS Ed.), etc. If a certified professional, indicate “certified” but do not write license number.

This field may also include the signature and license/certification number of a supervisor in the case of student interns, CFYs, OTAs, and PTAs, as applicable. The date of the supervisor signature should also be indicated.

Procedural Notes:

- The family should receive a copy of all completed progress notes.
- Address any questions the family may have related to the progress notes.
- Write the progress note so that others (e.g., the family, EIOD, team) may understand it. It should be written legibly, clearly and in parent-friendly language.
- Discuss with the family their current concerns, priorities, resources, daily routines, and child's developmental status in preparation for 6- and 12-month IFSP reviews.
- **Submit completed progress notes no fewer than 2 weeks prior to the IFSP review meeting.**
- **Late submission of progress notes will be monitored.**

Appendix B: IFSP Outcomes and Developmental Steps Terminology for Individualized Family Service Plans (IFSPs), Session Note, and Provider Progress Notes

<p>IFSP Desired Outcomes (aka functional outcomes) and Developmental Steps (aka objectives)</p>	<ol style="list-style-type: none"> 1. IFSP outcomes are: <ol style="list-style-type: none"> a. Intended to be those goals that the family would like to see for their child and themselves within the next six months given the child's developmental status.^{1,2,3,4,5} b. Based on the information from the CPRs (Concerns, Priorities, and Resources), one can gather the main concerns, priorities, and resources that parents have. This is the starting point to creating the IFSP outcomes. (10 New York Codes, Rules and Regulations (NYCRR) § 69-4.1(w)). 2. IFSP outcomes should be created at the meeting with the IFSP team including the parents.⁵ It should not be created by just one member of the IFSP team or outside of the IFSP meeting. 3. IFSP outcomes should be developmentally appropriate for the next six months given the child's developmental strengths and areas that need support. Outcomes help to guide developmentally appropriate practices.⁵ <ol style="list-style-type: none"> a. Therefore, there should be about 1-4 developmental steps (aka objectives) per IFSP outcome that are appropriate for a six-month period given the child's developmental profile and status. b. Outcomes and developmental steps may be updated, added and removed at the next IFSP 6-month review. c. Developmental steps should cover the related incremental progress toward the desired outcome based on the foundational, functional skills that the child and/or family need to acquire. d. The outcomes and the developmental steps should not be domain-specific unless they are related to Assistive Technology and Counseling outcomes or are outcomes that are clearly outside of a discipline's scope of practice such as those specifically referencing Applied Behavioral Analysis methodologies and techniques (refer to the NYC EI Guidance on ABA authorizations) Otherwise, it is expected that each early interventionist on the EI team will work on each IFSP outcome from their domain perspective, knowledge, and experience. 4. The desired IFSP outcomes reflect real-life settings like everyday activities and routines for the child and family (e.g., natural environments).^{1,2} <ol style="list-style-type: none"> a. Failed test items during evaluations are not considered real-life and, therefore, should not be considered as IFSP outcomes or developmental steps. b. The outcomes integrate skills and abilities across developmental areas. For a child to function in a routine activity, they use the contributions and the interaction of skills from different domains.^{1,2,3,9,10} c. These IFSP outcomes should be addressable by any member of the EI team from their own discipline's expertise, experience and knowledge.^{1,10} d. No interventionist is expected to work outside their discipline's expertise, experience, knowledge, and license or certification.¹
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	<p>5. The desired IFSP outcomes and developmental steps should be jargon-free, clear and simple (parent-friendly) so that they are understandable by the family and the general public.^{4,11,13}</p> <p>6. The IFSP outcomes emphasize the positive, not the negative. Therefore, they should not be about what the child will not do.^{4,13}</p>
The Required Components of the IFSP Desired Outcome	<p>THE SIX COMPONENTS FOR EACH OF THE IFSP DESIRED OUTCOMES</p> <pre> graph LR A[Who (Child or Family)] --- B[Will Do What (doable in 6 months)] B --- C[Criteria for Success] C --- D[Routine Activities] D --- E["So that"- Why is this important to the family?] E --- F[Under what condition? (Optional)] F == G[IFSP Desired Outcome] </pre> <p>A. An example of an IFSP desired outcome: Tomas will eat a whole bowl of Stage 1 baby food with a bended spoon without spitting it out so that he can be a part of mealtimes with his family and begin to learn the mealtime routine.</p> <p>These are the six components of this outcome:^{1,9}</p> <ul style="list-style-type: none"> • Who: Tomas (the child) • Will do What: Eat stage 1 baby food • Criteria for Success: A whole bowl without spitting it out • Routine Activities: Mealtimes with his family • So that: So that he can be a part of mealtimes with his family and begin to learn the mealtime routine • Under what condition: With a bended spoon <p>B. In EI-Hub, each desire outcome should be written in the IFSP Outcome Panel (under Desired Outcome) with all its components, because you will also be asked to identify and document the specific components individually in the Outcome panel.</p> <p>There are six components.^{1,9}</p> <ol style="list-style-type: none"> 1. Who (CPRs): This is usually the child but may include the parent or family. <ol style="list-style-type: none"> a. In EI-Hub, you will also need to specify the subject of the Who for each desired outcome. Refer to the EI-Hub IFSP Crosswalk for detailed instructions for completing the "IFSP Outcomes" panel. 2. Will Do What (CPRs): This is what the child will learn to do (that is reasonable for the child and/or family to achieve in the next six months). <ol style="list-style-type: none"> a. It should not: <ul style="list-style-type: none"> • Be written in terms of what the child will not do, • Be domain-, service- or milestone-specific, and • Reference an item from a developmental scale or instrument.

	<p>3. Criteria of Success (Progress/CPRs): This is how everyone on the team including the parents/caregivers will know that the outcome has been met. It should be observable. This is also known as the measure of success.</p> <p>a. In EI-Hub, you will have to specify the criteria of success for each desired outcome. Refer to the EI-Hub IFSP Crosswalk for detailed instructions for completing the “<i>IFSP Outcomes</i>” panel.</p> <ul style="list-style-type: none"> • Examples of measurement include how often, how much, how long, or how well. • It should never be described in percentages or ratios or as more or less. • It is assumed that mastery is 100%. <p>4. Routine Activities (Natural Environments/CPRs): These are events that occur typically during the child’s day and are individualized based on the family’s culture and environment.</p> <ul style="list-style-type: none"> • In EI-Hub, you will need to specify the routine activity(ies) for each desired outcome. • Routine activities are identified by the family and reflect their priorities. • Routine activities reflect the family’s culture, values, and way of living. • Examples include activities of daily living, family errands, social activities, play times, hygiene activities, mealtimes, medical visits, travel, dressing activities, etc. <p>5. So that (Family’s Values/Priorities/CPRs): The reason why the family would like to achieve this outcome or why it’s important to them.</p> <ul style="list-style-type: none"> • Should be written in the parent’s words in the outcome. • This reflects the family’s context, culture, values, and priorities. <p>6. Under What Condition (optional): This is any specific situation or adaptation that is reasonable to help the child achieve the desired outcome.</p> <ul style="list-style-type: none"> • This is an optional component depending on whether the child requires some adaptation or assistance to achieve the outcome. An example might include using a particular spoon or with the parent’s help as in a verbal or physical prompt. • If a condition is not specified, it’s assumed that the child demonstrates 100% independence and does not require assistance, which makes this an <i>optional</i> component for the desired outcome.
Developmental Steps (aka objectives)	<p>1. Developmental steps (aka objectives) should show a progression of short-term, related goals that can be achieved in order for the child/family to reach the desired outcome. These developmental steps should not be domain-specific unless they are related to Assistive Technology or Counseling outcomes or are outcomes or developmental</p>

	<p>steps that are clearly outside of a discipline's scope of practice such as those specifically referencing Applied Behavioral Analysis methodologies and techniques (refer to NYC EI Guidance on ABA authorizations).</p> <ol style="list-style-type: none"> a. An example of functional, developmental steps for Tomas' desired outcome: <ul style="list-style-type: none"> • Tomas will hold the bended spoon without immediately dropping it. • Tomas will learn to scoop food from the bowl into his spoon. • Tomas will learn to scoop food from the bowl into his spoon and put the spoon with food into his mouth. • Tomas will be able to finish eating his stage 1 baby food from a bowl with a bended spoon on his own during mealtimes. 2. These developmental steps should be addressable by any member of the EI team from their own discipline's expertise, experience and knowledge. 3. No interventionist is expected to work outside their discipline's expertise, experience, knowledge, and license or certification. <ol style="list-style-type: none"> a. For example, a physical therapist may focus on Tomas' posture and positioning as he is sitting in the highchair, while the speech-language pathologist or occupational therapist may focus on Tomas using the bended spoon and determine how receptive he is to texture of stage 1 baby food in his mouth. Both of them may also focus on the names of the food, the utensils or materials used, and people who are present during meal times. b. Interventionists work closely with the parent via observations (authentic assessments) of mealtimes – how they do mealtimes, who is present, where and what they eat, how they interact with the child, what words are used, what materials are used, what furniture is used, etc. Together with the parent/caregiver, the interventionists can partner with them about the different strategies (from their domain perspectives) they can use to support Tomas with each developmental step. Together they can discuss what engages Tomas in the routine activity, how to prepare him for mealtimes, and how they can build upon his strengths.
The relationship between IFSP outcomes and the family's Concerns, Priorities and Resources (CRPs) .	<ol style="list-style-type: none"> 1. New York State regulations require that initial and on-going service coordinators (SCs) ensure that the individualized family service plan outcomes and strategies reflect the family's priorities, concerns and resources, and that changes are made as the family's priorities concerns and resources change (69-4.6 b(2)). 2. The NYC Early Intervention Program Concerns, Priorities and Resources (CPR) form should be completed and submitted into EI-Hub by the initial service coordinator. <ol style="list-style-type: none"> a. The family's CPRs must be documented in EI-Hub for each IFSP. CPRs should be updated for each IFSP review. b. The service coordinator along with the IFSP team should ensure that the IFSP outcomes reflect the family's current CPRs. c. When the CPR form is completed, the IFSP team can capture the required components for the IFSP outcomes:

The relationship between the CPR and IFSP Outcome Components		
The NYC EIP CPR FORM Components	IFSP Outcomes Components	Comments
Concerns (Question 1)	Who	Child or parent (family)
Concerns: Routine Activities (Question 1a)	Routine Activities	Those routine activities individual to the family and supports culturally relevant EI services.
Concerns: Would like the child to do (would like it to look like) (Question 1a)	Will Look Like*	*It should be reasonable given the child's developmental status.
Concerns: Would like the child to do (would like it to look like) (Question 1a)	Criteria of Success*	*It should be reasonable given the child's developmental status.
Priorities: Why is this important? (Question 2)	So that	Why this is important to the family
Resources (Question 3)	EI is a strengths-based program	Determine the child's strengths and interests along with those of the family's that may impact the IFSP outcomes & services

Note: Review the [NYC Early Intervention Program Family Concerns, Priorities, and Resources \(CPR\) Form, Instructions for Completion](#), and [Appendix A: Family Concerns, Priorities, and Resources \(CPRs\): Frequently Asked Questions](#).

Routine Activities	<ol style="list-style-type: none"> 1. Routine activities are family events that occur within the child's day (e.g., bedtime, snack time, time at the playground, story time) and that provide the child many natural opportunities to learn and practice strategies with family members.^{1,2,6,7,8,9,10,12} 2. Examples of routine activities: <table border="1"> <tbody> <tr> <td>Play Routines</td><td>Food/Meal Routines</td><td>Community/family errands</td></tr> <tr> <td>Dressing</td><td>Bath/Hygiene related</td><td>Socialization Activities</td></tr> <tr> <td>Book activities</td><td>Songs/Rhymes</td><td>Family Chores</td></tr> <tr> <td>Medical/Comfort</td><td>Recreation</td><td>Computer/TV/Video</td></tr> </tbody> </table> <ol style="list-style-type: none"> a. Routine activities are an essential component to individualizing the desired outcomes and capturing the family's priorities and concerns. b. Routine activities support culturally relevant EI services. c. Young children learn best via everyday experiences and interactions with familiar people in familiar contexts such as routine activities.^{1,2,3,4,6,7} d. Using routine activities means that parents/caregivers do not have to set aside separate times for the child to get practice between EI sessions. 	Play Routines	Food/Meal Routines	Community/family errands	Dressing	Bath/Hygiene related	Socialization Activities	Book activities	Songs/Rhymes	Family Chores	Medical/Comfort	Recreation	Computer/TV/Video
Play Routines	Food/Meal Routines	Community/family errands											
Dressing	Bath/Hygiene related	Socialization Activities											
Book activities	Songs/Rhymes	Family Chores											
Medical/Comfort	Recreation	Computer/TV/Video											

	<ul style="list-style-type: none"> e. Interventionists perform on-going authentic assessments and observations with families during routine activities to learn more about the family and to assess the child's progress. f. Interventionists use the elements of the family's culture (e.g., their language, books, stories, songs, games, materials, style of doing family routine activities) in the strategies they create, in partnership with the parent/caregiver, to be used in routine activities.
Strategies/ Methods/ Approaches	<ol style="list-style-type: none"> 1. Strategies/Methods/Approaches are ways that the family and interventionist support the child's learning in routine activities. The following are examples of strategies that the interventionist may show the parent/caregiver to use with the child during routine activities: <ul style="list-style-type: none"> a. Modify environment b. Turn-taking c. Encourage child to imitate d. Use hand over hand e. Positioning f. Encourage initiation by child g. Use of cues h. Describe or label what is being done i. Use of Assistive Technology (AT) device j. Use of all forms of positive reinforcement k. Model or demonstrate for child l. Increase opportunities for child to practice m. Discrete Trial Instruction & reinforcement n. Positional, gestural, and physical prompting o. Teaching replacement behaviors/proactive strategies p. Incidental teaching q. Redirection r. Adaptation of the physical environment s. Visual Support t. Adaptation of the social environment
Coaching Techniques Support the parent-child dyad.	<ol style="list-style-type: none"> 1. One of the main OSEP family outcomes for all Early Intervention programs across the country is that the EI team (e.g., evaluators, service coordinators, early interventionists) help parents and caregivers learn new ways to help their children grow and develop.^{1,2,7} 2. Coaching techniques are ways that the interventionist instructs the parent/caregiver to use the different approaches outlined above to support their child during routine activities.^{1,2,10} 3. Coaching techniques should be individualized for the learning characteristics and preferences of the parent/caregiver in order to be effective.^{1,2,10} 4. More than one coaching technique may be used during the session. 5. Examples of coaching techniques include but are not limited to: <ul style="list-style-type: none"> a. Parent/caregiver tried activity and therapist assisted b. Observed parent/caregiver and child performing activities c. Gave the parent a picture illustrating the way to position the child after demonstrating the method

	<ul style="list-style-type: none"> d. Discussed activity with parent/caregiver e. Videotaped learning activity and viewed it with parent f. Demonstrated parent/caregiver activity while providing explanations and descriptions g. Tried different strategies with parent/caregiver to determine best fit for child and family's style and routine activity h. Parent/Caregiver tried activity and therapist provided verbal guidance i. Reviewed communication tool with parent/caregiver j. Reviewed with parent/caregiver the strategies the family developed and tried and provided feedback <p>6. The EI team understands that all families (across income levels, education, racial and cultural backgrounds) have strengths and competencies and, therefore, individualizes and matches their coaching, interactions and problem-solving to each parent/caregiver and family.^{1,2}</p> <p>7. The EI team understands that the primary role of the service provider in EI is to work with and support the family members and caregivers in a child's life.^{1,2}</p> <p>Interventionists</p> <ul style="list-style-type: none"> a. Fully understand that interventionists are not training parents to be therapists.^{1,2,10} b. Know and understand that culture underlies all aspects of family-centered practice.^{1,2} <p>8. These are five evidence-based components of effective coaching that should be tailored to each parent/caregiver based on the parents/caregivers' experience, knowledge, and learning style (Rush & Shelden):^{1,10}</p> <ul style="list-style-type: none"> a. Joint Planning: This is the agreement by both the interventionist and the parent/caregiver on the actions to be taken by both, and the opportunities for the parent/caregiver to practice between sessions. It occurs as a part of coaching, and typically involves discussion of what the parent/caregiver agrees to do between sessions to use the information that has been discussed or the skills that were practiced. For example, a strategy that was agreed upon during the session is that the parent/caregiver may offer their child different choices during playtimes. Another example of joint planning is the interventionist and the parent/caregiver discussing what the focus of the next session will be and scheduling it during the appropriate routine activity.^{1,10} b. Observation: This involves the examination of another person's actions or practices (either the interventionist or parent/caregiver) in order to develop new skills, strategies, or ideas. For example, an observation may occur when the interventionist observes the parent/caregiver and child during a routine. Another example is when the parent/caregiver watches the interventionist model a strategy, after which the parent/caregiver may reflect on, discuss, or practice using the strategy with their child.^{1,10} c. Action/Practice: These occur within real-life situations (routine activities) that provide the parent/caregiver opportunities to practice, refine, or analyze new or existing skills. It provides opportunities for the parent/caregiver to use the information that has been discussed with the
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	<p>interventionist or to practice newly learned skills. For example, an action may occur during an EI session when the parent/caregiver tries using a physical prompt with their child during snack time, or between EI sessions when the parent/caregiver uses the physical prompt during family mealtimes.^{1,10}</p> <p>d. Reflection: Reflection follows an observation or action and provides the parent/caregiver the opportunity to analyze current strategies and hone their knowledge and skills. For example, the interventionist may ask the parent/caregiver to describe what worked or did not work during the observation or between sessions, and to create other ideas and actions to continually increase their knowledge and skills.^{1,10}</p> <p>e. Feedback: Feedback is defined as information that is provided by the interventionist based on the observations of the parent/caregiver, as actions that are reported by the parent/caregiver, or as information shared by the parent/caregiver to expand their current level of understanding about an evidence-based practice. For example, feedback occurs after the parent/caregiver has had the opportunity to reflect on their observations or actions, or after the parent/caregiver has practiced a new strategy. Feedback may support the parent/caregiver's reflections or increase the parent/caregiver's understanding of how the evidence-based strategy works. Feedback can also support modification of the strategy when the child's functioning has not improved or when the parent/caregiver does not feel comfortable using the strategy.^{1,10}</p>
Learning Activities	<p>1. Learning activities incorporate the strategies and the routine activities to create natural learning opportunities for the child and family to practice and build upon their competencies. Infants and toddlers need lots of practice. Learning and practice take place during different times of the day every day.</p> <p>a. Since learning activities occur during the child's and family's natural daily routines and fit the family's culture and lifestyle, these learning activities should not be considered extra tasks or homework.</p> <p>b. For the session note, this is where the interventionist outlines the steps for the learning activities that both the parent and interventionist agreed on and that the parent/caregiver will do with the child until the next EI session.</p>  <pre> graph LR A[Learning Strategies] --- B[+] B --- C[Routine Activities] C --- D[=] D --- E[Learning Activities] </pre>
Embedded Coaching	<p>Embedded Coaching is a family-centered approach that facilitates communication and collaboration between the early interventionist and the parent/caregiver.¹ For infants and toddlers, learning is relationship-based, and they need many opportunities to practice. Family-centered approaches help support families in</p>

providing multiple, natural learning opportunities during everyday routine activities for their children to learn and develop.^{1,2,10}

There are three main components of Embedded Coaching (Keilty, Bonnie (2010), Practice Mentor Guide, NYC DOHMH EIP Learning Collaborative):

1. On-Going Authentic, Routines-Based Assessments:

- a. Interventionists observe the child in their routine activities and engage in conversations with family members and other important adults, to gain an understanding of each child's unique developmental profile as the child functions in their natural environment.
- b. Assessment data include the child's strengths, needs, and learning characteristics within the context of everyday life, as well as the developmental impact of the social and physical environment.
- c. This authentic picture provides data to identify individualized approaches that fit the child, their family everyday activities and routines.

2. Embedded Interventions (into the child's everyday routines identified in the IFSP desired outcomes):

- a. Interventions occur during home and community routines, activities, and other times of the child's day that are specifically identified by family members as activities in which they would like support.
- b. Interventions are scheduled at the time of day when the specific routine activity usually occurs and includes the people who are usually a part of the routine activity.
- c. Interventionists limit changes in the way the routine activity happens and suggest only those changes necessary for the child to successfully participate and learn.
- d. Agreed-upon developmental strategies are not only tailored to the unique strengths and needs of the child, but also fit the individual family's routine activities and the family's own cultural values, where strategies will be used in between visits.

3. Collaborative Coaching Approaches:

- a. Specific approaches used to ensure that adult family members and other important people in the child's life (e.g., child care providers) are confident and competent in using agreed-upon strategies in between intervention visits to promote the child's learning and development.
- b. The interventionist explains, models, and supports family members as they practice the strategies.
- c. Professionals provide feedback on strategy use and elicit feedback from the family members on their comfort and confidence in using the strategies.
- d. Successful collaborative coaching results in:
 - Intervention strategies that fit each individual family context and culture,

	<ul style="list-style-type: none"> • Family members who are effective in and willing to use the agreed-upon developmental strategies in between professional visits, during their everyday routine activities, and • Building the competence and confidence of parents/caregivers in helping their child learn and develop. These are skills that they will continue to use even after their child transitions from Early Intervention. This expands the contributions and reach of the work of early interventionists.
References	<p>¹New York State Department of Health Bureau of Early Intervention (August 2023) Competency Areas for Evidenced-Based Evaluations and Services in the New York Early Intervention Program. https://www.health.ny.gov/community/infants_children/early_intervention/competency_areas.htm</p> <p>²Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf</p> <p>³Division of Early Childhood (DEC). (04/14/2014). Recommended Practices https://www.dec-sped.org/dec-recommended-practices</p> <p>⁴Early Childhood Technical Assistance Center. Resources for Writing Good IFSP Outcomes ECTA Center: Resources for Writing Good IFSP Outcomes</p> <p>⁵New York State Department of Health Bureau of Early Intervention. (Revised: February 2017) Early Intervention Program Guidance Document Individualized Family Service Plans https://www.health.ny.gov/community/infants_children/early_intervention/docs/ifsp_guidance.pdf</p> <p>⁶Childress, D. (August 2012). Traditional vs. Collaborative EI Visits: What's the Difference? Early Intervention Strategies for Success Virginia Commonwealth University School of Education Partnership for People with Disabilities https://www.vieipd.org/earlyintervention/2012/08/30/traditionalvs-collaborative-ei-visits-whats-the-difference/</p> <p>⁷Early Childhood Outcomes Center (April 2005). Family and Child Outcomes. https://www.cde.state.co.us/sites/default/files/documents/resultsmatter/download/eco_outcomes_4-13-05.pdf</p> <p>⁸Mahoney, G., Boyce, G., Fewell, R. R., Spiker, D., & Wheeden, C. A. (1998). The relationship of parent-child interaction to the effectiveness of early intervention services for at-risk children and children with disabilities. <i>Topics in Early Childhood Special Education</i>, 18, (5-17.).</p> <p>⁹Dunst, C. J., Hamby, D., Trivette, C. M., Raab, M., & Bruder, M. B. (2000). Everyday family and community life and children's naturally occurring learning opportunities. <i>Journal of Early Intervention</i>, 23(3), 151-164.</p> <p>¹⁰Rush, D.D. & Shelden, M.L., (2011). The Early Childhood Coaching Handbook. Baltimore, MD: Paul H. Brookes.</p>

	<p>¹¹NYC Early Intervention Program (2014) The Functional Outcomes Assistant and Outcome Key https://www.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-functional-outcomes.pdf</p> <p>¹²Questions were compiled from resource materials by Robin McWilliams, Juliann Woods, Barbara Hanft, M’Lisa Shelden and Dathan Rush by NECTAC, 2005, 2012 / ECTA Center, 2014</p> <p>¹³Lucas, A., Gillaspy, K., Peters, M. L., & Hurth, J. (2014). Enhancing recognition of high quality, functional IFSP outcomes. Retrieved from https://ectacenter.org/~pdfs/pubs/rating-ifsp.pdf.</p>
NYC Bureau of Early Intervention Professional Development Email <u>EmbeddedCoaching@health.ny.gov</u> to learn more about the NYC BEI LMS and STA Professional Development programs.	<p>To learn more about early intervention family-centered best practices, Embedded Coaching, and about IFSP outcomes, there are several professional development resources available on the <i>NYC Department of Health and Mental Hygiene Professional Development</i> webpage:</p> <p>https://www.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page</p> <ol style="list-style-type: none"> 1. All NYC BEI professional development trainings are free. 2. Registration is sometimes limited for synchronous trainings, therefore do not register for a training unless you plan to participate. 3. All NYC BEI professional development trainings give CEUs for occupational therapists, physical therapists, social workers, audiologists, and speech-language pathologists, and CTLEs for teachers after participants complete and submit all the required components for each training. <ul style="list-style-type: none"> • All NYC BEI professional development covers the <i>NYS DOH BEI Competency Areas for Evidence-Based Evaluations and Services</i>. • Check out the <i>NYC BEI Learning Management System (LMS)</i> for asynchronous, on-line trainings; • Register for a synchronous training from the <i>NYC BEI-Hunter College Service Coordination Professional Development Institute</i> (SCPDI@hunter.cuny.edu) and • Receive synchronous training, coaching, guidance, and resources via the <i>NYC BEI Structured Technical Assistance (STA) Professional Development Program</i>.

Chapter 7: Amendments

New York City Early Intervention Program

Policy Title: Amendments	Effective Date: 10/15/2024
Policy Number: 7-A	Supersedes: Policy 7-A Dated June 28th, 2010
Applicable Forms: <ul style="list-style-type: none"> - Assignment and Change of Services/Service Provider/Service Coordinator Form - Request for Supplemental Evaluation form - Consent to Release/Obtain Information Form - Justification for Change in Frequency, Duration, or Length of Service Form - Progress Notes - IFSP Meeting Request/Confirmation Form - IFSP Consent for Services Form - Secure File Transfer Q&A (with link to guide) 	Regulation/Citation: 10 NYCRR §69-4.11; 10 NYCRR §69-4.17(b)

I. POLICY DESCRIPTION:

The IFSP shall be reviewed at six (6)-month intervals and shall be evaluated annually to determine the degree to which progress toward achieving the outcomes is being made, and whether there is a need to amend the IFSP to modify or revise the services being provided or the anticipated outcomes. Upon request of the parent, or if conditions warrant, the IFSP may be reviewed at more frequent intervals.

Consistent with Early Intervention regulations, and for the purpose of this Policy and Procedure, frequency, intensity, length, duration, location and method of service are defined as follows:

- frequency means the number of days or sessions per week the service will be provided;
- intensity means whether the service is provided on an individual (facility or home/community) or group basis (group, parent/child group, parent/family support group)
- length means the number of minutes of actual time spent delivering services during each session;
- duration means the start date and end date the service is to be provided;
- location means the actual place or places where the service will be delivered;
- method means how a service is provided.

The EIO must make reasonable efforts to ensure the parent receives written notification about the right to due process and the method by which mediation and impartial hearing can be requested at the following times: upon denial of eligibility; upon disagreement between the EIO and the parent on an initial or subsequent IFSP or proposed amendment to an existing IFSP; and upon request from the parent for such information.

10 NYCRR §69-4.17(b)

Note:

- Instructions for navigating EI-Hub are denoted in italics in the body of this Policy
- This policy requires that a form be submitted to the NYC Bureau of Early Intervention using secure file transfer. Secure file transfer is a feature in the New York State Health Commerce System (HCS). All EI-Hub users have HCS Accounts. Otherwise, they would not be able to access the EI-Hub. A secure file transfer reference guide is linked [here](#).

II. PROCEDURE:

Responsible Party	Action
Ongoing Service Coordinator (OSC)	<p>1. Receives requests for changes (amendments) from the following individuals:</p> <ul style="list-style-type: none"> • Parent/surrogate(s); • Service provider; or • Foster care agency/Administration for Children's Services (ACS). <p>2. Reviews requests for changes at the six (6)-month or annual review, or at any other time when there is a:</p> <ol style="list-style-type: none"> a. Recommendation for a change in a service type, a method by which a service is delivered, the location of the services, or the frequency/duration/length of a service type; b. Recommendation for an increase in ongoing service coordination units; c. Recommendation for termination of a service type; d. Recommendation for addition of a new service type; e. Change in service provider agency for any service type or service coordinator (SC); f. Change in transportation provider (e.g., a change to a new bus company, or change from Metrocard to mileage); g. Request to add a co-visit; or h. Request to add a supplemental evaluation. <p>3. Submits the proposed Amended IFSP and required paperwork to the Early Intervention Official Designee (EIOD) in <i>EI-Hub</i> or the required paperwork to the EIOD via HCS Secure File Transfer as soon as it is completed.</p> <ol style="list-style-type: none"> a. Do not wait for the Six (6)-month review or annual review to submit request. <p><u>Convening the Amendment Meeting:</u></p> <ol style="list-style-type: none"> 1. When the parent would like a face-to-face meeting with the EIOD: <ol style="list-style-type: none"> a. Submits an IFSP Meeting Request/Confirmation Form. <ol style="list-style-type: none"> i. Refer to the Scheduling Policy. b. Submits the Justification Packet as described in the “Submitting Justification Requests for Service Amendments” section of this policy document. <p>Note:</p> <ul style="list-style-type: none"> • Upon review of any amendment request, the EIOD may request a meeting of the IFSP team to discuss the requested amendment and issue a determination. <ol style="list-style-type: none"> 2. The Amendment meeting must be convened by the SC (regardless of whether the EIOD is present) for: <ol style="list-style-type: none"> a. Requests to change location of service; b. Requests to increase frequency of service(s); c. Requests to change duration of services(s); d. Requests to change intensity of service delivery; e. Termination of service(s) (when the parent agrees to the termination). <ol style="list-style-type: none"> i. If parent does not consent to a termination of service, an amendment meeting must be convened with the EIOD present. 3. The service provider(s)/evaluator must be invited to attend amendment meetings:

OSC Cont.	<p>a. In the rare instance that the interventionist/evaluator is unable to attend the meeting, they may participate via conference call.</p> <ul style="list-style-type: none"> i. Interventionist(s) participating through a conference call should be available for the pertinent portion of the meeting as required by the EIOD/SC (at a minimum: the discussion of child progress, outcome determination and recommendations for services). <p>4. Revise IFSP content in EI-Hub, as appropriate for the requested change:</p> <ol style="list-style-type: none"> a. <i>Find the case</i> <ol style="list-style-type: none"> i. <i>From the Children Assigned to Caseload dashboard, search for the child using the name or EI#</i> ii. <i>Select the Edit button to the right to access the child's case.</i> b. <i>Amend the IFSP</i> <ol style="list-style-type: none"> i. <i>Click on the IFSP tab and find the active IFSP in the grid (Make note of the IFSP Start and End dates for later entry)</i> ii. <i>Click on the Copy button in the Action column to the right</i> <ul style="list-style-type: none"> • <i>Doing so will copy most of the information from the active IFSP to the Amendment IFSP</i> iii. <i>On the IFSP Information screen</i> <ul style="list-style-type: none"> • <i>For IFSP Type, select Amendment from the dropdown. A Reason for Amendment field will appear. Select from the dropdown:</i> <ul style="list-style-type: none"> ○ <i>Amendment to Add Service Authorization: to request an additional service and/or supplemental evaluation OR</i> ○ <i>Service Authorization Amendment: to request amendment of an existing approved service</i> • <i>IFSP Status will change to Draft</i> • <i>The IFSP Start and End dates reflect the current active IFSP period. Change the Start Date to the date that the Amendment should take effect. Leave the End Date the same.</i> • <i>In the Method by Which IFSP was Conducted dropdown, select the appropriate method:</i> <ul style="list-style-type: none"> ○ <i>Recorded Review and Written Correspondence: if the Amendment is based on review of rendering therapists' justification, Progress Notes, and no meeting with the EIOD was held OR</i> ○ <i>In-person Meeting or Telephone or Video Conference Call: if the Amendment is conducted as an IFSP meeting that included the EIOD.</i> • <i>In the field Who Requested the New IFSP, enter the name of the person initiating this Amendment.</i> • <i>Check the box "Is the IFSP conducted in the dominant language or mode of communication of the parent/surrogate?" to indicate that the meeting and/or documentation is in the dominant language of the parent/surrogate.</i> • <i>Click Submit</i>
Note:	<ul style="list-style-type: none"> • <i>EI-Hub requires that the panels below be re-entered or updated when the IFSP is copied. If the information for the section has not changed, review information and click Submit. If information for the section has changed, update it. A red error</i>

OSC Cont.	<p><i>message will appear when you submit the IFSP if these panels are not completed or updated.</i></p> <ul style="list-style-type: none"> ○ <i>IFSP Meeting</i> ○ <i>IFSP Transition</i> ○ <i>IFSP Parent Agreement</i> ● <i>All other relevant panels (sections) of the IFSP below must be reviewed and updated as needed. Specifically, the EIOD will not approve IFSP amendments to therapeutic/educational service without relevant and appropriate updates to levels of development; family concerns, priorities and resources; and outcomes.</i> ● <i>When existing information needs to be updated/changed in any panel:</i> <ul style="list-style-type: none"> ○ <i>Do NOT delete the old information from the EI-Hub field(s);</i> ○ <i>Insert the updated information in the appropriate field <u>above</u> the old information;</i> ○ <i>Ensure that the updated information is preceded by the date; and</i> ○ <i>Separate the updated information and the old information with a line.</i> <p class="list-item-l1">iv. <i>Click the IFSP Team panel. The attendees at the original meeting will appear. Modify as needed by clicking Delete next to the name of a participant who is not part of this IFSP or clicking Add IFSP Team to add a new participant.</i></p> <ul style="list-style-type: none"> ● <i>All meeting attendees must sign the EI-Hub IFSP Attendance Sheet.</i> ● <i>Do not change the IFSP Team panel if Amendment is done by submission of documentation</i> <ul style="list-style-type: none"> ○ <i>Exception: For cases that were migrated from NYEIS to the EI-Hub, the IFSP may not include a person labeled both “parent” and “primary contact” among the team members. In that case, a parent primary contact will need to be added to the “Family Info” tab so that they can be selected for the IFSP Team. Otherwise you will receive an error message when you submit the IFSP.</i> ○ <i>Refer to the ISC Responsibilities Policy for detailed instructions about entering and maintaining up to date information about parents and caregivers in “Family Info” tab of the EI-Hub.</i> <p class="list-item-l1">v. <i>In the IFSP Meeting panel, click on Add IFSP Meeting and enter the date and time that the Amendment documents are being submitted to EIOD for review, or that the Amendment IFSP is being held.</i></p> <p class="list-item-l1">vi. <i>Level of Development</i></p> <ul style="list-style-type: none"> ● <i>Based on parent report and rendering provider justification, progress reports and/or session notes, update the levels of development.</i> ● <i>Do not delete a level of development. Add new information above the existing information in the textbox, indicating the date it was added.</i> ● <i>See the Initial IFSP Policy and EI -Hub IFSP Crosswalk for detailed instructions on how to complete this panel.</i> <p class="list-item-l1">vii. <i>Family Strengths Priorities Concerns Resources – as with Levels of Development, add any new information above the existing information</i></p>
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OSC Cont.	<p><i>in the textbox, indicating the date it was added.</i></p> <ul style="list-style-type: none"> • Click Submit • See the Initial IFSP Policy and EI-Hub IFSP Crosswalk for detailed instructions on how to complete this panel <p>viii. <i>Natural Environments</i></p> <ul style="list-style-type: none"> • Ensure this section is updated if the service setting is changing <p>ix. <i>Outcomes</i></p> <ul style="list-style-type: none"> • Based on parent report, provider justification, progress reports and/or session notes, add new outcomes or update outcomes • Refer to the EI -Hub IFSP Crosswalk for detailed instructions on how to modify, end date, and add new outcomes and developmental steps. <p>x. <i>IFSP Ongoing Evaluations – If a supplemental evaluation is being requested, click on this panel, then click on the Add Ongoing Evaluation button, to create an evaluation authorization.</i></p> <ul style="list-style-type: none"> • See the Initial IFSP Policy for instructions about completing these required fields. <ul style="list-style-type: none"> ○ Note that Program Name should be the type of supplemental evaluation being requested ○ After submitting, the supplemental evaluation authorization will now appear on the IFSP Ongoing Evaluations dashboard ○ Click on IFSP next to the child's name at the top of the screen to return to the IFSP Information screen. <p>xi. <i>Add or change service authorizations based on the scenarios described in the “Submitting Justification Requests for Service Amendments that Require an IFSP Amendment Meeting” section of this policy</i></p> <ul style="list-style-type: none"> • Click the IFSP Services panel on the left. • To add new service authorizations: <ul style="list-style-type: none"> ○ Click Add Service Information ○ The screen opens to the Service Information panel. ○ Refer to the Initial IFSP Policy and the IFSP crosswalk for instructions on how to complete the panels to create a service authorization. ○ Start Date should be 14 days from the date the request is being sent to the EIOD for review ○ End Date will be the end date of the current IFSP ○ Click Submit. • To amend copied existing service authorizations: <ul style="list-style-type: none"> ○ Find the service authorization in the Services grid and click on Edit. ○ For changes to units, frequency, duration and length, click on the Service Delivery panel on the left ○ Change the Frequency, Frequency Unit and Length (Minutes) fields as appropriate. Click Submit. ○ For changes to provider agency, click Company Assignment on the left. ○ Delete the current agency named under Company Name and type in the name of the new provider agency. Click
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<p>OSC Cont.</p>	<p><i>the name when it pops up. Click Submit.</i></p> <ul style="list-style-type: none"> ○ <i>For changes to location, click the Service Location panel on the left.</i> ○ <i>From the Location Type dropdown, select the new location type.</i> ○ <i>If the address does not autopopulate, type in the address.</i> ○ <i>Select yes or no from the dropdown for Is the child being served in a Natural Environment? If you answer no, explain the choice of environment when the text box appears. Click Submit.</i> <p>xii. <i>Reasons/Indicators for Respite and/or Transportation</i></p> <ul style="list-style-type: none"> ● <i>Ensure this section is updated if anything regarding need for respite and/or transportation is changing.</i> ● <i>Refer to Initial IFSP Policy and EI-Hub IFSP Crosswalk for detailed instructions on how to complete this panel.</i> <p>xiii. <i>Other Services/Resources Where Family is Participating</i></p> <ul style="list-style-type: none"> ● <i>Completes the required fields as documented in the EI-Hub IFSP Crosswalk.</i> <p>xiv. <i>IFSP Transition</i></p> <ul style="list-style-type: none"> ● <i>The Transition pane does not copy over. See Initial IFSP Policy and EI-Hub IFSP Crosswalk for instructions on how to complete.</i> <ul style="list-style-type: none"> ○ <i>Date Transition Discussed with Family – For Amendments: ensure that this date is the date from the original IFSP.</i> <p>xv. <i>Documents all needed notes in the IFSP in the “Level of Development” panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.</i></p> <ul style="list-style-type: none"> ● <i>IFSP Amendment requests to change intensity, frequency, duration, method, or length of service delivery, termination of services, or addition of service must list the required justification documents.</i> ● <i>The included text must indicate that the request, justification and consent documents are attached to the child’s draft amendment IFSP in EI-Hub.</i> <ul style="list-style-type: none"> ○ <i>Example: Request to Increase OT authorization from 1x30 to 1x60. Assignment and Change of Services/Service Provider/Service Coordinator Form and Justification for Change in Frequency, Duration or Method of Service Form with clinical justification are attached to IFSP Parent Agreement panel.</i> <p>xvi. <i>Reviews and completes the Individualized Family Service Plan Consent for Services Form with parent/surrogate.</i></p> <ul style="list-style-type: none"> ● <i>This and other IFSP meeting forms with parent signatures must be submitted as required in the scenarios below.</i> ● <i>Refer to the Initial IFSP Policy for detailed instructions.</i> <p>xvii. <i>IFSP Parent Agreement</i></p> <ul style="list-style-type: none"> ● <i>Completes the panel based on the Initial IFSP Policy</i> ● <i>Clicks on the Upload Signature Page button and individually</i>
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<p>OSC Cont.</p>	<p><i>uploads and labels each required justification document as outlined in each of the amendment scenarios below.</i></p> <ul style="list-style-type: none"> • Uploads the IFSP Consent for Services Form <p>xviii. <i>Finalize the IFSP.</i></p> <ul style="list-style-type: none"> • Refer to the Initial IFSP Policy for detailed instructions • <i>Ensure that the EI-Hub IFSP Attendance Sheet is printed, signed and attached to the Parent Agreement section.</i> <p>xv. Follows steps in the Initial IFSP Policy to submit the IFSP to the EIOD for approval.</p> <p>5. <i>Leave the IFSP tab to complete or update the EI-Hub Transition tab if the Amendment IFSP is the IFSP closest to the child's second birthday.</i></p> <ul style="list-style-type: none"> a. Refer to the Transition Chapter for step-by-step instructions <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • The parent/surrogate MUST receive a copy of The Early Intervention Makeup Policy – Information for Families and Your Family Rights in Early Intervention at every IFSP meeting, including Amendment meetings. </div>
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Submitting Justification Requests for Service Amendments that Require an IFSP Amendment Meeting (refer to the Convening the Amendment Meeting above):

1. Completes the following actions when requesting an Amendment to a current service plan.
 - a. **Requests to change Service Intensity or Service Type:**
 - i. Revises IFSP content in EI-Hub
 - Required information is listed under the “Convening an Amendment Meeting” section of this policy document.
 - *Ensures that the Amendment request and documents submitted as attachments are listed in the Levels of Development panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.*
 - ii. Submits a request in the child’s draft copied IFSP to add a service reflecting the proposed intensity or service type:
 - *To add new service authorizations:*
 - Click Add Service Information
 - The screen opens to the Service Information panel.
 - Refer to the **Initial IFSP Policy and the IFSP crosswalk** for instructions on how to complete the mandatory panels to create a service authorization:
 - Start Date should be 14 days from the date the request is being sent to the EIOD for review
 - End Date will be the end date of the current IFSP
 - Click Submit.
 - iii. Submits the following documentation by attaching it in the IFSP Parent Agreement panel:
 - **Assignment and Change of Services/Service Provider/Service Coordinator Form**
 - Parent consent (signature) is required.
 - Brief explanation on agency letterhead is required, indicating:
 - The reason(s) for the change in intensity or service type (should be child/family-based and related to functional

<p>OSC Cont.</p>	<p>outcomes).</p> <ul style="list-style-type: none"> • Copies of the most current provider Progress Notes. <ul style="list-style-type: none"> ○ If a request is made more than 2 months before or after the required submission of the 6-month or 12-month progress note, an amendment progress note must be completed and submitted. iv. Submits a request to terminate the current service in EI-Hub: <ul style="list-style-type: none"> • <i>Leave the IFSP tab and go to the Services tab.</i> • <i>Find the service authorization in the grid and click the “Delete” button</i> v. <i>Confirms the IFSP has been submitted by checking the IFSP Alerts dashboard to see if it is listed under “IFSP Submitted for Review”</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Amendment requests will not be reviewed if appropriate supporting documentation is not attached to the child's draft Amendment in the EI Hub • <i>In the EI-Hub, approved amendment requests are processed overnight, meaning that the day that the amendment is approved, it will show a status of “approved” while the previous IFSP continues to have a status of “active”. On the amendment start date, the amendment will appear as “active” while the previous IFSP is “closed” and the IFSP and service authorizations will all be end-dated.</i> </div> <p class="list-item-l1">b. Requests to terminate a service:</p> <p class="list-item-l2">i. <i>Revises IFSP content in EI-Hub</i></p> <ul style="list-style-type: none"> • Required information is listed under the “Convening an Amendment Meeting” section of this policy document. <p class="list-item-l2">ii. <i>Ensures that the Amendment request and documents submitted as attachments are listed in the Levels of Development panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.</i></p> <p class="list-item-l2">iii. <i>Uploads the following documentation <u>to the IFSP Parent Agreement panel in EI-Hub</u>:</i></p> <ul style="list-style-type: none"> • Assignment and Change of Services/Service Provider/Service Coordinator Form <ul style="list-style-type: none"> ○ Parent consent (signature) is required. • Last 6-month or 12-month Progress Notes indicating developmental status as reason for termination. • Parent requests are considered valid reasons for termination of service(s). • Justification for Change in Frequency, Duration or Length of Service Form <ul style="list-style-type: none"> ○ Only questions 1, 2 and 5 of the justification should be addressed for termination of services. <p class="list-item-l2">iv. <i>Submits the request to terminate a service in EI-Hub by editing the grid in the IFSP Services panel:</i></p> <ul style="list-style-type: none"> • Leave the IFSP tab and go to the Services tab. • Find the service authorization in the grid and click the “Delete” button • Click Submit
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OSC Cont.	<p>v. Confirms the IFSP has been submitted by checking the IFSP Alerts dashboard to see if it is listed under “IFSP Submitted for Review”</p> <p>Note:</p> <ul style="list-style-type: none"> Amendment requests will not be reviewed if appropriate supporting documentation is not attached to the child’s draft Amendment in the EI Hub <i>In the EI-Hub, approved amendment requests are processed overnight, meaning that the day that the amendment is approved, it will show a status of “approved” while the previous IFSP continues to have a status of “active”. On the amendment start date, the amendment will appear as “active” while the previous IFSP is “closed” and the IFSP and service authorizations will all be end-dated.</i> <p>c. Requests to change frequency, duration, units, length of service</p> <ol style="list-style-type: none"> Revises IFSP content in EI-Hub. <ul style="list-style-type: none"> Required information is listed under the “Convening an Amendment Meeting section of this policy document. Ensures that the Amendment request and documents submitted as attachments are listed in the Levels of Development panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP. Submits the following documentation as attachments to the IFSP Parent Agreement panel in the draft Amendment IFSP: <ul style="list-style-type: none"> Assignment or Change of Services/Service Provider/Service Coordinator Form <ul style="list-style-type: none"> Parent notification is required. Copies of the most current Provider Progress Notes. <ul style="list-style-type: none"> If a request is made more than 2 months before or after the 6-month or 12-month progress note, an amendment progress note must be completed and submitted. Justification for Change in Frequency, Duration, or Length of Service Form. Amends the copied existing service authorization: <ul style="list-style-type: none"> Find the service authorization in the Services grid and click on Edit. For changes to units, frequency, duration and length, click on the Service Delivery panel on the left Change the Frequency, Frequency Unit and Length (Minutes) fields as appropriate. Click Submit. For changes to provider agency, click Company Assignment on the left. <ul style="list-style-type: none"> Delete the current agency named under Company Name and type in the name of the new provider agency. Click the name when it pops up. Click Submit. For changes to location, click the Service Location panel on the left. From the Location Type dropdown, select the new location type. <ul style="list-style-type: none"> If the address does not autopopulate, type in the address. Select yes or no from the dropdown for Is the child being served in a Natural Environment? If you answer no, explain the choice of environment when the text box appears. Click Submit. Confirms the IFSP has been submitted by checking the IFSP Alerts
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OSC Cont.	<p><i>dashboard to see if it is listed under “IFSP Submitted for Review”</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Amendment requests will not be reviewed if appropriate supporting documentation is not attached to the child’s draft Amendment in the EI Hub • <i>In the EI-Hub, approved amendment requests are processed overnight, meaning that the day that the amendment is approved, it will show a status of “approved” while the previous IFSP continues to have a status of “active”. On the amendment start date, the amendment will appear as “active” while the previous IFSP is “closed” and the IFSP and service authorizations will all be end-dated.</i> </div>
	<p>d. Requests to add a new service type or supplemental evaluation request.</p> <ul style="list-style-type: none"> i. Revises IFSP content in EI-Hub. <ul style="list-style-type: none"> • <i>Required information is listed under the “Convening an Amendment Meeting section of this policy document.</i> ii. <i>Ensures that the Amendment request and documents submitted as attachments are listed in the Levels of Development panel in the “Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.</i> iii. Submits the following documentation <u>as attachments to the IFSP Parent Agreement panel in the draft Amendment IFSP:</u> <ul style="list-style-type: none"> • For a new service type: <ul style="list-style-type: none"> ○ Assignment or Change of Services/Service Provider/Service Coordinator Form <ul style="list-style-type: none"> ▪ Written parent consent is required. ○ Copies of the most current Provider Progress Notes. <ul style="list-style-type: none"> ▪ If a request is made more than 2 months before or after the 6-month or 12-month progress note, an amendment progress note must be completed and submitted. • For a supplemental evaluation request <ul style="list-style-type: none"> ○ Request for Supplemental Evaluation Form, and ○ Supplemental justification letter iv. Add the new service authorization in the child draft amendment IFSPs: <ul style="list-style-type: none"> • <i>To add a proposed service:</i> <ul style="list-style-type: none"> ○ <i>Click Add Service Information</i> ○ <i>The screen opens to the Service Information panel.</i> ○ <i>Refer to the Initial IFSP Policy and the IFSP crosswalk for instructions on how to complete the mandatory panels to create a service authorization:</i> ○ <i>Start Date should be 14 days from the date the request is being sent to the EIOD for review</i> ○ <i>End Date will be the end date of the current IFSP</i> ○ <i>Click Submit.</i> • <i>To add a proposed supplemental evaluation</i> <ul style="list-style-type: none"> ○ <i>Click on IFSP Ongoing Evaluations</i> ○ <i>Click on the Add IFSP Ongoing Evaluations button.</i> ○ <i>Refer to the Initial IFSP Policy and the IFSP crosswalk for instructions on how to complete the mandatory panels</i>

<p>OSC Cont.</p>	<p><i>to create a supplemental evaluation service authorization</i></p> <ul style="list-style-type: none"> ○ <i>Start Date should be 14 days from the date the request is being sent to the EIOD for review</i> ○ <i>End Date must be the 30th day from the date of the start date entered.</i> ○ <i>Click Submit.</i> <ul style="list-style-type: none"> ▪ <i>A service authorization must be created and submitted separately for each: supplemental, and bilingual add-on request.</i> <p>v. <i>Confirms the IFSP has been submitted by checking the IFSP Alerts dashboard to see if it is listed under “IFSP Submitted for Review”</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Amendment requests will not be reviewed if appropriate supporting documentation is not attached to the child's draft Amendment in the EI Hub • <i>In the EI-Hub, approved amendment requests are processed overnight, meaning that the day that the amendment is approved, it will show a status of “approved” while the previous IFSP continues to have a status of “active”. On the amendment start date, the amendment will appear as “active” while the previous IFSP is “closed” and the IFSP and service authorizations will all be end-dated.</i> </div>
<p><u>Submitting Requests for Service Amendments that DO NOT Require IFSP Amendment Meetings:</u></p> <ol style="list-style-type: none"> 1. Completes the following actions when requesting an Amendment to a current service provider or Ongoing Service Coordination Units: <ol style="list-style-type: none"> a. Requests for additional Ongoing Service Coordination Units: <ol style="list-style-type: none"> i. <i>Revise IFSP content in EI-Hub following the steps under 4.a and 5.b above.</i> ii. <i>Re-enter or update the following mandatory panels. If the information for the section has not changed, review information and click Submit. If information for the section has changed, update it. A red error message will appear when you submit the IFSP if these panels are not completed or updated.</i> <ul style="list-style-type: none"> • <i>IFSP Meeting</i> • <i>IFSP Transition</i> • <i>IFSP Parent Agreement</i> <ul style="list-style-type: none"> ○ <i>Exception: For cases that were migrated from NYEIS to the EI-Hub, the IFSP may not include a person labeled both “parent” and “primary contact” among the team members. In that case, a parent primary contact will need to be added to the “Family Info” tab so that they can be selected for the IFSP Team. Otherwise you will receive an error message when you submit the IFSP.</i> ○ <i>Refer to the ISC Responsibilities Policy for detailed instructions about entering and maintaining up to date information about parents and caregivers in “Family Info” tab of the EI-Hub</i> iii. <i>Ensures that the Amendment request and documents submitted as attachments are listed in the Levels of Development panel in the</i> 	

OSC Cont.	<p><i>“Adaptive” domain of development (in the “Needs” text box) so that it will be included in the printed version of the IFSP.</i></p> <p>iv. Submits the following documentation as <u>attachments to the child’s IFSP Parent Agreement panel in EI-Hub:</u></p> <ul style="list-style-type: none"> • Assignment and Change of Services/Service Provider/Service Coordinator Form <ul style="list-style-type: none"> ○ Parent consent is required. • Brief explanation is required on agency letterhead, indicating <ul style="list-style-type: none"> ○ The reason(s) for adding service coordination units must be included. ○ The Regional Office may request ongoing service coordination notes for consecutive requests in the same IFSP period for additional supporting documentation. <p>v. <i>Submits the request to add Ongoing Service Coordination Units in EI-Hub by amending the current OSC service authorization:</i></p> <ul style="list-style-type: none"> • <i>To amend copied existing service authorizations:</i> • <i>For changes to units, frequency, duration and length, click on the Service Delivery panel on the left</i> • <i>Change the Frequency, Frequency Unit and Length (Minutes) fields as appropriate. Click Submit.</i> • <i>For changes to provider agency, click Company Assignment on the left.</i> • <i>Delete the current agency named under Company Name and type in the name of the new provider agency. Click the name when it pops up. Click Submit.</i> • <i>For changes to location, click the Service Location panel on the left.</i> • <i>From the Location Type dropdown, select the new location type.</i> • <i>If the address does not autopopulate, type in the address.</i> • <i>Select yes or no from the dropdown for Is the child being served in a Natural Environment? If you answer no, explain the choice of environment when the text box appears. Click Submit.</i> <p>vi. <i>Confirms the IFSP has been submitted by checking the IFSP Alerts dashboard to see if it is listed under “IFSP Submitted for Review”</i></p> <p>f. Requests to change the Ongoing Service Coordinator:</p> <ol style="list-style-type: none"> i. Completes and obtains parent signature on the Change in Services/Service Provider/Service Coordinator Form <ul style="list-style-type: none"> • The form with parent signature is kept in the child ongoing service coordination file at the EI agency for audit. ii. The assigned ongoing service coordination provider can change the service coordinator named on the service authorization to someone else at <u>their agency</u>.
<p>Note:</p> <ul style="list-style-type: none"> • If the change in service coordinator requires a change in start date follow steps above for “Requests to add a new service type” (the same steps and EIOD review process will apply) • If the change in service coordinator requires additional service coordination units – follow steps above for “Requests for additional Ongoing Service Coordination” 	

OSC Cont.	<p>units” (the same steps and EIOD review process will apply)</p> <p class="list-item-l1">ii. <i>Changes an ongoing service coordinator assigned to a service authorization by:</i></p> <ul style="list-style-type: none"> • <i>From Children Assigned to Caseload, click the Children with an Agency Assigned Missing a Practitioner dashboard on the left</i> • <i>Click Search to see the full list of all service authorizations pending assignment, or enter the child’s name or EI # in the Search field to find a specific case</i> • <i>Scroll to the right of the ongoing service coordination service authorization and click Edit</i> • <i>Click on Therapist Assignment on the left</i> • <i>Click the Add Therapist Assignment button</i> • <i>Select ongoing service coordinator from the Therapist dropdown</i> • <i>Click Submit</i> <p class="list-item-l1">g. Requests to change the Ongoing Service Coordination Agency:</p> <ul style="list-style-type: none"> i. Completes and obtains parent signature on the Assignment and Change of Services/Service Provider/Service Coordinator Form ii. Submits the Assignment and Change of Services/Service Provider/Service Coordinator Form and sends a communication via Secure File Transfer (SFT) to the HIN ID of the child’s EIOD and a cc to the general NYC Regional Office HIN ID indicating that “IFSP OSC Agency Change for Child ID XXXXX obtained. IFSP change needed.” • General Regional Office HIN IDs: <ul style="list-style-type: none"> ○ Brooklyn RO HIN ID: BKRO ○ Bronx RO HIN ID: BXRO ○ Queens RO HIN ID: QRO ○ Manhattan RO HIN ID: MRO ○ Staten Island RO HIN ID: SIRO • The Assignment and Change of Services/Service Provider/Service Coordinator Form must be attached to the HCS SFT communication. • Brief explanation on provider agency letterhead must be sent as part of the HCS request explaining the reason for the change in service coordination agency. <p class="list-item-l1">h. Requests to change service provider agency:</p> <ul style="list-style-type: none"> i. Completes the Assignment and Change of Services/Service Provider/Service Coordinator Form. <ul style="list-style-type: none"> • Parent notification is required (no parental consent (signature) required) ii. Submits the Assignment and Change of Services/Service Provider/Service Coordinator Form and sends a communication via Secure File Transfer (SFT) to the HIN ID of the child’s EIOD and a cc to the general NYC Regional Office HIN ID indicating that “IFSP OSC Agency Change for Child ID XXXXX obtained. IFSP change needed.” • General Regional Office HIN IDs: <ul style="list-style-type: none"> ○ Brooklyn RO HIN ID: BKRO
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	<ul style="list-style-type: none"> ○ Bronx RO HIN ID: BXRO ○ Queens RO HIN ID: QRO ○ Manhattan RO HIN ID: MRO ○ Staten Island RO HIN ID: SIRO ● The Assignment and Change of Services/Service Provider/Service Coordinator Form must be attached to the HCS SFT communication. ● Brief explanation on provider agency letterhead must be sent as part of the HCS request explaining the reason for the change in service provider agency. <p>Note: Requests for additional ISC Units are addressed in the Changes in Initial Service Coordinator or Initial Service Coordination Units Policy.</p>
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. Identifies amendment IFSPs submitted for review in the IFSP Alerts dashboard, IFSPs Submitted for Review dropdown 2. Reviews Amendment request within 14 calendar days of the submission to EI-Hub: <ol style="list-style-type: none"> a. EIOD may schedule an Amendment Meeting after reviewing the Amendment Packet: <ol style="list-style-type: none"> i. Notifies the Scheduling Unit to set up an Amendment Meeting: ii. Refer to Policy on IFSP Meeting Scheduling in Chapter 5 of the Policy and Procedure Manual. iii. The EIOD may also reject the submitted request b. EIOD may request additional information from the interventionist if insufficient information was provided by rejecting the copied amended IFSP in EI-Hub. <ol style="list-style-type: none"> i. <i>In the Hub's IFSP Alerts dashboard, selects IFSPs Submitted for Review from the dropdown</i> ii. <i>Clicks the Edit button to the right of the child's name</i> iii. <i>In the child's case, clicks the Documents tab to ensure that all necessary documents for the requested amendment are uploaded and correct</i> <ul style="list-style-type: none"> ● Assignment and Change of Services/Service Provider/Service Coordinator Form ● Justification for Change in Frequency, Duration or Length of Service Form. ● Progress Note(s) ● Transition documents ● IFSP Consent for Services Form. ● IFSP Attendance Form ● IFSP Scheduling Form c. Then clicks the IFSP tab, finds the draft Amendment in the grid, and clicks Edit <ul style="list-style-type: none"> ● Reviews the currently active and approved IFSP and compares all content to the draft amendment to understand what has changed d. EIOD may authorize changes to services by: <ol style="list-style-type: none"> i. Clicking the IFSP Services panel in the draft amendment <ul style="list-style-type: none"> ● Finds the service authorization in the grid and clicks Edit ● Ensures that any service authorizations that carried over from the active IFSP but are no longer needed have been deleted ● For all service authorizations: new, amended (carried over from the active IFSP and edited), and existing (carried over from the active IFSP and unchanged):

EIOD Cont.	<ul style="list-style-type: none"> • <i>Reviews all panels for accuracy of service type, start and end date, frequency and intensity, provider agency, and location. Ensures that amended authorizations do not carry over information that no longer applies, such as therapist name if the agency has changed, or location if the modality has changed</i> • <i>Clicks Submit</i> • <i>If the service authorization is correct:</i> <ul style="list-style-type: none"> ○ <i>Returns to the Service Information panel and scrolls down to EIOD Approval</i> ○ <i>Selects Approved</i> • <i>If there are errors in the service authorization:</i> <ul style="list-style-type: none"> ○ <i>Does not approve the service authorization</i> ○ <i>Returns to the IFSP Information panel</i> ○ <i>Scrolls to the bottom to the EIOD Approval section</i> ○ <i>Selects Reject from the dropdown</i> • <i>Repeats for each service authorization in the Services grid on the Service Information panel</i> <p>d. Authorizes Supplemental Evaluations if needed by:</p> <ol style="list-style-type: none"> i. <i>Navigating to the IFSP Ongoing Evaluations panel of the amendment request/amendment IFSP</i> <ul style="list-style-type: none"> • <i>Finds the supplemental evaluation service authorization in the grid</i> • <i>Scrolls to the right of the service authorization and clicks Edit</i> • <i>The evaluation service authorization screen will open</i> • <i>Reviews all panels of the following tabs, ensuring information is accurate</i> <ul style="list-style-type: none"> ○ <i>Evaluation</i> ○ <i>Supplemental Evaluation</i> • <i>On the Evaluation tab, scrolls to the bottom and selects Approved from the EIOD Approval dropdown</i> • <i>Clicks Submit</i> e. <i>Reviews content of all other panels</i> <ol style="list-style-type: none"> i. <i>Clicks on the Level of Development panel and reviews any updated or additional information</i> ii. <i>Clicks on the Reasons/Indicators for Respite and/or Transportation to identify any changes</i> f. <i>Approves/Denies the IFSP</i> <ol style="list-style-type: none"> i. <i>Returns to IFSP Information panel</i> ii. <i>Scrolls to the EIOD Approval section at the bottom</i> iii. <i>Selects Approve or Reject from the dropdown</i> iv. <i>EIO/D Review Date will auto-populate.</i> v. <i>Clicks Submit</i> g. <i>Confirms IFSP Status is Approved or Rejected in the grid on the IFSP tab</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • When a transportation Amendment is authorized, the transportation authorization is forwarded to the EI Systems Administration Unit or the designated Regional Office Transportation Liaison for entry into the DOE Rider System. </div> <p>3. If the EIOD denies the Amendment Request:</p>
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EIOD Cont.	<ul style="list-style-type: none"> a. Prior Written Notice must be sent to the parent/surrogate(s) by the EIOD detailing the reason for the denial. b. Prior Written Notice will also be attached to the “Referral tab” in the child’s case in the EI-Hub. c. A written explanation will be provided to the service coordinator via EI-Hub attachment to the “Referral tab” in the child’s case when a request for additional ongoing service coordination units is denied. d. Refer to the Prior Written Notice Policy for additional information. 4. Reviewed requests submitted via HCS to change Ongoing Service Coordination Agency or Service Provider Agency within 14 calendar days: <ul style="list-style-type: none"> a. Reviews the Assignment and Change of Services/Service Provider/Service Coordinator Form and supporting submitted justification letters. b. Requests additional information or denies the request by attaching Prior Written Notice or other notification as appropriate to the “referral tab” of the child’s case in the EI-Hub c. Approves the request in the EI-Hub by: <ul style="list-style-type: none"> i. Locates the child in the EI Hub by searching for their ID on Children Assigned to Caseload and clicking the Edit button when the child appears. ii. Clicks the IFSP tab. iii. Locates the active IFSP in the grid and clicks the Edit button. iv. Clicks the Unlock IFSP button at the bottom of the IFSP Information screen. v. Clicks the Yes button when asked Are you sure you want to unlock the IFSP? vi. The status reverts to Draft and new fields appear. vii. Selects Service Authorization Amendment from the Modification Reason dropdown. viii. Enters the reason for unlocking in the Reason for Change textbox. ix. Clicks Submit. x. Clicks IFSP Services on the left panel. xi. Locates the relevant service authorization in the grid and clicks Edit. xii. Clicks the Company Assignment panel and enters the name of the service provider in the Company field, then clicks Submit. xiii. When returned to the Service Information panel, selects Approve from the EIOD Approval dropdown at the bottom. xiv. When returned to the IFSP Information panel, selects Approve from the EIOD Approval dropdown at the bottom. d. If the request is for a change to the Ongoing Service Coordination Agency, after the OSA service authorization is created, creates the OSC agency Teams assignment in the EI-Hub: <ul style="list-style-type: none"> i. Click on the Teams tab. ii. Click the “Add EIOD Service Coordinator” button. iii. Select Ongoing Service Coordinator from the “EIOD or Coordinator Type” dropdown. iv. In the Agency Lookup field, type the first few letters of the ISC agency’s name, and click on the name when it pops up. viii. Enter Start Date as the day after the End Date for the
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EIOD Cont.	<p>ix. previous ISC agency. x. Click "Submit."</p> <p>Note: The Amended IFSP is only considered to be in effect after the EIOD reviews and approves the documentation.</p>
Service Provider/EI Hub Universal Provider	<ol style="list-style-type: none"> 1. Accept/Reject assignment generated by SA Amendment. <ol style="list-style-type: none"> a. To accept: <ol style="list-style-type: none"> i. On Children Assigned to Caseload, click the Retrieve tab <ul style="list-style-type: none"> • Sort list by the Action Needed column, or by searching for the individual case if you know it already • See Initial IFSP Policy for details on how to accept the service authorization and assign a therapist ii. If therapist name is not known when the service authorization is accepted, when the individual is confirmed, the provider agency can add them to the service authorization. Additional EIOD approval is not required: <ul style="list-style-type: none"> • From Children Assigned to Caseload, click the Children with an Agency Assigned Missing a Practitioner dashboard on the left • Click Search to see the full list of all service authorizations pending assignment, or enter the child's name or EI # in the Search field to find a specific case • Scroll to the right of the service authorization and click Edit • The evaluation or service authorization opens iii. For supplemental evaluations: <ul style="list-style-type: none"> • Click the Evaluator Assignment panel on the left • Click the blue binoculars next to the field Primary Evaluator • Select the assigned evaluator from the dropdown • Click Submit iv. For services: <ul style="list-style-type: none"> • Click on Therapist Assignment on the left • Click the Add Therapist Assignment button • Select individual from the Therapist dropdown • Click Submit v. To reject a service authorization <ul style="list-style-type: none"> • On the provider agency EI-Hub homepage Children Assigned to Caseload dashboard, click the Retrieve tab • Sort list by the Action Needed column, or by searching for the individual case if you know it already • See Initial IFSP Policy for how to reject the service authorization 2. Associate an accepted service authorization with a prescription <ol style="list-style-type: none"> a. Services cannot be billed without having a prescription associated with the service authorization. <ol style="list-style-type: none"> i. On the provider agency EI-Hub homepage Children Assigned to Caseload dashboard, search for the child's name or ID, and click Edit when the child appears. ii. In the child's case, click the Ins Info tab. iii. See the Obtaining Prescriptions for Authorized Services and

	<p>Evaluations Policy for detailed instructions for entering prescriptions information and associating prescriptions with authorized services.</p> <ul style="list-style-type: none"> • One prescription can be associated with multiple service authorizations at one time.
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Note:

- **To view detailed service authorization information in the EI-Hub:**
 - Navigate to the child's Services and/or Eval Info tabs, click on Edit next to the individual service authorization, and review each panel.
- **When an amendment is approved, the service authorizations that copied over from the previous IFSP do not need to be re-accepted by the provider, and do not need to have the therapist reassigned. However, the service authorization number changes, and the provider must link the relevant prescriptions to this new service authorization number. See the Obtaining Prescriptions for Authorized Services and Evaluations Policy for detailed instructions for associating prescriptions with authorized services.**
- **If the provider agency rejects the service authorization in EI-Hub, the SC must be contacted no later than one (1) business day after the service authorization is rejected.**

3. Changes Ongoing Service Coordinator and/or Rendering Provider/Interventionist
 - a. Notifies the parent and the Ongoing Service Coordinator of the change to rendering provider/interventionists.
 - b. Completes and retains **Assignment and Change of Services/Service Provider/Service Coordinator Form.**
 - i. This form documenting the date that the parent was consulted and informed of the change is kept in the child's file at the EI agency for audit.
 - ii. Reassigns the service authorization to another rendering provider/interventionist at their agency:
 - i. From Children Assigned to Caseload, click the Children with an Agency Assigned Missing a Practitioner dashboard on the left
 - ii. Click Search to see the full list of all service authorizations pending assignment, or enter the child's name or EI # in the Search field to find a specific case
 - iii. Scroll to the right of the service authorization and click Edit
 - iv. Click on Therapist Assignment on the left
 - v. Click the Add Therapist Assignment button
 - vi. Select individual from the Therapist dropdown
 - vii. Click Submit
 - Note that all other Service Information panels will remain the same. Changing therapist assignment does not change the dates, frequency, location, etc.
 - viii. Confirms change in therapist by finding the service authorization in the grid in the Services tab. The name of the newly assigned therapist will be listed in the Therapist column
 - ix. **The change takes effect immediately.**

Ongoing	1. Monitors the status of individual cases by searching for them on Children on My
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Service Coordinator (OSC)	<p>Caseload and clicking Edit next to their case.</p> <ul style="list-style-type: none"> a. Navigates to the IFSP tab, finds the amendment in the grid, and checks the IFSP Status column. <p>2. Monitors the following dashboards daily for EIOD approvals and rejections, case assignments, changes to services and/or IFSPs</p> <ul style="list-style-type: none"> a. <i>Children Assigned to Caseload (sort by Action needed column to identify cases requiring action)</i> b. <i>Children with an IFSP with Services Missing an Agency</i> c. <i>Children with an Agency Missing a Practitioner</i> d. <i>IFSP Alerts</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: To check for EIOD rejections, select the "IFSP Rejection" dropdown from the "IFSP Alerts" dashboard</p> </div> <p>3. For amendment rejections, reviews the Prior Written Notice attached by the EIOD in the EI-Hub:</p> <ul style="list-style-type: none"> a. <i>Navigate to the 'Document' tab – select 'Referral' from the Document Area (Equal To) dropdown – click 'Search'</i> b. <i>Document Area, Document Type, Document Name, and Document Date (date attached) and Action column dashboard will populate</i> <ul style="list-style-type: none"> i. Ensures parent understands the Prior Written Notice issued and available next steps and due process rights. <p>4. Ensures that the evaluation/service agency is informed of any decision made by the EIP.</p> <p>5. Ensures that the parent receives a copy of the IFSP expeditiously, but no later than 48 hours after approval.</p> <ul style="list-style-type: none"> a. If a new/Amended authorization for transportation was approved, the OSC must notify the service provider's transportation coordinator. <ul style="list-style-type: none"> i. Transportation coordinator will review case and service authorization in EI-Hub and must give a copy of the service authorization to the transportation provider and to the Department of Education. b. Ensures that all new/Amended services begin within two (2) weeks of the service start date on the IFSP (see policy on <i>Start Date of Services</i>).
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Approved By:
Assistant Commissioner, Early Intervention

Date: 10/01/2024

NYC EARLY INTERVENTION PROGRAM
ASSIGNMENT AND CHANGE OF SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR

Child's EI ID Number:	Child's DOB:	
Child's Name: (Last, First)		
Service Coordinator:	SC NPI#:	
SC Agency Name:	Tel. #	Fax #

Complete sections as applicable. Changes are not official until approved by the EIOD.

[] SECTION I: PROVIDER OF SERVICE ASSIGNMENT (Pended IFSP SA)		
Provider Name:		State Provider ID:
IFSP Type:	IFSP Start Date	IFSP End Date
Service Type:		Intensity:
Anticipated Date: ____ / ____ / ____		
Parent was notified of this change on (date): ____ / ____ / ____ SC signature: _____		

[] SECTION II: CHANGE IN SERVICE PROVIDER AGENCY		
FROM:	TO:	
Provider Name:		
State Provider ID:		
EI-Hub Service Authorization (SA) Number (Ref # of the SA being requested for amendment):		
Anticipated Date: ____ / ____ / ____		
Parent was notified of this change on (date): ____ / ____ / ____ SC signature: _____		

[] SECTION III: ONGOING SERVICE COORDINATOR (OSC)		
FROM:	TO:	
OSC Agency Name:		
State Provider ID:		
OSC Name:		
SC NPI#:		
EI-Hub SA Number (Ref # of the SA being requested for amendment):		
Anticipated Date: ____ / ____ / ____		
Parent Consent: I have been consulted about the changes to my Ongoing Service Coordinator and consent to the assignment of the OSC indicated above.		
Parent/Guardian Signature: _____		Date: ____ / ____ / ____

[] SECTION IV: CHANGE IN SERVICES		
A separate form for each service must be completed when the following requests are made:		
<ul style="list-style-type: none"> • Changes to a service type currently on the IFSP (Method, Location, and Frequency can be requested on a single form) • Adding Ongoing Service Coordination units • Adding a service type to an IFSP • Terminating a service type currently on an IFSP 		
Service Type:		
<input type="checkbox"/> Add Service Type <input type="checkbox"/> Method <input type="checkbox"/> Location <input type="checkbox"/> Termination of Service <input type="checkbox"/> Frequency/Duration (Mins./Days/Weeks) <input type="checkbox"/> Add Ongoing Service Coordination Units - Number of Units being requested: _____		
EI-Hub Service Authorization Reference Number (Ref # of the SA being requested for amendment):		
Anticipated Date: ____ / ____ / ____		
Parent Consent: I have been consulted about the change in services and have reviewed the justification for those changes. I consent to the addition of and/or changes to the service type indicated above.		
Parent/Guardian Signature: _____		Date: ____ / ____ / ____



NYC EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR COMPLETION ASSIGNMENT AND CHANGE OF SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR INSTRUCTIONS FOR COMPLETION

GENERAL INSTRUCTIONS:

The Service Coordinator (SC) must complete this form when:

- A provider of service (agency/appendix agreement holder) is identified by the Ongoing Service Coordinator when an Early Intervention provider agency for a specific authorized service had not been identified at the time of the IFSP meeting.
- There is a proposed change in Service(s), Service Provider, or Ongoing Service Coordinator.

After completing the identifying information about the child and the currently assigned service coordinator, place an "X" in the appropriate section and complete/attach the relevant information. Parental signature is required for sections III and IV only.

- **For changes related to Section I or Section II,** the SC must send this completed form to the child's EIOD and the Regional Office in the child's borough of residence via Secure File Transfer (SFT) to the HIN ID of the child's EIOD with a copy to the general NYC Regional Office HIN ID indicating that "IFSP Consent for Services Form for Child ID XXXXX obtained. EIOD EI-Hub authorization requested."
 - Brooklyn RO HIN ID: BKRO
 - Bronx RO HIN ID: BXRO
 - Queens RO HIN ID: QRO
 - Manhattan RO HIN ID: MRO
 - Staten Island RO HIN ID: SIRO

The **Assignment and Change of Services/Service Provider/Service Coordinator Form** must be attached to the HCS SFT communication. Refer to the Initial IFSP policy and the Amendment Policy for detailed instructions.

- **For changes related to Section III or Section IV,** SC must send this completed form, obtain signed parental consent, and attach the completed form along with the appropriate documentation to the draft IFSP in the EI-Hub. Refer to the Amendment Policy for detailed procedure.

SECTION I - SERVICE PROVIDER ASSIGNMENT

Complete the Service Provider Name and State Provider Early Intervention Number of the identified service provider for a pended IFSP Service Authorization. Provide the IFSP Type, IFSP Start Date, IFSP End Date, Service Type, and Intensity to ensure assignment accuracy.

- The provider and service authorization information can be found in the service authorization in the EI-Hub:
 - *From Cases Assigned to My Caseload, search for the child by name or ID number.*
 - *When the case appears, click the Edit button.*
 - *Click on the Services tab*
 - *Look in the Services grid for the service authorization*
 - *The service type and agency and therapist name, as well as start and end dates and service authorization number, will appear in the grid. For more information, click on the Edit button to access all service authorization details.*

A provider agency/rendering provider assignment does not require a parent signature. **However, the date that the parent was notified of the provider agency/rendering provider assignment must be provided.**

SECTION II - SERVICE PROVIDER CHANGE

Complete the Service Provider Name and State Provider Early Intervention Number of the current **and** the new service provider.

- The current provider information is located in the Service Authorization (SA) you want to amend in the EI-Hub.

- From Cases Assigned to My Caseload, search for the child by name or ID number.
 - When the case appears, click the Edit button.
 - Click on the Services tab
 - Look in the Services grid for the service authorization to be changed.
 - The service type and agency and therapist name, as well as start and end dates and service authorization number, will appear in the grid. For more information, click on the Edit button to access all service authorization details.
- When the new service provider information is identified, their information can be found through the EI Hub “provider lookup”:
 - From the EI Hub Home screen, click Provider on the left side, then click Lookup.
 - Search fields appear.
 - Select “provider” from the Select Provider Type dropdown.
 - Enter the agency name in the “Provider Name” field.
 - Click Search.
 - The agency’s State ID will appear in the grid, along with service types provided.

A change in provider agency/rendering provider does not require a parent signature. **However, the date that the parent was notified of the change in provider agency/rendering provider must be provided.**

SECTION III – ONGOING SERVICE COORDINATOR

Indicate the Service Coordinator (SC) names, SC NPI #, and State Provider ID # for the current and proposed Service Coordinators/Service Coordination Agency.

- The current provider information is located by selecting *the Service Authorization Reference number for the Service Coordination SA you wish to amend*. Refer to the EI-Hub steps in Section II above.
- The new service provider information is obtained through the EI Hub “provider lookup.” Refer to the EI-Hub steps in Section II above.

The parent's written consent is necessary when there is a change in the Ongoing Service Coordinator (OSC). The reason for the change must be kept on file at the service coordination agency.

SECTION IV- CHANGE IN SERVICES

This form must be submitted in the EI-Hub reflecting only changes being requested with the **Justification for Change in Frequency, Duration, or Length of Service Form**, progress notes, recent evaluations and the required justification. Refer to the policy on **Amendments** in Chapter 7 of the Policy and Procedure Manual for instructions on requesting an addition to ongoing service coordination units.

PLEASE NOTE:

To request a change in Initial Service Coordination units, refer to the **Changes in Initial Service Coordinator or Initial Service Coordination Units Policy**.

NYC EARLY INTERVENTION PROGRAM
Justification for Change in Frequency, Duration, or Length of Service Form

Child's EI ID Number: _____

Child's DOB: ____ / ____ / ____

Child's Name: Last _____ First _____

Name of Provider: _____ Discipline: _____

Therapist Phone Number: (_____) _____ Agency Name: _____

Name of Supervisor: _____ Supervisor Phone Number: (_____) _____

Date of Submission to OSC: _____

Authorization Information: All areas must be completed on this form or it will be returned as incomplete.

IFSP Start Date: ____ / ____ / ____ IFSP End Date: ____ / ____ / ____ Authorized Service: _____

of sessions authorized: _____

 # of sessions delivered by provider prior to this **Justification for Change:** _____

of sessions missed (due to either provider or parent reasons): _____

 Date(s) of any **Previous Justification for Change** in this Discipline: ____ / ____ / ____

 Request for Change (Complete all that apply): Termination of Service Increase/Change in Service

<input type="checkbox"/> Frequency:	From:	times per	To:	times per
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<input type="checkbox"/> Length:	From:	minutes	To:	minutes
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<input type="checkbox"/> Intensity:	From:	To:
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Required Justification Components: Justifications will be returned if all questions are not answered. Responses must be numbered and addressed in the below order. For termination of service(s), complete sections 1, 2, and 5 only. Justifications must include relevant progress notes or amendment progress notes as required by the Amendment Policy.

1. Current Function:
 - a. What is the child's current level of function?
 - b. If an evaluation was administered, provide the name of the test and the score, unless this information is included in an evaluation report.
 - c. What was the child's level of function at the last IFSP?
 - d. What can the child do now, that he/she was unable to do previously (give skill-based examples).
2. Service(s) Provided to Date:
 - a. When did you begin delivery of the service?
 - b. Did a different provider deliver these services before you were assigned?
 - c. Did service(s) begin on time?
 - d. Explain any gaps in service(s) including missed sessions, frequent illness, vacations etc. Include both provider and family reasons, when available.
3. Family Involvement:
 - a. Describe how you are supporting the family and/or caregivers in integrating suggested activities into the child's and family's daily routines (Describe specific activities).
 - b. What successes or difficulties has the family had in integrating these activities?
 - c. When suggested activities were integrated into everyday activities, what changes in the daily routines have you observed?
4. Service Plan Coordination
 - a. Have you coordinated with other team members to achieve IFSP outcomes?
 - b. Have you addressed the same or different IFSP outcomes as other therapists? Explain.
5. IFSP Outcomes:
 - a. What is/are the IFSP outcome(s) that you are currently working on as stated in the IFSP?
 - b. What are the developmental steps that you are currently working on to reach the IFSP outcome(s)?
 - c. What progress has the child made toward the IFSP outcomes since initiation of this service plan?
 - d. What alternate strategies have you used to replace ineffective strategies? Have they been effective?
6. What will the recommended change offer that the present plan does not?
 - a. Does the proposed plan recommend a new IFSP outcome?
 - b. What new developmental steps are being proposed to achieve the IFSP outcomes?
 - c. What are the new strategies being proposed to achieve the short-term developmental steps?
 - d. Will the new plan involve strategies and methods that cannot be reinforced by activities that are part of the child's daily routine? If yes, describe why and indicate if changes in the daily routine are possible.
7. List any changes in the child's medical diagnoses, conditions or medications since the last IFSP which may have an impact on the child's response to EI Services. Describe how a change in the child's medical condition or medications will affect the service delivery plan.

NYC EARLY INTERVENTION PROGRAM
Justification for Change in Frequency, Duration, or Length of Service Form

GENERAL INSTRUCTIONS

This form is to be used for a change(s) in a **service already on an IFSP**, not to request a new service or a change to service coordination units.

- The therapist/teacher must complete this form and submit it to the Ongoing Service Coordinator (OSC) when there is a proposed termination to, or change in frequency, duration or method of, a service currently on an IFSP.
- The OSC must submit this form to the Regional Office with other required paperwork whenever there is a request for a change in frequency, intensity or method of a service in the IFSP (Refer to Amendment Policy in this chapter).
- All justifications must include relevant progress notes. For example, if this service change request is being made before the 6-month review and 6-month progress note, an amendment progress note must be included.

DEMOGRAPHIC INFORMATION

Please fill out this section in its entirety. The name and contact information of the therapist's supervisor must be indicated.

AUTHORIZATION INFORMATION

This section **must** be completed in its entirety. Incomplete **Justifications** will be returned to submitter.

1. IFSP Start Date: _____ / _____ / _____ IFSP End Date: _____ / _____ / _____	Provide the Begin and End dates of the IFSP being amended.
2. Authorized Service:	Indicate IFSP service type being amended.
3. # of sessions authorized:	Copy the # of session units authorized from the IFSP.
4. # of sessions completed by Provider:	Provide the total number of sessions that have been delivered (include any make-up sessions).
5. # of sessions missed (due to either provider or parent reasons):	Indicate the number of any sessions missed (exclude any sessions that were made up).

Date of Previous Justification(s) for Change in this Discipline:

If there were prior requests to amend this service, indicate the date of request.

Request for Change:

Indicate all changes to this service that are being requested at this time.

Required Justification Components (on agency letterhead):

For requests to **terminate services or decrease frequency**, complete questions 1, 2, and 5 only.

For **all other requests**, complete questions 1 through 7.

RELEVANT DEFINITIONS

Consistent with Early Intervention regulations, and for the purpose of this policy and procedure, frequency, intensity, length, duration, location and method of service are defined as follows:

- *frequency* means the number of days or sessions per week the service will be provided;
- *intensity* means whether the service is provided on an individual (facility or home/community) or group basis (group, parent/child group, parent/family support group)
- *length* means the number of minutes of actual time spent delivering services during each session;
- *duration* means the start date and end date the service is to be provided;
- *location* means the actual place or places where the service will be delivered;
- *method* means how a service is provided



**NYC EARLY INTERVENTION PROGRAM
REQUEST FOR SUPPLEMENTAL EVALUATION**

Child's EI ID Number: _____ Child's DOB: ____ / ____ / ____

Name of Child: _____

Last

First

MI

Name of SC: _____ SC ID #: _____

Phone #: (_____) _____ Fax #: (_____) _____

Dear Early Intervention Official Designee:

I am requesting the following supplemental evaluation (one request per form):

<input type="checkbox"/> Audiological	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Psychological
<input type="checkbox"/> Special Instruction	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Other: (specify): _____		

I give consent to the use of the above evaluation to plan for my child's services within the NYC Early Intervention Program. I understand that I will be involved in all aspects of my child's evaluations and IFSP planning and that I am entitled to receive the results of all evaluations.

Date: ____ / ____ / ____

Signature of Parent/Guardian

Parent Reason for Request (When request is not being made by an interventionist on the child's Team):

The child's Interventionist must answer the following questions and submit this form with the supplemental request letter on agency letterhead:

1. What are the new developmental concerns?

2. How do these concerns warrant a supplemental evaluation at this time?

Address: The expected developmental progress for this child of this developmental age

3. What is the observable change in the child's developmental status since the child's MDE or last IFSP? (it is expected that the requesting interventionists review the child MDE and last IFSP, as applicable)



REQUEST FOR SUPPLEMENTAL EVALUATION

INSTRUCTIONS FOR COMPLETION

This form is to be completed by the service coordinator or therapist when:

- Authorization for a supplemental evaluation is being requested after the initial IFSP meeting.
- This form should be completed by an interventionist on the child's team.
- This form may be completed by the parent/ guardian with the service coordinator. However, the EIOD may request additional supporting information. This may include but is not limited to provider Progress Notes or supplemental request letter as described above.

Procedure:

1. Complete the demographic information at the top of the form.
2. Check off which evaluation is being requested. One form is required per supplemental evaluation request.
3. Obtain written parental consent for the supplemental evaluation.
4. When the parent is completing the form, the parent must provide the reason for the request on the form.
5. When the interventionist is requesting a supplemental evaluation, attach this form, and a supplemental request letter on agency letterhead answering each question on this form.
 - a. The interventionist should then forward the form, and letter to the service coordinator.
6. The service coordinator submits the completed Request for Supplemental Evaluation Form, and supplemental request letter as part of an Amendment request as required in the Amendment Policy.
7. Evaluations may be performed **only** after authorization is received in the EI-Hub.
8. When denying the request, the EIOD will issue Prior Written Notice. Prior Written Notice will be attached to the "referral tab" in the child's case in the EI-Hub.
9. When authorized, the evaluation must be performed within 30 calendar days of the authorization.

Chapter 8: Transportation

New York City Early Intervention Program

Policy Title: Transportation	Effective Date: 5/01/2015
Policy Number: 8-A	Supersedes: Policy 6-H - Effective 10/17/10
Attachments: <ul style="list-style-type: none">• Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form• Justification for Transportation Method Form• Car Service Information Form• Request for Mileage Reimbursement• Transportation Attendance Sheet	Regulation/Citation: Title II-A of Article 25 of the Public Health Law §2545 (3); § 2559-a 10 NYCRR §69-4.19 (a) – (c)

I. POLICY DESCRIPTION:

The New York City Early Intervention Program (NYC EIP) will ensure that transportation is available beginning the first day of service as agreed upon in the Individualized Family Service Plan (IFSP) when transportation is necessary to enable the child and the child's family to receive Early Intervention services. Transportation, along with all other Early Intervention services must begin within **two (2) weeks** of the date that the parent(s) signs the IFSP. Transportation may be provided by a bus or car vendor in contract with New York City, or through reimbursement of the parent at a mileage rate authorized by the municipality for the use of a private vehicle or for other reasonable transportation costs, including public transportation, tolls, and parking fees. (**Sec. 69-4.19 (a) (1)**)

Transportation will be considered when services are authorized in group or facility-based settings and are located more than six (6) blocks from the child's residence. In addition, transportation services can only be provided for authorized services provided by EIP service providers who have an Appendix Agreement with the State Department of Health and providers who have a Basic Agreement with the State Department of Health and are subcontracted to a provider that holds an Appendix Agreement.

In developing the IFSP, consideration shall first be given to provision of transportation by a parent of a child to Early Intervention services. Other modes of transportation shall be provided if the parent can demonstrate the inability to provide appropriate transportation services. (**Title II-A of Article 25 of the Public Health Law §2545 (3)**)

The IFSP team will consider transportation options in the following order:

1. Transportation provided by the parent/surrogate or a responsible caregiver via public transportation
2. Transportation provided by the parent/surrogate or a responsible caregiver via family car.
3. School bus provided by the New York City Department of Education, Pre-K Transportation.
4. Car service provided by car service vendors in contract with the NYC Department of Health and Mental Hygiene (DOHMH).

The NYC EIP will take all relevant information into account when determining the appropriate form of transportation (e.g., family situation, medical status, distance to provider agency, and the presence of an established transportation route).

The NYC EIP will only cover the cost of up to one (1) round trip per family per day, for a single mode of transportation. One way transportation options are available.

The New York City Early Intervention Fiscal Management Unit (EIFM) will make all payments, either to vendors for car service or directly to parents for mileage, tolls, and parking fees when transportation is provided via family car.

NYC EIP service provider agencies that use transportation to bring children on-site for service must designate a staff member as the Transportation Coordinator (TC). The TC will act as the point of contact for **all** transportation matters. The TC does not have to be dedicated to only transportation issues.

Instructions for authorizing transportation in NYEIS are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none">1. At face-to-face IFSP meetings discusses transportation needs of the family when:<ol style="list-style-type: none">a. Group or facility-based Early Intervention services are authorized; andb. The child resides more than six (6) blocks from the location of services.2. With the IFSP team, considers transportation options in the following order:<ol style="list-style-type: none">a. Transportation provided by the parent/surrogate or a responsible caregiver using public transportation is considered when:<ul style="list-style-type: none">> The parent/surrogate or a responsible caregiver is able to transport the child using public transportation.> The mode of transportation meets the medical, behavioral, and safety needs of the child and family as documented in the child's Multidisciplinary Evaluation (MDE). Refer to Assessing Transportation Needs in the MDE Policy.> The trip from the child's home to the provider agency does not exceed one (1) hour and fifteen (15) minutes within a borough OR one (1) hour and forty-five (45) minutes between boroughs.i. If the IFSP team determines that public transportation is appropriate, the team will then determine if the parent can pay for the cost of using public transportation to transport the child.<ul style="list-style-type: none">• If the cost of public transportation presents a barrier to selecting this mode of transportation, the IFSP team discusses parent reimbursement via monthly prepaid Metro Cards.ii. Authorizing monthly prepaid Metro Cards:<ul style="list-style-type: none">• Documents the mode of transportation in the IFSP as described in the Initial IFSP Policy and NYEIS IFSP Crosswalk.• Completes the Parent Consent for Public Transportation, Mileage Reimbursement, or Car service Form and obtains signed parental consent.• Creates a Transportation Service Authorization(s) in NYEIS:

Early Intervention Official Designee (EIOD) Cont.	<ul style="list-style-type: none"> ○ On the Individualized Family Service Home Screen, under Manage, select “Add Service Authorization.” ○ On the Select Service Type and Method Screen, under the Selection Criteria heading, click on the drop-down and select “Transportation” from the drop-down box. Then click on the “Search” button. ○ On the Select Service Type and Method category, click on “Transportation (Caregiver).” ○ Under Select Transportation Type, click “Parent/Caregiver.” ○ On the Select Transportation Vendor Screen: <ul style="list-style-type: none"> ■ Under “Transportation Provider Name,” enter the name of the parent. ■ Under “Municipality,” select the borough of the child’s residence. ■ Click on “Continue.” ○ On the Create Caregiver Transportation Details Screen: <ul style="list-style-type: none"> ■ Click on “Caregiver – Public Transport.” ■ Modify the Start Date and/or End Date only if different than the IFSP period. <ul style="list-style-type: none"> - The date must fall within the current IFSP period. ■ Under “Days per Week,” enter the days of the week that transportation services are needed (e.g., Tues., Thurs.). ■ Under “Total Days per Week,” enter the number of days per week that transportation is needed (e.g., 2). ■ Under “Total Weeks,” enter the number of weeks transportation will be provided (e.g., 26). ■ Under “Comments,” enter the total number of prepaid Metro Cards distributed to the parent, and the date ● Attaches the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form with parental signature to the child’s Integrated Case in NYEIS. ● At the IFSP meeting, gives the parent/surrogate prepaid Metro Cards based on the total number of months in the service authorization.
<p>Note:</p> <ul style="list-style-type: none"> ● Public Transportation will always be considered first. ● Transportation provided by the parent/surrogate or a responsible caregiver using public transportation will be considered regardless of available school bus transportation. ● Additional/replacement prepaid Metro Cards will not be provided for any reason. ● If the parent provides transportation, at no cost to the EIP, a separate NYEIS Transportation service authorization is not required. 	<p>b. Transportation provided by the parent/surrogate or a</p>

Early Intervention Official Designee (EIOD) Cont.	<p>responsible caregiver using a family car is considered when:</p> <ul style="list-style-type: none"> > The trip via public transportation exceeds one (1) hour and fifteen (15) minutes within a borough OR one (1) hour and forty-five (45) minutes between boroughs. > The parent/surrogate or a responsible caregiver is able to transport the child using the family car. > The mode of transportation meets the medical, behavioral, and safety needs of the child and family as documented in the child's Multidisciplinary evaluation (MDE). Refer to Assessing Transportation Needs in the MDE Policy. <p>i. If the IFSP team determines that family car is appropriate, the team will then determine if the parent can pay for the cost of using the family car to transport the child.</p> <ul style="list-style-type: none"> • If the cost of using the family car presents a barrier to selecting this mode of transportation, the IFSP team discusses parent reimbursement for mileage, tolls, and parking as appropriate. <p>ii. Authorizing mileage reimbursement:</p> <ul style="list-style-type: none"> • Documents the mode of transportation in the IFSP, as detailed in the Initial IFSP Policy and NYEIS IFSP Crosswalk. • Informs the parent/surrogate that the NYC DOHMH will reimburse up to \$100.00 per day for mileage and any applicable tolls and parking (if authorized in the IFSP). <ul style="list-style-type: none"> ○ Reimbursement will be issued to the parent/surrogate in the form of a check sent via mail no more than three (3) weeks from the date that the Mileage Reimbursement Form is received by the EIFM. • Completes the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form and obtains signed parental consent. • Creates a Transportation Service Authorization(s) in NYEIS: <ul style="list-style-type: none"> ○ <i>On the Individualized Family Service Home Screen, under Manage, select "Add Service Authorization."</i> ○ <i>On the Select Service Type and Method Screen, under the Selection Criteria heading, click on the drop-down and select "Transportation" from the drop-down box. Then click on the "Search" button.</i> ○ <i>On the Select Service Type and Method category, click on "Transportation (Caregiver)." </i> ○ <i>Under Select Transportation Type, click "Parent/Caregiver."</i> ○ <i>On the Select Transportation Vendor Screen.</i> <ul style="list-style-type: none"> ■ <i>Under "Transportation Provider Name," enter the name of the parent.</i> ■ <i>Click on "Continue."</i> ○ <i>On the Create Caregiver Transportation Details Screen:</i> <ul style="list-style-type: none"> ■ <i>Click on "Caregiver – Private Car."</i> ■ <i>Modify the Start Date and/or End Date <u>only</u> if different than the IFSP period.</i> <ul style="list-style-type: none"> - <i>The date must fall within the current IFSP</i>
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Early Intervention Official Designee (EIOD) Cont.	<p><i>period.</i></p> <ul style="list-style-type: none"> ▪ Under “Days per Week,” enter the days of the week that transportation services are needed (e.g., Tues., Thurs.). ▪ Under “Total Days per Week,” enter the number of days per week that transportation is needed (e.g., 2). ▪ Under “Total Weeks,” enter the number of weeks transportation will be provided (e.g., 26). ▪ Under “Comments,” enter any additional information (if applicable). ▪ Click “Create Service Authorization.” <ul style="list-style-type: none"> • Attaches the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form with parental signature to the child’s Integrated Case in NYEIS. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • If public transportation is not a viable option, transportation provided by the parent/surrogate or a responsible caregiver using family car will always be considered before school bus transportation. • Refer to the Initial IFSP Policy and NYEIS IFSP Crosswalk for detailed instructions on documenting general mode of transportation in the IFSP. • If the parent provides transportation at no cost to the EIP, a separate NYEIS Transportation service authorization is not required. </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>c. School bus transportation provided by the Department of Education (DOE) Office of Pupil Transportation (OPT) is considered when:</p> <ul style="list-style-type: none"> > Parent/surrogate or other responsible caregiver cannot transport the child using family car or public transportation. > Public transportation or use of the family car is contraindicated due to the child’s physical or developmental condition. > There is an established DOE bus route. <ul style="list-style-type: none"> ○ If transportation via school bus is appropriate, the NYC EIP will work with DOE to establish a new bus route for a child and family if no bus route is currently available. Refer to the note below for additional information. > The school bus trip does not exceed one (1) hour and fifteen (15) minutes within a borough OR one (1) hour and forty-five (45) minutes between boroughs. <p>i. Authorizing school bus transportation provided by the DOE OPT:</p> <ul style="list-style-type: none"> • Documents the mode of transportation as part of the IFSP as detailed in the Initial IFSP Policy and NYEIS IFSP Crosswalk. • Creates a Transportation Service Authorization(s) in NYEIS: <ul style="list-style-type: none"> ○ <i>On the Individualized Family Service Home Screen, under Manage, select “Add Service Authorization.”</i> ○ <i>On the Select Service Type and Method Screen, under the Selection Criteria heading, click on the drop-down and select “Transportation” from the drop-down box. Then click on the “Search” button.</i> </div>
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Early Intervention Official Designee (EIOD) Cont.	<ul style="list-style-type: none"> ○ On the Select Service Type and Method category, click on “Transportation (Vendor).” ○ Under Select Transportation Type, click “Transportation vendor.” ○ On the Select Transportation Vendor Screen <ul style="list-style-type: none"> ■ Under “Transportation Provider Name,” enter the name of the relevant provider. ■ Click on “Continue.” ○ On the Create Transportation Details Screen: <ul style="list-style-type: none"> ■ Choose an option under “Child Transportation Needs” (if applicable). ■ Modify the Start Date and/or End Date only if different than the IFSP period. <ul style="list-style-type: none"> - Dates selected must fall within the current IFSP period. ■ Under “Days per Week,” enter the days of the week that transportation services are needed (e.g., Tues., Thurs.). ■ Under “Total Days per Week,” enter the number of days per week that transportation is authorized (e.g., 2). ■ Under “Total Weeks,” enter the number of weeks transportation will be provided (e.g., 26). ■ Under “Total Authorized Amount,” enter (Round trip rate x total days per week) x (Total weeks). ■ Under “Payment Type” select “per child.” ■ If “Other” was selected under “Child Transportation Needs,” enter a description of the transportation needs under “If other, provide a description.” ■ Complete the “Pick-up Details” section, if different from home address (e.g., day care). ■ Complete the “Drop-off Details” section, if different from home address. ■ Click “Create Service Authorization.”
Note: <ul style="list-style-type: none"> ● If DOE bus routing or other issues present a barrier to service delivery, the NYC EIP will contact the Ongoing Service Coordinator (OSC) to discuss alternate transportation options with the parent. This may result in an IFSP amendment meeting. Refer to the section on car service below. ● When school bus transportation provided by the DOE OPT is authorized, the EIOD will forward the authorization to the NYEIS Administration Unit or the designated Regional Office Transportation Liaison for entry into the DOE Rider System. ● The DOE OPT will only drop off a child at his or her home address, unless the child’s IFSP specifies an alternative drop-off location. ● The NYC EIP allows a maximum of two (2) companions to accompany the child on the school bus. <ul style="list-style-type: none"> ○ The duration of companion authorizations may vary, as determined 	

Early Intervention Official Designee (EIOD) Cont.	<p>by the IFSP team.</p> <p>d. Transportation provided by a car service vendor in contract with the NYC DOHMH, is considered when:</p> <ul style="list-style-type: none"> > Parent or another responsible caregiver can accompany the child. > Public transportation, family car, and school bus transportation are contraindicated due to the child's physical, medical, or developmental needs; and/or > There is no established school bus route. <ul style="list-style-type: none"> i. If the IFSP team determines that car service is appropriate, the EIOD will inform the family that a car seat is required in order to use a NYC DOHMH-contracted car service vendor, and that the caregiver traveling with the child is responsible for bringing and securing the car seat. ii. If the parent does not own a car seat and the purchase of a car seat would create a financial barrier to transporting the child using a car service, the IFSP team discusses providing the parent with a gift card to purchase a car seat. <ul style="list-style-type: none"> • The gift card may only be used to purchase the car seat, and not for any other items (no exceptions). • Parents must return to DOHMH any balance over \$25 that remains on the gift card after purchasing the car seat, along with the receipt for the car seat. iii. If a gift card for the purpose of buying a car seat is authorized: <ul style="list-style-type: none"> • Documents the mode of transportation in the IFSP, as detailed in the Initial IFSP Policy and NYEIS IFSP Crosswalk. • Completes the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form and obtains signed parental consent. • Creates a Transportation Service Authorization(s) in NYEIS <ul style="list-style-type: none"> ○ <i>On the Individualized Family Service Home Screen, under Manage, select “Add Service Authorization.”</i> ○ <i>On the Select Service Type and Method Screen, under the Selection Criteria heading, click on the drop down and select “Transportation” from the drop-down box. Then click on the “Search” button.</i> ○ <i>On the Select Service Type and Method category, click on “Transportation (Vendor).”</i> ○ <i>Under Select Transportation Type, click “Transportation vendor.”</i> ○ <i>On the Select Transportation Vendor Screen:</i> <ul style="list-style-type: none"> ▪ <i>Enter the name of the relevant provider under “Transportation Provider Name.”</i> <ul style="list-style-type: none"> - Bronx: New Elegante Car Service - Brooklyn: Corporate Transportation Group - Manhattan: Corporate Transportation Group - Queens: AMN Management - Staten Island: JJS Transportation ▪ <i>Click on “Continue.”</i>
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Early Intervention Official Designee (EIOD) Cont.	<ul style="list-style-type: none"> ○ <i>On the Create Transportation Details Screen:</i> <ul style="list-style-type: none"> ■ Under Child Transportation Needs, select “infant seat” or “toddler seat,” as appropriate. ■ Modify the Start Date and/or End Date only if different than the IFSP period. <ul style="list-style-type: none"> - Dates selected must fall within the current IFSP period. ■ Under “Days per Week,” enter the days of the week that transportation services are needed (e.g., Tues., Thurs.). ■ Under “Total Days per Week,” enter the number of days per week that transportation is needed (e.g., 2.). ■ Under “Total Weeks,” enter the number of weeks transportation will be provided (e.g., 26). ■ Under “Total Authorized Amount,” enter “As approved by DOHMH Fiscal Administration Unit.” ■ Under “Payment Type,” select “per child.” ■ If “Other” was selected under “Child Transportation Needs,” enter a description of the transportation needs under “If other, provide a description.” ■ Complete the “Pick-up Details” section, if different from home address. ■ Complete the Drop-off Details section, if different from home address. ■ Under “Comments,” enter the date that the gift card was given to the family. • Attaches the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form with parental signature to the child’s Integrated Case in NYEIS • At the IFSP meeting, gives the parent/surrogate a gift card for the purpose of buying a car seat. <p>3. Alerts NYEIS Administration Transportation Liaison, via email, of the creation of the car service authorization within one (1) business day.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • NYC EIP will only authorize a drop-off of a child at his or her home address, unless the child’s IFSP specifies an alternative location. • NYC EIP will not provide replacement gift cards for any reason. </div> <p>4. For an IFSP Review or Annual meeting where parent reimbursement via prepaid monthly Metro Card was previously authorized and requires extension:</p> <ol style="list-style-type: none"> a. Participates in a face-to-face Review, or Annual IFSP meeting. b. Completes the Parent Consent for Public Transportation, Mileage Reimbursement or Car Service Form and obtains parental consent. c. Completes the Metro Card Distribution Log. d. Distributes monthly prepaid Metro Cards to the parent/surrogate at the meeting.
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Early Intervention Official Designee (EIOD) Cont.	<p>5. If a request to change or add transportation as part of an Amendment, Review or Annual IFSP is submitted for car service with a gift card, or parent reimbursement via prepaid monthly Metro Card:</p> <ul style="list-style-type: none"> a. Participates in a face-to-face Amendment, Review, or Annual IFSP meeting. b. Completes the Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form and obtains parental consent. c. Gives the parent monthly prepaid Metro Cards or a gift card for the purpose of buying a car seat at the meeting. <p>6. If a request is made for car service without a gift card, or for school bus transportation provided by the Department of Education Office of Pupil Transportation.</p> <ul style="list-style-type: none"> a. Reviews amendment request as outlined in the Amendment Policy.
Ongoing Service Coordinator (OSC)	<p>1. For an IFSP Review or Annual meeting where parent reimbursement via prepaid monthly Metro Card was previously authorized and requires extension:</p> <ul style="list-style-type: none"> a. Contacts the Regional Office (RO) Scheduling Staff by phone to arrange for a face-to-face IFSP meeting. This should be done no later than two (2) weeks before the end of the IFSP period. b. Completes and submits the IFSP Meeting Request and Confirmation Form to schedule a face-to-face meeting with the EIOD as required in the IFSP Scheduling Policy. <ul style="list-style-type: none"> i. Under “Special Circumstances” in Section I of the IFSP Meeting Request and Confirmation Form, documents that “a face-to-face meeting is required to distribute prepaid Metro Cards and to extend services”. ii. Refer to the IFSP Review & Annual Meeting Policy. <p>2. Initiates a request to change or add transportation as part of an Amendment to the IFSP, IFSP Review or Annual meeting:</p> <ul style="list-style-type: none"> a. Discusses transportation options with the parent based on the procedure laid out in the EIOD responsibility section. b. If a request is made for car service with a gift card for the purpose of purchasing a car seat, or parent reimbursement via pre-paid monthly Metro Card: <ul style="list-style-type: none"> i. Completes and attaches the following required documentation to the child’s Integrated Case in NYEIS: <ul style="list-style-type: none"> • Justification for Transportation Method Form. ○ Refer to Policy 3-A.1: Initial Service Coordinator Responsibilities for detailed instructions on attaching documents to the child’s integrated case in NYEIS. ii. Completes and submits the IFSP Meeting Request and Confirmation Form to schedule a face-to-face meeting with the EIOD as required in the IFSP Scheduling Policy. <ul style="list-style-type: none"> • Under “Special Circumstances” in Section I of the form, documents that a face-to-face meeting is required to discuss prepaid monthly prepaid Metro Cards or car service with a gift card for the purpose of purchasing a car seat. c. If a request is made for car service without gift card or for school bus transportation provided by the DOE OPT: <ul style="list-style-type: none"> i. Completes and attaches the following required documentation to

<p>Ongoing Service Coordinator (OSC) Cont.</p>	<p>the child's Integrated Case in NYEIS:</p> <ul style="list-style-type: none"> • Parent Consent for Public Transportation, Mileage Reimbursement, or Car Service Form with parental signature; and • Justification for Transportation Method Form. <p>ii. Submits an amendment request in NYEIS.</p> <ul style="list-style-type: none"> • If the child has no Transportation Service Authorization in NYEIS: <ul style="list-style-type: none"> ○ Submits the request to add a new service type in NYEIS: <ul style="list-style-type: none"> ▪ <i>Go to the child's Integrated Case in NYEIS.</i> ▪ <i>Select the active IFSP.</i> ▪ <i>Click the "Add Service Authorization (SA)" link under the Manage section from the IFSP home page.</i> ▪ <i>On the "Enter Amendment Reason" screen, click "Select" to indicate that this is an amendment to add a service type.</i> ▪ <i>Refer to the EIOD Responsibility section of this policy to create the appropriate service authorization based on the transportation type being requested.</i> ▪ <i>Click on the "Create Service Authorization" button to submit the request.</i> ▪ <i>The IFSP Status will be "EIOD Review Required."</i> ▪ <i>A task will be sent to the EIOD to review the request.</i> ▪ <i>View "Tasks" in the Integrated Case to confirm the task.</i> • If the change being requested is from vendor (car service or school bus) to caregiver (or vice-versa): <ul style="list-style-type: none"> ○ Submits the request to terminate a service in NYEIS by: <ul style="list-style-type: none"> ▪ <i>Go to the child's Integrated Case in NYEIS.</i> ▪ <i>Select the active IFSP.</i> ▪ <i>From the list of service authorizations, select the service authorization reference number related to transportation.</i> ▪ <i>Click the "Close" link under the "Manage" section from the Service Authorization Home page.</i> ▪ <i>Enter the closure date.</i> ▪ <i>Select the "Actual Outcome" from the drop-down list.</i> ▪ <i>Select "Canceled" to indicate that another service is being terminated.</i> ▪ <i>Under "Reason," select "Closure due to amendment approval" from the drop-down list.</i> ▪ <i>Click the "Save" button to save revised data for the SA.</i> ▪ <i>The SA status will change to "EIOD Review Required."</i> ▪ <i>A task will be sent to the EIOD to review the task.</i>
<p>Ongoing</p>	

<p>Service Coordinator (OSC) Cont.</p> <p>Ongoing Service</p>	<p><i>changes.</i></p> <ul style="list-style-type: none"> ▪ View “Events” in the active IFSP to confirm that the amendment was submitted. ○ Creates a new service authorization in NYEIS as described under 2.c.ii above. i. If a change to transportation type is being requested from school bus to car service (or vice-versa): <ul style="list-style-type: none"> • Submits the request to change the transportation vendor in NYEIS by: <ul style="list-style-type: none"> ○ Go to the child’s Integrated Case in NYEIS. ○ Select the active IFSP. ○ From the list of service authorizations, select the transportation service authorization reference number. ○ Under the “Manage” section, click on the “Change Vendor” button. ○ On the “Vendor Search Transportation (Vendor)” screen: <ul style="list-style-type: none"> ▪ Enter the name of the relevant provider under “Vendor Name.” ▪ Click on “Search.” ▪ Select “Car Service Vendor.” ▪ Leave the Decision Date blank. ▪ Select “Save.” <p>Note: Amendment requests will not be processed if appropriate supporting documentation is not attached to the child’s Integrated Case in NYEIS.</p> <ol style="list-style-type: none"> 3. If no car seat is authorized, sends the Provider Agency Transportation Coordinator a copy of the approved Transportation Service Authorization within two (2) business days of the IFSP meeting or approval in NYEIS. <ol style="list-style-type: none"> a. If a car seat is authorized, ensures that the car seat is purchased by the parent within two (2) weeks of the IFSP meeting. <ol style="list-style-type: none"> i. Sends the Provider Agency Transportation Coordinator a copy of the approved Transportation Service Authorization within two (2) business days of confirming with the parent/surrogate that the car seat has been purchased. ii. Reminds the parent to return any gift card balance greater than \$25, along with the receipt for the car seat, to the address below within 30 days of the IFSP meeting: <p style="text-align: center;">Early Intervention Fiscal Management 42-09 28th Street, CN- 48 Long Island City, NY 11101</p> iii. Follows the following procedure for “when car service is authorized.” b. When car service is authorized: <ol style="list-style-type: none"> i. Ensures that the Transportation Coordinator faxes the Car Service Information Form to the NYEIS Administration Transportation Liaison within two (2) business days of receiving the service authorization. ii. Receives the approved Car Service Information Form back from the NYEIS Administration Transportation Liaison.
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Coordinator (OSC) Cont.	<ul style="list-style-type: none"> iii. Notifies the Transportation Coordinator and parent/ surrogate that the car service vendor should be contacted as soon as possible to initiate car service transportation. iv. Attaches the approved Car Service Information Form to the child's Integrated Case in NYEIS. <p>4. Routinely checks the status of transportation amendment approvals in NYEIS.</p> <p>5. Ensures all services begin as required by the Start Date of Service Policy.</p>
Provider Agency/ Transportation Coordinator	<ul style="list-style-type: none"> 1. When school bus transportation provided by the DOE OPT is authorized: <ul style="list-style-type: none"> a. Checks that the child's information and authorization are correct in the DOE OPT Rider System b. Enters the child's attendance information in the OPT Rider System c. Completes the Transportation Attendance Sheet each month to indicate the: <ul style="list-style-type: none"> i. Names of all children on the bus who receive services at that agency; ii. Names of any companions of those children; and iii. Days that each child and his/her companion(s) were on the bus.
	<p>Note:</p> <ul style="list-style-type: none"> • Provider agencies are no longer required to mail or forward the completed attendance sheet(s) to DOHMH Early Intervention Fiscal Management (EIFM). • Providers must retain the Transportation Attendance Sheets on file for monitoring purposes. <p>2. When car service is authorized, completes the Car Service Information Form.</p> <ul style="list-style-type: none"> a. Faxes the completed Car Service Information Form to the NYEIS Administration Transportation Liaison at 347-396-8983 within two (2) business days of receiving the Service authorization from the OSC. b. Works with the parent/ surrogate and the car service vendor to initiate car service transportation and notify the car service vendor of any scheduling modifications. <p>3. When mileage reimbursement is authorized, completes the Mileage Reimbursement Form with the parent.</p> <ul style="list-style-type: none"> a. Ensures any required attachments for parking/tolls are present. b. Sends Mileage Reimbursement Form with attachments to EIFM, username Hinrjk02, using the HCS Secure File Transfer within seven (7) calendar days after the end of each calendar month.
NYEIS Administration Transportation Liaison	<p>1. Reviews the Car Service Information Form within two (2) business days of receipt to verify:</p> <ul style="list-style-type: none"> a. Child information, and b. Car service authorization information. <ul style="list-style-type: none"> i. If all information is complete, arranges for car service by sending the approved Car Service Information Form to the car service vendor and the child's OSC via Fax. ii. If information is not complete, immediately contacts the provider agency by phone to rectify the issue.

Early Intervention Fiscal Management Unit (EIFM)	<ol style="list-style-type: none"> 1. Receives the Mileage Reimbursement Form via HCS Secure File Transfer from the Transportation Coordinator. 2. Reviews the Mileage Reimbursement Form and all accompanying parking and toll information (if applicable) <ol style="list-style-type: none"> a. Notifies the Transportation Coordinator if any additional information is necessary. 3. Issues payment directly to the parent/surrogate for mileage reimbursement no more than three (3) weeks from the date that the Mileage Reimbursement Form is received. 4. Issues payment directly to car service vendors for the provision of car service.
Provider Agency/ Transportation Coordinator	<ol style="list-style-type: none"> 1. Corrects any inaccurate information on the Car Service Information Form, and/or adds missing information, and resubmits within one (1) business day of receiving notification from the NYEIS Administration Transportation Liaison. 2. Corrects any inaccurate information on the Mileage Reimbursement Form, and/or adds missing information, and resubmits via HCS Secure File Transfer within one (1) business day of receiving notification from EIFM.


Approved By:

Assistant Commissioner, Early Intervention

Date: 3/20/2015



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Mary T. Bassett, MD, MPH

Commissioner

Marie B. Casalino, MD, MPH
Assistant Commissioner

Bureau of Early Intervention
Gotham Center, CN #12
42-09 28th Street – 18th Floor
Queens, NY 11101-4132

347-396-6974 tel.
347-396-6982 fax

May 15, 2015

Dear Early Intervention Provider:

On May 1, 2015, the New York City Department of Health and Mental Hygiene (NYC DOHMH) Bureau of Early Intervention (NYC BEI) implemented Policy and Procedure regarding the transportation of children in the Early Intervention Program. As part of that policy, NYC DOHMH implemented a process to transport children and their parents or other caregivers using car service vendors in contract with the NYC DOHMH. The Procedure and Guidance below serves as an addendum to the NYC BEI Transportation Policy implemented on May 1, 2015. **The Procedure and Guidance below goes into effect on May 22, 2015.**

Car Service Scheduling

In order to facilitate smooth and effective communication and collaboration between the Car Service vendors and Early Intervention Provider Transportation Coordinators, Transportation Coordinators must:

1. Complete and submit a weekly transportation schedule to identify the Car Service trips that will be requested and those trips that are not requested/canceled for the following week.
 - a. Transportation Coordinators must submit the completed spreadsheet to the NYEIS Administration Transportation Liaison by 10 AM on Friday of the current week to ensure timely transportation for the following week.
 - b. Spreadsheets must be submitted by Fax to 347-396-8983.
 - c. The schedule must be completed based on the child's borough of residence.

Note: A template is attached to this letter, titled: *Early Intervention Transportation Schedule Template.xls*

Clarification Regarding Companions

Due to the expansion of transportation options available, questions and issues have emerged regarding NYC BEI policies regarding companions:

1. **School Bus transportation** - The NYC BEI allows a maximum of two (2) companions to accompany the child on the school bus.
2. **Pre-paid monthly Metro Cards** - The NYC BEI will only provide pre-paid monthly Metro Card(s) for one (1) parent or caregiver to accompany the child receiving Early Intervention services.

- 3. Car Service transportation** - The NYC BEI allows companions. Any companion eight (8) years old or younger requires a car seat/booster seat. The parent or caregiver is responsible for providing the car seat/booster seat for any companion child eight (8) years old or under. Car service vendors have the right to decline to transport children eight (8) years old or under without a car seat.

Updated Transportation Forms

Attached to this Guidance please find updated contact information for AMN Management, Inc. (Queens Car Service Vendor) and New Elegante Car Service (Bronx Car Service Vendor). The updated contact information is reflected on the:

1. Car Service Information Forms; and
2. Parent Consent for Public Transportation, Mileage Reimbursement or Car Service Form.

Communication with Car Service Vendors

In order to maintain the confidentiality of child and family information, do not discuss issues other than scheduling with Car Service vendors. Direct all questions regarding unique child and family situations to the appropriate Regional Office.

Thank you for your collaboration.

Sincerely,



Marie B. Casalino, MD, MPH
Assistant Commissioner

Attachments

c:w/attachments: Ireti Bobb Lewis, Director, EI Services
 Lidiya Lednyak, Director, Policy and Quality Assurance
 Nora Puffett, Director, Administration and Data Management
 Barbara Bieyro, Director, Technical Assistance
 Sim Peters, Director, NYEIS Administration
 Rick Kennedy, EI Fiscal Management
 Isabel Borja-Godinez, EI Fiscal Management
 NYC BEI Regional Directors

New York City Early Intervention Program

Policy Title: Complaints Regarding Bus Transportation	Effective Date: 10/17/2010
Policy Number: 8-B	Supersedes: 6-I
Attachments: <ul style="list-style-type: none">• Transportation Service Data Entry Form	Regulation/Citation:

I. POLICY DESCRIPTION:

The New York City Department of Education, Pre-K Transportation contracts with bus companies to transport children to NYC Early Intervention (EI) provider agencies for services. Complaints about transportation providers must be directed accordingly.

Bus transportation may be authorized for a child receiving services at an EI provider site. Transportation needs are discussed and documented in the IFSP. The EIOD will authorize bus transportation, if warranted, by completing a **Transportation Service Data Entry Form**. If companions are authorized to accompany the child, their names are listed on the form.

Providers should alert the EI Regional Office (RO) to any ongoing concerns or complaints about bus transportation.

II. PROCEDURE:

Responsible Party	Action
Early Intervention Agencies, Service Coordinators (SCs), Parents	<ol style="list-style-type: none">1. Direct inquiries or complaints regarding Pre-K Transportation to:<ol style="list-style-type: none">a. The Department of Education Pre-K Customer Service hotline at 718-482-3800. Agents are available to assist.b. 311. Calls will be forwarded to someone who can assist.2. EI agencies and SCs should also contact the EI Regional Office (Assistant Director or Regional Director) when there are any ongoing concerns or complaints about bus transportation.

Approved By:
Assistant Commissioner, Early Intervention

Date: 09/17/10

Transportation Forms

New York City Early Intervention Program Parent Consent for Public Transportation, Mileage Reimbursement or Car Service Form

Instructions: This form must be completed when the Individualized Family Service Plan (IFSP) team with the parent and Early Intervention Official Designee determine that Public Transportation, Mileage Reimbursement, or Car Service is appropriate as a means of transportation to an Early Intervention center-based program. This form must also be completed by Ongoing Service Coordinators when requesting transportation amendments.

Child's Name:(Last)	(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start: _____ End: _____	Service Authorization Number: _____

I am aware of the options available to transport my child. I have selected: **Public Transportation** **Mileage Reimbursement** **Car Service**

Public Transportation: The parent/surrogate must initial each item below to indicate consent.

I have received _____ (number) of monthly prepaid MTA Metro Cards to cover the IFSP period above.

I understand that the NYC Early Intervention Program will not replace lost or stolen Metro Cards.

I agree to the provision of public transportation (MTA) services to and from my child's Early Intervention provider.

Parent/Surrogate Name: _____ Signature: _____ Date: _____

Mileage Reimbursement: The parent/surrogate must initial each item below to indicate consent.

I must complete the **Mileage Reimbursement Form** with the Transportation Coordinator at the Early Intervention provider to get reimbursed for mileage.

I must submit receipts with the **Mileage Reimbursement Form** to get reimbursement for tolls and parking.

I will receive a maximum of \$100.00 per day for all mileage, toll, and parking costs associated with services authorized on my child's IFSP.

I assume all risk associated with the use of my motor vehicle to transport my child to and from my child's Early Intervention provider.

I agree to have my child transported to and from my child's Early Intervention provider using a personal car.

Parent/Surrogate Name: _____ Signature: _____ Date: _____

Car Service: The parent/surrogate must initial each item below to indicate consent.

My Car Service Vendor: Bronx: New Elegante Car Service (Tel: 718-492-7680 or 718-492-7680 ext. 1024) Staten Island: JJS Transportation

(Tel: 718-667-2022) Brooklyn & Manhattan: Corporate Transportation Group (Tel: 718-643-3900) Queens: AMN Management (Tel: 718-326-5115)

My child must be accompanied by a responsible caregiver.

The accompanying caregiver is responsible for bringing the car seat, and correctly installing the car seat.

Car service transportation will only pick up and drop off my child at the locations specified in the IFSP.

If my child will not need car service transportation for any reason, I will give the car service vendor at least 2 hours' notice.

I will call the car service vendor and my Service Coordinator to restart car service transportation after any absence.

Family does not own a car seat, and no means of transportation except car service is appropriate, based on the needs of the child and family.

I received a bank gift card with a value of \$200.00.

I will only use this gift card to purchase a car seat that is appropriate for my child.

I will purchase a car seat by (date) _____ (two (2) weeks after the IFSP meeting), in order for services to begin on time.

If more than \$25.00 is left on the gift card after I buy the car seat, I agree to send a personal check or money order for the remaining balance, and the receipt for the car seat, to: **Early Intervention Fiscal Management, 42-09 28th Street, CN- 48 Long Island City, NY 11101**

I agree to the provision of car service transportation services to and from my child's Early Intervention provider by a vendor that is in contract with the New York City Department of Health and Mental Hygiene.

Parent/Surrogate Name: _____ Signature: _____ Date: _____



New York City Early Intervention Program Justification for Transportation Method

Instructions: The Ongoing Service Coordinator (OSC) must complete this form as part of an amendment request. Refer to the [NYC EIP Transportation Policy](#). This form must be completed when a change to an authorized transportation method is requested, or a request to add or change a service authorization to a group or facility-based setting is being requested, and transportation is needed. Incomplete submissions will be returned.

When a particular type of transportation is requested, the OSC must explain why other forms of transportation are not appropriate:

If car service is requested, complete 1, 2, 3, 4, and 4a (if applicable) • If DOE School Bus is requested, complete 1, 2, 3, and 3a (if applicable).

If Family Car is requested, complete 1, 2, and 2a • If Public Transportation is requested, complete 1, and 1a.

Child's Name:(Last)	(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start: End:	Transportation SA Number (if applicable):
Currently authorized method of transportation: <input type="checkbox"/> Public Transportation <input type="checkbox"/> Family Car <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation on IFSP		
Requested change to: <input type="checkbox"/> Public Transportation w/ Metro Card <input type="checkbox"/> Family Car w/ reimbursement <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation		
Location of service (name and address):		
1. Public Transportation: Indicate why this mode of transportation is or is not appropriate for the child & family based on family situation, medical status etc.		
1a: (Metro card request only): Describe the hardship that would be created if Metro Cards are not provided by the EIP:		
2. Family car: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status etc.		
2a: (Mileage reimbursement only): Describe the hardship that would be created if mileage reimbursement was not provided by the EIP:		
3. DOE School Bus: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status, etc.		
3a: Companions (Maximum 2): Provide a justification for each companion requested:		
4. Car Service: Indicate why this mode of transportation is appropriate for the child and family based on the family situation, medical status etc., etc.		
4a: If a Gift Card is requested, describe the hardship that would be created if a Gift Card for the purpose of purchasing a car seat was not provided by the EIP:		

Service Coordinator Name: _____ Sign: _____ Date: _____

Parent Name: _____ Sign: _____ Date: _____



NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION FORM – Bronx

New York City Department of Health and Mental Hygiene Early Intervention Bronx Car Service Vendor:

New Elegante Car Service • General number: 718-492-7680 or 718- 492-7680 ext.1024

Instructions: Within two (2) business days of receiving a service authorization for car service from the Ongoing Service Coordinator (OSC), the Early Intervention service provider agency Transportation Coordinator (TC) completes the **Car Service Information Form** and faxes it to the NYEIS Administration Transportation Liaison at 347-396-8983. The NYEIS Administration Transportation Liaison returns the approved form to the OSC via Fax. The OSC attaches the approved **Car Service Information Form** to the child's integrated case in NYEIS and faxes a copy to the TC.

Child and Family Information – Completed by Provider Agency Transportation Coordinator

Child's Name (Last, First):	EI ID:	DOB:
Parent's Name (Last, First):	Phone:	
Name of Caregiver Accompanying Child:	Name of Alternate Caregiver:	
Pick-up Address:	Drop-off Address:	

Early Intervention Provider Agency Information - Completed by Provider Agency Transportation Coordinator

Agency Name:	Address:	
Transportation Coordinator Name:	Phone:	Fax:
Transportation Coordinator HIN ID:		

Service Authorization Information - Completed by Provider Agency Transportation Coordinator

Schedule				Transportation SA Number:
	Day(s) that child will attend group	Session Start Time (AM/PM)	Session End Time (AM/PM)	Authorization Period
Monday				From: Date:
Tuesday				To: Date:
Wednesday				Comments:
Thursday				
Friday				

Car Service Vendor: Notification to Proceed with Car Service (NYC Bureau of Early Intervention Use Only)

This form serves to advise New Elegante Car Service that car service has been approved and can be initiated to the Early Intervention provider identified in Section II of this document on date: _____

Above please find the Parental Contact and Child Scheduling information. Vendor may contact the family to schedule the pick-up.
Contact New York City Bureau of Early Intervention at nycnyeis@health.nyc.gov if you have any questions.

NYC Bureau of Early Intervention Approval Signature:

Date:



NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION FORM – Manhattan and Brooklyn

New York City Department of Health and Mental Hygiene Early Intervention Manhattan & Brooklyn Car Service Vendor:

**Corporate Transportation Group LTD • General number: 718-643-3900 • Contact Number: 718-643-3900 • Contact: Stephanie Prasker
Email: Stephanie@nyc2way.com**

Instructions: Within two (2) business days of receiving a service authorization for car service from the Ongoing Service Coordinator (OSC), the Early Intervention service provider agency Transportation Coordinator (TC) completes the **Car Service Information Form** and faxes it to the NYEIS Administration Transportation Liaison at 347-396-8983. The NYEIS Administration Transportation Liaison returns the approved form to the OSC via Fax. The OSC attaches the approved **Car Service Information Form** to the child's integrated case in NYEIS and faxes a copy to the TC.

Section I: Child and Family Information – Completed by Provider Agency Transportation Coordinator

Child's Name (Last, First):	EI ID:	DOB:
Parent Name (Last, First):	Phone:	
Name of Caregiver Accompanying Child:	Name of Alternate Caregiver:	
Pick-up Address:	Drop-off Address:	

Section II: Early Intervention Provider Agency Information - Completed by Provider Agency Transportation Coordinator

Agency Name:	Address:	
Transportation Coordinator Name:	Phone:	Fax:
Transportation Coordinator HIN ID:		

Section III: Service Authorization Information - Completed by Provider Agency Transportation Coordinator

Schedule				Transportation SA Number:
	Day(s) that child will attend group	Session Start Time (AM/PM)	Session End Time (AM/PM)	Authorization Period
Monday				From: Date:
Tuesday				To: Date:
Wednesday				Comments:
Thursday				
Friday				

Car Service Vendor: Notification to Proceed with Car Service (NYC Bureau of Early Intervention Use Only)

This form serves to advise Corporate Transportation Group LTD that car service has been approved and can be initiated to the Early Intervention provider identified in Section II of this document on date: _____

Above please find the Parental Contact and Child Scheduling information. Vendor may contact the family to schedule the pick-up.
Contact New York City Bureau of Early Intervention at nycnyeis@health.nyc.gov if you have any questions.

NYC Bureau of Early Intervention Approval Signature:

Date:



NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION – QUEENS

New York City Department of Health and Mental Hygiene Early Intervention Queens Car Service Vendor:

AMN MANAGEMENT, INC. • Dispatch: 718-326-5115 • Contact: Kathy

Instructions: Within two (2) business days of receiving a service authorization for car service from the Ongoing Service Coordinator (OSC), the Early Intervention service provider agency Transportation Coordinator (TC) completes the **Car Service Information Form** and faxes it to the NYEIS Administration Transportation Liaison at 347-396-8983. The NYEIS Administration Transportation Liaison returns the approved form to the OSC via Fax. The OSC attaches the approved **Car Service Information Form** to the child's integrated case in NYEIS and faxes a copy to the TC.

Section I: Child and Family Information – Completed by Provider Agency Transportation Coordinator

Child's Name (Last, First):	EI ID:	DOB:
Parent Name (Last, First):	Phone:	
Name of Caregiver Accompanying Child:	Name of Alternate Caregiver:	
Pick-up Address:	Drop-off Address:	

Section II: Early Intervention Provider Agency Information - Completed by Provider Agency Transportation Coordinator

Agency Name:	Address:	
Transportation Coordinator Name:	Phone:	Fax:
Transportation Coordinator HIN ID:		

Section III: Service Authorization Information - Completed by Provider Agency Transportation Coordinator

Schedule				Transportation SA Number:
	Day(s) that child will attend group	Session Start Time (AM/PM)	Session End Time (AM/PM)	Authorization Period
Monday				From: Date:
Tuesday				To: Date:
Wednesday				Comments:
Thursday				
Friday				

Car Service Vendor: Notification to Proceed with Car Service (NYC Bureau of Early Intervention Use Only)

This form serves to advise AMN MANAGEMENT, INC. that car service has been approved and can be initiated to the Early Intervention provider identified in Section II of this document on date: _____

**Above please find the Parental Contact and Child Scheduling information. Vendor may contact the family to schedule the pick-up.
Contact New York City Bureau of Early Intervention at nycnyeis@health.nyc.gov if you have any questions.**

NYC Bureau of Early Intervention Approval Signature:

Date:



NYC EARLY INTERVENTION PROGRAM CAR SERVICE INFORMATION FORM – Staten Island

New York City Department of Health and Mental Hygiene Early Intervention Staten Island Car Service Vendor:

JJS Transportation Co. Inc. D/B/A Grant City Car Service • General Number: 718-979-6200 • Contact Number: 718-667-2022

Contact: April Bates • Email: nctaxis@aol.com

Instructions: Within two (2) business days of receiving a service authorization for car service from the Ongoing Service Coordinator (OSC), the Early Intervention service provider agency Transportation Coordinator (TC) completes the **Car Service Information Form** and faxes it to the NYEIS Administration Transportation Liaison at 347-396-8983. The NYEIS Administration Transportation Liaison returns the approved form to the OSC via Fax. The OSC attaches the approved **Car Service Information Form** to the child's integrated case in NYEIS and faxes a copy to the TC.

Section I: Child and Family Information – Completed by Provider Agency Transportation Coordinator

Child's Name (Last, First):	EI ID:	DOB:
Parent Name (Last, First):	Phone:	
Name of Caregiver Accompanying Child:	Name of Alternate Caregiver:	
Pick-up Address:	Drop-off Address:	

Section II: Early Intervention Provider Agency Information - Completed by Provider Agency Transportation Coordinator

Agency Name:	Address:	
Transportation Coordinator Name:	Phone:	Fax:
Transportation Coordinator HIN ID:		

Section III: Service Authorization Information - Completed by Provider Agency Transportation Coordinator

Schedule				Transportation SA Number:
	Day(s) that child will attend group	Session Start Time (AM/PM)	Session End Time (AM/PM)	Authorization Period
Monday				From: Date:
Tuesday				To: Date:
Wednesday				Comments:
Thursday				
Friday				

Car Service Vendor: Notification to Proceed with Car Service (NYC Bureau of Early Intervention Use Only)

This form serves to advise JJS Transportation Co. Inc. D/B/A Grant City Car Service that car service has been approved and can be initiated to the Early Intervention provider identified in Section II of this document on date: _____

**Above please find the Parental Contact and Child Scheduling information. Vendor may contact the family to schedule the pick-up.
Contact New York City Bureau of Early Intervention at nycnyeis@health.nyc.gov if you have any questions.**

NYC Bureau of Early Intervention Approval Signature:

Date:



NYC Early Intervention Program Mileage Reimbursement Form

Health

Instructions: The NYC Early Intervention (EI) provider agency Transportation Coordinator (TC) must complete the Mileage Reimbursement Form with parents/caregivers monthly when mileage reimbursement is authorized as part of the child's Individualized Family Service Plan (IFSP). The TC will then send the completed form and accompanying documentation for tolls and/or parking to the EI Fiscal Management Unit (EIFM) using HCS Secure File transfer to username: *Hinrjk02* within seven (7) calendar days after the end of each calendar month.

Child's Name:(Last)		(First)		
Date of Birth (DOB):		EI #:		
IFSP Period: Start:	End:	Service Authorization Number:		
Parent's Full Name:		Phone:		
Parent's Address:		City:	State:	Zip Code:
Name of IFSP Authorized Destination (EI Provider):				
Destination Address:		City:	State:	Zip Code:

I certify that the expenses itemized below are for the purposes of transporting my child to and from facility-based services authorized on his/her IFSP. I understand that I will not be reimbursed for tolls and parking unless I submit receipts as part of this request. I will receive a maximum reimbursement of \$100.00 per day in the form of a check mailed to me by the NYC Department of Health and Mental Hygiene (NYC DOHMH) no more than three (3) weeks from the date that the Mileage Reimbursement Form is received by the EIFM. I hold the NYC DOHMH harmless in the case of accidental death, injury or property damage associated with the use of my motor vehicle.

	Date Traveled	Total Miles	Rate per Mile	Total Expenses
1	MM/DD/YYYY	Round Trip (1)	\$ 0.575 (2)	(1) x (2)
2			\$ 0.575 (2)	
3			\$ 0.575 (2)	
4			\$ 0.575 (2)	
5			\$ 0.575 (2)	
6			\$ 0.575 (2)	
7			\$ 0.575 (2)	
8			\$ 0.575 (2)	
9			\$ 0.575 (2)	
10			\$ 0.575 (2)	
11			\$ 0.575(2)	
12			\$ 0.575 (2)	
13			\$ 0.575 (2)	
14			\$ 0.575 (2)	
15			\$ 0.575 (2)	

Sub-Total	
Tolls (if applicable)	
Parking (if applicable)	
Grand Total	

Name (Parent): _____ Signature: _____ Date: ____ / ____ / ____

I certify that the above EI child received services at the program on the above dates.

Name (TC): _____ Signature: _____ Date: ____ / ____ / ____

**NEW YORK CITY DOHMH EARLY INTERVENTION PROGRAM
TRANSPORTATION COMPANION ATTENDANCE SHEET**

Page: _____ of _____

Transportation Contractor Name:

Transportation Provider EI#:

Month:

Year:

Program /School's Name:

Address:

Program Provider EI#:

EI #	DOB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Child's Name (Last, First)																																	
Companion's Name (Last, First)																																	
Companion's Name (Last, First)																																	

EI #	DOB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Child's Name (Last, First)																																	
Companion's Name (Last, First)																																	
Companion's Name (Last, First)																																	

EI #	DOB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Child's Name (Last, First)																																	
Companion's Name (Last, First)																																	
Companion's Name (Last, First)																																	

EI #	DOB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Child's Name (Last, First)																																	
Companion's Name (Last, First)																																	
Companion's Name (Last, First)																																	

I certify that the above EI child(ren) and authorized companion(s) were actually transported to receive services at the program on the above dates. I understand that any misrepresentation of fact provided by me on this form may result in criminal action.

Print Name/telephone #: _____ Signature of Authorized Program/School Official: _____ Date: ____ / ____ / ____

Transportation Companion Attendance Sheet Instructions

- 1) **Transportation Contractor Name** - Enter company's name (not subcontractor)
- 2) **Transportation Provider EI #** - Enter your five-digit Early Intervention number
- 3) **Month** - Enter the month of service (should be spelled out) and Year
- 4) **Program/School Name** - Enter Program/School name exactly as it appears on your contract
- 5) **Address/Site** - Enter site address of Early Intervention Program/School
- 6) **Provider EI #** - Enter provider Early Intervention five-digit number
- 7) **EI #** - Child's 7- digit Early Intervention number
- 8) **DOB** – Child's date of birth (MM/DD/YY) format
- 9) **Child's Name** – Enter the child's name in the Last Name, First Name Columns
- 10) **Companion Name** – If parent/guardian or other companion is authorized on the child's IFSP to accompany the child when traveling, enter the authorized companion's name last name and first name. You must enter companion name under authorized child's name. Multiple companions can continue on next line as long as the child's ID is also entered.
- 11) **Day of Trip** - Put an "x" in the box for the date child was transported/attended and "x" for each companion in boxes below for same date.
- 12) **Signature** - Please sign and indicate telephone # of Transportation Coordinator.

Chapter 9: Assistive Technology

New York City Early Intervention Program

Policy Title: Assistive Technology	Effective Date: October 15, 2024
Policy Number: 9-A	Supersedes: Policy 9-A, issued October 1, 2014
Applicable Forms: <ul style="list-style-type: none"> - NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form - NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Form - NYC Early Intervention Program Assistive Technology Information Exchange Form - ADAPT Community Network TRAID Loan Request: Mobility/Seating/Positioning Equipment Form - Appendix A: NYC Early Intervention Program Technical Assistance Document for Supplemental Evaluations for Audiology and Assistive Technology (Amplification, Augmentative and Alternative Communication, DME) 	Regulation/Citation: NYCRR Section 69-4.1(m)(2)(i) NYCRR Section 69-4.1(m)(2)(ii) NYCRR Section 69-4.9 NYCRR Section 69-4.11 New York State Early Intervention Reissued Memorandum 99-1 September 2019

I. POLICY DESCRIPTION:

Assistive Technology (AT) should be considered when an AT device (ATD) or service is needed to increase, maintain, or improve the functional capabilities of an eligible child, and to facilitate the attainment of functional outcomes included in the child and family's Individualized Family Service Plan (IFSP).

All New York City Early Intervention Program (NYC EIP) provider agencies are required to designate an AT Coordinator to serve as the clinical and administrative point person throughout the AT request process for their agency's therapists. The AT Coordinator is responsible for coordinating with individual requesting providers (henceforth called "requesting therapists") currently rendering EI services through their own Provider Agency, Service Coordinators, the NYC Bureau of Early Intervention Assistive Technology Unit (ATU), the State Fiscal Agent's AT Coordinator and the vendor assigned by the State Fiscal Agent's AT Coordinator on the provision of an ATD.

According to New York State Early Intervention Memorandum 99-1 Assistive Technology for the Early Intervention Program (revised September 2019), NYS Early Intervention regulations, and federal regulations, the following devices are not reimbursable by the Early Intervention Program (EIP):

- Equipment or medical supplies that are life-sustaining in nature or related solely to a medical condition or chronic illness unrelated to the child's disability and developmental status
- Services that are medical or surgical in nature
- Toys that are not adapted
- Generic items typically needed by all children
- Standard equipment used by service providers in the provision of EIP services (regardless of service delivery setting)
- Environmental adaptations
- Devices purchased prior to being authorized in the IFSP
- Devices that are considered experimental or investigational

All ATD request packets must be received complete by the New York City Bureau of Early Intervention Assistive Technology Unit no fewer than 90 days prior to the child's third birthday.

Only requesting therapists who intend to continue to render their services through the time of the child's device receipt may request assistive technology devices and services. The requesting therapist must be currently rendering their services through the NYC Early Intervention Program, either

- Through an EI provider agency,
- Through an agency subcontracted through an EI provider agency, or
- As an individual provider with an agreement with NYS DOH.

A requesting therapist who recognizes the possible need for an ATD but is unsure where or how to begin the process may reach out to the NYC BEI Assistive Technology Unit, in partnership with their Agency's AT Coordinator, at BEIATU@health.nyc.gov to discuss the authorization of a vendor collaboration and/or an assistive technology service authorization in advance of the submission of a specific request for an ATD.

Note:

- Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy
- This policy requires that a form be submitted to the NYC Bureau of Early Intervention using secure file transfer (SFT). Secure file transfer is a feature in the New York State Health Commerce System (HCS). All EI-Hub users have HCS Accounts in order to access the EI-Hub. A secure file transfer reference guide is linked [here](#).

II. PROCEDURE:

Responsible Party	Action
Requesting Therapist	<ol style="list-style-type: none">1. During the course of an evaluation, assessment or ongoing intervention, identifies the need for an ATD or AT service to increase, maintain, or improve the functional capabilities of an eligible child, and/or to facilitate the attainment of functional outcomes included in the child and family's IFSP.2. Within one (1) treatment session of identifying the need, discusses this need with the family, identifying the AT device category and/or service.3. Explains the ATD process to the family and ensures that the family agrees to initiate the process.<ol style="list-style-type: none">a. Uses the Assistive Technology: Tools to Help Your Child Learn and Play family resource to explain the AT process to families.b. This family resource if available in 10 languages.4. Notifies their Agency's AT Coordinator and obtains the NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form.<ol style="list-style-type: none">a. Reviews the instructions for completion including the guidance provided in the NYSDOH Assistive Technology for the Early Intervention Program, reissued guidance September 2019, ensuring the category requested meets regulatory criteria for authorization.b. Answers all questions on the NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form.c. Reviews the completed NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form with the family and obtains their feedback and written consent.

Note: Refer to the instructions for the **NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form** for a full list of appropriate documentation.

Requesting Therapist Cont.	<p>5. Simultaneously pursues a short-term loan for, at most, the duration of the child's time in the Early Intervention Program if the device category falls within: standers, walkers, gait trainers, seating and transport devices:</p> <ol style="list-style-type: none"> Completes the ADAPT Community Network TRAID Loan Request: Mobility/Seating/Positioning Equipment Form Emails the TRAID loaner closet (techworks@adaptcommunitynetwork.org) attaching the completed ADAPT Community Network TRAID Loan Request: Mobility/Seating/Positioning Equipment Form to the email Determines: <ul style="list-style-type: none"> If the TRAID can provide the proposed ATD via its loaner closet for demonstration or short-term loan If the ATD is currently available for demonstration or short-term loan and for how long How to make arrangements with the TRAID for device delivery <p>6. TRAID outreach and NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form completion and submission to the requesting therapist's AT Coordinator may occur simultaneously.</p> <ol style="list-style-type: none"> A completed NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form should be submitted to the requesting therapist's AT Coordinator once the email has been sent to the TRAID. If a loaner device is available for trial and determined to fully meet the child's needs for the duration of their participation in the EIP: <ul style="list-style-type: none"> Informs their AT Coordinator and the Service Coordinator that an ATD will no longer need to be pursued through the EIP and Requests the withdrawal of the AT packet request sent to the NYC EIP. When no device is available for loan OR when the use of a loaner provides information to indicate that a category of AT should be requested from the EIP (e.g., the child needs to use the device long-term; OR the loaned device helped clarify the child's functional abilities and limitations and informed the family and therapist that a different ATD category is needed and not available for loan), promptly submits the completed and signed NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form to their AT Coordinator with a copy of their most current Progress Notes. <ul style="list-style-type: none"> If the last available Progress Note is older than 2 months from the date that the previous note was submitted, submits an Amendment Progress Note. Refer to the Progress Note Policy for more information. <p>Note:</p> <ul style="list-style-type: none"> The NYC BEI will only accept ATD requests made by therapists who, within their scope of practice, can: <ul style="list-style-type: none"> Fully assess the child's functional abilities to use the device, Provide ongoing family training, and Help to ensure the family's integration of the device within the child's daily routines.
Requesting Therapist's AT Coordinator	<p>1. Receives and reviews the NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form and the Progress Notes from the requesting therapist to ensure that:</p> <ol style="list-style-type: none"> Age-out timeline submissions are met, All questions and fields are fully completed, applicable to each question posed, and clinically appropriate for the child's safe use, Current/Amendment Progress Notes are being submitted, and Corrections are addressed as needed with a one (1) business day turnaround.

	<ol style="list-style-type: none"> 2. Notifies the Service Coordinator that, because an ATD need has been identified and the AT packet is being completed, the Service Coordinator should review New York State Department of Health Bureau of Early Intervention Health Insurance Tool Kit for Service Coordinators (insurance_service_coordination_tool_kit.pdf (ny.gov)) and contact the family within 2 business days to ensure the child's insurance information is currently documented in the EI-Hub. 3. Obtains NYS prescription for the selected device: <ol style="list-style-type: none"> a. Informs the child's prescribing healthcare provider that an ATD has been requested and that medical clearance is required on a NYS prescription with these elements: <ol style="list-style-type: none"> i. Child's name and date of birth ii. ICD codes iii. Category of ATD iv. Healthcare Provider's name and (manual or electronic) signature <ul style="list-style-type: none"> • If electronic, confirming statement that signature was provided electronically. <p>Note:</p> <ul style="list-style-type: none"> • NYS prescription must: <ul style="list-style-type: none"> ○ Be legible and current (within 1 month of ATMNJ form submission for all non-amplification orders and within 4 months of submission for amplification orders); ○ Be prescribed by a NYS licensed Physician, Physician Assistant or Nurse Practitioner for all non-amplification devices; and ○ Be prescribed by a NYS ENT for hearing aids and when FM systems are used without a hearing aid. <ol style="list-style-type: none"> 4. Maintains the child's prescription for the ATD and for the requesting therapist's service if required. <p>Within three (3) business days of submission by the Requesting Therapist, submits the complete AT packet to the child's Service Coordinator using Secure File Transfer (SFT), ensuring the AT packet is attached to the HCS SFT communication. The following documents must be attached to the submission:</p> <ol style="list-style-type: none"> a. NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form b. Prescription c. Current/Amendment Progress Note d. For amplification, AT packets must also include price quotes for device costs
Service Coordinator	<ol style="list-style-type: none"> 1. Contacts the family and obtains and updates the current insurance information as necessary in the EI -Hub. <ol style="list-style-type: none"> a. Refer to the ISC Responsibilities Policy for detailed instructions. 2. Within one (1) week of the AT Coordinator's submission of the AT packet to the Service Coordinator, submits the AT packet to the NYC BEI ATU using Secure File Transfer (SFT) to HIN ID: ATUnit, ensuring the AT packet is attached to the HCS SFT communication. The following documents must be attached to the submission: <ol style="list-style-type: none"> a. NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form b. Prescription c. Current/Amendment Progress Note d. For amplification, AT packets must also include price quotes for device costs 3. Informs AT Coordinator of the insurance follow-up, Secure File Transfer (SFT) submission of the AT packet and the emailed notification to the NYC BEI ATU.

NYC BEI Assistive Technology Unit (ATU)	<ol style="list-style-type: none"> 1. Reviews the AT packet. 2. Ensures the request meets regulatory criteria for EIP authorization. 3. Notifies the requesting therapist's AT Coordinator and the Service Coordinator if the submitted request is not complete and provides guidance on requirements for a complete AT packet resubmission. 4. If the ATD is not appropriate based on the unique needs of the child and family, or if the item is not reimbursable by the EIP, sends Prior Written Notice to the family and attaches a copy in the "Referral" Tab in the child's case in the EI-HUB. <ol style="list-style-type: none"> a. Refer to the Prior Written Notice Policy for detailed procedures. 5. If ATD packet is complete, the request is appropriate based on the unique needs of the child and family, and the item is reimbursable by the EIP, takes the following steps to authorize the ATD and AT services in the EI-Hub: <ol style="list-style-type: none"> a. Locates the child in the EI Hub by searching for their ID on Children Assigned to Caseload and clicking the Edit button when the child appears. b. Unlocks the child's active IFSP, taking note of the end date, to include the AT related outcomes and related authorizations <ol style="list-style-type: none"> i. In the IFSP grid, clicks the Edit button of the active IFSP <ul style="list-style-type: none"> • <i>Clicks the Unlock IFSP button at the bottom of the IFSP Information panel</i> • <i>Clicks the Yes button when asked "Are you sure you want to unlock the IFSP?"</i> • <i>The status of the IFSP will revert to Draft and new fields will appear</i> • <i>From the drop down of IFSP type, selects the same type as the original (e.g., if the first IFSP was an initial, the unlocked IFSP is also an initial)</i> • <i>Selects IFSP Amendment from the Modification Reason dropdown</i> • <i>Enters the reason for unlocking in the Reason for Change textbox</i> • <i>Selects Recorded review and written correspondence from the Method by Which the IFSP Was Conducted dropdown</i> • <i>Clicks Submit</i> ii. Completes IFSP outcomes <ul style="list-style-type: none"> • <i>Selects IFSP Outcomes (left panel)</i> • <i>Selects the Add IFSP Outcome button</i> • <i>Clicks the yellow IFSP Outcome Detail button</i> • <i>The Outcome Number and Outcome Start Date will auto-populate.</i> • <i>Do not enter anything in the Outcome Complete Date.</i> • <i>Completes the desired outcome in the Outcome Desired textbox based on the requesting therapist's and family's mutually agreed upon outcome documented in the NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form.</i> • <i>The outcome must have all required elements of an EI functional outcome as described in the IFSP Crosswalk</i> • <i>From the Outcome Type dropdown, selects this is an outcome for the child</i> • <i>Enters strategies and activities that will support this outcome</i> • <i>Selects from the Progress Rating dropdown whether this outcome is new, ongoing, or achieved</i> • <i>From the Modification to Outcome? dropdown, selects yes or no to indicate if this is an ongoing outcome that is being modified</i> • <i>If yes, indicates how many times this outcome has been modified under Outcome Version.</i> • <i>Enters the criteria by which the IFSP Team will assess whether the outcome has been achieved.</i>
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- Enters the people who will assist the child/family to achieve the outcome.
- Indicates how often progress will be measured for this outcome: weekly, monthly, etc.
- If this is an existing outcome, enters the date that progress was last reviewed.
- Clicks Submit
- Repeats until all relevant outcomes have been entered.
- iii. Clicks “IFSP Ongoing Evaluations” on the left panel to complete audiology or assistive technology evaluation authorizations (when needed)
 - Clicks the Add IFSP Ongoing Evaluations button.
 - Clicks on the binoculars next to the Program field.
 - Selects the type of supplemental evaluation to be authorized from the dropdown (audiology or assistive technology)
 - Enters the start date of the evaluation and the end date of the evaluation in the “Dates of Evaluation From” and “Dates of Evaluation To” fields.
 - The from date is the date of the amendment IFSP meeting.
 - The to date should be the 30th day from the date of the amendment IFSP meeting, unless the IFSP end date is less than 30 days from the amendment start date. In this case, “to” date must fall within the IFSP date range.
 - Under Agency, types the name of the agency to perform the evaluation, and clicks on the agency name when it pops up.
 - From the dropdown under Location Type, selects the setting where the evaluation will be conducted.
 - Clicks Submit.
- iv. Returns to the IFSP to create the ATD service authorizations

Note: To create a Service Authorization in the EI-Hub, the following IFSP Services panels must be completed:

- Service Information,
- Service Delivery,
- Company Assignment and
- Service Location

- Clicks IFSP Services on the left panel.
 - Clicks Add service information (yellow button) to enter the Service Information pane
 - In the Program field, begins typing Medical DME and clicks on the full name when it pops up.
 - Clicks Submit to save
- Clicks Service Delivery on the left panel
 - Enters start date for the ATD authorization with the date the amendment is completed
 - Enters end date as the end date of the IFSP
 - Enters the number “1” in the Frequency field
 - Selects the dropdown option of “IFSP period” in the Frequency Unit field
 - Selects the dropdown of “1 unit – no time specified” in the Length (minutes) field
 - Clicks Submit to save
- Clicks Company Assignment

- Enters State Fiscal Agent in the Company Name field
 - Clicks Submit to save
- Clicks Service Location
 - Selects the drop down of Agency Provider Site for the Location Type field
 - Enters Home for Location Type Other field
 - Selects Yes to complete the field for: "Is the child being served in a Natural Environment"
 - Clicks Submit to save
- v. Returns to the IFSP to complete assistive technology and audiology service authorizations
 - Clicks IFSP Services on the left panel.
 - Clicks the Add Service Information button to authorize assistive technology or audiology services
 - In the Program field, begins typing the service type (e.g., assistive technology or audiology) and clicks on the full name when it pops up.
 - The "Service Type" field is autopopulated based on the Program field.
 - Scrolls to the bottom and clicks Submit.
 - Clicks on Service Delivery on the left panel.
 - Service Delivery is autopopulated from the Service Information panel.
 - IFSP Start Date and End Date are autopopulated from the IFSP Information panel
 - Enters the service Start Date as the date of the amendment and enters the End date as the end date of the IFSP
 - Under Frequency, enters how often the service will be delivered in one frequency unit, e.g. two.
 - From the dropdown under Frequency Unit, selects the unit of frequency, e.g. week, IFSP period
 - From the dropdown under Length (minutes) selects the length of the session.
 - Under IFSP Outcome Name, clicks on the Select button and selects the IFSP outcome(s) associated with this service
 - Scrolls to the bottom and clicks Submit
 - Clicks on Company Assignment on the left panel
 - Under Company Name, types the first few letters of the agency's name, then clicks on it when it pops up
 - Clicks Submit
 - Clicks on Service Location on the left panel.
 - From the dropdown under Location Type, selects the kind of site where the service will be delivered.
 - If "caregiver home" is selected for Location Type, the address fields will auto-populate from the caregiver's address entered in the Family Info tab.
 - For any other Location Type, enters the street, city, state and zip code of the location
 - From the dropdown under Is the child being served in a natural environment?, selects yes
 - Clicks Submit
 - When returned to the main Service Information panel after clicking Submit on the Service Location panel, clicks Submit on the Service Info panel to submit the service authorization.

	<ul style="list-style-type: none"> • <i>Follows the steps above to create all the AT-related authorizations for the child and family.</i> • <i>Once all service authorizations are completed and submitted, approves them by clicking the Edit button next to each service authorization in the IFSP Services grid.</i> • <i>Selects Approve from the EIOD Approval dropdown.</i> • <i>Clicks Submit.</i> • <i>Repeats for each service authorization.</i> <p>vi. <i>When the service authorizations are complete, clicks on IFSP at the top of the screen (the breadcrumbs) to return to the child's main IFSP Information page.</i></p>
	<p>Note: DO NOT complete the Assistive Technology panel and Assistive Technology Device panel. These panels are not yet operational in the EI-Hub.</p> <ul style="list-style-type: none"> vii. <i>Clicks on IFSP Parent Agreement on the left panel</i> <ul style="list-style-type: none"> • <i>Clicks the "Upload Signature Page" button at the bottom of the page</i> • <i>From the dropdown under Document Type, selects Parent Documents.</i> • <i>Attaches the components of the AT packet.</i> • <i>For Document name, types (Name of Document)(Child Initials)(Child ID number)(Date)</i> • <i>Clicks the Choose File button and navigates to where the file is saved.</i> • <i>Clicks Upload</i> • <i>Clicks Submit.</i> viii. <i>Approves the amended IFSP</i> <ul style="list-style-type: none"> • <i>Clicks on IFSP Information on the left to return to the child's main IFSP Information page</i> • <i>Selects submitted as the IFSP status dropdown.</i> • <i>When returned to the IFSP Information panel, selects Approve from the EIOD Approval dropdown at the bottom</i> <ol style="list-style-type: none"> 6. Notifies the Requesting Therapist's AT Coordinator and Service Coordinator of the authorizations in the active IFSP timeframe. 7. Requests that the AT Coordinator and Service Coordinator notify the family and the Requesting Therapist of the determination. 8. Notifies the State Fiscal Agent of the new ATD authorization (if authorized).
State Fiscal Agent's AT Coordinator (SFA ATC)	<ol style="list-style-type: none"> 1. Accepts ATD service authorization. 2. For non-amplification orders, emails Vendor and ATU when vendor is assigned. 3. For amplification orders, provides purchase authorization to the ATU and the selected Dispensary. <p>Note: The State Fiscal Agent's AT Coordinator provides EI Dispensaries their purchase authorizations directly, allowing the EI Dispensary to order ATDs directly from amplification-related sources.</p>
NYC BEI Assistive Technology Unit (ATU)	<ol style="list-style-type: none"> 1. Notifies requesting therapist's AT Coordinator of vendor assignment for non-amplification orders.
Requesting Therapist's	<ol style="list-style-type: none"> 1. Notifies requesting therapist of vendor assignment, within two (2) business days.

AT Coordinator	<p>2. Advises requesting therapist to schedule vendor collaboration with family and child and inform their AT Coordinator of the scheduled date.</p> <p>3. Informs the ATU of the scheduled vendor collaboration date, location and anticipated collaboration timeframe in order for an AT service to be authorized for the requesting therapist's clinical time during the vendor collaboration.</p>
Requesting Therapist	<p>1. For amplification</p> <ul style="list-style-type: none"> a. Requesting audiologist determines the manufacturers and models of amplification equipment based on individual child needs. <p>2. For non-amplification</p> <ul style="list-style-type: none"> a. Schedules the AT vendor collaboration with family and child as soon as possible. b. Notifies their AT Coordinator of the scheduled collaboration date, location and anticipated collaboration timeframe. c. Ensures therapist-vendor-family and child collaboration by using the category-specific processes, conditions and exceptions outlined below: <p class="list-item-l1">i. Factors that must be considered by all requesting therapists during their vendor collaboration as they select devices from an ATD category:</p> <ul style="list-style-type: none"> • Pros and cons of available models from low- to high-tech as appropriate for the individual child's needs • All required accessories and mechanisms needed to meet anatomical and medical needs • Accessories needed to accommodate or avoid interference with current or anticipated medical equipment or surgeries • Child's anticipated growth patterns • Potential for device modification to allow for adjustments as the child's needs change • Physical manifestations of the child's medical conditions that may impact device longevity (e.g., spasticity, recurrent seizures) • Family/caregiver ability to adjust the ATD and its components • Additional ATDs the child needs to use along with the device being requested <p class="list-item-l1">ii. Additional process and unique factors to incorporate specifically during Durable Medical Equipment (DME) selections by Motor Therapists:</p> <ul style="list-style-type: none"> • Potential benefits of dual function devices • Location/s of ATD use and storage • Portability <p class="list-item-l1">iii. Additional process and unique factors to incorporate specifically with all Orthotic order collaborations, including upper and lower extremities and prefabricated and customized orthotic garments:</p> <ul style="list-style-type: none"> • Orthotist collaborations are conducted at the orthotist's vendor location. • Requesting motor therapists are encouraged to participate in-person in this community-based collaboration with the orthotist, family and child. When this is not possible, at a minimum, they should discuss the orthotic order with the orthotist prior to the child's orthotic appointment. <p class="list-item-l1">iv. Additional process and unique factors to incorporate specifically with Less complex items such as adaptive toys, switches and sensory devices:</p> <ul style="list-style-type: none"> • In-person collaboration is not required. • Requesting Speech Therapists, Special Instructors and Occupational Therapists should identify the exact devices being sought - by manufacturer, model and quantity. • Consideration must first be given to devices that serve multiple functions.

	<p>v. Refer to Appendix A for Augmentative Alternative Communication devices and software.</p>
State Fiscal Agent's AT Coordinator (SFA ATC)	<ol style="list-style-type: none"> 1. Receives vendor's invoice. 2. Provides Purchase Authorization for selected devices.
NYC BEI Assistive Technology Unit (ATU)	<ol style="list-style-type: none"> 1. Receives the Purchase Authorization and compares it to the AT request packet: <ol style="list-style-type: none"> a. If the itemized device is the same, saves the Purchase Authorization in the child's electronic municipal case file and notifies the requesting therapist and their AT Coordinator that the purchase authorization was received by sending them the Purchase Authorization via HCS Secure File Transfer. b. If the itemized device is different from the AT request packet: <ol style="list-style-type: none"> i. Notifies the requesting therapist and their AT Coordinator that the requesting therapist's clarification is needed ii. Directs the requesting therapist to the assigned vendor if the requesting therapist does not understand or agree with any change in device from the time of the vendor collaboration iii. Notifies the SFA's ATC if there are any issues with the Purchase Authorization that require correction iv. Sends the corrected Purchase Authorization via HCS Secure File Transfer to the requesting therapist and their AT Coordinator, if applicable c. Completes the assistive technology service authorization process d. Notifies the Therapist's AT Coordinator of the authorization in the EI-Hub active IFSP.
Requesting Therapist	<ol style="list-style-type: none"> 1. Reviews the final Purchase Authorization as directed by the ATU <ol style="list-style-type: none"> a. Confirms final order is accurate OR follows up with vendor to resolve issues with the final order b. Notifies the ATU and their AT Coordinator when order details are finalized 2. Collaborates with vendor and parent on: <ol style="list-style-type: none"> a. Delivery dates b. Parent training sessions with or without vendor 3. Notifies the ATU and their AT Coordinator in advance of the delivery date, to request AT service authorizations for: <ol style="list-style-type: none"> a. Vendor delivery/fitting collaboration b. AT-specific training sessions with family 4. Notifies Service Coordinator of ATD delivery and training status 5. Completes the NYC Early Intervention Program Notification of Item Delivery, Condition and Status Form within one (1) service session after the ATD is delivered and submits to their AT Coordinator <ol style="list-style-type: none"> a. Contacts the vendor when device-specific assistance is necessary b. Notifies the ATU and their AT Coordinator if/when non-routine adjustments are needed or when vendor issues cannot be independently resolved c. Directs the family to immediately discontinue the use of any ATD and notify the ATU if a safety concern related to the ATD is identified 6. Documents the child's use of the device in Session and Progress Notes 7. Discusses donation options with the family, including donation to the TRAID Loan Closet, when the requesting therapist and family determine that the ATD is no longer needed or consistently utilized 8. Informs their AT Coordinator and the ATU if the requesting therapist's services are ending for any reason: <ol style="list-style-type: none"> a. Completes the NYC Early Intervention Program Assistive Technology Information Exchange Form when EI services will terminate with the EI child and family AND when the requesting therapist is: <ol style="list-style-type: none"> i. Providing oversight to an assistive technology device; OR

	<ul style="list-style-type: none"> ii. Awaiting vendor assignment or assistive technology device delivery; OR iii. Awaiting authorization of a submitted AT request packet. <p>b. Submits the completed form accompanied by the last Session Note to the requesting therapist's AT Coordinator no later than one (1) week prior to the last date of service.</p>
Requesting Therapist's AT Coordinator	<ol style="list-style-type: none"> 1. Reviews, accepts and assigns requesting therapist to AT service authorization in the EI-Hub. Refer to the Initial IFSP Policy for EI-Hub instructions. 2. Links prescription for the requesting therapist's service (when required) to any AT service authorization. Refer to the Obtaining Prescriptions for Authorized Services and Evaluations Policy. 3. Collects Session Notes and Progress Notes from requesting therapist in accordance with internal EI Agency protocol and NYC EIP Session Note/Service Log and Progress Note Policies. 4. Collects the NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Form within one (1) service session after the ATD is delivered. 5. Within two (2) business days from the service session, reviews and submits the completed the NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Form to the Service Coordinator for submission to the ATU. 6. When applicable, submits the completed NYC Early Intervention Program Assistive Technology Information Exchange Form to the Service Coordinator no later than two (2) business days after receiving it from the requesting therapist.
Service Coordinator	<ol style="list-style-type: none"> 1. Remains in close communication with the family, requesting therapist's AT Coordinator and requesting therapist to monitor device status. 2. Submits the NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID ATUnit, attaching the document to the communication within two (2) business days of receipt from the AT Agency Coordinator. 3. Submits the completed NYC Early Intervention Program Assistive Technology Information Exchange Form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID ATUnit, attaching the document to the communication, within two (2) business days of receipt from the AT Agency Coordinator.
NYC BEI ATU	<ol style="list-style-type: none"> 1. Reviews all NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Forms. 2. Informs the SFA ATC of vendor and device issues documented in the NYC Early Intervention Program Assistive Technology Notification of Item Delivery, Condition and Status Form and provides the form to the SFA via Secure File Transfer (SFT). 3. Reviews the NYC Early Intervention Program Assistive Technology Information Exchange Form upon receipt. <ul style="list-style-type: none"> a. Follows up with the newly assigned rendering therapist and their AT Coordinator about the status of ATD provision: <ul style="list-style-type: none"> i. Requests new rendering therapist's feedback regarding any pending ATD requests to solicit additional information and to ensure that the new rendering therapist agrees with the use of the particular device. ii. If the new rendering therapist does not agree with the provision of the ATD or requires more time with the child to make a determination, ATU informs the Service Coordinator of the status and directs the Service Coordinator to update the family. b. Notifies the SFA ATC on the change in rendering therapist and contact information when vendor assignment, vendor collaboration OR device delivery is in progress or pending.

Approved By:



Date: 10/07/2024

Assistant Commissioner, Early Intervention



NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form

Service Providers: The requesting therapist must complete this form for each device being requested and submit it to their **AT Agency Coordinator** for submission to the child's Service Coordinator. The requesting therapist must contact the TRAID Center via email: techworks@adaptcommunitynetwork.org with a completed **ADAPT Community Network TRAID Loan Request form** when the device being sought is within these categories: mobility, seating and positioning, to confirm their device loaner availability. No other device categories require TRAID outreach. The **AT Agency Coordinator** submits a complete AT packet: this completed form, the NYS prescription, and the **requesting therapist's** progress notes to the child's **Service Coordinator** within 3 business days of obtaining all of these required elements in order to support insurance billing. **Service Coordinators:** Submits the complete AT packet within 1 week of receipt from the AT Coordinator via Secure File Transfer (SFT) to the NYC BEI ATU at HIN ID: **ATUnit**, ensuring the AT packet is attached to the HCS SFT communication.

Child's Name: _____	DOB: ____ / ____ / ____	
EI #: _____	Service Type: _____	Service Location: _____
Child's Diagnosed Condition(s): _____	ICD-10 Code(s): _____	
Individual Rendering Provider's Name: _____	Credentials: _____	
Can the child and caregiver travel to vendor location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. On what date did you email the TRAID Center Loan Closet? (required) _____ <input type="checkbox"/> TRAID will provide a short-term loan until the requested device, if approved, is ordered and delivered to the family. <input type="checkbox"/> TRAID will provide a long-term loan for the duration of the child's anticipated use. <ul style="list-style-type: none">▪ Anticipated provision date: _____▪ Anticipated length of loan: _____ <input type="checkbox"/> TRAID was contacted - device is not available.		
2. Requested ATD category:		
2a. List each accessory of the ATD category requested. Justify why each accessory is required to meet the child's current functional skills and ensures the child's safe and functional use of the ATD category: 		
3. List the existing and new (if necessary) functional IFSP outcomes that the requested ATD category will address: 		
4. Describe how the ATD category will help the child increase, maintain or improve their functional capabilities and meet their unique developmental needs and the IFSP functional outcomes: 		
5. Indicate any precautions related to the child's medical/developmental condition(s) that may impact the safe use of the device: 		

6. Describe how the ATD category will be integrated into the child's and the family's natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used):

7. What lower-tech devices have you and the family discussed or used prior to this request? Explain why they are not appropriate for this child:

8. Identify any other ATD categories and/or adaptive items currently used by other Individual Rendering Providers, family, or by you, and describe how the requested ATD category may be used with them and any other requested ATD:

9. Describe how you will collaborate with the other Individual Rendering Providers serving this child and family (in the same setting or across settings) in the use of the proposed ATD category (if no other Individual Rendering Providers are serving this child, write "Not Applicable"):

10. List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure the parents'/caregivers' safe and functional use of the ATD category:

I understand and agree that if any Assistive Technology Device (ATD) is authorized for my child, I will not use the delivered device or allow my child to use the device until my therapist has instructed me in its safe and appropriate use. I also understand and agree that my child's Individualized Family Service Plan will be amended to authorize this ATD. This may include the authorization of evaluations and or services to support my child in obtaining and using this ATD.

Parent/Caregiver Signature: _____ Date: ____ / ____ / ____

Individual Rendering Provider Signature: _____ Date: ____ / ____ / ____

License/Certification #: _____ Phone Number: _____

GENERAL INSTRUCTIONS

The **requesting therapist** is required to complete this form for each device being requested, and to submit the completed form, with a copy of the child's most current progress note or amendment progress note if the last progress note for the child is more than 2 months old, to their agency's **AT Agency Coordinator** for submission to the child's **Service Coordinator**. The **requesting therapist** is also responsible to contact the TRAID (Technology Related Assistance for Individuals with Disabilities) Center via email (techworks@adaptcommunitynetwork.org) with a completed **ADAPT Community Network TRAID Loan Request: Mobility/Seating/Positioning Equipment form** to inquire about loaner device availability when the device being requested is a mobility, seating or positioning device. Documentation of the outcome of the discussion with the TRAID is required for these AT device categories to be considered for authorization by the New York City Early Intervention Program (NYC EIP). If the **requesting therapist** provides additional documentation to supplement this form, this must include the child's name, EI HUB ID, and the therapist's name, signature, and date.

The device will be considered for authorization when all the following are met:

- Requesting therapist documents a clear current individualized depiction of the child,
- Requesting therapist intends to continue to provide EI services and ATD oversight and training through and beyond the provision of the ATD,
- Device meets regulatory criteria and poses no harm to the child, and
- Complete AT packet is submitted more than 90 days before the child's 3rd birthday.

The following will not be accepted if included in the **NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form**:

- An incomplete IFSP outcome not reflective of the ATD being requested and/or one that is not in compliance with a fully developed IFSP outcome generated with the family around ATD use. The structure of an IFSP outcome is outlined in www.nyc.gov/assets/doh/downloads/pdf/earlyint/ei-functional-outcomes.pdf.
- Templates used for previous submissions and or by authors other than the requesting therapist
- Generic documentation applicable to any child
- Citing formal sources instead of documentation that is individualized to the specific child
- Illegible, incomplete, irrelevant and or out-of-date submissions (submitted more than 3 months after documentation)
- Documentation reflecting a child prior to a critical incident (e.g., surgery, hospitalization, foster care placement) but submitted after the incident
- Documentation by a formerly treating EI therapist or a therapist who services the child outside of the NYC EIP
- Documentation by a current rendering NYC EI therapist whose services are anticipated to end within 4 months or less of the submitted request
- Submissions within 4 months of the child and family's anticipated move out of NYC
- Specific device recommendations, identified by manufacturer and or model, without detailed rationale describing how the exact device will offer unique benefit to the child unlike any other device in the same ATD category

Child's Name, EI HUB ID, DOB	Ensure all identifying information is correct. The EI HUB ID is the child's reference number identified in the EI HUB. Documentation in the NYC EIP Assistive Technology Medical Necessity Justification Form must match the information in the EI HUB (do not use alternate/nicknames).
Service Type, Service Location	Indicate the service type and service location where the requesting therapist's services are provided.
Child's Diagnosed Conditions, ICD-10 Codes	Indicate the child's diagnosed medical and/or developmental condition(s). ICD-10 codes are required to correspond to each diagnosed condition.
Requesting Therapist's Name, Credentials	Provide the name and credentials of the current rendering therapist who is completing this form and requesting this device (e.g., speech therapist: Speech/language Pathologist, MS, CCC/SLP). If you are a certified

	professional, indicate “certified” but do not write the certification number. OTAs must include the license number of their supervisor.
Can the child and caregiver travel to vendor location?	Indicate whether the child and caregiver can travel to the selected vendor's office. Keep in mind: orthoses and amplification equipment orders are fulfilled at the orthotist's office and the audiologist's dispensary, respectively; durable medical equipment vendors conduct collaborations in the child's home. Requests outside of the New York State Department of Health Bureau of Early Intervention Fiscal Agent assignment requires documented explanation for the Fiscal Agent to consider.
The TRAID Center Loan Closet Techworks team: techworks@adaptcommunitynetwork.org	TRAID Center Loan Closets have a fluctuating limited inventory of mobility, seating and positioning devices specifically for children eligible for the Early Intervention Program. Equipment from this loan closet may be provided to the child and family on a short-term basis to determine the appropriateness of a device for the child. The availability of the device and timeframe of this loan is dependent on TRAID's resources as well as on the child's remaining time in the EIP. All devices loaned through the TRAID Center must be returned to the TRAID Center in accordance with their terms of the loan. Loaner requests are required to be submitted via email with the requesting therapist's completion of the ADAPT Community Network TRAID Loan Request: Mobility/Seating/Positioning Equipment Form .
Question #1: Contact with the TRAID is a required part of all mobility, seating and positioning device requests.	
1. On what date did you email the TRAID Center Loan Closet?	Indicate the date of your email to the TRAID Center Loan Closet. Check off one of the following outcomes and add the relevant information. The TRAID Center Loan Closet (TCLC) has confirmed that: <ul style="list-style-type: none"> a. A short-term loan is available b. A long -term loan is available <ul style="list-style-type: none"> i. Provide the loaner begin date (from the TCLC to the family) ii. Provide the TCLC's loan timeframe (begin date to date device must be returned) c. The device is unavailable for short-term loan by TCLC
Questions #2 to #10: Document the ATD request and justify how it is necessary to maintain or improve the functional capabilities of the child and is medically necessary, if applicable.	
2. Requested ATD category.	<ol style="list-style-type: none"> a. Indicate the category of ATD requested for this child. b. Refer to the below examples of commonly authorized ATDs, noting this list is meant to provide examples and is not exhaustive <ul style="list-style-type: none"> i. Augmentative and Alternative Communication (AAC): <ul style="list-style-type: none"> • Low technology and communication applications • Refer to Appendix A: NYC Early Intervention Program Technical Assistance Document for Supplemental Evaluations for Audiology and Assistive Technology (Amplification, Augmentative and Alternative Communication, DME) for mid-and high-technology AAC guidance ii. Durable Medical Equipment (DME): <ul style="list-style-type: none"> • Bath systems • Independent Mobility Devices • Adaptive Transport (pediatric wheelchairs) • Positioning Systems (standers; adaptive seating; orthopedic car seats) • Adaptive Toileting and Adaptive Potty Systems

- Protective Helmets
 - Unmounted and Mounted Head Supports
- iii. Amplification:
 - Hearing Aids
 - FM Systems
 - Required accessories
- iv. Orthoses: Lower and Upper extremities and Orthotic custom-made and prefabricated garments
- v. Vision: Prescription Eyewear

2a. List each accessory of the ATD category requested. Justify why each accessory is required to meet the child's current functional skills and ensures this child's safe and functional use of the ATD category:

- a. List each requested accessory of the selected ATD category. If the accessory is not known, describe the type of support the child will need to utilize the device.
- b. Justify how each individual accessory or component is required for this child's safe and optimal use of the device, based on the child's functional abilities and skills.

3. List the existing IFSP functional outcomes, as well as any new functional outcomes added since the IFSP, that the requested ATD category will address:

- a. The ATD should facilitate the attainment of the IFSP functional outcomes included in the child and family's Individualized Family Service Plan (IFSP).
 - i. Document the current IFSP \outcome(s) that will be addressed with the requested device category and any new outcomes that will be developed related to this device.
 - ii. New outcomes are required to be written in the appropriate IFSP outcome format, using the following 6 components of a functional outcome:
 - Who: This is usually the child but may include the parent or family.
 - Will do what: This is what the child will do (that is reasonable for the next 6 months).
 - Criteria for success: This is how everyone on the team including the parents/caregivers will know that the outcome has been met. It should be observable. It should not be described in percentages or ratios or as more or less.
 - Under what condition: This is any specific situation or adaptation (e.g., physical prompt by parent, special spoon for mealtimes) that is reasonable. When this is not indicated in the outcome, it is assumed to be 100% independence.
 - Routine activity: This is an event that typically occurs during the child's day and is individualized to the family's culture and environment.
 - "So that": This is what the family would like to achieve or the reason why it is important.

For example:

| Justin | will eat an entire meal| using an adaptive spoon| during all | mealtimes | so that he can feed himself.
 (who) (will do what) (under what condition) (criteria for success) (routine activity) (why it is important to the family)

Note: For more information/training on IFSP outcomes, go to the [NYC EIP website](#)

To use the Functional Outcome Assistant Tool and Key, go to [ei-functional-outcomes.pdf \(nyc.gov\)](#)

4. Describe how the ATD category will help the child increase, maintain or improve the child's functional capabilities and meet their unique developmental needs and the IFSP outcomes:

- a. Document how the requested assistive technology device category meets the child's current and specific developmental needs, functional abilities, and family priorities.
 - i. Highlight how the requested device category will help increase, maintain, or improve the child's functional capabilities.
 - ii. This section should explain how the ATD device category is developmentally relevant to the child's functional capacities, supports the achievement of the IFSP outcomes and family priorities and, if applicable, is medically necessary.

5. Indicate the precautions related to the child's medical/developmental condition that may impact the safe use of the device:

- a. Document all confirmed and prospective contraindications for use of the selected device category; and
- b. Document how the child's medical conditions and developmental status will affect how the device is used, how often it is used, and the related precautions to the child's use.

6. Describe how the ATD category will be integrated into the child's and the family's natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used):

- a. The requesting therapist is required to assess and document how the ATD category will be used within the context of the family's natural routines, and with respect for the family's cultural, physical and social environments.
- b. In selecting a device category, the following criteria must be considered:
 - i. When the device category will be used by the child in each of a variety of settings (at home and in the community);
 - ii. How safety concerns will be addressed so that the device category will be safely used within each setting, including how it will be transported safely; and
- c. When the device category provides a dual function, (e.g., a seating device that also functions as a transport device, based on an interchangeable accessory), documentation is required to illustrate the family's ability to modify the device for safe dual functionality and ease of use.

7. What lower tech devices have you and the caregivers discussed or used prior to this request? Explain how they would not be appropriate for this child:

- a. ATD ranges from low technology to high technology.
- b. The requesting therapist must document the process by which the device range or level was chosen. This documentation should include:
 - i. A discussion of which lower technology device was considered and, as appropriate, used by the child and family on a trial basis. Describe the outcome(s) of using the lower technology device.
 - ii. The rationale for why a lower technology device category is not being requested.

8. Identify any other ATD categories and/or adaptive items currently used by you, other Individual Rendering Providers, and parents/caregivers; and describe how the requested ATD category may be used with them and any other requested ATD devices:

- a. Consideration must be given to any other ATD that the child may already have or will obtain, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the devices or systems with one another.
- b. The requesting therapist is required to identify and document any device categories currently used with the child by:
 - i. The recommending requesting therapist (you);
 - ii. The other service providers on the team; and
 - iii. The parents/caregivers/family.
- c. When a device category other than the one being requested now is currently being utilized, the requesting therapist is required to document:
 - i. How the requested device category will be used in conjunction with any current device; and
 - ii. Who will use the requested device with the child (other service providers, parents/caregivers, others).

9. Describe how you will collaborate with other service providers (in the same setting or across settings) in the use of the proposed ATD category:

- a. Document what was discussed with the other service providers about:
 - i. The child's use of the device category in applicable settings/locations;
 - ii. The family's routine activities in which the device category should be used;
 - iii. The child's functional abilities and skills that the device category is intended to support; and
 - iv. For the EI team members, the IFSP outcomes the ATD category will address.

10. List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure the parents'/caregivers' safe and functional use of the ATD category:

- a. Who are the parents/caregivers who will be trained on the requested device category?
- b. List all areas that the training will cover, including precautions to ensure the safe and effective use of the device category.

Signature: The parent/guardian and the requesting therapist are both required to sign and date this form. Please include the requesting therapist's license # and direct contact information, such as a cellular phone number. Do not write in the provider agency's phone number.



NYC EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM DELIVERY, CONDITION & STATUS

This form is required to document that the assistive technology device (ATD) has been delivered as authorized, and to document any issues with the device.

- The Individual Rendering Provider who is working with the child at the time of delivery is responsible for completing this form with the parent **no later than one (1) service session** after the device has been delivered.
- The AT Agency Coordinator is responsible for sending this form to the child's Service Coordinator **no later than two (2) weeks** after the device has been delivered.
- Service Coordinators must submit this form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID: ATUnit, **within two (2) business days** of receipt from the Agency AT Coordinator.
- The NYC BEI ATU will notify the State Fiscal Agent Assistive Technology Coordinator (SFA ATC) **within one (1) business day** when delivery, condition or status issues are identified.

Section A: The Individual Rendering Provider must complete this section when the child/family receives the ATD.		
Child's Name (Last, First):	EI #:	DOB:
Individual Rendering Provider's Name:	Credentials:	
Provider Agency:		
Source of Device(s): <input type="checkbox"/> Vendor <input type="checkbox"/> Dispensary		
Category of device and exact name: _____		
Date of receipt: _____		
If item was purchased, was it received new? <input type="checkbox"/> Yes <input type="checkbox"/> No – explain in Section B		
Section B: The Individual Rendering Provider must complete this section when there are issues or delivery problems with the device.		
Indicate the issues that affected the successful provision and utilization of the authorized device:		
<u>Delayed Delivery</u>		
<input type="checkbox"/> The device was not delivered on the designated delivery date		
Indicate the scheduled delivery date: _____		
<u>Incorrect/Incomplete Order</u>		
<input type="checkbox"/> Device received was not the device authorized <input type="checkbox"/> Missing authorized accessories <input type="checkbox"/> Needed accessories were not requested		
<u>Device Condition</u>		
<input type="checkbox"/> Poor fit <input type="checkbox"/> Assembly problem		
<u>Other</u>		
<input type="checkbox"/> Family refused device after authorization and/or provision <input type="checkbox"/> Vendor dispute <input type="checkbox"/> Other – describe below		
Provide a detailed description of the issue:		
Parent/Caregiver Signature: _____		Date: ____ / ____ / ____
Individual Rendering Provider Signature: _____		Date: ____ / ____ / ____

NYC EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR COMPLETION ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM DELIVERY, CONDITION & STATUS

This form is required to document that the ATD has been delivered as authorized, and to document any issues with the device.

- The Individual Rendering Provider who either requested this ATD or who has agreed to oversee its provision to the child is responsible for completing this form with the parent **no later than one (1) service session** after the device has been delivered.
- The AT Agency Coordinator is responsible for sending this form to the child's Service Coordinator **no later than two (2) weeks** after the device has been delivered.
- Service Coordinators must submit this form to the NYC BEI ATU using Secure File Transfer (SFT) to HCS HIN ID: ATUnit, **within two (2) business days** of receipt from the AT Agency Coordinator.
- The NYC BEI ATU will notify the State Fiscal Agent Assistive Technology Coordinator (SFA ATC) **within one (1) business day** when delivery, condition or status issues are identified.

Section A: The Individual Rendering Provider must complete this section when the child/family receives the ATD.

Child's name, EI #, DOB	Make sure that all identifying information is correct (do not use a nickname)
Individual Rendering Provider name, discipline, and provider agency	Print the name, discipline (e.g., speech therapist, special educator), and provider agency of the Individual Rendering Provider who is completing the form.
Source of the device	Indicate if the device was delivered by an ATD Vendor or by a Dispensary.
Category of device and exact name	Provide the category (e.g., seating, stander) and full brand name and model of the device received.
Date of receipt	Provide the date the device was received.
If item was purchased, was it received new?	Purchased items must be provided new from vendors. Reconditioned or refurbished used items are not acceptable.

Section B: The Individual Rendering Provider must complete this section when there are issues with the device or delivery problems.

Please indicate any issues that may have affected the successful provision and utilization of the authorized device: <u>Delayed delivery</u> <u>Incorrect/incomplete order</u> <u>Device condition</u> <u>Other</u>	Check as many issues as apply.
Provide a detailed description of the issue	Please explain in detail any/all issues indicated above.
Parent/caregiver signature, Individual Rendering Provider signature	The parent/caregiver and the Individual Rendering Provider are required to sign the form.



NYC EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY INFORMATION EXCHANGE FORM

The **Requesting Therapist** must complete the applicable fields of this form when your EI services will terminate with this EI child and family AND you are:

- providing oversight to an assistive technology device (ATD) AND/OR
- awaiting vendor assignment or ATD delivery AND/OR
- awaiting authorization on a submitted AT request packet.

Submits this completed form and your last session note to your Agency AT Coordinator no later than one (1) week prior to the last date of service.

The **Agency AT Coordinator** must submit this form to the Service Coordinator no later than **2 business days** after the Requesting Therapist's last service session with the child.

The **Service Coordinator** must send this form to the NYC BEI ATU via HCS Secure File Transfer to HIN ID: **ATUnit** within 2 business days of receipt.

Child's Name (last, first):	EI#:	DOB:
Current Rendering Therapist's Name and Credentials:		
Provider Agency of Current Rendering Therapist:		

Part A: Complete this section, as applicable, if you are currently providing oversight to an ATD

Check Vendor Type:	Durable Medical Equipment Vendor	EI Dispensary	Orthotic Vendor
Vendor Name:			
Exact Name of ATD:			
1. Indicate the IFSP outcomes related to this ATD use that have increased, maintained or improved this child's functional abilities:			
2. Explain how the ATD is being used: a. Provide the schedule of use: b. Indicate the routine activities during which the device is used: c. Identify the location where the device is used: d. List the names of caregivers trained on device use:			
3. Describe any and all precautions related to the safe use of the ATD as it relates to this child's unique needs:			
4. Additional information not addressed above:			

Part B: Complete this section if you are awaiting vendor assignment or Assistive Technology Device delivery

1. Are you awaiting vendor assignment? If yes, name the device/s:
2. Are you awaiting delivery on an authorized device? If yes, name the device and the vendor assigned to provide it:

Part C: Complete this section if you have submitted an AT request packet which is pending authorization.

AT Device requested:
Date of Submission to the NYC BEI ATU:

NYC EARLY INTERVENTION PROGRAM
ASSISTIVE TECHNOLOGY INFORMATION EXCHANGE FORM INSTRUCTIONS

Agency AT Coordinator: Ensures that this form is completed by the **current Rendering Therapist** who is terminating their EI services to the EI child and family and is:

- providing oversight on an assistive technology device (ATD) and/or
- awaiting vendor assignment or assistive technology device delivery and/or
- awaiting authorization on a submitted AT request packet.

This form ensures that critical information about the child and family's use or identified need of an ATD is communicated to the new individual rendering EI therapist.

- The **current Rendering Therapist** must complete and submit this form to their Agency AT Coordinator along with their last session note within one (1) week of the last date of service.
- The **Agency AT Coordinator** must submit this form to the Service Coordinator no later than two (2) business days after the **current Rendering Therapist's** last service session with the child.
- The **Service Coordinator** must send this form to the NYC BEI ATU via HCS Secure File Transfer to HIN ID: ATUnit within 2 business days of receipt.

Child's name, EI #, DOB	Make sure that all identifying information is correct (do not use a nickname)
Current Rendering Therapist name, credentials	Provide the name and credentials (e.g., SLP, TSHH, DPT) of the current rendering therapist completing this form
Provider Agency of current Rendering Therapist	Provide the name of the EI provider agency through which the current rendering therapist is assigned for this child's EI services.

Complete Part A, B, and/or C as it applies to this child

Part A: Complete this section if the current rendering therapist is providing oversight to an assistive technology device in current use by the child.

Check Off Vendor Type	Check to indicate to indicate if vendor that provided the ATD is a Durable Medical Equipment Vendor, Orthotic Vendor or EI Dispensary
Name of Vendor	Document the DME/orthotic vendor name or the EI Dispensary that provided the ATD.
Exact Name of ATD	Document the name of the manufacturer and model of the ATD.

Complete the following questions. Use additional pages of this form as necessary to provide full responses to each question.

1. Identify the functional abilities from the child's current IFSP that are facilitated or improved by use of this device.
2. Explain how the ATD is integrated into the child's daily routines. What routine activities are supported by the child's use of the ATD?
 - a. Provide the current schedule for the use of the ATD.
 - b. Indicate the routine activities during which the child uses the device
 - c. Identify where the child uses the device.
 - d. Specify the individuals by name who have been trained on the use of this ATD for the child's safe use.
3. Identify any and all precautions related to this child's ongoing use of the ATD.
4. Provide any other information that would be helpful to the next rendering provider.

Part B: Complete this section if the current rendering therapist is awaiting vendor assignment OR the delivery of the ATD. Complete the following questions. Use additional pages of this form as necessary to provide full responses.

1. If the device has been authorized by the NYC BEI ATU based on the submission of an AT request packet and you are awaiting the assignment of a specific vendor, reply "YES" to question 1.
 - If you have replied "YES", provide the category of ATD for which you are awaiting a vendor assignment.
2. If the device has been authorized by the NYC BEI ATU based on the submission of an AT request packet, the vendor has been assigned, but the device has not yet been delivered, reply "YES" to question 2.
 - If you have replied "YES", provide the name of the device and the vendor company name that will provide it.

Part C: Complete both questions if you have submitted an AT request packet which has not yet been authorized. Complete the following questions. Use additional pages of this form as necessary to provide full responses to each question.

1. Provide the name of the device that is pending authorization.
2. Provide the date of the AT packet submission to the NYC BEI ATU.



**TechWorks Assistive Technology Centers
NYC Regional TRAID Centers since 1990**

TRAID Loan Request: Mobility/Seating/Positioning Equipment

To have your loan request(s) entered into our system, please complete this fillable form and return it to techworks@AdaptCommunityNetwork.org

Complete the row for each piece of equipment you want to borrow. It is essential that you provide the key measurement and a specific list of features/prompts/ accessories required in addition to the base frame.

Upon receipt of completed forms, you will be sent a response of loan availability.

Thanks!

Date:

Child's first name:

--	--

Borough:

Child's age:

	years		months
--	-------	--	--------

Current Individual Rendering Provider:

--

Service you provide:

--

Email:

--

day phone:

--

You can tab between fields; use space bar for check box.

ADL

Item	Check desired item(s)	Provide the key measurement for sizing:	List all required features/accessories/prompts (if none, write "none")
Bathchair		Height: -----	

Adapted seating (including car seats)

Item	Check desired item(s)	Provide the key measurement for sizing:	List all required features/accessories/prompts (if none, write "none")
Corner sitter		seat width & depth: -----	
Straddle sitter		seat width & depth: -----	
Activity chair		seat width & depth: -----	
Feeder seat		seat width: -----	
Specialized car seat		seat width & depth: -----	

You can tab between fields; use space bar for check box.

Standing supports

Item	Check desired item(s)	Provide the key measurement for sizing:	List all required features/accessories/prompts (if none, write "none")
Supine stander	<input type="checkbox"/>	Height: -----	
Prone stander	<input type="checkbox"/>	Height: -----	
Upright stander	<input type="checkbox"/>	Height: -----	
	<input type="checkbox"/>		

Supported ambulation

Item	Check desired item(s)	Provide the key measurement for sizing:	List all required features/accessories/prompts (if none, write "none")
supported crawler	<input type="checkbox"/>	weight AND height in quadruped position -----	
Forearm crutches	<input type="checkbox"/>	height: -----	
Anterior walker	<input type="checkbox"/>	hip to floor: -----	

Continued on next page

You can tab between fields; use space bar for check box.

Supported ambulation (continued)

Posterior walker	<input type="checkbox"/>	hip to floor:	
Gait trainer	<input type="checkbox"/>	bent elbow to floor:	
	<input type="checkbox"/>		

Wheeled mobility and transport

Item	Check desired item(s)	Provide the key measurement for sizing:	List all required features/accessories/prompts (if none, write "none")
Adapted stroller	<input type="checkbox"/>	seat width & depth:	
Wheelchair	<input type="checkbox"/>	seat width & depth:	
	<input type="checkbox"/>		

You can tab between fields; use space bar for check box.

Other

Item	Check desired item(s)	List all required features/accessories/prompts (if none, write "none")	
iPad for TeleHealth			

Additional questions/comments:

Appendix A: NYC Early Intervention Program
Technical Assistance Document for Supplemental Evaluations for Audiology and Assistive Technology (Amplification, Durable Medical Equipment, Augmentative and Alternative Communication)

I. Purpose

1. To provide technical assistance to Audiology and Assistive Technology (AT) supplemental evaluation providers by identifying the required components of each type of supplemental evaluation (Audiology, Durable Medical Equipment (DME), Augmentative and Alternative Communication (AAC) and Amplification) and the factors to consider when assessing a child for an assistive technology device (ATD).
2. To define the role of the NYC EI rendering provider (requesting therapist) who is considering the acquisition of an ATD and the related supports that child and family will require.

II. Assistive Technology Overview

1. The Individuals with Disabilities Education Act (IDEA), New York State Public Health Law, and Early Intervention Program (EIP) Regulations identify that *assistive technology devices may be provided to children eligible for the Early Intervention Program when the item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, is necessary to increase, maintain, or improve the functional capabilities of a child with a disability* (IDEA 2004, Sec. 602(1)(A); 34CFR §.300.5).
2. The following are not considered assistive technology devices under the EIP and therefore should not be included in AT evaluations or requests:
 - a. Equipment or medical supplies solely related to a medical condition or chronic illness that is unrelated to the child's disability and developmental status, or that are life-sustaining in nature. Examples include Cranial Remolding Helmets, Oxygen Tanks, Feeding Pumps, Suction Machines, Nebulizers, Ventilators, Apnea Monitors, and Pulse Oximeters.
 - b. Non-adaptive toys or common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities. Examples include non-adaptive electronic devices (e.g., tablets), Building Blocks, Dolls, Puzzles, Balls.
 - c. Generic items typically needed by all children which are non-adaptive and can be readily purchased "over the counter." Examples include Car Seats, Highchairs, Youth Beds, Play Tables, Bath Seats, Infant Swings, Mats and Potty Chairs.
 - d. Standard equipment used by service providers in the provision of Early Intervention services (regardless of the service delivery setting). Examples include Tables, Desks, Chairs, Therapy Mats and Balls, Vestibular Swings, Trampolines and Treadmills.
 - e. Devices that are surgically implanted, the services supporting a surgically implanted device, or the replacement and maintenance of such devices.
3. Equipment that is not specifically designed to increase, maintain, or improve the functional capabilities of a child and that is purely medical in nature and does not meet the definition of AT under IDEA may still be needed by a child and his or her family. In these cases, it is the responsibility of the child's service coordinator to coordinate with healthcare providers to assist the family in locating services and devices outside of the EIP when needed.
4. Determining whether a piece of equipment meets the definition of assistive technology under Part C of IDEA must occur on an individual basis and be based on the child's unique needs, the family's concerns, and the Individualized Family Service Plan (IFSP) outcomes. Some devices might be therapeutic or make caring for the child easier or safer but do not contribute to enhancing or maintaining the child's functional capabilities. It may therefore be appropriate to acquire these devices through other channels as they will not be provided through the Early Intervention Program.

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5. Devices that are considered experimental, investigational, or require surgical implantation will not be authorized. Criteria are provided in the NY State Department of Health Early Intervention Program Guidance Document: [Assistive Technology for the Early Intervention Program \(ny.gov\)](#)
6. Refer to Table 1 below for examples of common assistive technology devices authorized by the New York City Early Intervention Program. The chart is intended to provide examples and is not exhaustive.

Table 1: Examples of Common Assistive Technology Devices Authorized by the NYC EIP

ATD Category	Device Examples
DME - Independent Mobility, Positioning DME ADL – Seating, Hygiene and Transport Devices	Bath System Crawler Gait Trainer/Walker Adaptive Transport (pediatric wheelchair) Positioning System Adaptive Seating Stander (prone, supine, multi-positional) Adaptive Toileting /Potty Systems
DME - Head Support	Protective Helmet Un-mounted and Mounted Head Supports
Hearing	Hearing Aid(s) and Amplification Accessories FM System and FM System Accessories
Orthoses	Orthoses (KAFO, SMO, UCBL, AFO, Orth. Shoes) Orthoses (WHO, elbow) Orthoses (SPIO/Theratogs/orthotist made TLSOs)
Augmentative and Alternative Communication (AAC)	Low- to high-technology designated communication device systems Communication applications (“apps”) when user’s own tablet is available as its platform
Vision	Prescription Eyewear
Cognitive	Adaptive toys, switches

III. Audiology Supplemental Evaluation process overview

1. The Early Intervention Official Designee (EIOD) in the Assistive Technology Unit (ATU) may authorize a supplemental audiology evaluation, when not conducted as part of the MDE or as a supplemental to the MDE, to determine the child’s auditory function, to obtain consistent testing results and to confirm the necessity of amplification equipment. Evaluation requests:
 - a. Should be submitted when a confirmation of hearing loss is requested by the family or the child’s NYC EI rendering provider in partnership with the family
 - b. Must be received by the NYC BEI ATU at least 120 days prior to the child’s third birthday to be considered for authorization, to allow for a subsequent potential AT request for amplification equipment which has a required submission deadline to the ATU of no fewer than 90 days before the child’s third birthday.
 - c. Must explain the reason for the evaluation request when requested by a NYC EI rendering therapist, through a signed dated statement by the NYC EI provider rendering services to the child and co-signed by the parent/caregiver.

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IV. AT Supplemental Evaluation process overview

1. The Early Intervention Official Designee (EIOD) in the Assistive Technology Unit (ATU) may authorize a supplemental **AT Evaluation for Durable Medical Equipment (DME)**, an **Augmentative and Alternative Communication (AAC)** device, or **Amplification Equipment**.
 2. DME and AAC evaluations are authorized when:
 - a. The requesting therapist will assume the clinical lead if conducting the evaluation themselves, or will establish a clinical partnership, if an AT evaluation is being requested through another EI provider
 - b. The child will benefit from the use of assistive technology to meet an IFSP outcome which therapy alone does not support;
 - c. The requesting therapist engages other rendering providers on the child's IFSP team within the same discipline and, when applicable to device use, across disciplines, to discuss the identified ATD category need and confirms agreement for evaluation AND
 - d. Further exploration via a formal assistive technology evaluation is required to make a specific determination of either a specific AT device (e.g., Prime Engineering's KIDWALK) or a device category (e.g., gait trainer instead of a posterior walker). An evaluation may be conducted by:
 - a. The requesting therapist if they have the expertise to conduct a formal DME device evaluation OR
 - b. Another NYC EI therapist within the applicable discipline and with the appropriate expertise who is not rendering EI services to the child but is willing to conduct an AT evaluation in partnership with the rendering EI therapist.
 - i. With parental consent, the requesting therapist and their Agency's AT Coordinator are responsible to provide the Evaluator's AT Coordinator with the child's current IFSP and the requesting therapist's progress note for the Evaluator to review in advance of the evaluation.
 - ii. Requesting therapists are required to be present and participatory in the evaluation process, including the trialing of devices.
 - iii. Requesting therapists are required to provide supplemental justification at the time of the evaluation submission that the evaluation itself may not include.
 - iv. The Evaluator and Requesting Therapist are responsible to collaborate to determine a mutually agreeable evaluation date/s with the family and child.
 - v. The Evaluator is responsible to obtain child specific information from the Requesting Therapist and, if appropriate, the family, in advance of the evaluation in order to obtain appropriate devices to trial.
3. Amplification AT evaluations are authorized when: amplification equipment specificity can only be determined through the physical testing of amplification equipment by the NYC EI audiologist. The demonstration of the equipment's features or non-functional options (e.g., color, glitter) would not support the authorization of an evaluation. Circumstances supporting this authorization type include:
 - a. Different manufacturers and/or models of hearing aids or FM systems are being considered and only comparative testing will provide the feedback the audiologist requires to make the best determination.
 - b. Different types (behind the ear vs. bone conduction) of amplification are being considered, for which comparative testing is needed so as to ensure an informed decision.

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- c. Amplification appears beneficial, and only unaided/aided testing would provide the feedback necessary for the audiologist to decide on aiding the child.

The costs of Assistive Technology (including loans and manufacturer agreements and related costs for loans) acquired outside the NYC Early Intervention process will not be reimbursed by the NYC Early Intervention Program

4. Any type of AT evaluation is requested through:
 - a. Completion of a brief signed and dated statement by the requesting therapist (See Table 2 below for required disciplines) which includes:
 - i. Identification of specific category/level or type the requested evaluation will assess:
 - Durable Medical Equipment (DME/DME ADL): Independent Mobility, Positioning, Seating, Hygiene, Transport, Head Support
 - Augmentative Alternative Communication (AAC): Mid- and or High-Technology by exact manufacturer/model
 - Amplification: confirmation by exact manufacturer/model
 - ii. Confirmation that the category/ies being identified for evaluation meet regulatory criteria for NY EIP authorization;
 - iii. Clinical confirmation of the child's functional readiness for a device when the categories are standers, independent mobility, toileting and hygiene;
 - iv. Attestation that the category/ies identified are not a duplication of devices the child currently owns; if so, rationale for the recommended duplication;
 - v. Identification of the intended evaluation date, participants and location;
 - vi. Name of the NY EI Provider Agency to which the evaluation should be authorized;
 - vii. Name and discipline of the Assistive Technology evaluator employed through the NY EI Provider Agency identified for the evaluation assignment.
 - b. Written parental consent to amend the child's IFSP using the **NYC Early Intervention Program Assignment and Change of Service(s)/Service Provider/Service Coordinator form**, with the child's and service coordinator's information and Section IV completed:
 - i. Service type: assistive technology evaluation
 - ii. Anticipated date of evaluation
 - iii. Signed and dated by the parent
 - c. Submission of these 2 documents to the NYC BEI ATU by:
 - i. Sending the required documents via HCS Secure File Transfer to HIN ID: ATUnit
 - ii. Emailing the beiatu@health.nyc.gov to notify them of the HCS Secure File Transfer submission.
 - d. Evaluation authorizations are also based on the timeframe available to obtain the device(s) recommended through the evaluation and ensure appropriate clinical device oversight within the child's remaining time in EI.

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- i. Devices authorized by the NYC BEI and procured through the NY State Department of Health process will not be provided to the child if delivery of the devices will occur after the child's age-out date in the Early Intervention Program.
- e. The AT Supplemental Evaluation process for each device category is supported by specific disciplines as outlined in the table and described below.

Table 2	
Evaluation Type	Discipline
Durable Medical Equipment	OT COTA with OT supervisor oversight PT PTA with PT supervisor oversight
Augmentative and Alternative Communication	Speech Therapist Special Instructor
Amplification	Audiologist

- f. The New York City Early Intervention Program will ensure that appropriate authorizations are in place to facilitate the process.
 - i. Authorization of one AT evaluation for the evaluator + either
 - Authorization of one AT service for the clinical participation in the AT evaluation of the EI requesting therapist OR
 - Authorization of AT service co-visits when there are multiple requesting therapists who will clinically participate in the AT evaluation process, including device trials and the long-term utilization of the device by the family

V. Required Supplemental Evaluation Components

1. The evaluation process should provide the EIP with clear and specific recommendations about the purpose, selection, and use of a particular category of ATD as well as all required accessories necessary for the child's safe and functional use. The recommendations should explain the medical necessity for the device, as well as how the device supports the child in meeting IFSP outcomes.
2. The Supplemental Evaluation must document:
 - a. The child's name, DOB, diagnoses and corresponding ICD 10 codes; date/s of evaluation including trials of devices if applicable; name of the Early Intervention evaluation agency; name, discipline and credentials of evaluator(s); requesting therapist and their credentials (if not the evaluator); participants in and location of the evaluation.
 - b. The consideration and trial of a continuum of AT categories ranging from low-tech to high-tech, and which category types (low, mid, high) are not appropriate for the particular child and are therefore not recommended.
 - i. A no-tech option will not be considered AT. Devices which are readily purchased on-line or at a retail location and that do not involve customization, adaptation, or accessories in order to increase, maintain, or improve functional abilities are considered no-tech.
 - ii. **LOW-TECH:** Differentiated adaptations, accessories, or simple devices, supports, or systems such as custom-designed hand tools, positioning devices, and other simple, inexpensive, easy-to-use devices that enable

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children to do something they cannot currently do (e.g., loops attached to puzzle pieces, picture communication systems board, foam to enhance sitting posture, adjustable seat back to allow for variations in muscle tone).

- iii. **MID-TECH:** Battery-operated or simple electronic devices or adaptations. (e.g., switch-activated toys, cordless remote control to activate appliance/light).
- iv. **HIGH-TECH:** Specialized individual adaptations and more complex electrical or electronic devices (e.g., gait trainer, stander, computerized augmentative communication device, wheelchair, hearing aids).
- c. The child's age, medical and developmental status:
 - i. A description of known diagnoses, relevant medical history including past or upcoming surgeries current functional abilities applicable to assistive technology category and accessories and how this category and accessories will increase, maintain, or improve the child's functional abilities;
 - ii. How the category and accessories will address the child's immediate and unique needs and strengths;
 - iii. How the category supports the child's current IFSP functional outcomes or if additional outcomes are needed;
 - iv. How the device category is medically necessary for the child, and any impact the device use will have on need for therapeutic or medical intervention;
 - v. Any health considerations that may contraindicate the use of a particular device and how every potential hazard has been fully ruled out for the specific child's use; and
 - vi. Precautions for the child's safe use of the device category
- d. Family/caregiver input related to the use of the assistive technology device:
 - i. Is the category and accessories practical to use and compatible with family lifestyle and preferences and the physical environment where the ATD will be used?
 - ii. If the AT category needs to be transported, how the family will transport the ATD;
 - iii. Where the item will be kept when not in use;
 - iv. Documentation that the physical dimensions of the family's residence were considered when selecting a particular category or accessories;
 - v. The caregiver's comfort level and readiness for using the ATD in the various settings in which the child may function;
 - vi. The caregivers who need to be trained on the effective and safe use of the category and accessories (babysitter, etc.)
- e. The location(s) and other environmental factors for the use of the AT category:
 - i. The settings in which the child will need to access and use the ATD in order to increase, maintain, or improve their functional capabilities must be documented.
- f. Other EI providers' use of the AT category:
 - i. Were they consulted on the need for the AT category?
 - ii. Will they be able and willing to incorporate the AT device when providing services?

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- If yes, will they need to be trained on its use?
- g. Final AT Category and Accessory Recommendation:
- i. What is the AT category or specific device and its required accessories needed for the child's safe and functional use?
 - ii. Is the category and required accessories needed for short-term or long-term use?
 - iii. When can the child start using the device?
 - iv. What are the prerequisite skills or abilities the child must demonstrate in order to benefit from the device and use it safely?
 - v. At what age or developmental ability will the device no longer be needed or appropriate?
 - vi. How can the AT category be modified to accommodate the child's anticipated physical, medical and/or developmental changes and by whom?
 - vii. What type of maintenance is required for upkeep and who will be responsible?
 - viii. Can the category with required accessories be acquired through a loaner program? If yes, will the timeframe of the loan eliminate the need for EIP procurement?
 - ix. Is the category compatible with other existing and currently used ATDs?
 - x. If indicated, what additional categories of ATD are required in conjunction with the category being recommended in order for the child to functionally use the device? Have these categories been requested (through or outside of the EIP)?

VI. AT Supplemental Evaluation category specifics

1. AT Supplemental Evaluation Process for Durable Medical Equipment

- a. In partnership with the evaluator, the evaluation agency has the responsibility to:
 - i. Maintain appropriate AT devices for trial during the evaluation or seek a short-term loan through the TRAID or device manufacturers, if applicable, for the purpose of evaluation testing and prospective short- or long-term use (if necessary);
 - ii. Provide a written report with a summary in the dominant language of the parent, to the parent, the requesting motor therapist and service coordinator within 5 business days of the evaluation, when the category and all required components are determined and short- or long-term loans will not meet the child's needs.
- b. The evaluation must include:
 - i. DME device category selected (identify using NYS Medicaid Procedure and Guidelines (www.emedny.org)
 - ii. DME device subcategory (e.g., Category: stander; Sub-category: prone stander)
 - iii. All accessories and or mechanisms needed to support the child functionally for safe device use
 - iv. Explanation of how the category/subcategory were selected based on this individual child's functional needs AND how the device will support the family's goals for their child
 - v. Confirmation that the recommended device:

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- Can be used in the environment intended for its primary use (e.g., a pediatric wheelchair for a family who lives in a 3rd floor walk-up apartment with no elevator access)
 - Will work in conjunction with other devices currently in use or being recommended (e.g., a walker with dynamic AFOs)
 - Will be easily managed by the family for the child's use
 - Can be stored in the family's residence or another sheltered area
 - Can be navigated throughout the child's home (e.g., a mobile stander for a child living in one room of a multiple room dwelling shared with non-family members)
- vi. Discussion of agreement to device by family and requesting therapist
- c. Inform the Assistive Technology Unit via an email to the BEIATU@health.nyc.gov within 2 business days of learning from the evaluator that the category and all required components cannot be determined at the time of the evaluation because a short- or long-term trial is required and not available, explaining:
- i. Delayed evaluation submission (category and accessories necessary to be trialed, and the anticipated duration of the trial);
 - ii. Next steps arranged between all stakeholders to accommodate the device trial; and
 - iii. Anticipated date of evaluation submission.
- c. Once the AT supplemental evaluation is completed and submitted, the requesting motor therapist (if not the evaluator) in collaboration with their agency:
- i. Completes and submits questions 2, 2a, 3, 5, 6, 8, 9 and 10 of the NYC EIP **AT Medical Necessity Justification Form** (signed parental consent is required), with a current NYS prescription/written order that clears the child for use of the ATD category; and
 - ii. Follows **Policy 9A of the NYC Early Intervention Policy and Procedure Manual** to request and obtain the assistive technology device.
- cii. If the requesting motor therapist is the AT evaluator, ensures the evaluation includes responses to questions 2, 2a, 3, 5, 6, 8, 9 and 10 found in the NYC EIP **Assistive Technology Medical Necessity Justification Form**.
2. **AT Supplemental Evaluation Process for Mid- to High-Technology Augmentative and Alternative Communication (AAC)**
- a. In partnership with the Evaluator, the evaluation agency has the responsibility to:
 - i. Obtain short-term loans of 3 designated mid to high technology AAC devices, within the AAC range determined by the Evaluator.
 - ii. The 3 mid- to high-technology AAC devices must be manufactured by 3 different AAC manufacturers.
 - iii. Provide a written report, with a summary in the dominant language of the parent, to the parent, the requesting speech therapist or special instructor, and service coordinator within 5 business days of the evaluation when the exact AAC mid- or high-technology device and all required components are determined and short- or long-term loans will not meet the child's needs.
 - b. The evaluation must include:
 - i. Names by manufacturer and model of each of the 3 mid- to high-tech AAC devices trialed.

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- ii. Accessories and software on each device trialed
 - iii. Detailed rationale for why each of the 3 devices were selected for trial (child's communication, sensory, motor and cognitive skills and challenges AND strongest anatomical site for access)
 - iv. Discussion of timeframe of each device trialed, with which stakeholders and during which activities
 - v. Successes and challenges to each device trialed, and the measure used to determine the successes and challenges of each trialed device
 - vi. Family and Requesting Therapist's (if different than Evaluator) feedback on trials
 - vii. Additional equipment child will benefit from or require in order to use the mid- to high-tech AAC device (e.g., adaptive seating)
 - viii. Final device selection and the selection rationale
 - ix. Discussion of agreement to device by family and requesting therapist
 - x. Final order for procurement (device manufacturer, model, software, accessories, stand)
- c. If the specific AAC device and all required components cannot be determined at the time of the evaluation because the required short- or long-term trials could not be conducted due to lack of device availability:
- i. Inform the Assistive Technology Unit at BEIATU@health.nyc.gov within 2 business days of the:
 - Reason for delayed evaluation submission (identifying the specific device and accessories pending trial, and anticipated duration of the trial)
 - Next steps arranged between the evaluator, requesting therapist (if not the evaluator), and parent;
 - Anticipated date of evaluation submission.
- d. Once the AAC supplemental evaluation is completed and submitted to the requesting speech therapist or special instructor, the requesting therapist in consultation and collaboration with their AT Coordinator:
- i. Completes and submits questions 2, 2a, 3, 5, 6, 8, 9 and 10 of the **AT Medical Necessity Justification Form** (signed parent consent is required) as they apply to the exact AAC device and all required accessories, with a current prescription that clears the child for use of the specific AAC device, all accessories and software recommended by the evaluator and agreed upon by the rendering speech therapist or special instructor and family; and
 - ii. Follows **Policy 9A of the NYC Early Intervention Policy and Procedure Manual** to request and obtain the assistive technology device.

Note: AAC low technology and Communication Applications ('apps') do not require trials for the NYC BEI to consider for authorization. They may be justified by the requesting therapist who is rendering speech or special instruction services as AT packet submissions, as outlined in **Policy 9A of the NYC EIP Policy and Procedure Manual**.

AT packet submissions for these categories consist of these the following documents submitted according to the procedures in Policy 9A of the NYC EIP Policy and Procedure Manual:

1. **NYC EIP Assistive Technology Medical Necessity Justification Form**, identifying the:

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- exact manufacturer and model of the low technology AAC device OR
 - availability of the child's own tablet for communication "app" use AND
 - the name of the developer and version of the communication "app" AND
 - accessories/adaptations required to be procured for the tablet to facilitate the child's use as a communication partner.
2. The requesting therapist's current signed and dated progress notes
 3. The prescription for the child's use of the communication "app" or the exact low technology device, identified by manufacturer and model

Communication "apps" will require the use of the child's own tablet:

- Accessories to the child's own device will need to be identified during the requesting therapist's determination process.
- Common accessories that adapt the child's own tablet for communication device use and may be requested through the EIP include keyguards, cover, stand

3. AT Supplemental Evaluation Process for Amplification

- a. In partnership with the Evaluator (requesting audiologist), the evaluation agency has the responsibility to:
 - i. Obtain short-term loans of amplification equipment, within the range determined by the Evaluator.
 - ii. Provide a written report, with a summary in the dominant language of the parent, to the parent and service coordinator within 5 business days of the evaluation when the exact amplification device and all required components are determined.
- b. The evaluation must include:
 - i. Names by manufacturer and model of each amplification device trialed and why each was selected by on the child's individual auditory and medical (as applicable) needs
 - ii. Accessories on each device trialed
 - iii. Successes and challenges to each device trialed, and the measure used to determine the successes and challenges of each trialed device
 - iv. Family feedback on trials
 - v. Additional equipment child will benefit from or require in order to use the final amplification selected.
 - vi. Final device selection and the selection rationale
 - vii. Discussion of agreement to device by family
 - viii. Final order for procurement (device manufacturer, model, accessories)
- c. If the specific amplification device and all required accessories cannot be determined at the time of the evaluation because the required trial could not be conducted due to lack of device availability or alternate reason:
 - i. Inform the Assistive Technology Unit at BEIATU@health.nyc.gov within 2 business days of the:
 - Reason for delayed evaluation submission (identifying the specific device and accessories pending trial, and anticipated duration of the trial)
 - Next steps arranged between the evaluator, and family;
 - Anticipated date of evaluation submission.

Chapter 10: Transition Out of the Early Intervention Program

Policy Title: Transition Out of the Early Intervention Program (EIP)	Effective Date: 10/30/2024
Policy Number: 10-A	Supersedes: Policy 10-A, issued 5/27/2012
Attachment(s): <ul style="list-style-type: none"> - Parent Form: Written Notification and Written Opt-Out Requirements and Timeline - Notification of Potential Eligibility to the Committee on Preschool Special Education - Consent Form for Transition Conference - Form for Parent Referral to the Committee on Preschool Special Education (CPSE) - Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) - NYC Department of Education Guide to the Early Intervention to Preschool Transition - NYC Public Schools Overview for Families Transitioning from Early Intervention to Preschool - Notification to ACS and Foster Care Agency of Transition Out of Early Intervention Form - DOE CPSE Consent for Use of Electronic Mail - Case Closure and Transfer Policy - Closure Form 	Regulation/Citation: NYCRR 69-4.1; 69-4.20; 69-4.6; 69-4.26 New York State Bureau of Early Intervention Transition Toolkit for Service Coordinators

I. POLICY DESCRIPTION:

Transition Planning must begin in preparation for the Individualized Family Service Plan (IFSP) closest to the child's second (2nd) birthday. A transition plan is mandatory for all children in Early Intervention. The service coordinator, with parent consent, can hold a transition conference with the parent, service coordinator, and the chairperson of the Committee on Preschool Education or their designee, at least 90 days prior to the child's eligibility for services under Section 4410 in Education Law, or no fewer than 90 days before the child's third birthday. **(NYCRR 69-4.11 and 69-4.20)**

Early Intervention requires that the Individualized Family Service Plan documents the steps that support the child's transition. The transition plan must be developed for all children not fewer than 90 days and not more than nine months before the child's third birthday.

Children who make significant progress in the EIP may not require preschool special education. However, with parental consent, referrals to other early childhood programs/services should be discussed with the parents (e.g., Head Start, 3K, child care programs, etc.). Children who may continue to need services when they age out of the EIP may be eligible for preschool special education services authorized through the Committee on Preschool Special Education (CPSE). **(NYCRR 69-4.20)**

“Under Public Health Law (PHL), a child’s eligibility for the EIP ends the day before his or her third (3rd) birthday, unless the child has been referred to the CPSE and has been found eligible for services under Section 4410 of the Education Law. Parents of children found eligible for 4410 services before the child’s third (3rd) birthday, can choose to begin services on the first age eligible date, the child’s third (3rd) birthday or remain in Early Intervention (EI) until mandatory age out date.” (**NYCRR 69-4.1**)

The following transition procedures also apply to children in foster care who are in the EIP. The local foster care case worker **must be invited** to participate in the transition planning process. (**NYCRR 69-4.20 (2)**)

All decisions made by the surrogate parent should be in consultation with the ACS case planner and the foster care case worker.

Note:

- NYS regulations use the “at least 90 days” timeline to refer to notification, referral, and transition conference. In NYC, it is expected that notification and referral occur 120 days before the child’s third birthday to ensure that CPSE evaluations can occur and that an IEP meeting is scheduled and convened prior to the child’s third birthday.
- All the forms referenced and linked here are writable versions of the NYS BEI Transition Toolkit Forms published in June 2024.
- NYC will retain the **Notification to Foster Care of Transition Out of Early Intervention Form** for all cases in which the child is in Foster Care.
- This policy includes the **DOE CPSE Consent for Use of Electronic Mail**. It is strongly recommended that EI SCs obtain parental signature on this form and submit it via the CPSE mandated system (DTS or SEDMS, once implemented) along with other required transition forms to expedite the child’s transition process.
- Instructions for navigating EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action
Initial and Ongoing Service Coordinators (SC)	<ol style="list-style-type: none">Initiates discussions with the family regarding Transition planning in preparation for the IFSP closest to the child’s second (2nd) birthday. <i>Refer to the EI-Hub “transition” tab “Eligibility and Transition Dates panel” for child specific dates.</i> Navigation instructions below.Meets with parent/surrogate to ensure that every child has a Transition Plan by the IFSP closest to their second (2nd) birthday. <p>Note: If the child was referred to the EIP after 24 months of age, a transition plan should be discussed at the child’s Initial IFSP.</p> <p>a. Provides the family with the following resources:</p> <ol style="list-style-type: none">NYC Department of Education Guide to the Early Intervention to Preschool Transition<ul style="list-style-type: none">• Guide available in 10 languages here.

SC Cont.	<ul style="list-style-type: none"> ii. NYC Public Schools Overview for Families Transitioning from Early Intervention to Preschool b. If the child is in foster care, informs ACS and the responsible Foster Care agency case planner that the child has reached the age to begin the process to transition out of the EIP. c. Invites foster care case planner to participate in the planning process by sending the Notification to Foster Care Agency of Transition Out of Early Intervention Form. <p>3. Discusses the following with the parent/surrogate in preparation for the IFSP closest to the child's second (2nd) birthday.</p> <ul style="list-style-type: none"> a. Transition options include: <ul style="list-style-type: none"> iii. Home iv. Early childhood settings (DOE 3K, Head Start, child care, preschools, playgroups, etc.) v. Preschool special education services through the Committee on Preschool Special Education (CPSE) and vi. Services provided through the child's private insurance or Medicaid. <ul style="list-style-type: none"> b. Procedures to prepare the child and family for changes in service delivery and adjustments to a new setting. c. The date by which family and child will be informed and begin adjustment to the new setting (home without services, playgroup, etc.): <ul style="list-style-type: none"> i. The steps to be taken to assist the child and family to adjust to the new setting without EI services; and ii. The individuals who might assist the family in making the transition (interventionists, Service Coordinator, child care staff, etc.). d. Transition timelines and age out dates: <ul style="list-style-type: none"> i. <i>Refer to the EI-Hub "transition" tab "Eligibility and Transition Dates panel" for child specific dates.</i> <p>4. Obtains signature and/or completes all applicable transition forms to document the parent's/surrogate's transition choices (a-d below):</p> <ul style="list-style-type: none"> a. Parent Form: Written Notification and Written Opt-Out Requirements and Timeline <ul style="list-style-type: none"> i. Explains that: <ul style="list-style-type: none"> • The Service Coordinator will notify the school district in which the child resides of potential CPSE eligibility after thirty (30) days of the date that the SC discussed this notification with the parent, unless the parent opts-out of notification in writing. • The parent has the option of waiving the thirty (30) day opt-out period by agreeing or disagreeing to notification right away. • If the parent decides not to notify, they can decide to notify later but the notification will be late. • Notification is not the same as referral.
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SC Cont.	<ul style="list-style-type: none"> • Referral to CPSE can be made even if notification does not occur. ii. Completes the Parent Form: Written Notification and Written Opt-Out Requirements and Timeline, obtaining parent signature and documenting the parent's notification decision, and the resolution of the opt-out period. b. Completes the Notification of Potential Eligibility To The Committee on Preschool Special Education <ul style="list-style-type: none"> i. This form is completed when the parent agrees to the notification or does not opt-out in writing of notification. ii. Submits the Notification of Potential Eligibility To The Committee on Preschool Special Education via the CPSE mandated system (DTS or SEDMS, once implemented) within 48 hours of obtaining the parent's notification decision, or the resolution of the opt-out period, whichever is sooner. iii. Saves the completed signed forms and the email confirmation received from the DOE system confirming the date each form was submitted in the child's service coordination file for program monitoring.
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Note:

- The DOE requires that each form and record (i.e., evaluation) be submitted as a separate attachment. Submitting all the documents as a batched attachment delays the transition process for children and families.
- **It is strongly recommended that SCs obtain parental signature on DOE CPSE Consent for Use of Electronic Mail and submit it via the CPSE mandated system (DTS or SEDMS, once implemented) along with other required transition forms to expedite the child's transition process.**
- NYS regulations require that the service coordinator notify the CPSE no fewer than 90 days prior to the child's potential eligibility for services.
- In NYC, the service coordinator is expected to notify the CPSE **120 days before the child's potential eligibility** for services, to ensure that the transition process is finalized before the child turns three years old.

c. Consent Form for Transition Conference

Note:

- NYS regulations require that a Transition Conference is convened with the parent, service coordinator, and the chairperson of the CPSE or designee, at least 90 days prior to the child's eligibility for services under Education Law, Section 4410.
- The Transition Conference cannot be held more than nine months before the child's third birthday.

SC Cont.	<ul style="list-style-type: none"> • If the chairperson of the CPSE or designee is invited but cannot or will not attend, the meeting with the parent still meets the definition of a Transition Conference. <ul style="list-style-type: none"> i. Explains the following to the parent/surrogate regarding the Transition Conference: <ul style="list-style-type: none"> • A Transition Conference is voluntary but encouraged by the EIP to help inform the parent(s)/surrogate(s) about his/her options after the EIP; • CPSE evaluation process and service delivery options are explained at the Transition Conference; • Preschool Special Education Procedural Safeguards are discussed at the Transition Conference; • A Transition Conference does not need to be a separate meeting; it can occur at the IFSP meeting closest to the child's second (2nd) birthday; • A child may be referred to CPSE even if a Transition Conference is not held; and • The timeline to convene a Transition Conference. ii. Completes the Consent Form for Transition Conference and obtains parental signature. iii. When parent/surrogate consents to a Transition Conference: <ul style="list-style-type: none"> • Schedules Transition Conference with parent/surrogate and EIOD using the IFSP Meeting Request and Confirmation Form <ul style="list-style-type: none"> ○ Refer to the IFSP Scheduling Policy. ○ CPSE Representative must be invited to the Transition Conference by the SC (CPSE Representative may attend via telephone). If CPSE representative cannot attend, a Transition Conference will still be held. • ACS and Foster Care Agency must be invited to the Transition Conference when the child is in Foster Care. Use Notification to ACS and Foster Care Agency of Transition out of Early Intervention Form. <p>Note: The EIOD must be present at the Transition Conference. Parents/surrogates must be given a chance to participate in a Transition Conference even if the child has already been referred to CPSE.</p> <ul style="list-style-type: none"> • Sends invitation (Consent Form for Transition Conference) to the Committee on Preschool Special Education via the CPSE mandated system (DTS or SEDMS, once implemented) within 48 hours of obtaining the parent's decision. • Sends the Consent Form for Transition Conference to the RO within one (1) business day of receiving written parental consent, along with the IFSP Meeting Request
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SC Cont.	<p>and Confirmation Form, to initiate the Transition Conference/IFSP meeting.</p> <p>iv. Saves the completed signed forms and the email confirmation received from the DOE system confirming the date that each form was submitted in the child's service coordination file for program monitoring.</p> <p>d. Form for Parent Referral to the Committee on Preschool Special Education (CPSE)</p> <p>i. Discusses timelines to refer child to the CPSE to ensure there is sufficient time to complete the evaluation and eligibility determination before the child's third (3rd) birthday.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Referral can be made at any time by a parent/surrogate but is recommended to occur no fewer than 90 days before the child's third (3rd) birthday and as early as 120 days before the child's first potential age-eligibility for preschool special education services. The 120-day timeline is strongly recommended as this will assist with the timely continuation of services, if the child is found eligible for the CPSE. • It is strongly recommended that SCs obtain parental signature on DOE CPSE Consent for Use of Electronic Mail and submit it via the CPSE mandated system (DTS or SEDMS, once implemented) along with other required transition forms to expedite the child's transition process. </div> <p>ii. If parent/surrogate decides to refer their child to the CPSE:</p> <ul style="list-style-type: none"> • Completes the Form for Parent Referral to the Committee on Preschool Special Education (CPSE) and obtains parent/surrogate signature <ul style="list-style-type: none"> ○ With parental consent, sends the referral form via the CPSE mandated system (DTS or SEDMS, once implemented) within 48 hours of obtaining the parental/surrogate consent. ○ The parent/surrogate may choose to send the referral form themselves to the CPSE. • Completes the Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) indicating if the parent/surrogate would like any part(s) of the EI record released to CPSE. <ul style="list-style-type: none"> ○ Sends the Form for Parent Referral to the Committee on Preschool Special Education (CPSE) and any agreed-upon section of the EI record to CPSE via the CPSE mandated system
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SC Cont.	<p>(DTS or SEDMS, once implemented) within 48 hours of obtaining the parental/surrogate consent.</p> <ul style="list-style-type: none"> • The referral, consent to transmit records and the related records must be submitted to the CPSE no fewer than 90 days before the child's third (3rd) birthday, but it is strongly recommendation that these documents be submitted 120 days before the child's first potential age-eligibility for preschool special education services. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: The DOE requires that each form and record (i.e., evaluation) be submitted as a separate attachment. Submitting all the documents as a batched attachment delays the transition process for children and families.</p> </div> <p style="margin-top: 20px;">iii. <u>If the parent/surrogate decides not to refer their child to CPSE:</u></p> <ul style="list-style-type: none"> • Informs the parent/surrogate that they can reconsider this decision as the Transition Plan is reviewed and updated. • Reviews the NYC EIP Parent Transition Notice Information Form with the parent/surrogate. • Informs the parent/surrogate that, if the child continues to need EI services but is not referred to, found eligible, and a meeting held with the CPSE, Early Intervention services will end the day before the child's third (3rd) birthday. • Obtains parent signature on the Form for Parent Referral to the Committee on Preschool Special Education (CPSE) indicating that the parent will not refer. • Completes the Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) indicating that the parent/surrogate does not consent to share records and obtains parent signature. <p>v. Saves the completed signed forms and the email confirmation received from the DOE system confirming the date each form was submitted in the child's service coordination file for program monitoring.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • Children who make significant progress in EI may not need preschool special education services; therefore, a referral to CPSE may not be necessary in every situation. However, the steps discussed under numbers 1 - 4 above must be completed regardless of the family's ultimate transition choice. </div>
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SC Cont.	<ul style="list-style-type: none"> • If the child's Initial IFSP is the IFSP closest to the child's second (2nd) birthday: <ul style="list-style-type: none"> ○ The "Transition tab" must be completed prior to the meeting. See detailed instruction below. ○ The transition forms should be attached to the "Transition Tab" as part of creating the draft IFSP in the EI-Hub prior to the meeting. Refer to the Initial IFSP Policy. <p>5. Complete the "Transitions" tab in the EI-Hub documenting the transition plan developed, the parent/guardian's transition decisions, and the required forms sent to the CPSE.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • <i>The "Transition tab" Panels should be completed in the EI-Hub following the order below.</i> • The following "Transition tab" Panels are not required: <ul style="list-style-type: none"> ○ <i>Transition Plan Members</i> ○ <i>Part B Program – Form A Part 1b</i> ○ <i>Transition Plan Part B Program Family Outcomes Form A</i> ○ <i>Transition plan Non-Part B Program – Form B Part 1b</i> ○ <i>Non-Part B Program – Family Outcomes Worksheet – Form B</i> </div> <p>a. <i>On Children Assigned to Caseload, enter the child's name or Hub ID number in the Search field.</i></p> <p>b. <i>When the case appears, click on the Edit button.</i></p> <p>c. <i>In the child's case, click on the Transition tab.</i></p> <p>d. <i>Click on the Transition Plan panel.</i></p> <p>i. <i>Check the box next to Transition Planning Begins when the first conversation about transition is held with the family.</i></p> <p>ii. <i>When the transition conference is held, enter the transition conference date in the EI Transition Conference Date field.</i></p> <p>iii. <i>If the transition conference was held, select yes or no from the dropdown under Were All Required Participants Present?</i></p> <ul style="list-style-type: none"> • <i>The CPSE administrator must only be invited in order to meet the definition of a Transition Conference.</i> <p>iv. <i>If the transition conference was held, check the box next to Was an EI Transition Conference Held?</i></p> <p>v. <i>If the transition conference was held and it was combined with the CPSE meeting, check the box next to Was the EI Transition Conference Combined with the CPSE Meeting?</i></p> <p>vi. <i>If the transition conference was held but it was late, check the box next to Was the Transition Conference Late?</i></p> <ul style="list-style-type: none"> • <i>If it was late, select from the dropdown for Reason for Late Conference.</i> <p>vii. <i>If the transition conference was held and it was combined with the IFSP meeting, check the box next to Was the EI Transition Conference Combined with the IFSP Meeting?</i></p>
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SC Cont.	<p>viii. Click Submit.</p> <p>e. Click <i>Eligibility and Transition Dates</i> panel; this lists the milestones in the transition process, with dates pre-populated based on the child's date of birth.</p> <p>i. While this panel can be used for reference when monitoring transition progress, please note that, in NYC, Referral and Notification to the CPSE should be made 120 days before the child's third birthday to ensure that the evaluation takes place and an IEP meeting can be scheduled and convened.</p> <p>f. Click on the <i>EI Services Ending Details & Needed Post-Transition Services</i>.</p> <p>i. Enter Last Date for EI Services.</p> <p>ii. Enter the Date that the Parent Was Informed of the Last Date for EI Services.</p> <p>iii. Check the box if the Transition Plan Was Discussed with Parent, and enter the Date Discussed.</p> <p>iv. Select from the Post-Transition Programs & Support Services Decision dropdown either Early Childhood Programs & Support Services Needed After Transition, or No Formal Referral/Discharge Discussed.</p> <p>v. If Programs & Support Services Needed is selected, check the box next to any of the service types listed where either a referral was made or the family was provided information on how to make a referral. To add other services, check the box Other (Manually Enter) and type the service/program names in the box.</p> <p>vi. Click Submit.</p> <p>g. Click the <i>Written Notification and OptOut</i> panel. Check the appropriate box to indicate whether:</p> <p>i. The parent chooses to waive the 30-day opt-out period, or</p> <p>ii. The parent understands that notification will be sent to CPSE if they don't contact the service coordinator within 30 days, or</p> <ul style="list-style-type: none"> • Two new options will appear at the bottom of the screen. Enter the date in the relevant field: Date that the SC Received Oral/Written Objection to Written Notification, or Date 30 Calendar Days Later by which No Objection was Received. <p>iii. If the parent chooses to opt out of written notification to CPSE.</p> <p>iv. Enter the Date of the Parent's Decision, whichever decision it was.</p> <p>v. Check the box if Notification of Child's Potential Eligibility Was Sent to the School District, and enter the date it was sent.</p> <p>vi. Click the Upload Consents/Notifications button and upload: Parent Form: Written Notification and Written Opt-Out Requirements and Timeline, the Notification of Potential Eligibility to The Committee on Preschool Special Education (if parent did not opt out), and Notification to Foster Care Agency of Transition Out of Early Intervention Form (if applicable).</p>
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SC Cont.	<ul style="list-style-type: none"> • Select the consent or form type from the Document Type dropdown. • Enter the document name as: (Form Name) (Child Initials) (EI Number) (Date form signed) • Click Choose File and navigate to the file on your computer. • Click Upload. <p>vii. Click Submit.</p> <p>h. Click the Consent for Referral to CPSE panel.</p> <ol style="list-style-type: none"> i. Check the corresponding box to indicate whether the parent did or did not Give Consent to a Referral Being Sent to CPSE. ii. Enter the Date of the Parent's Decision. iii. If the parent did not give consent, explain why in the text box. iv. If the parent originally gave consent, then retracted, check the box next to Revocation of Consent for Referral to CPSE. Enter the date of the revocation. v. Click the Upload Consents/Notifications button and upload: Form for Parent Referral to the Committee on Preschool Special Education (CPSE) as described in 5.g.vi above. vi. Click Submit. <p>i. Click the Consent for Transmittal of EIP Evaluations and Records panel. Check one of the three boxes:</p> <ol style="list-style-type: none"> i. Parent Gives Consent to Transmit EI Records to CPSE ii. Parent Gives Consent to Transmit Specific EI Records <ul style="list-style-type: none"> • Fields appear to enter which specific forms were transmitted, and on what date iii. Parent Does Not Give Consent to Transmit EI Records. iv. If the parent later changes their mind, check the box for Revocation of consent for transmittal of EI evaluation and records. v. Click the Upload Consents/Notifications button and upload the: Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE), and the as described in 5.g.vi above. vi. Click Submit <p>j. Click the Consent to Convene a Transition Conference panel.</p> <ol style="list-style-type: none"> i. Check the box to indicate whether the parent gave consent to arrange a transition conference or did not. ii. If the parent did not consent, a field appears to capture the Reason for declining transition conference. iii. If the parent later changes their mind, check the box for Revocation to convene a transition conference. iv. Click the Upload Consents/Notifications button and upload the: Consent Form for Transition Conference as described in 5.g.vi above. v. Click Submit. <p>k. Click on Transition Conference Notification.</p> <ol style="list-style-type: none"> i. Enter the Notification Date. <ul style="list-style-type: none"> • Date that the notification was sent to the CPSE.
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SC Cont.	<ul style="list-style-type: none"> <i>ii. Enter the Scheduled Transition Conference Date and Time.</i> <i>iii. Service Coordinator will autopopulate.</i> <i>iv. Click Submit.</i> <p>1. <i>Click the third panel, Part B Eligibility.</i></p> <ul style="list-style-type: none"> <i>i. Select yes or no from the dropdown under Is the Child Potentially Eligible for Part B Services?</i> <i>ii. If yes is selected, a field will appear and the Potentially Eligible Date will be autopopulated.</i> <i>iii. If an initial CPSE meeting was held, click on the box next to Was an Initial CPSE Meeting Held?</i> <i>iv. If yes is selected, an Initial CPSE Meeting Date field will appear. Enter the meeting date.</i> <i>v. If a second CPSE meeting was held, enter the date in the field If 2nd CPSE Meeting Occurred While Child Still in EI, Enter 2nd Date.</i> <i>vi. Enter any comments from that meeting in the field Second CPSE</i> <i>vii. Select yes or no from the dropdown under Was the Child Determined Eligible by the CPSE? If yes:</i> <ul style="list-style-type: none"> <i>• Enter Planned Start Date for the Start of 4410 Services.</i> <i>• Enter Date that EI Services Will End for This Child.</i> <i>• Enter Child's Part B Identification Number, if known.</i> <i>• Services Authorized Through the CPSE Process and Comments are not required fields.</i> <i>• Click Submit.</i>
EIOD/Service Coordinator (SC)	<p>1. Develops and documents a Transition Plan at every IFSP meeting starting at the IFSP closest to the child's second (2nd) birthday.</p> <ul style="list-style-type: none"> a. At the IFSP closest to the child's second (2nd) birthday/Transition Conference: <ul style="list-style-type: none"> i. Explains transition options; <i>ii. Completes the "IFSP Transition" tab in the child's IFSP in the EI-Hub, based on the transition forms attached to the "Transitions" tab by the SC to ensure that the Transition Plan is accurate and up to date;</i> iii. Explains family rights and responsibilities in the transition process; iv. Explains and documents age-out dates; v. Ensures that there is written consent or declination for all the following: <ul style="list-style-type: none"> • Parent Form: Written Notification and Written Opt-Out Requirements and Timeline • Consent Form for Transition Conference • Form for Parent Referral to the Committee on Preschool Special Education (CPSE) • Transition Notice Information for Parents (if parent declines to refer) • Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and

	<p style="text-align: center;">Records to the Committee on Preschool Special Education (CPSE)</p> <p class="list-item-l1">vi. Ensures that any forms signed at the meeting are attached to the “IFSP Parent Agreement” panel in the EI-Hub.</p> <p class="list-item-l1">b. Updates the “Transitions” tab in the EI-Hub based on the discussion and decisions made with the family.</p>
	<p>Note: If parent/surrogate decides not to refer the child to CPSE, ensure that they have a copy of Transition Notice Information for Parents document.</p>
Service Coordination (SC)	<ol style="list-style-type: none"> 1. When the EIOD is not present at the IFSP closest to the child’s second (2nd) birthday, the SC: <ol style="list-style-type: none"> a. Ensures that all discussions are documented in the “IFSP Transition” panel of the EI-Hub IFSP. b. The EI-Hub “Transitions” tab is completed, copies of all the forms below, and email confirmations from DTS confirming that each form was submitted to the CPSE are attached to each required panel as specified in this policy. <ol style="list-style-type: none"> i. Consent Form for Transition Conference ii. Form for Parent Referral to the Committee on Preschool Special Education (CPSE) iii. Transition Notice Information for Parents (if parent declines to refer) iv. Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) v. Notification to ACS and Foster Care Agency of Transition Out of Early Intervention Form (if appropriate) vi. Attached proof of date in the form of an email confirmation from DOE DTS (or replacement system) that Notification, Referral, and other relevant documents were sent to the CPSE.
	<p>Note: If parent/surrogate decides not to refer the child to CPSE, ensure that they receive a copy of the Transition Notice Information for Parents document.</p>
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. When not present at IFSP meetings, and parent/surrogate declines a Transition Conference: <ol style="list-style-type: none"> a. Ensures that SC has: <ol style="list-style-type: none"> i. Developed/updated the entire “IFSP Transition” panel in the EI-Hub IFSP as detailed in the EI-Hub IFSP Crosswalk. ii. Developed/updated the “transitions” tab in the EI-Hub. iii. Attached copies of all transition forms indicating parent/surrogate transition choice. iv. Attached proof of date in the form of an email confirmation from DOE DTS (or replacement system) that Notification,

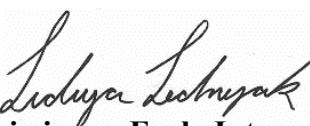
	<p>Referral, and other relevant documents were sent to the CPSE and all other necessary parties.</p> <p>b. If documentation is incomplete, (e.g., <i>if EI-Hub “IFSP Transition” panel, EI-Hub “Transitions” tab</i>, and/or copies of transition forms are not attached),</p> <ul style="list-style-type: none"> i. Contacts SC to indicate which information is missing. ii. Requests that the SC re-submit the IFSP in the EI-Hub. <ul style="list-style-type: none"> • The SC or SC supervisor must re-submit the completed documentation to the EIOD within 48 hours of receiving the “rejected” IFSP from the RO.
Service Coordinator (SC)	<p>1. Attends the CPSE meeting if invited by the CPSE per parent/surrogate request, or if invited by the parent/surrogate.</p> <p>Note: Parents/surrogates can request that the SC attend the CPSE meeting by indicating it on the Form for Parent Referral to the Committee on Preschool Special Education (CPSE) or the letter that they write to refer the child to the CPSE.</p> <p>a. If not attending the CPSE meeting, obtains the required forms from the parent/surrogate within two (2) calendar days of the CPSE/IEP meeting/final notice.</p> <ul style="list-style-type: none"> i. Required documentation for children who are found eligible for the CPSE: <ul style="list-style-type: none"> • Determination of Preschool Eligibility Form (DEP-1) - authorization by the CPSE Administrator after eligibility for preschool special education services are determined, • IEP Record of Attendance, and • IEP Summary Page (if available. Document all attempts to obtain from the parent). • Closure Form. ii. Required documentation for children who are not found eligible for the CPSE: <ul style="list-style-type: none"> • Closure Form. <p>2. Notifies the RO of child’s eligibility determination and the start date of preschool special education services by following the steps below.</p> <p>a. If the child is eligible for preschool special education services through the CPSE:</p> <ul style="list-style-type: none"> i. Parent(s)/surrogates may choose to continue in the EIP until the child’s third (3rd) birthday: <ul style="list-style-type: none"> • If the child’s third (3rd) birthday is within 30 days of the “end date” of the current IFSP <ul style="list-style-type: none"> ○ <i>Extends the child’s current IFSP in the EI-Hub:</i> ▪ Refer to the Extending the IFSP Policy for step-by-step instructions on extensions.

SC Cont.	<ul style="list-style-type: none"> ○ Attaches the following forms to the “IFSP Parent Agreement” panel of the child’s draft IFSP before submitting the IFSP for EIOD review in the EI-Hub. <ul style="list-style-type: none"> ▪ IEP Record of Attendance (signed by parent/surrogate), ▪ Determination of Preschool Eligibility Form DEP-1 (signed by parent/surrogate), ▪ IEP Summary Page, ▪ Child Outcomes Study Exit Form if the child is in the cohort and ▪ The Closure Form (signed by parent/surrogate) • If the child’s third (3rd) birthday is more than 30 days from the end date of the current IFSP: <ul style="list-style-type: none"> ○ “Copies” the existing IFSP in the EI-Hub: <ul style="list-style-type: none"> ▪ Refer to the Review and Annual IFSP Policy for step-by-step instructions for copying IFSPs. ○ Attaches the following forms to the “IFSP Parent Agreement” panel of the child’s draft IFSP before submitting the IFSP for EIOD review in the EI-Hub. <ul style="list-style-type: none"> ▪ IEP Record of Attendance (signed by parent/surrogate), ▪ Determination of Preschool Eligibility Form (DEP-1) (signed by parent/surrogate), ▪ IEP Summary Page, ▪ Child Outcomes Study Exit Form if the child is in the cohort and ▪ The Closure Form (signed by parent/surrogate) ii. If the parent/surrogate chooses to immediately accept preschool special education services before the child’s third (3rd) birthday, <ul style="list-style-type: none"> • Reviews date that placement in the new setting will be available; and sends the: <ul style="list-style-type: none"> ○ IEP Record of Attendance (signed by parent/surrogate) ○ Determination of Preschool Eligibility Form (DEP-1) (signed by parent/surrogate), ○ IEP Summary Page, ○ Child Outcomes Study Exit Form if the child is in the cohort and ○ The Closure Form (signed by parent/surrogate)
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SC Cont.	<ul style="list-style-type: none"> • Forms are sent to the following HIN ID per NYC Regional Office via HCS Secure File Transfer (SFT) in the child's borough of residence indicating "Child eligible for CPSE, parent choosing to start CPSE early. Closure needed for Child ID: XXXXX on (Date)." <ul style="list-style-type: none"> ○ Brooklyn RO HIN ID: BKRO ○ Bronx RO HIN ID: BXRO ○ Queens RO HIN ID: QRO ○ Manhattan RO HIN ID: MRO ○ Staten Island RO HIN ID: SIRO <p><i>iii. If the parent/surrogate chooses to remain in Early Intervention until the mandatory age-out date (after the child's third (3rd) birthday), refer to the <i>EI-Hub "Transitions" tab "Eligibility and Transition Dates" panel</i>.</i></p> <ul style="list-style-type: none"> • If the child's mandatory age-out date is within 30 days of the end date of the current IFSP: <ul style="list-style-type: none"> ○ <i>Extends the child's current IFSP in the EI-Hub:</i> <ul style="list-style-type: none"> ▪ Refer to the Extending the IFSP Policy for step-by-step instructions on extensions. ○ <i>Attaches the following documents to the "IFSP Parent Agreement" panel of child's "extended" EI-Hub IFSP:</i> <ul style="list-style-type: none"> ▪ IEP Record of Attendance (signed by parent/surrogate), ▪ IEP Summary Page, ▪ Determination of Preschool Eligibility (DEP-1) (singed by parent and CPSE administrator) ▪ Completed Closure Form (signed by parent) indicating the effective date of closure as the child's mandatory age-out date, ▪ Child Outcomes Study Exit Form if the child is in the cohort. • If the child's mandatory age-out date is more than 30 days from the end date of the current IFSP: <ul style="list-style-type: none"> ○ <i>"Copies" the existing IFSP</i> <ul style="list-style-type: none"> ▪ Refer to the Review and Annual IFSP Policy for step-by-step instructions for copying. ○ <i>Attaches the following documents to the "IFSP Parent Agreement" panel of child's "extended" EI-Hub IFSP:</i> <ul style="list-style-type: none"> ▪ IEP Record of Attendance (signed by parent/surrogate),
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SC Cont.	<ul style="list-style-type: none"> ▪ IEP Summary Page, ▪ Determination of Preschool Eligibility (DEP-1) (singed by parent and CPSE administrator) ▪ Completed Closure Form (signed by parent) indicating the effective date of closure as the child's mandatory age-out date, ▪ Child Outcomes Study Exit Form if the child is in the cohort. <p>Note: For Reconvene CPSE meetings: A CPSE Administrator may determine that another meeting should take place after the initial IEP meeting to reestablish eligibility, update an IEP, or discuss services. SC forwards updates of IFSP and progress reports to the CPSE with written parent/surrogate consent.</p> <ol style="list-style-type: none"> b. If child is not eligible for preschool special education services through the CPSE: <ol style="list-style-type: none"> i. Completes EI Closure Form indicating effective date of closure and obtains parent/surrogate signature. ii. Sends the EI Closure Form, Record of Attendance, and DEP-1, copy of Notice of EIP Meeting, and the Child Outcomes Study Exit form if the child is in the cohort, to the following HIN ID per NYC Regional Office via HCS Secure File Transfer (SFT) in the child's borough of residence indicating "Child not eligible for CPSE. Closure needed for Child ID: XXXXX." <ul style="list-style-type: none"> • Brooklyn RO HIN ID: BKRO • Bronx RO HIN ID: BXRO • Queens RO HIN ID: QRO • Manhattan RO HIN ID: MRO • Staten Island RO HIN ID: SIRO 3. Ensures that the child's service providers are notified of the child's eligibility determination and the start date of preschool special education services within two (2) calendar days of the IEP meeting/final notice.
Early Intervention Official Designee (EIOD)	<ol style="list-style-type: none"> 1. Receives and reviews CPSE eligibility packet submitted by the SC. 2. Authorizes extension of EI services by approving the EI-Hub extension or copied IFSP submission, if needed, based on eligibility date on IEP. 3. Approves closure for the day before the child's third (3rd) birthday, if eligibility for CPSE is not established. 4. Ensures that the case is closed in the EI-Hub. <ol style="list-style-type: none"> a. First confirms that the "Transition tab" has been completed in the EI-Hub. b. Verifies that an exit form has been submitted by the SC if the child is in the Child Outcomes Study.

	<p>c. Once the closure is processed in the EI-Hub, the Closure Form and Child Outcome Study Exit Form are filed in the electronic municipal child file.</p>
Committee for Preschool Special Education (CPSE)	<ol style="list-style-type: none"> 1. Transition Conference: Informs SC if the CPSE Administrator or designee will be available in person or by phone. 2. Immediately upon receipt of referral, provides list of approved evaluation sites, Procedural Safeguard Notice, Medical Form and Consent for Evaluation Form to the parent to select an approved CPSE evaluation site. 3. Follows up with parent/surrogate by telephone within 15 school days of being sent the list of approved evaluation sites, Procedural Safeguard Notice, Medical Form and Consent for Evaluation to ensure they have received and understand the request for consent, if consent is not received by the CPSE in a timely manner. <ul style="list-style-type: none"> a. CPSE Evaluation should be completed within 20 school days of first contact with the evaluation site. 4. Ensures that the process to determine eligibility is initiated and completed before the child turns three (3) years of age. 5. Convenes a meeting with the representative of the CPSE within 30 school days of receiving the parent's/surrogate's consent for the child's evaluations. 6. Invites the SC to the CPSE meeting per parent's/surrogate's request. 7. At the CPSE meeting: <ul style="list-style-type: none"> a. Develops an IEP indicating eligibility, services approved and projected start date of services. If child is eligible for preschool services: <ul style="list-style-type: none"> i. Provides copies of the IEP Record of Attendance and the IEP Summary Page to the SC (if invited to the IEP) and the parent/surrogate. ii. Provides copies of the signed Determination of Preschool Eligibility form (DEP-1) and the IEP Record of Attendance to the parent and SC if present only if parent/surrogate chooses to have the child remain in EI. b. Provides input to assist parent/surrogate in making the decision when to transfer out of EIP (e.g., based on the availability of services, it may be beneficial to begin CPSE services in September rather than January). c. Discusses availability of services in relation to projected start date. d. If SC was not invited to the meeting, faxes copy of IEP Record of Attendance, IEP Summary page, and DEP-1 (when appropriate) to the child's SC with parent/surrogate consent. 8. If the child is Not Eligible for preschool services, the CPSE administrator: <ul style="list-style-type: none"> a. Provides a copy of the Notice of IEP Meeting to the parent/surrogate and SC (with parental/surrogate consent)

Approved By: 
Assistant Commissioner, Early Intervention

Date: 10/09/2024

New York City Early Intervention Program

Policy Title: Referral of Children to Early Intervention who are dually eligible for EI and CPSE	Effective Date: 10/30/2024
Policy Number: 10-B	Supersedes: Policy 10-B, issued 4/27/2012
Attachment(s): <ul style="list-style-type: none"> - Parent Form: Written Notification and Written Opt-Out Requirements and Timeline - Notification of Potential Eligibility to The Committee on Preschool Special Education - Consent Form for Transition Conference - Form for Parent Referral to the Committee on Preschool Special Education (CPSE) - Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) - NYC Department of Education Guide to the Early Intervention to Preschool Transition - NYC Public Schools Overview for Families Transitioning from Early Intervention to Preschool - Notification to Foster Care Agency of Transition Out of Early Intervention Form - DOE CPSE Consent for Use of Electronic Mail 	Regulation/Citation: NYS Regs, 69-4.1(m); 69-4.20(a); 69-4.6(c)(7), 69-4.26(13) New York State Bureau of Early Intervention Transition Toolkit for Service Coordinators

I. POLICY DESCRIPTION:

A child may be referred to the Early Intervention Program (EIP) when also potentially age-eligible for services through the Department of Education's Committee on Preschool Special Education (CPSE). It is the responsibility of the Initial Service Coordinator (ISC) to explain dual eligibility and assist the parent in making an informed decision.

This policy applies to any child who **is two (2) years six (6) months (2.6) or older at the time of referral to the EIP.**

Note:

- NYS regulations use the “at least 90 days” timeline to refer to notification, referral and transition conference. In NYC, it is expected that notification and referral occur 120 days before the child’s third birthday to ensure that CPSE evaluations can occur and that an IEP meeting is scheduled and convened prior to the child’s third birthday.
- All forms referenced and linked here are writable versions of the NYS BEI Transition Toolkit Form published in June 2024.
- NYC will retain the [Notification to Foster Care of Transition Out of Early Intervention Form](#) for all cases in which the child is in Foster Care.
- This policy includes the [DOE CPSE Consent for Use of Electronic Mail](#). It is strongly recommended that EI SCs obtain parental signature on this form and submit it via the

CPSE mandated system (DTS or SEDMS, once implemented) along with other required transition forms to expedite the child's transition process.

- Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy.

II. PROCEDURE:

Responsible Party	Action						
Referral Unit	<ol style="list-style-type: none"> 1. Receives a referral for a child who is 2.6 or older. 2. Reviews the date of birth to determine if the child is 45 days or less from their third (3rd) birthday: <ol style="list-style-type: none"> a. If a child is 45 days or less from their third (3rd) birthday, the EIP does not accept the referral: <ol style="list-style-type: none"> i. Advises the referral source that the child should be referred to the NYC Department of Education (DOE) for possible services; and ii. Assists the caller in making a referral to NYC Public Schools by referring the caller to 311 and instructing them to ask for the New York City Schools Committee on Preschool Special Education. b. If a child is more than 45 days from their third (3rd) birthday, the EIP accepts and processes the referral. <p>Note: Families can also be given the number of the Include NYC Help Line: English: Call (212) 677-4660/ Text: (646) 693-3175, or Spanish: Call (212) 677-4668/ Text: (646) 693-3157</p>						
Initial Service Coordinator (ISC)	<ol style="list-style-type: none"> 1. Receives a referral for a child who is past their second (2nd) birthday, and reviews the date of birth to determine if the child is age-eligible for both EI and CPSE ("dually eligible"): <ol style="list-style-type: none"> a. A child is first potentially eligible for CPSE as follows: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Dates of Birth:</th> <th style="text-align: center; padding: 2px;">1st potentially age-eligible for CPSE on:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">January 1 to June 30</td> <td style="text-align: center; padding: 2px;">January 2 of the year the child turns three (3)</td> </tr> <tr> <td style="padding: 2px;">July 1 to December 31</td> <td style="text-align: center; padding: 2px;">July 1 of the year the child turns three (3)</td> </tr> </tbody> </table> <p>Note: When the child is in foster care, the foster care case planner and birth parent should be involved in transition decisions.</p> <ol style="list-style-type: none"> 2. Reviews the transition process with the family. <ol style="list-style-type: none"> a. Utilizes the following resources: <ol style="list-style-type: none"> i. NYC Department of Education Guide to the Early Intervention to Preschool Transition <ul style="list-style-type: none"> • Guide available in 10 languages here. ii. NYC Public Schools Overview for Families Transitioning from Early Intervention to Preschool 3. Explains dual age-eligibility at the initial meeting with the parent/surrogate and, when appropriate, recommends that they refer the child directly to the CPSE instead of proceeding with the EI eligibility process. 	Dates of Birth:	1st potentially age-eligible for CPSE on:	January 1 to June 30	January 2 of the year the child turns three (3)	July 1 to December 31	July 1 of the year the child turns three (3)
Dates of Birth:	1st potentially age-eligible for CPSE on:						
January 1 to June 30	January 2 of the year the child turns three (3)						
July 1 to December 31	July 1 of the year the child turns three (3)						

ISC Cont.	<p>4. Offers to assist with a referral to CPSE instead of, OR as well as, proceeding with the EI Multidisciplinary Evaluation (MDE) for EI eligibility process.</p> <p>5. Informs parent/surrogate that, if the child is found eligible for EI, all EI services will end the day before the child's third (3rd) birthday if the child is not referred to, and determined eligible for, the CPSE.</p> <ul style="list-style-type: none"> a. Ensures that the family understands that, in CPSE, eligibility is determined at the Individualized Education Program (IEP) meeting, and not after the evaluations are completed. <p>6. Discusses all transition options and the CPSE eligibility determination process.</p> <ul style="list-style-type: none"> a. If parent/surrogate decides to make a referral to the CPSE and close the EI case: <ul style="list-style-type: none"> i. Completes the Parent Referral to the Committee on Preschool Special Education (CPSE): <ul style="list-style-type: none"> • With parental/surrogate consent, assists them in submitting the referral via the CPSE mandated system (DTS or SEDMS, once implemented). • The parent/surrogate may choose to send the referral form to CPSE themselves. ii. Saves the completed Referral form and the email confirmation received from the DOE system confirming the date the referral was submitted in the child's service coordination file for program monitoring. iii. Completes a Closure Form and obtains parent/surrogate signature. iv. Submits Closure Form to the Regional Office (RO) following the procedure detailed in the Case Closure and Transfer Policy. b. If the parent/surrogate is undecided about beginning the transition process to the CPSE, they must opt-out of (decline) notification and referral to the CPSE by indicating this on the following forms: <ul style="list-style-type: none"> • Parent Form: Written Notification and Written Opt-Out Requirements and Timeline • Parent Referral to the Committee on Preschool Special Education (CPSE) • Consent Form for Transition Conference • Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) <ul style="list-style-type: none"> i. Parent/surrogate may opt out of notification and decide to refer at a later date. ii. Parent/surrogate may decide to refer, notify or have a transition conference in any order. iii. None of these activities (Notification, Referral, and Transition Conference) require any of the others to occur. c. Assist parent in obtaining a Multidisciplinary Evaluation (MDE) to establish eligibility for EI.
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ISC Cont.	<p>i. Refer to the Before the IFSP Chapter in this manual.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • A parent/surrogate can choose to begin the transition to CPSE process at a future time, at which point new forms can be completed. A referral can be made to the CPSE at any time by the parent. The ISC must assist the parent/surrogate with the referral, if asked by the parent/surrogate. • If the parent/surrogate decides to delay referral to CPSE, the SC must inform them that the eligibility determination for CPSE may not occur before the child's 3rd birthday, resulting in the termination of EI services. The ISC must document this conversation in their SC notes. </div> <p>7. If the parent/surrogate has decided to continue with EI and agrees to refer the child to the CPSE:</p> <ol style="list-style-type: none"> a. Obtains signatures on all applicable transition forms to indicate parent's/surrogate's transition choices including: <ul style="list-style-type: none"> • Parent Form: Written Notification and Written Opt-Out Requirements and Timeline • Parent Referral to the Committee on Preschool Special Education (CPSE) • Consent Form for Transition Conference • Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) b. Submits the following forms to the CPSE using the CPSE mandated system (DTS or SEDMS, once implemented): <ul style="list-style-type: none"> • Notification of Potential Eligibility to the Committee on Preschool Special Education • Consent Form for Transition Conference • Parent Referral to the Committee on Preschool Special Education (CPSE) • Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) • Records that the parent/surrogate consent be shared with the CPSE as documented on the Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) c. Saves the completed signed forms and the email confirmation received from the DOE system confirming the date each form was submitted in the child's service coordination file for program monitoring. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • The DOE requires that each form and record (i.e., evaluation) be submitted as a separate attachment. Submitting all the documents as </div>
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ISC Cont.	<p>a single attachment delays the transition process for children and families.</p> <ul style="list-style-type: none"> • It is strongly recommended that SCs obtain parental signature on DOE CPSE Consent for Use of Electronic Mail and submit it via the CPSE mandated system (DTS or SEDMS, once implemented) along with other required transition forms to expedite the child's transition process. <p>d. Assists the parent in obtaining an MDE to establish eligibility for EI:</p> <ol style="list-style-type: none"> i. Refers to the Before the IFSP chapter. ii. Discusses advantage of selecting an EIP evaluation site that is also a CPSE-approved preschool special education evaluation site so that the child may not need to go through duplicate evaluations. <p>8. Completes the “Transitions” tab in the EI-Hub in preparation for the Initial IFSP meeting:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • If the child is not eligible for the EIP or the case is closed prior to an eligibility determination, the “Transitions” tab does not need to be completed. • The Transition panels should be completed in the EI-Hub following the order below. • The following transition panels are not required: <ul style="list-style-type: none"> ○ <i>Transition Plan Members</i> ○ <i>Part B Program – Form A Part 1b</i> ○ <i>Transition Plan Part B Program Family Outcomes Form A</i> ○ <i>Transition plan Non-Part B Program – Form B Part 1b</i> ○ <i>Non-Part B Program – Family Outcomes Worksheet – Form B</i> </div> <p>a. <i>On Children Assigned to Caseload, enter the child's name or Hub ID number in the Search field.</i></p> <p>b. <i>When the case appears, click on the Edit button.</i></p> <p>c. <i>In the child's case, click on the Transition tab.</i></p> <p>d. <i>Click on the Transition Plan panel.</i></p> <ol style="list-style-type: none"> i. <i>Check the box next to Transition Planning Begins when the first conversation about transition is held with the family.</i> ii. <i>When the transition conference is held, enter the transition conference date in the EI Transition Conference Date field.</i> iii. <i>If the transition conference was held, select yes or no from the dropdown under Were All Required Participants Present?</i> <ul style="list-style-type: none"> • <i>The CPSE administrator must only be invited in order for the meeting to meet the definition of a Transition Conference.</i> iv. <i>If the transition conference was held, check the box next to Was an EI Transition Conference Held?</i>
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ISC Cont.	<p>v. If the transition conference was held and it was combined with the CPSE meeting, check the box next to Was the EI Transition Conference Combined with the CPSE Meeting?</p> <p>vi. If the transition conference was held but it was late, check the box next to Was the Transition Conference Late?</p> <ul style="list-style-type: none"> • If it was late, select from the dropdown for Reason for Late Conference. <p>vii. If the transition conference was held and it was combined with the IFSP meeting, check the box next to Was the EI Transition Conference Combined with the IFSP Meeting?</p> <p>viii. Click Submit.</p> <p>e. Click Eligibility and Transition Dates panel, which lists the milestones in the transition process with dates pre-populated based on the child's date of birth.</p> <p>i. While this panel can be used for reference when monitoring transition progress, please note that, in NYC, Referral and Notification to the CPSE should be made 120 days before the child's third birthday in order to ensure that the evaluation takes place and an IEP meeting can be scheduled and convened.</p> <p>f. Click on the EI Services Ending Details & Needed Post-Transition Services.</p> <p>i. Enter Last Date for EI Services.</p> <p>ii. Enter the Date that the Parent Was Informed of the Last Date for EI Services.</p> <p>iii. Check the box if the Transition Plan Was Discussed with Parent, and enter the Date Discussed.</p> <p>iv. Select from the Post-Transition Programs & Support Services Decision dropdown either Early Childhood Programs & Support Services Needed After Transition, or No Formal Referral/Discharge Discussed.</p> <p>v. If Programs & Support Services Needed is selected, check the box next to any of the service types listed where either a referral was made or the family was provided information on how to make a referral. To add other services, check the box Other (Manually Enter) and type the service/program names in the box.</p> <p>vi. Click Submit.</p> <p>g. Click the Written Notification and OptOut panel. Check the appropriate box to indicate whether:</p> <p>i. The parent chooses to waive the 30-day opt-out period, or</p> <p>ii. The parent understands that notification will be sent to CPSE if they don't contact the service coordinator within 30 days.</p> <ul style="list-style-type: none"> • Two new options will appear at the bottom of the screen. Enter the date in the relevant field: Date that the SC Received Oral/Written Objection to Written Notification, or Date 30 Calendar Days Later by which No Objection was Received. <p>iii. If the parent chooses to opt out of written notification to CPSE, enter the Date of the Parent's Decision, whichever decision it was.</p>
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ISC Cont.	<p>iv. Check the box if Notification of Child's Potential Eligibility Was Sent to the School District, and enter the date it was sent.</p> <p>v. Click the Upload Consents/Notifications button and upload: Parent Form: Written Notification and Written Opt-Out Requirements and Timeline, and the Notification of Potential Eligibility to The Committee on Preschool Special Education (if parent did not opt out)</p> <ul style="list-style-type: none"> • Select the consent or form type from the Document Type dropdown. • Enter the document name as: (Form Name) (Child Initials) (EI Number) (Date form signed). • Click Choose File and navigate to the file on your computer. • Click Upload. <p>vi. Click Submit.</p> <p>h. Click the Consent for Referral to CPSE panel.</p> <ol style="list-style-type: none"> i. Check the corresponding box to indicate whether the parent did or did not Give Consent to a Referral Being Sent to CPSE. ii. Enter the Date of the Parent's Decision. iii. If the parent did not give consent, explain why in the text box. iv. If the parent originally gave consent, then retracted, check the box next to Revocation of Consent for Referral to CPSE. Enter the date of the revocation. v. Click the Upload Consents/Notifications button and upload: Form for Parent Referral to the Committee on Preschool Special Education (CPSE) as described in 8.g.v above. vi. Click Submit. <p>i. Click the Consent for Transmittal of EIP Evaluations and Records panel. Check one of the three boxes:</p> <ol style="list-style-type: none"> i. Parent Gives Consent to Transmit EI Records to CPSE. ii. Parent Gives Consent to Transmit Specific EI Records. <ul style="list-style-type: none"> • Fields appear to enter which specific forms were transmitted, and on what date. iii. Parent Does Not Give Consent to Transmit EI Records. iv. If the parent later changes their mind, check the box for Revocation of consent for transmittal of EI evaluation and records. v. Click the Upload Consents/Notifications button and upload the: Consent Form for Transmittal of Early Intervention Program (EIP) Evaluations and Records to the Committee on Preschool Special Education (CPSE) as described in 8.g.v above. vi. Click Submit <p>j. Click the Consent to Convene a Transition Conference panel.</p> <ol style="list-style-type: none"> i. Check the box to indicate whether the parent gave consent to arrange a transition conference or did not. ii. If the parent did not consent, a field appears to capture the Reason for declining transition conference.
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ISC Cont.	<p>iii. If the parent later changes their mind, check the box for Revocation to convene a transition conference.</p> <p>iv. Click the Upload Consents/Notifications button and upload the: Consent Form for Transition Conference as described in 8.g.v above.</p> <p>v. Click Submit.</p> <p>k. Click on Transition Conference Notification.</p> <ul style="list-style-type: none"> i. Enter the Notification Date. ii. Enter the Scheduled Transition Conference Date and Time. iii. Service Coordinator will autopopulate. iv. Click Submit. <p>l. Click the third panel, Part B Eligibility.</p> <ul style="list-style-type: none"> i. Select yes or no from the dropdown under Is the Child Potentially Eligible for Part B Services? ii. If yes is selected, a field will appear and the Potentially Eligible Date will be autopopulated. iii. If an initial CPSE meeting was held, click on the box next to Was an Initial CPSE Meeting Held? iv. If yes is selected, an Initial CPSE Meeting Date field will appear. Enter the meeting date. v. If a second CPSE meeting was held, enter the date in the field If 2nd CPSE Meeting Occurred While Child Still in EI, Enter 2nd Date. vi. Enter any comments from that meeting in the field Second CPSE Meeting Comments. vii. Select yes or no from the dropdown under Was the Child Determined Eligible by the CPSE? If yes: <ul style="list-style-type: none"> • Enter Planned Start Date for the Start of 4410 Services. • Enter Date that EI Services Will End for This Child. • Enter Child's Part B Identification Number, if known. • Services Authorized Through the CPSE Process and Comments are not required fields. • Click Submit.
<p>Note:</p> <ul style="list-style-type: none"> • For children who are dually age-eligible, the Initial IFSP will be the Transition Planning meeting or, with parental/surrogate consent, the Transition Conference. • If child is in foster care, the service coordinator completes the Notification to Foster Care Agency of Transition Out of Early Intervention prior to the Initial IFSP meeting. • The “Transition” tab in the EI-Hub will be reviewed at the Initial IFSP with the EIOD to ensure that parent/surrogate preferences are up-to-date. 	

Sohuya Lechnyak
Approved By:
Assistant Commissioner, Early Intervention

Date: 10/09/2024

New York City Early Intervention Program

Policy Title: Developing a Transition Plan for Children who Leave the Early Intervention Program Before Three Years of Age	Effective Date: 10/30/2024
Policy Number: 10-C	Supersedes: Policy 10-C issued 4/2012
Attachment(s): <ul style="list-style-type: none"> • Closure Form • Case Closure and Transfer Policy • Secure File Transfer Q&A (with link to guide) 	Regulation/Citation: NYCRR 69-4.20, 69-4.26, 69-4.11

I. POLICY DESCRIPTION:

A transition plan must be developed for *all* children exiting the Early Intervention Program (EIP). Children can leave the Early Intervention Program at different ages for different reasons that include family relocation to another county or state, child achieving all IFSP outcomes, parent deciding to end EI services, child aging out the day before their third birthday, or the child being found eligible for and transitioning to Preschool Special Education services. The Transition Plan is developed and is required to be part of the child's Individualized Family Service Plan (IFSP). For children not eligible for programs under Education Law, Section 4410, the Service Coordinator (SC) shall assist the parent in development of a plan to transition to other appropriate early childhood and supportive services. The SC shall assist the parent in identifying, locating, and accessing such services.

Note:

- Instructions for navigating the EI-Hub are denoted in *italics* in the body of this Policy

II. PROCEDURE:

Responsible Party	Action
Initial/Ongoing Service Coordinator (ISC/OSC)	<ol style="list-style-type: none"> 1. Receives notification that the child will be leaving the NYC EIP for any reason (e.g., moving to another state or county, parent has decided to withdraw the child, child is no longer eligible for EI services, etc.). 2. Meets with the parent/caregiver to develop a Transition Plan out of Early Intervention (EI). <ol style="list-style-type: none"> a. Transition plan is developed via phone if a face-to-face meeting is not possible: <ol style="list-style-type: none"> i. If a family is moving to another state or county: <ul style="list-style-type: none"> • Provides the parent with contact numbers for the EI program in that area. • Notifies the Regional Office that a transfer in the EI-Hub to another NYS county is required by following the procedures and paperwork requirements in the Case Closure and Transfer Policy. ii. If a child is no longer eligible for EI, or the parent is

declining EI services:

- Discusses existing support systems available to the family.
- Assists the parent by identifying and providing information on how to access other early childhood services (such as Developmental Monitoring, child care, Early Head Start, etc.).

3. *Completes the required EI-Hub “Transitions” tab panels based on the information gathered in the conversation:*

Note:

- The Transition Panels should be completed in the EI-Hub following the order below.
- The following transition panels are **not required for children leaving EI before the age of 3:**
 - *Transition Plan Members*
 - *Transition Conference Notification*
 - *Part B Program – Form A Part 1b*
 - *Transition Plan Part B Program Family Outcomes Form A*
 - *Transition plan Non-Part B Program – Form B Part 1b*
 - *Non-Part B Program – Family Outcomes Worksheet –Form B*

- a. *On Children Assigned to Caseload, enter the child’s name or Hub ID number in the Search field.*
- b. *When the case appears, click on the Edit button*
- c. *In the child’s case, click on the Transition tab.*
- d. *Click on the Transition Plan panel.*
 - *Check the box next to Transition Planning Begins when the first conversation about transition is held with the family.*
 - *Click Submit.*
- e. *Eligibility and Transition Dates lists the milestones in the transition process, with dates pre-populated based on the child’s date of birth.*
 - *Use this panel for reference when monitoring transition progress.*
 - *In NYC, Referral and Notification to the CPSE should be made 120 days before the child’s third birthday in order to ensure that the evaluation takes place and an IEP meeting can be scheduled and convened.*
- f. *Click on the EI Services Ending Details & Needed Post-Transition Services.*
 - *Enter Last Date for EI Services.*
 - *Enter the Date that the Parent Was Informed of the Last Date for EI Services.*
 - *Check the box if the Transition Plan Was Discussed with Parent, and enter the Date Discussed.*

	<ul style="list-style-type: none"> • Select from the Post-Transition Programs & Support Services Decision dropdown either Early Childhood Programs & Support Services Needed After Transition, or No Formal Referral/Discharge Discussed. • If Programs & Support Services Needed is selected, check the box next to any of the service types listed where either a referral was made or the family was provided information on how to make a referral. To add other services, check the box Other (Manually Enter) and type the service/program names in the box. • Click Submit. <p>g. Click the Written Notification and OptOut panel.</p> <ul style="list-style-type: none"> • Check the box to indicate that the parent chooses to opt out of written notification to CPSE. • Enter the Date of the Parent's Decision, whichever decision it was. • Click Submit <p>h. Click the Consent for Referral to CPSE panel.</p> <ul style="list-style-type: none"> • Check the corresponding box to indicate that the parent did not Give Consent to a Referral Being Sent to CPSE. <ul style="list-style-type: none"> ○ Enter the Date of the Parent's Decision. ○ Explain why consent was not given in the text box. • Click Submit <p>i. Click the Consent for Transmittal of EIP Evaluations and Records panel.</p> <ul style="list-style-type: none"> • Check the box to indicate that Parent Does Not Give Consent to Transmit EI Records. • Click Submit <p>j. Click the Consent to Convene a Transition Conference panel.</p> <ul style="list-style-type: none"> • Check the box to indicate that the parent did not give consent to arrange a transition conference. • Provide a reason for declining transition conference. • Click Submit. <p>k. Click the Part B Eligibility panel.</p> <ul style="list-style-type: none"> • Select no from the dropdown under Is the Child Potentially Eligible for Part B Services? • Click Submit. <p>4. Completes the Closure Form and obtains parent signature:</p> <ol style="list-style-type: none"> a. Refer to the Case Closure and Transfer Policy for instances of parental non-response. b. Sends the Closure Form to the Regional Office as required by the Case Closure and Transfer Policy
Regional Office	<ol style="list-style-type: none"> 1. Follows the Case Closure and Transfer Policy to review and approve case Closures and save required documents in the child's electronic case file.



Approved By:
Assistant Commissioner, Early Intervention

Date: 10/09/2024

Transition Forms



**NYC EARLY INTERVENTION PROGRAM
NOTIFICATION TO FOSTER CARE AGENCY OF TRANSITION
OUT OF EARLY INTERVENTION**

Date:	EI #:
Child's Name: <i>Last</i> <i>First</i>	DOB:
Name of Parent/Assigned Surrogate: <i>Last</i> <i>First</i>	Address:
Service Coordinator:	Phone No:
Service Coordination Agency:	Fax No:
Foster Care Case Planner:	Foster Care Agency and Fax No:

The above named child will be transitioning out of the EI Program. His/her first potential eligible date for preschool special education services is _____. Their last day of eligibility for Early Intervention services is the day before his/her third birthday unless found eligible for services through the Department of Education's Committee on Preschool Special Education (CPSE).

The parent/surrogate parent has requested a transition conference. This meeting will be held on: (date) _____, at (location) _____
_____. Please contact the Service Coordinator listed above if you will attend, or if you can't attend in person but would like to participate by conference call.

A transition plan will be developed at the IFSP meeting on: (date) _____
at (location) _____. Please contact the Service Coordinator listed above to advise if you will/will not be able to attend.

The parent/surrogate parent has decided to refer the child to the CPSE.

The parent/surrogate parent has decided not to refer the child to the CPSE.

If you have any questions, do not hesitate to contact me at the above number.

Note: SC must send this form to the child's Foster Care Agency



INSTRUCTIONS FOR COMPLETION
NOTIFICATION TO FOSTER CARE AGENCY OF TRANSITION
OUT OF EARLY INTERVENTION

The service coordinator completes this form and sends a copy to the Foster Care Agency. The original is kept in the child's file at the service coordination agency and submitted in the EI-Hub as required by the Transition Chapter.

Note: This form should not be filled out if the child/family is involved in Preventative Services.

1. **Date** – The date the form is completed.
2. **Child's Name, EI #, DOB** – Write this information as it appears on other forms
3. **Name of Surrogate Parent, Address** – The full name and address of the foster or surrogate parent.
4. **Service Coordinator, Phone No.** – Name and phone number of current SC.
5. **Service Coordination Agency, Fax No.** - Name and fax number of the service coordination agency.
6. **Foster Care Caseworker, Agency, Fax No.** – Name of the FC caseworker, agency name and fax number.
7. **ACS, Fax No.** – This information is preprinted. A copy of this form should be faxed to the name and number provided.
8. Fill in the date the child is first potentially eligible for preschool special education services.
 - If the DOB is between **January 1 and June 30**, first eligible date is **January 2** of the year the child turns 3.
 - If the DOB is between **July 1 and December 31**, first eligible date is **July 1** of the year the child turns 3.
9. Check the box if the foster/surrogate has requested a transition conference and indicate *when and where* the conference will take place.
10. Check the box if the transition plan will be developed at the IFSP meeting and indicate *when and where* the IFSP meeting will take place.
11. Check this box if the foster/surrogate has decided to refer the child to the CPSE.
12. Check this box if the foster/surrogate has decided not to refer the child to the CPSE.

This form MUST be attached to the "Transition Tab" in the EI-Hub in the "Written Notification and OptOut panel".

Parent Form: Written Notification and Written Opt-Out Requirements and Timeline

Child's Name: _____

Date of Birth: _____

The Early Intervention Program under the federal Individuals with Disabilities Education Act is required to release limited contact information (parent's name, address, telephone numbers, child's name, date of birth, and date of referral to the Early Intervention Program) to notify your local school district of your child's potential eligibility for preschool special education programs and services when your child turns 3 years old. This notification is beneficial in preparing the school district of your child's potential eligibility for special education preschool programs and services.

At least 90 days prior to your child's potential eligibility for services under Section 4410 of Education Law, your service coordinator must provide written notification to the Committee on Preschool Special Education of the local school district in which an eligible child resides of the potential transition of your child.

A parent may opt-out (object) in writing to the written notification and not have the limited contact information sent to the Committee on Preschool Special Education. The parent must inform the service coordinator in writing, within 30 calendar days from the date of this notice, that the parent chooses to opt-out of the written notification requirement.

____ I have been informed of the notification requirement and the 30-calendar day timeline to opt-out of the written notification. I am in agreement with sending the written notification and choose to waive the 30-calendar day opt-out period.

OR

____ I have been informed of the notification requirement and understand I have 30-calendar days from today's date to opt-out of the written notification. I am aware that if I do not contact my service coordinator in writing, within 30 calendar days of today's date, written notification will be sent to the Committee on Preschool Special Education Services of my local school district.

OR

____ I have been informed of the notification requirement and choose to opt-out of the written notification being sent to the Committee on Preschool Special Education Services of my local school district.

Parent Signature: _____ Date: _____

To be filled out by the service coordinator

Parent objected to the written notification to the Committee on Preschool Special Education Services. Service coordinator received written objection on: _____

No written parent objection received within 30 calendar days. Date: _____

**NOTIFICATION OF POTENTIAL ELIGIBILITY TO THE
COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

Date of Notification to the Committee on Preschool Special Education:	Date of Referral to the Early Intervention Program:	
Child's Name Last: _____ First: _____	Child's Date of Birth: Child's Age (year-month): _____	
Name of Parent/Legal Guardian/Surrogate Last: _____ First: _____	Phone Number:	
Home Address:	School District: County: _____	
Early Intervention Service Coordinator:	Phone Number:	Fax Number:
Committee on Preschool Special Education Chairperson:	Phone Number:	Fax Number:

Dear Chairperson,

The child named above is potentially eligible for preschool special education services.

Service Coordinator

Date

For children in the care and custody or custody and guardianship of the Commissioner of the local Social Services district, the early intervention Service Coordinator shall notify the local Commissioner of Social Services or designee of the child's potential transition.

In New York City, this requirement is met by completing the **[NYC Early Intervention Program Notification To ACS & Foster Care Agency of Transition Out of Early Intervention Form](#)**.

CONSENT FORM FOR TRANSITION CONFERENCE

Date:	Date of Referral to the Early Intervention Program:	
Child's Name	Child's Date of Birth:	
Last: _____ First: _____	Child's Age (year-month): _____	
Name of Parent/Legal Guardian/Surrogate:	Phone Number: _____	
Home Address:	School District: _____ County: _____	
Early Intervention Service Coordinator:	Phone Number: _____	Fax Number: _____
Committee on Preschool Special Education Chairperson:	Phone Number: _____	Fax Number: _____

Please Read

I understand that to ensure my child continues to receive services on and after my child's third birthday, my child must be referred to, evaluated by, and, before my child's third birthday, found eligible for preschool special education services by the Committee on Preschool Special Education of my local school district (the district in which my child resides).

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless my child has been found eligible for preschool special education programs and services. **Early Intervention Program services will end the day before my child turns three years old.**

CONSENT TO CONVENE A TRANSITION CONFERENCE

I give my consent to my service coordinator to arrange a transition conference, which will include my service coordinator and chairperson of the Committee on Preschool Special Education or their designee, to discuss my child's referral to the Committee on Preschool Special Education program and service options, and develop a transition plan. I also consent to the following agency(ies) or individual(s) attending: _____

I do **NOT** wish to have my Early Intervention Program service coordinator arrange a transition conference. I understand that my child can be referred to the Committee on Preschool Special Education without a conference. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child turns three years of age.

Parent Name: _____

Parent Signature: _____

Date: _____

Committee on Preschool Special Education Services Chairperson: This notice serves as an invitation to the Committee on Preschool Special Education Services Chairperson/Designee to the Early Intervention Transition Conference to be held on: Date: _____

Time: _____ Location: _____

Please indicate your availability and fax back to: _____

You will participate by: _____ Phone _____ In person _____ Not able to attend

cc: The Local Social Services Commissioner/Designee: _____
(for children in the care and custody or custody and guardianship of the local Social Services Commissioner)

**FORM FOR PARENT REFERRAL TO THE
COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

Date of Referral to the Committee on Preschool Special Education:	Date of Referral to the Early Intervention Program:	
Child's Name	Child's Date of Birth:	
Last: _____ First: _____	Child's Age (year-month): _____	
Name of Parent/Legal Guardian/Surrogate	Phone Number: _____	
Last: _____ First: _____		
Home Address: _____	School District: _____	
Early Intervention Service Coordinator: _____	Phone Number: _____	Fax Number: _____
Committee on Preschool Special Education Chairperson: _____	Phone Number: _____	Fax Number: _____

Please Read

I understand that to ensure my child continues to receive early intervention services on and after my child's third birthday, my child must be referred to, evaluated, and found eligible by the Committee on Preschool Special Education of my local school district (the district in which my child resides) before my child's third birthday.

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless my child has been found eligible for services under Section 4410 of the Education Law. **Early Intervention Program services will end the day before my child turns three years old.**

REFERRAL TO THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION

- I am referring my child to the Committee on Preschool Special Education of the school district in which my child resides for an evaluation to determine eligibility. I give my Service Coordinator permission to send this form to the Committee on Preschool Special Education.
- I do NOT choose to refer my child to the Committee on Preschool Special Education of the school district in which my child resides for an evaluation to determine whether my child is eligible for preschool special education programs and services. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education to continue to receive Early Intervention Program services on and after my child turns three years of age. I understand that I may choose to refer my child for an evaluation by the Committee on Preschool Special Education at a later date. I understand that if I choose to refer my child at a later date, I must refer my child within enough time for the Committee on Preschool Special Education to decide whether my child is eligible for services under Section 4410 of the Education Law by the day before my child turns three years old if I want my child to continue to receive Early Intervention Program services on and after my child turns three years of age.**
- I want the Committee on Preschool Special Education Chair/Administrator to invite my Service Coordinator, listed below, to the initial meeting with the Committee on Preschool Special Education that determines my child's eligibility.

Parent Name: _____ Parent Signature: _____ Date: _____

Service Coordinator Name: _____ Agency: _____

Address: _____ Phone Number: _____ Fax Number: _____

**CONSENT FORM FOR TRANSMITTAL OF
EARLY INTERVENTION PROGRAM (EIP) EVALUATIONS AND RECORDS TO THE
COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

Date:	Date of Referral to the Early Intervention Program:	
Child's Name	Child's Date of Birth:	
Last: First: Name of Parent/Legal Guardian/Surrogate	Child's Age (year-month): Phone Number:	
Last: First: Home Address:	School District:	
Service Coordinator:	Phone Number:	Fax Number:
Committee on Preschool Special Education Chairperson:	Phone Number:	Fax Number:

Please Read

I understand that the Committee on Preschool Special Education may use evaluation reports and other Early Intervention Program records, which I may choose to share, as part of the Committee on Preschool Special Education evaluation process. I decide what records to share, if any. If I consent to share these records, the Committee on Preschool Special Education will review them and will decide if other evaluations are necessary to decide if my child is eligible for preschool special education programs and services. I understand that if the Committee on Preschool Special Education asks for more evaluations, I will be asked for my consent for the Committee on Preschool Special Education to evaluate my child. I understand that if I do not consent to evaluations asked for by the Committee on Preschool Special Education, and my child is not evaluated by the Committee on Preschool Special Education and is not determined eligible for preschool special education programs and services by my child's third birthday, Early Intervention Program services will end the day before my child turns three years old.

Consent to Transmit Early Intervention Program Evaluation and Program Records to the Committee on Preschool Special Education

I give my consent to my Service Coordinator to transmit the following Early Intervention Program reports and records to the Committee on Preschool Special Education of the school district in which my child resides:

I do NOT give consent to my Service Coordinator to transmit Early Intervention Program records and reports to the Committee on Preschool Special Education of the school district in which my child resides. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child's third birthday.

Parent Name:

Parent Signature:

Date:



NYC EARLY INTERVENTION PROGRAM

PARENT TRANSITION NOTICE INFORMATION

You have indicated that you do not want to refer your child to the Committee on Preschool Special Education (CPSE) at this time.

Please read this notice carefully. It contains important information for your child.

Your child's Early Intervention (EI) services will end *the day before* your child turns three(3) years old if:

- You choose not to refer your child to the CPSE;
- Your child is not evaluated by the CPSE before s/he turns three (3);
- Your meeting with the CPSE does not occur before your child turns three(3);
- Your child is evaluated and found not eligible for services by the CPSE.

Only the *CPSE* can decide if your child is eligible for preschool special education.

The NYC Early Intervention Program is required by law to *notify* the CPSE that your child may be eligible preschool special education programs and services. You must let your Early Intervention Official Designee (EIOD) and Service Coordinator (SC) know if you do not want the CPSE to be notified (Opt-Out of Notification).

Your SC can help you with the following steps:

- Meeting, if you choose to do so, with your EIOD, SC, and CPSE Chair or designee;
- Developing a plan to transition out of (leave) EI;
- Referring your child to the CPSE;
- Having your child evaluated by the CPSE; and
- Meeting with the CPSE.

If your child is found eligible for special education services s/he can stay in EI or go to CPSE as follows:

- S/he can stay in EI until August 31 of the year s/he turns three (3), if born between January 1 and August 31 and start preschool special education services in September;
- S/he can stay in EI until December 31 of the year s/he turns three (3) if born between September 1 and December 31 and start preschool special education services in January.

OR

- S/he can begin CPSE as early as January 2 of the year s/he turns three (3) if born between January 1 and June 30;
- S/he can begin CPSE as early as July 1 of the year s/he turns three (3) if born between July 1 and December 31.

Your SC can answer any questions you may have.



CONSENT FOR USE OF ELECTRONIC MAIL

Date: _____

Student Name: _____

NYC ID: _____

DOB: _____

As a parent, you are an important member of the Committee on Special Education and Committee in Preschool Education. The New York City Department of Education recognizes that electronic mail (email) is a valuable communication tool.

The Individuals with Disabilities Education Improvement Act provides that confidential written notices including notices of recommendations, procedural safeguards notices and notices related to due process complaints may be transmitted by electronic mail (email) with the written consent of the parent.

In order for school personnel to use the internet email system for transmission of notices to you, a signed consent form must be on file. If you would like to receive notices via email, please sign the consent on this form and return it to the address listed on the form

As evidenced by my signature below, I give consent for teachers and other school officials to provide me special education notices about my son/daughter via electronic mail.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Eligible Student Signature (If Applicable)

Date

Student Name (Please Print)

Email Address (If Applicable)

If you have any questions, you may contact:

Name: _____

Phone: _____

Email: _____

Chapter 11: Procedural Safeguards

New York City Early Intervention Program

Policy Title: Procedural Safeguards related to Early Intervention Records	Effective Date: 10/15/2024
Policy Number: 11-A	Supersedes: Policy 11-A issued 2/28/2011
Attachments: <ul style="list-style-type: none"> • Consent to Obtain and Release Information Form 	Regulation/Citation: 10 NYCRR69-4.17(c) – (e)

I. POLICY DESCRIPTION:

All Early Intervention (EI) staff and provider agencies are subject to requirements pertaining to Early Intervention records in accordance with each of the following:

- Requirements relating to confidentiality/disclosure, access to records, and amendment of records contained in the Early Intervention Program regulations in 10 NYCRR 69-4.17 (c) – (e) under the heading **Procedural Safeguards**. The program regulations require each municipality and all Early Intervention providers to adopt procedures that meet the requirements in 34 CFR Part 99 (FERPA) and sections 34 CFR sections 300.560 through 300.576, with modifications specified in 34 CFR 303.5(b) to preserve the confidentiality of records on eligible children participating in the Early Intervention Program.
- Federal Family Educational Rights and Privacy Act (FERPA) and regulations (34 CFR Part 99). The Family Educational Rights and Privacy Act (FERPA) is the federal law that protects the privacy of student education records. FERPA protections apply to student special education records under IDEA *and* to Early Intervention records under Part C of IDEA. The State, municipalities and EI providers must comply with the requirements contained in FERPA. IDEA federal regulations in Section 300.560-300.576 relate to requirements under FERPA and also pertain to EI records.
- Individuals with Disabilities Education Act (IDEA) and regulations (34 CFR 303; 34 CFR 300.560 through 300.576).
- Title II-A of Article 25 of PHL and 10 NYCRR69-4 Medical Assistance Program (Medicaid).

Any breach of confidentiality (such as the loss or theft of records) must be reported to the Designated Confidentiality Coordinator of the Early Intervention Program no later than one (1) week post discovery.

**Office of Consumer Affairs
Attn: Assistant Director
New York City Health Department
Early Intervention Program
42-09 28th St., CN #9-82
Long Island City, NY 11101
Phone number: 347-396-6828
Fax number: 347-396-8977**

II. PROCEDURE:

Responsible Party	Action
Early Intervention Provider Agency, NYC Bureau of Early Intervention	<p>1. Required to develop policies/procedures regarding confidentiality pertaining to data, child records, and personally identifiable information.</p> <p>2. Personally identifiable data, information, or records shall not be disclosed by the municipality, evaluator, service provider or service coordinator to any person other than the parent of such child (even if the child is no longer participating in EI).</p> <ul style="list-style-type: none"> a. Only information appropriate to that request may be released. b. Extraneous information or sensitive information about the child and family must be protected. c. Any release of information for an individual child must contain information pertaining only to that child/family. Personally identifiable information about others must be redacted. <p>3. Prior to releasing records to any individual/agency outside the Early Intervention program (EIP), written consent must be obtained on the Consent to Obtain and Release Information Form.</p>

Note:

- Parents must never be asked to sign a blank **Consent to Release/Obtain Information Form**.
- 4. Must keep a record of anyone obtaining access to records gathered, maintained, or used for purposes of the Early Intervention Program (except access by parents and authorized employees of the New York City Department of Health and Bureau of Early Intervention or approved evaluator, service provider, or service coordinator) including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.
- 5. All EI records containing personally identifiable information must be maintained in secure locations (e.g., in locked file cabinets).
- 6. Staff who travel to a variety of locations must ensure the security and confidentiality of EI records that are off-site (e.g., EI records must be in a secure briefcase, file, etc.).
- 7. All employees must be informed of, and adhere to, the policies and procedures regarding confidentiality.
- 8. All employees must adhere to all legal requirements that protect EI records containing sensitive information (such as sexual or physical abuse, HIV status, treatment for mental illness, the child's parentage, etc.).
- 9. Employees of the New York State Department of Health, other State EI agencies, and municipalities (other than NYC Department of Health Staff) may access any record pertaining to a child and the child's family that are collected, maintained, or used for the purposes of the EIP.
 - a. Staff must record the name of the individual accessing the record, the date of access and the purpose for which the party is authorized to use the record.

Service Coordinators /EIODs	<p><u>Release of Information:</u></p> <ol style="list-style-type: none"> 1. Must offer parents the opportunity to sign selective releases that specify by name or category those individuals to whom information may be disclosed or from whom it is sought. 2. Provide parents with the option to revoke a release at any time and include a statement to this effect on any release forms used. 3. When they are asked to sign consent, parents must be informed about the scope of information included in EI records that may be shared. When parents sign a consent, they can specify limitations to the release of information, including: <ol style="list-style-type: none"> a. Who can access information in their child's EI records. b. What information in their child's EI records can be released and to whom. c. Time period for which the consent to release information is applicable.
NYC Bureau of Early Intervention Regional Office	<p><u>Parental Requests for Amendments to Records:</u></p> <p>Parents have the right to request an amendment to any EI record pertaining to their child when the parent(s) believe(s) the information contained in the record is inaccurate, misleading, or violates the privacy or any other rights of the child.</p> <ol style="list-style-type: none"> 1. A request to amend or seal any EI record pertaining to a child are made to an Early Intervention Regional Director in the EI Office of the borough in which the child resides. 2. The Regional Director in collaboration with an Assistant Director: <ol style="list-style-type: none"> a. Informs parents about the procedures to be followed to request an amendment to EI records pertaining to their child and maintained by that Early Intervention Official or provider. b. Responds to a parent's request to amend their child's record within ten (10) business days. c. Notifies the parent and the SC of the agreement to amend the record. d. Notifies parents in writing if either the Early Intervention Official Designee (EIOD) or an EI service provider does not agree to a request to amend or seal the record. <ol style="list-style-type: none"> i. If the EIOD or service provider do not agree with the request, the municipality: <ul style="list-style-type: none"> • Informs the parent of the right to an administrative hearing. • Convenes an administrative hearing to amend the record within a reasonable time after receiving a request from a parent for such a hearing. • Orders any amendment the municipality determines to be appropriate to be made to the EI record in question. <ul style="list-style-type: none"> ○ Notifies all appropriate parties of the ordered amendment (including individuals who have a copy); and notifies the parent when the record has been amended.

	<ul style="list-style-type: none"> • Notifies parents when a requested amendment is not ordered. <ul style="list-style-type: none"> ○ Informs parents of the right to include a statement in the record to be disclosed with the record reflective of their views, and ○ Notifies the parent that the parental statement will be incorporated and disseminated as part of the record.
NYC Bureau of Early Intervention and Provider Agency Staff	<p><u>Parental Access to Their Child's Records:</u></p> <ol style="list-style-type: none"> 1. Parents must be given the opportunity to inspect and review all records pertaining to the child and the child's family that are maintained or used for the purposes of the EIP (unless the parent is prohibited such access under State or federal law or a court order). <ol style="list-style-type: none"> a. Refer to Policy 2B- Release of Foster Care Information in Child Records Policy 2. It should be presumed that the parent has the authority to inspect and review EI records pertaining to their child unless the EIP has been advised otherwise under applicable State law, regulations or court order related to guardianship and custody. 3. If a record contains information on more than one child or on non-participants, only the portion of the record pertaining to the child's participation in the EIP may be accessed. 4. Parents have the right to: <ol style="list-style-type: none"> a. Receive an explanation about, and interpretation of, information included in any EI record upon request. b. Obtain a copy of the requested EI record within ten (10) business days of receipt of the request by the EIOD or Early Intervention service provider. c. Obtain a copy of the requested EI record within five (5) business days if the request is made as a part of a mediation or impartial hearing. d. Have a representative review the record on the parent's behalf (with signed consent). 5. A fee may be charged to copy EI records upon parent request (not to exceed 10 cents per page for the first copy and 25 cents per page for additional copies), as long as the fee does not prevent the parent from inspecting and reviewing the record. 6. No fees may be charged for records related to evaluations and assessments to which parents are specifically entitled (e.g., evaluation and assessment reports under 10 NYCRR 69-4.8) unless specifically permitted under PHL.

Approved By:
Assistant Commissioner, Early Intervention

Date: 8/28/2024

New York City Early Intervention Program

Policy Title: Prior Written Notice	Effective Date: 10/15/2024
Policy Number: 11-B	Supersedes: Policy 11-B issued 5/03/2013
Attachments: <ul style="list-style-type: none"> • Prior Written Notice Form • Your Family Rights in Early Intervention 	Regulation/Citation: 10NYCRR69-4.17 (b) (1), 10NYCRR69-4.17 (b) (2), New York State Public Health Law SECTION 2552

I. POLICY DESCRIPTION:

The Early Intervention Official Designee (EIOD) must give **prior written notice** to the parent of an eligible child **ten (10) working days** before the EIOD proposes or refuses to initiate or change the identification, evaluation, service setting, or the provision of the appropriate Early Intervention (EI) services to the child and the child's family. EI must make reasonable efforts to ensure the parent receives written notification about the right to due process and the method by which mediation and an impartial hearing can be requested.

“The EIOD shall make reasonable efforts to ensure the parent receives written notification about the right to due process and the method by which mediation and an impartial hearing can be requested...” (**10NYCRR69-4.17 (b) (2)**)

II. PROCEDURE:

Responsible Party	Action
Early Intervention Official Designee (EIOD)	<p>1. Completes the Prior Written Notice Form and sends a copy of Your Family Rights in Early Intervention to parents and ISC/OSC when:</p> <p>a. A decision regarding a case will go into effect after ten (10) business days of the notice for any of the following reasons:</p> <ul style="list-style-type: none"> i. Request to add a service(s) is being denied; ii. Request to increase service units is being denied; iii. Service (s) is being terminated; iv. Service (s) is being decreased in frequency; v. Request to change service setting is being denied. vi. Request for an evaluation is being denied. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note:</p> <ul style="list-style-type: none"> • If a parent requests due process (mediation or impartial hearing), all current IFSP services must remain in place until a resolution is reached or the parent has exhausted their due process rights. • Written Notice is provided to the family regardless of how the decision is communicated (e.g., telephone conversation with family/SC, or in-person conversation). </div>

- b. A case will be closed after ten (10) business days for any of the following reasons:
- i. At the conclusion of the evaluation process when the child is determined to not be eligible for EI and the family agrees with the findings.

Note:

- If the evaluation was not supported after being submitted to the EIP, the Bureau of Early Intervention will send Prior Written Notice. This notice will include an additional parent letter when an evaluation provider has submitted an evaluation addendum that does not meet NYS eligibility requirements.
- ii. After a child has been re-evaluated through the Multidisciplinary Evaluation (MDE) process and found no longer eligible for EI services.
- iii. There have been **three (3) unsuccessful, documented attempts** to schedule an IFSP meeting where the family was unwilling or unable to attend.

Note:

- The ISC must document all attempts to schedule the IFSP in the child's case record.
- If the family has a valid reason for being unable to attend an IFSP meeting at the time and place scheduled, the RO working with the SC will continue to make efforts to reschedule the meeting at a time and place convenient to the family.

- iv. A family misses two (2) IFSP meetings without contacting the service coordinator 24 hours before the meeting, or responding to their **three (3) unsuccessful, documented attempts** to contact the family.
 - c. The ISC/OSC submits a **Closure Form** that has not been signed by the parent.
 - i. See **Closure Policy** for a full list of Closure events and Procedures.
2. **Prior Written Notice Form** is attached to the “*Referral tab*” of the child’s Case in the EI-Hub. To attach:
- a. *Navigate to Children Assigned to Caseload page*
 - b. *Select the Edit button to the right of the child’s name*
 - c. *Go to ‘Child Info’ tab*
 - i. *Click ‘Referral’ in the left navigation panel*
 - *Click the ‘Edit’ button*
 - *Select the ‘Parent Document Upload’ button*

	<ul style="list-style-type: none"> • Select 'Parent Documents' in Document Type pop-up box • Enter the Document Name: Prior Written Notice (Child Initials) (Date) • Navigate to file to be attached (must be Adobe PDF, cannot be larger than 10 MB) <p>ii. To confirm document has been uploaded</p> <ul style="list-style-type: none"> • Navigate to the 'Document' tab • Do not select anything from the dropdowns, so that all areas and document types are searched • Click Search • All case attachments will populate in a grid below. Locate the attachment in the grid and click the View button to see it.
Initial and Ongoing Service Coordinator (ISC/OSC)	<p>Note:</p> <ul style="list-style-type: none"> • If there is a disagreement at an IFSP meeting (e.g., a request for additional evaluation has been denied): <ul style="list-style-type: none"> ○ IFSP Written Notice must be given at the IFSP meeting by the EIOD, explaining the reason(s) for the decision. ○ This notice is part of the IFSP document and will be given with Your Family Rights in Early Intervention to the parent. ○ The notice will also be attached to the child's EI-Hub IFSP in the <i>Parent Agreement</i> panel before the IFSP is finalized and approved by the EIOD in the EI-Hub. • The EI-Hub has limited attachment functions. Once an IFSP is finalized, no documents can be attached to that IFSP. <p>1. Receives notification that a Prior Written Notice has been attached to the child's case in the EI-Hub</p> <ol style="list-style-type: none"> a. Opens the Prior Written Notice attachment in the EI-Hub: <ol style="list-style-type: none"> i. Navigate to the 'Document' tab ii. Do not select anything from the dropdowns, so that all areas and document types are searched iii. Click Search iv. All case attachments will populate in a grid below. Locate the attachment in the grid and click the View button to see it. <p>2. Parent is not available to sign Closure Form:</p> <ol style="list-style-type: none"> a. Collects the certified letter (if applicable) and certified label/ return receipt (if applicable) documenting unsuccessful contact attempts and parent availability issues. b. Initiates Closure on a case. <ol style="list-style-type: none"> i. Refer to the Case Closure Policy for detailed procedural guidance. <p>Note:</p> <ul style="list-style-type: none"> • After the first failed attempt to contact a parent or a foster parent of a child who is in foster care, the second attempt must include a phone

call to Administration for Children's Services (ACS) Office of Youth Success: Education Unit, at (212) 453-9918.

3. Ensures that the evaluation/service agency is informed of any decision made by the EIP.

Approved By:
Assistant Commissioner, Early Intervention



Date: 8/28/2024

**NYC EARLY INTERVENTION PROGRAM
PRIOR WRITTEN NOTICE**

Child's Name: _____
EI ID #: _____

DOB: _____
Date of Notice: _____

The NYC Early Intervention Program is required to provide you with written notice ten (10) business days before proposing or refusing to initiate or change the identification, evaluation, or placement of your child or the provision of appropriate Early Intervention services to your child or family.

The purpose of this form is to provide prior notice that the following action will be considered final on _____. A copy of your "Family Rights in Early Intervention" is enclosed. If you disagree with the action, you may appeal in one or more of the ways explained in the enclosure. You may wish to talk with your Service Coordinator (SC) who can explain your due process rights in further detail.

Notice of Ineligibility:

- Your child was evaluated and found not eligible for the NYC Early Intervention Program. His/her case is being closed.
- Your child was re-evaluated and found no longer eligible for the Early Intervention Program. His/her case is being closed.

Evaluation:

- Your request for an evaluation is being denied.

Change in IFSP:

- Your request to add service(s) is being denied.
- Your request to increase service(s) is being denied.
- A change in service provider is being made.
- A service(s) is being terminated.
- A service(s) is being decreased in frequency.
- A service(s) is being changed in location/method.

Notice of Closure:

The NYC Early Intervention Program is closing your child's case for the following reason:

- We were unable to contact you for an IFSP meeting*.
- You missed two (2) IFSP meetings without contacting your child's SC or responding to his/her attempts to contact you.*
- We have received notification that you have moved to a locality outside of NYC.
- Therapists/SC have been unable to contact you*.

*Attempts to contact parents are defined as three (3) unsuccessful attempts made on different days, in the form of phone calls, and letter (with at least one attempt made through certified letter).

EIOD's explanation of reason for change or denial:

EIOD Signature:	Date:
EIOD Name: (Print)	Phone Number:

INSTRUCTIONS FOR COMPLETION

PRIOR WRITTEN NOTICE FORM

Prior written notice is the responsibility of the Regional Office/EIOD.

EIODs must complete the **Prior Written Notice Form** when:

- a. Any of the circumstances outlined in the **Procedural Safeguards Policy** occurs.
 - b. A child was found ineligible for Early Intervention.
 - c. A request for evaluation is denied.
 - d. Changes in services are authorized with which the parent has not previously agreed.
 - e. A request for an amendment in service units or types is being denied.
 - f. A **Closure Form** that has not been signed by the parent is received from the Initial or Ongoing Service Coordinator (ISC/OSC).
-
- Prior Written Notice must be sent to the family whether the request is made in writing or via a telephone conversation with either the family, or the service coordinator at the parent's request.

The EIOD will check the appropriate box to indicate the reason for the **Prior Written Notice Form**. The EIOD must provide a specific explanation of the reason for denial of an evaluation, change to or denial of a service, or closure to minimize any confusion or misunderstanding.

The EIOD does not use this form when:

- a. A parent has already given written consent to a change (at an IFSP meeting, on a **Change in Services Form**, on a signed **Closure Form**, etc.) and the EIOD agrees with the change.
- b. A case is being closed because the child is transitioning or aging out of Early Intervention.



New York City Early Intervention Program
How are Mediations and Impartial Hearings Alike and Different?

Mediation	Impartial Hearing
Similarities:	
❖ The basis of the dispute can be the same as it is for an impartial hearing.	❖ The basis of the dispute can be the same as it is for mediation.
❖ The goal is to achieve resolution of the disputed issues. A decision is not made by the mediator, but by the parties involved.	❖ The goal is to achieve resolution of the disputed issues. The impartial hearing officer makes the decision as to the resolution.
❖ A mediation meeting is conducted by a qualified and impartial mediator through an agency contracted by SDOH.	❖ A due process hearing is conducted by a qualified and impartial hearing officer (judge) employed by SDOH.
Differences:	
❖ Parties establish the ground rules.	❖ Ground rules are established by the hearing officer and federal and state law.
❖ The process is voluntary at every phase.	❖ Once one party initiates due process, all necessary parties must participate or they run the risk of the hearing officer ruling against them by default.
❖ The parties identify the potential solutions.	❖ Resolutions available are determined by the hearing officer in accordance with federal and state law and regulations.
❖ The mediator acts as a facilitator and does not pass judgment on specific issues.	❖ The hearing officer, while impartial, does make conclusions of fact and law and renders a legal judgment that may include specific resolutions.
❖ Only when resolution is achieved is a signed agreement between the parties developed.	❖ Parties do not have to agree for a hearing officer to make a decision that is binding for both parties.
❖ Mediations are held in each borough at a time convenient to all parties.	❖ Hearings are held remotely or in Manhattan.
❖ Participants informally discuss the issues. Discussions during mediation and the contents of the signed settlement agreement are confidential.	❖ Participants are sworn in and testimony is given. The hearing may be open to the public and the decision, after deleting personally identifiable information, is available to the public.
❖ Although mediation is less formal, it must be available to families and must adhere to federal (IDEA) and state laws and regulations.	❖ An impartial hearing is more formal and is a required step in the administrative process available under the IDEA to resolve disputes.
❖ The mediation process is completed within 30 calendar days of the date that the mediation request is received by the community dispute resolution center	❖ Once all the impartial hearing proceedings are over, the hearing officer sends a written decision within 30 days.

New York City Early Intervention Program

Policy Title: Mediation Requests	Effective Date: 10/15/2024
Policy Number: 11-C	Supersedes: Policy 11-C issued 2/28/2011
Attachments: <ul style="list-style-type: none"> • Mediation Request Form • Your Rights in Early Intervention • Early Intervention Steps: A Parent's Guide to the Early Intervention Program • How are Mediations and Impartial Hearings Alike and Different? 	Regulation/Citation: NYCRR 10 69-4.17 (g)(1)-(14)Procedural Safeguards/ Mediation; NYS Early Intervention Provider Agreement; NYS Consolidated Laws Title II-A Sec. 2549

I. POLICY DESCRIPTION:

“Mediation services for the resolution of disputes regarding eligibility determinations or Early Intervention service delivery shall be available from community dispute resolution centers upon the written request of the parent and/or Early Intervention Official and the mutual agreement of the parent and the Early Intervention Official to participate in mediation. (**NYCRR 10 69-4.17 (g) (2)**)”

By State and Federal regulations, requests for mediations must be responded to within two days of receipt by the EI Program (EIP). Additionally, all municipalities must forward copies of all mediation agreements with documentation to NYSDOH to demonstrate that agreements were carried out.

Providers must maintain and make available to the Municipality, upon request, complete records and clinical documentation related to the provision of services and make available such records or documents that are requested. Providers of Early Intervention services shall render diligently to the Department and the Municipality all cooperation, without additional compensation, that may be required as part of an investigation, mediation, or hearing. If a parent has requested mediation or an impartial hearing with respect to a child for whom the Provider has provided Early Intervention services, the Provider must cooperate with the municipal representatives assigned to the mediation or impartial hearing. This includes but is not limited to the following:

- (1) consultation with the appropriate municipal representatives; and
- (2) provision of a witness or witnesses with either direct knowledge of the child or sufficient knowledge of the child such that the witness or witnesses can effectively participate in the mediation or impartial hearing.

II. PROCEDURE:

Responsible Party	Action
Initial and Ongoing Service Coordinators (ISC/OSC)	<ol style="list-style-type: none"> 1. Parent has a concern regarding any aspect of the Early Intervention process <ol style="list-style-type: none"> a. Discusses the specific parental concern. If the service coordinator cannot address the concern: <ol style="list-style-type: none"> i. Discusses the problem with the Regional Office (RO) or the Office of Consumer Affairs to resolve any parental issue or concerns.

	<ul style="list-style-type: none"> • Brooklyn: 718-694-6000 • Queens: 718-553-3954 • Staten Island: 718-568-2300 • Bronx: 718-835-6887 • Manhattan: 212-436-0900 • Office of Consumer Affairs: 347-396-6828. <p>2. Parent has a concern that cannot be resolved informally by contacting the RO or the Office of Consumer Affairs:</p> <ol style="list-style-type: none"> a. Explains the parent's due process rights which include the right to mediation. <ol style="list-style-type: none"> i. Provides parent/caregiver with a copy of Your Rights in Early Intervention. b. Assists parent in completing the Mediation Request Form. c. Sends the completed form to the Office of Consumer Affairs via: <ol style="list-style-type: none"> i. Fax to Early Intervention Program, attn: EI Office of Consumer Affairs at 347-396-8977, or ii. Email, if parent has provided consent to email, to: EIConsumerAffairs@health.nyc.gov.
	<p>Note:</p> <ul style="list-style-type: none"> • Use the How are Mediations and Impartial Hearings Alike and Different? as an additional resource. • Verbal requests for mediation cannot be accepted. The parent may request mediation via letter instead of the Mediation Request Form. A letter template is available in the Early Intervention Steps: A Parent's Guide to the Early Intervention Program.
Office of Consumer Affairs	<ol style="list-style-type: none"> 1. Immediately notifies the RO and other relevant EIP staff of the request for mediation.
Regional Office (RO)	<p>Provides the following information to the Office of Consumer Affairs within twenty-four (24) hours of being notified of the request for mediation:</p> <ol style="list-style-type: none"> 1. The RO staff who will attend the mediation. 2. Child's Evaluation Agency and Evaluator or Service Delivery agency (s) and interventionist (s) (depending on where the child is in the process). 3. Agency for Service Coordination (SC) and name of SC if parent contacts Office of Consumer Affairs directly.
Office of Consumer Affairs	<p>Within two (2) calendar days of receipt of mediation request:</p> <ol style="list-style-type: none"> 1. Notifies Mediation Center/SC of request. 2. Sends letter acknowledging receipt of request to parent including: <ol style="list-style-type: none"> a. Information about mediation center, b. A copy of Your Rights in Early Intervention, c. Attendees who will be at mediation. 3. Sends letter to providers (SC, Evaluation Agency, Service Provider) requiring their presence at the mediation if deemed appropriate by the Early Intervention Program (EIP). 4. Sends copy of the documentation to RO.
Regional Office (RO)	<ol style="list-style-type: none"> 1. Files documentation in child's municipal chart.

	<p>2. When received from mediation center, notifies the Office of Consumer Affairs of date of mediation and Mediation Center ID # for child.</p>
Regional Office/Service Coordinator (RO/SC)	<p>Ensures that:</p> <ol style="list-style-type: none"> 1. Case will not be closed until the parent has exhausted due process proceedings. 2. All services currently on the child's IFSP continue as written until the parent has exhausted their due process rights. 3. Other services not in dispute by the parent and EIOD are added to the child's current IFSP.
Regional Office Assistant Director (AD)	<ol style="list-style-type: none"> 1. Notifies the Office of Consumer Affairs if an agreement is reached before date of mediation. <ol style="list-style-type: none"> a. Assists parent in withdrawing request. 2. If no agreement is reached: <ol style="list-style-type: none"> a. Ensures that the parent understands their continued due process rights to impartial hearing and/or systems complaint. 3. Attends mediation session. <ol style="list-style-type: none"> a. If an agreement is reached: <ol style="list-style-type: none"> i. Assistant Director (AD) ensures that the IFSP is amended to reflect the decision made at the mediation within five (5) days of the conclusion of the mediation session. ii. Sends the following documents to the Office of Consumer Affairs within forty-eight (48) hours after completed mediation: <ul style="list-style-type: none"> • Mediation Agreement b. If no agreement is reached at the mediation and the parent chooses to request an impartial hearing or systems complaint: <ol style="list-style-type: none"> i. Ensures that Regional Director, Director of Early Intervention Services, and Office of Consumer Affairs are notified via email; <ul style="list-style-type: none"> • Notes parent's intent to file for impartial hearing or systems complaint. <ul style="list-style-type: none"> ○ Sends a complete copy of the child's file to the Director of Consumer Affairs. ○ If the family will pursue an impartial hearing, all services currently on the IFSP must continue until after decision is made at the impartial hearing. 4. Notifies SC of any necessary follow-up if the SC is not at the mediation session.
Initial and Ongoing Service Coordinator (ISC/OSC)	<ol style="list-style-type: none"> 1. Attends the mediation session at the invitation of the parent. 2. Ensures that any service added to the IFSP at the conclusion of the mediation session begins within two (2) weeks of the authorized start date as it appears in the Mediation Agreement. 3. Follows up on all other decisions reached at the mediation session.

A handwritten signature in black ink, appearing to read "Lydia Lechnyak".

Approved By:
Assistant Commissioner, Early Intervention

Date: 9/20/2024



**NEW YORK CITY EARLY INTERVENTION PROGRAM
REQUEST FOR MEDIATION AND PARENTAL CONSENT
TO RELEASE INFORMATION**

Instructions: Please complete this form and send it to the NYC Early Intervention Program via:

1. Fax, attn: EI Office of Consumer Affairs at 347-396-8977, or
2. Email, if parent has provided [consent to email](mailto:EIConsumerAffairs@health.nyc.gov), to: EIConsumerAffairs@health.nyc.gov

Child's EI ID#: _____ Child's Date of Birth: ____ / ____ / ____

Child's Name: _____

Last

First

Address: _____ Apt. No.: _____

City or Borough

State

Zip Code

Home Phone : (_____) _____ Work/Cell Phone: (_____) _____

Service Coordinator: _____ SC Agency: _____

SC Work Phone : (_____) _____ SC Cell Phone: (_____) _____

Early Intervention Official Designee (EIOD): _____

I, _____, give the Early Intervention Program permission to release information concerning my mediation request to the mediator. This information shall include, but not be limited to, my name, my address and telephone number, and the nature of my complaint concerning the program.

Signed: _____ Date: ____ / ____ / ____
Parent/Surrogate Parent

I will need someone to translate for me at the mediation meeting. (Please specify the language):

I am complaining about the following issue that I want to have resolved:

[] Services that I wanted for my child were not included in the IFSP. These services are as follows:

[] Services that were in my IFSP are not being properly provided to my child.
Explain: _____

[] There is a problem with the evaluation of my child; explain: _____

[] Other; explain: _____

New York City Early Intervention Program

Policy Title: Impartial Hearings	Effective Date: 10/15/2024
Policy Number: 11-D	Supersedes: Policy 11D issued 2/28/2011
Attachments: <ul style="list-style-type: none"> • Your Family Rights in Early Intervention • The Early Intervention Program: A Parent's Guide • How are Mediations and Impartial Hearings Alike and Different? 	Regulation/Citation: NYCRR 69-4.17(h); NYS Early Intervention Provider Agreement; NYS Consolidated Laws Title II-A Sec. 2549 2

I. POLICY DESCRIPTION:

Parents have the right to an impartial hearing which ensures the fair and prompt resolution of individual child disputes or complaints.

Impartial hearings are carried out by hearing officers who are administrative law judges assigned by the New York State Department of Health.

Provider must maintain and make available to the Municipality, upon request, such records or documents that are requested including complete records and clinical documentation related to the provision of services. Providers of Early Intervention services shall render diligently to the Department and the Municipality all cooperation, without additional compensation, that may be required as part of an investigation, mediation, or hearing. If a parent has requested mediation or an impartial hearing with respect to a child for whom the Provider has provided Early Intervention services, the Provider must cooperate with the municipal representatives assigned to the mediation or impartial hearing. This may include but not be limited to the following:

(1) consultation with the appropriate municipal representatives; and
(2) provision of a witness or witnesses with either direct knowledge of the child or sufficient knowledge of the child such that the witness or witnesses can effectively participate in the mediation or impartial hearing.

A parent who, after completing mediation, substantially prevails in an impartial hearing or a judicial challenge to an order or determination under this title shall be entitled to reimbursement for reasonable attorney's fees incurred in such impartial hearing or judicial challenge provided, however, that the parent shall only be entitled to reimbursement for such fees for prevailing in an impartial hearing if the municipality was represented by an attorney at such impartial hearing.

II. PROCEDURE:

Responsible Party	Action
Service Coordinator (SC)/ EIOD	<ol style="list-style-type: none"> 1. Explains the parents' rights to request an impartial hearing. 2. Uses the How are Mediations and Impartial Hearings Alike and Different? as an additional resource.

	<ol style="list-style-type: none"> 3. Informs families how to send a request for impartial hearing in writing to the NYS Department of Health Early Intervention Bureau.
Parent	<ol style="list-style-type: none"> 1. Contacts the NYS Department of Health (SDOH) in writing to request an impartial hearing. <ol style="list-style-type: none"> a. Sample letter is located in Early Intervention Steps: A Parent's Guide to the Early Intervention Program. b. The letter must be signed by the parent.
Office of Consumer Affairs	<ol style="list-style-type: none"> 1. Notifies the following staff when a hearing notice and then when a hearing date is received from SDOH: <ol style="list-style-type: none"> a. Assistant Commissioner; b. Agency Legal Counsel; c. Director of EI Services; d. Medical Director (when appropriate); e. Director of Regional Office; and f. Other staff as appropriate based on the impartial hearing request. 2. Notifies Early Intervention provider agency staff involved in the delivery of EI services to the child and family.
Office of Consumer Affairs	<ol style="list-style-type: none"> 1. Requests complete municipal file from the Regional Office (RO) which includes but is not limited to: <ol style="list-style-type: none"> a. All relevant documents related to any mediation proceedings including: <ol style="list-style-type: none"> i. EIOD/AD/RD notes on any contacts prior to and post mediation session; ii. A chronology of events in the case; and iii. Documentation that parents were informed of their rights to an impartial hearing, and that the document Your Family Rights in Early Intervention was given to the parents at the mediation session; iv. All IFSPs, evaluations, requests for changes in services, correspondence, etc. prior to and post mediation. 2. Requests provider and service coordination files from all agencies involved in the care of the child. 3. Forwards complete files (municipal and agency) to Agency Legal Counsel.
All Pertinent BEI Staff	<ol style="list-style-type: none"> 1. Participates in planning for hearing and obtaining additional information as requested by Agency Counsel. 2. Attends hearing as requested by Agency Counsel.
All Pertinent EI Provider Agency Personnel	<ol style="list-style-type: none"> 1. Provides requested files and records including those related to the child's receipt of Early Intervention services, within 2 business days of receiving the request. 2. Participates in meetings and provides additional information as requested by the Office of Consumer Affairs. 3. Attends the hearing as requested by Agency Counsel.

Approved By:
Assistant Commissioner, Early Intervention

Date: 9/20/2024

Chapter 12:

Billable and Non-Billable Service Coordination Activities

New York City Billable AND Non-Billable Service Coordination Activities		
Service Coordination activities are cumulative on a daily basis.		
12-A. AFTER REFERRAL (INITIAL SERVICE COORDINATION)		
Please Note: Detailed information about the role and responsibilities of the Initial Service Coordinator (ISC) can be found in the NYS Early Intervention Program Regulations, 10NYCRR 69-4.7 (a) – (p).		
CATEGORY	BILLABLE SC ACTIVITIES	NONBILLABLE SC ACTIVITIES
Surrogacy	<p>Discussing the following with foster care caseworkers:</p> <ul style="list-style-type: none"> • The selection of a surrogate parent when necessary. 	
Contacts	<ul style="list-style-type: none"> • Speaking with parent/guardian when he/she responds to the SC's message(s). • Leaving one or more messages in the same day for a parent/guardian or evaluation site where the total time spent is six (6) minutes or more. (You may consolidate activities for the same child done on the same day that together add up to a full unit of service coordination – e.g., three (3) phone calls at two (2) minutes each; two (2) or more activities that together total at least six (6) minutes.) 	<ul style="list-style-type: none"> • Billing for contacts that take less than six (6) minutes (e.g. leaving a message for a parent, an EIOD, a provider, or other person involved with the child/family) when the total time spent on the child for that day is less than 6 minutes. • Receiving a voicemail message. • Leaving a voicemail message • Travel
Meetings	<ul style="list-style-type: none"> • Meeting with the family in the office. 	<ul style="list-style-type: none"> • Waiting for a parent who fails to keep appointments; waiting for other EI personnel when unaccompanied by parent.
Providing Information to Families	<ul style="list-style-type: none"> • Discussing with parents, both in person and on the phone, such topics as: <ul style="list-style-type: none"> ○ Overview of Early Intervention (EI) and role of Service Coordinator (SC) (Initial and Ongoing); ○ Family rights (including due process) and responsibilities under the Early Intervention Program (EIP) and review of the EI handbook: A Parent's Guide; ○ Evaluation process, including voluntary family assessment, and the parent's role in the evaluation, and eligibility criteria; 	<ul style="list-style-type: none"> • Writing notes in child's case record; • Billing for SC delivered to more than (1) child/family during the same period of time (In the event of multiple births or two (2) or more EI children in the same family, the SC time should be divided among the children and billed accordingly or can be billed to one (1) child but not the others. Ex: 32 min split between 2 or more children cannot result in more than 3 units in total); • Providing clinical counseling services to parents.

	<ul style="list-style-type: none"> ○ The parent's primary area(s) of concern; ○ Natural environments or other settings for service delivery; ○ Services available in EI; ○ Family priorities and needs (housing, food, primary, health care, etc.). Provide assistance with accessing services; the need for consent before information can be shared regarding the child and family; ○ Ascertaining any current receipt of case management services or other services from public or private agencies; ○ The IFSP process including members of the team, and the rights of parents to chose an On-going SC; ○ Showing the parent the IFSP forms and discussing the IFSP process. <ul style="list-style-type: none"> ● Informing the parent that the child's and parent's social security information will be requested at the IFSP meeting. ● Upon parent request, helping the parent to make a direct referral to CPSE for children who are 2 ½ years or older at the time of referral; ● Explaining the use of third party insurance. ● Providing families with the list of EI evaluation sites, and assisting families with choosing an appropriate evaluation agency. ● Assisting families w/locating a Primary Care Provider. 	
Information Gathering	<ul style="list-style-type: none"> ● Obtaining various parental consents necessary for participation in EI services. ● Obtaining insurance information from parent/caregiver. Explaining to parent/caregiver how the information will be used. 	
Referrals	<ul style="list-style-type: none"> ● Making referrals to non-EI services. 	

Administrative Tasks	<p>At the parent's request, writing a letter on behalf of the child/family (for example, to the Housing Authority regarding the child's special needs).</p>	<p>Performing administrative/clerical activities, including:</p> <ul style="list-style-type: none"> • Xeroxing; • Filling out billing forms; • Scheduling evaluators who are employed by the same EI provider as the SC; • Organizing paperwork • Mailing, faxing, or receiving a letter or form. • Asking the Regional Office for forms or how to fill out forms • Completing EI forms • Completing and sending form letters (ex: introductory letters about the agency or SC)
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New York City Billable AND Non-Billable Service Coordination Activities
Service Coordination activities are cumulative on a daily basis.
12-B. EVALUATION PROCESS (INITIAL SERVICE COORDINATION)
Note: Detailed information about the Initial Service Coordinator (ISC) 's responsibilities to assist the family in arranging an evaluation to determine the child's eligibility and in understanding the results of the evaluation can be found in the NYS Early Intervention Program Regulations, 10NYCRR 69-4.7(j) - (n).

CATEGORY	BILLABLE SC ACTIVITIES	NONBILLABLE SC ACTIVITIES
Contacts	<ul style="list-style-type: none"> • Speaking with parent, EIOD, provider, or any other person involved with the child/family on the phone when he/she responds to the Service Coordinator (SC)'s message. • Leaving one (1) or more messages in the same day for a parent, an EIOD, a provider, or other person involved with the child/family where the total time spent is six (6) minutes or more. (You may consolidate activities for the same child done on the same day that together add up to a full unit of service coordination – e.g., three phone calls at two (2) minutes each; two (2) or more activities that together total at least six (6) minutes, etc.) 	<ul style="list-style-type: none"> • Billing for contacts that takes less than six (6) minutes (e.g. leaving a message for a parent, an EIOD, a provider, or other person involved with the child/family) when the total time spent on the child for that day is less than 6 minutes. • Receiving a message. • Leaving a message on voicemail • Writing notes or letters to a child's health care provider about the child.
Meetings	Attending the child's evaluation and/or other meetings, upon parental request and, if appropriate, (ISC cannot bill simultaneously for both ISC and translator functions).	Participating in general meetings, such as: <ul style="list-style-type: none"> • Supervisory conferences; • Team meetings; • Trainings and other conferences sponsored by their agency.
Gathering Information	Making telephone calls to ensure that evaluation site has conducted the evaluation.	

Providing Information to Families	<ul style="list-style-type: none"> Ensuring that parent/guardian has received copies of the MDE and discussing parental/guardian reaction to the MDE. Facilitating a meeting between the evaluation agency and parent as necessary. 	<ul style="list-style-type: none"> Discussing evaluation results with the parent or the child's medical provider (this is the evaluation team's responsibility). Billing for SC delivered to more than (1) child/family during the same period of time (In the event of multiple births or two (2) or more EI children in the same family, the SC time should be divided among the children and billed accordingly or can be billed to one (1) child but not the others. Ex: 32 min split between 2 or more children cannot result in more than 3 units in total). Writing notes in child's case record. Providing clinical counseling services to parents. Providing written notice to parents to families regarding denial of eligibility.
Administrative Tasks	At the parent's request writing a letter on behalf of the child/family (for example, to the Housing Authority regarding the child's special needs).	<p>Performing administrative/clerical activities including, but not limited to:</p> <ul style="list-style-type: none"> Xeroxing; Filling out billing forms; Scheduling evaluators who are employed by the same EI provider as the SC; Organizing paperwork; Mailing, faxing, or receiving a letter or form; Asking the Regional Office for forms or how to fill out forms; Completing EI forms; Completing and sending form letters (introductory letters about the agency or SC).
Due Process	<ul style="list-style-type: none"> Attending mediations, if invited. Attending impartial hearings, if required. 	

New York City Billable AND Non-Billable Service Coordination Activities		
Service Coordination activities are cumulative on a daily basis.		
12-C. IFSP PROCESS (INITIAL SERVICE COORDINATION)		
Please Note: Detailed information about the Initial Service Coordinator (ISC)'s responsibilities to assist the family in understanding the IFSP process can be found in the NYS Early Intervention Program Regulations, 10NYCRR 69-4.7(o) – (p) and 4.11(a) - (c).		
CATEGORY	BILLABLE SC ACTIVITIES	NONBILLABLE SC ACTIVITIES
Meetings	<ul style="list-style-type: none"> • Scheduling IFSP meetings (e.g., speaking with the participants on the phone). • Participating in meeting to develop IFSP. 	<ul style="list-style-type: none"> • Traveling to and from IFSP meeting. • Time spent waiting for any individual who is late or fails to keep an appointment. • Sending out written IFSP meeting invitations.
Gathering Information	<ul style="list-style-type: none"> • Prior to IFSP date, meeting with the family to discuss community resources and natural routines to prepare for the IFSP. 	<ul style="list-style-type: none"> • Billing for SC delivered to more than (1) child/family during the same period of time (In the event of multiple births or two (2) or more EI children in the same family, the SC time should be divided among the children and billed accordingly or can be billed to one (1) child but not the others. Ex: 32 min split between 2 or more children cannot result in more than 3 units in total).
Administrative Tasks	At the parent's request, writing a letter on behalf of the child/family (for example, to the Housing Authority regarding the child's special needs).	<p>Performing administrative/clerical activities including, but not limited to:</p> <ul style="list-style-type: none"> • Xeroxing; • Filling out billing forms; • Scheduling evaluators who are employed by the same EI provider as the SC; • Organizing paperwork; • Mailing, faxing, or receiving a letter or form; • Asking the Regional Office for forms or how to fill out forms; • Completing EI forms; • Completing and sending form letters (introductory letters about the agency or SC).
Due Process	<ul style="list-style-type: none"> • Attending mediations, if invited. • Attending impartial hearings, if required. 	

New York City Billable AND Non-Billable Service Coordination Activities		
Service Coordination activities are cumulative on a daily basis.		
12-D. POST IFSP MEETING (ONGOING SERVICE COORDINATION)		
Please Note: Detailed information about the Ongoing Service Coordinator (OSC)'s responsibilities after the Initial IFSP meeting can be found in the NYS Early Intervention Program Regulations, 10NYCRR 69-4.6 and 4.11(a) – (b).		
CATEGORY	BILLABLE SC ACTIVITIES	NONBILLABLE SC ACTIVITIES
Contacts	<ul style="list-style-type: none"> Speaking with parent, EIOD, provider, or any other person involved with the child or family on the phone when he/she responds to the Service Coordinator (SC)'s message. Leaving one (1) or more messages in the same day for a parent, an EIOD, a provider, or other person involved with the child/family where the total time spent is six (6) minutes or more. (You may consolidate activities for the same child done on the same day that together add up to a full unit of service coordination – e.g., three phone calls at two (2) minutes each; two (2) or more activities that together total at least six (6) minutes.) 	<ul style="list-style-type: none"> Billing for contacts that takes less than six (6) minutes (e.g. leaving a message for a parent, an EIOD, a provider, or other person involved with the child/family) when the total time spent on the child for that day is less than six (6) minutes). Receiving a message, leaving a message on voicemail. Providing counseling or other clinical services to parents.
Meetings	<ul style="list-style-type: none"> Scheduling Six (6) Month Reviews, Annual Reviews, or meetings to amend Individualized Family Service Plan (IFSP) (e.g., speaking with the participants on the phone, writing letters to participants.). Participating in Six (6) Month Reviews, Annual Reviews, or meetings to amend IFSP. 	<ul style="list-style-type: none"> Traveling to and from IFSP meetings. Time spent waiting for any individual who is late or fails to keep an appointment
IFSP Follow-up	<ul style="list-style-type: none"> Following up on all issues assigned to the OSC at the Individualized Family Service Plan (IFSP) meeting (such as referrals needed by the family to non-EI services) 	<ul style="list-style-type: none"> Performing any Service Coordination activity by the OSC on or before the day of the Initial IFSP. Meeting/speaking with interventionist which does not eventually result in conveying information back to parent. Faxing and mailing forms
Delivery of Services	<ul style="list-style-type: none"> Ensuring that the family/guardian and service providers listed on the IFSP are notified after the Initial IFSP, six (6) month and annual reviews, and any subsequent amendments Assisting families in obtaining EI services by contacting service provider agencies or service provision coordinators. At the parent's request, contacting any therapists working with the child. 	

	<ul style="list-style-type: none"> • Locating other EI service providers when a parent is dissatisfied with the current provider or when a service agreed to in the IFSP is not being delivered. • Speaking with parents on a regular basis to ensure that the IFSP is being implemented as written, e.g. the service is being delivered at the agreed upon frequency, intensity, and duration. • Contacting the Regional Office if there are problems with service delivery that the SC cannot resolve. • Ensuring that providers receive information about closed cases and cancelled services. • Attending mediations, if invited; impartial hearings, if required. 	
Providing Information to Families	<p>Explaining to parents, both in-person and on the phone, such topics as:</p> <ul style="list-style-type: none"> • Family's rights and responsibilities under the Early Intervention Program (EIP); • Family's due process rights; • Parents' satisfaction with the Early Intervention (EI) services child/family is receiving. <p>Contacting parent when there are issues of child's availability for services</p>	<ul style="list-style-type: none"> • Billing for SC delivered to more than (1) child/family during the same period of time (In the event of multiple births or two (2) or more EI children in the same family, the SC time should be divided among the children and billed accordingly or can be billed to one (1) child but not the others. Ex: 32 min split between 2 or more children cannot result in more than 3 units in total); • Providing clinical counseling to parent(s). • Writing notes in child's case. • Traveling to and from home visit or any other destination.
Gathering Information	<ul style="list-style-type: none"> • Updating Insurance Information obtained from parent/caregiver. • Assisting parent in requesting and/or arranging additional core and/or supplemental evaluations (after Initial IFSP). • Securing progress reports from provider agencies. 	
Assistive	Providing information about the AT process,	

Technology (AT)	and monitoring receipt as authorized in IFSP or amendment to the IFSP.	
Transportation	Reporting a transportation problem for a specific child at the request of the parent.	<ul style="list-style-type: none"> • Escorting child from bus. • Coordinating the arrival and dismissal of children by school bus. • Attending field trips.
Transition	<p>Transition out of EI: (Refer to Transition out of Early Intervention Chapter):</p> <ul style="list-style-type: none"> • At the parent's request, assisting in making a referral to the Committee of Pre-school Special Education (CPSE); • With parental consent, scheduling a Transition Conference with the parent, EIOD, CPSE designee, and ACS/Foster Care Case worker (if applicable) at the IFSP closest to the child's second birthday; • Participating in the development of a Transition Plan; • Implementing the Transition Plan; • Ensuring that EI receives a copy of required CPSE paperwork to extend services. • Attending the CPSE meeting if invited by the parent. 	<ul style="list-style-type: none"> • Faxing and mailing forms. • Accompanying parents to tour or visit special education programs that the child may be transitioning to under the CPSE.
Administrative Tasks	At the parent's request writing a letter on behalf of the child/family, (e.g., to the Housing Authority regarding the child's special needs).	<p>Performing administrative/clerical activities including, but not limited to:</p> <ul style="list-style-type: none"> • Xeroxing; • Filling out billing forms; • Scheduling evaluators who are employed by the same EI provider as the SC; • Organizing paperwork; • Mailing, faxing, or receiving a letter or form; • Asking the Regional Office for forms or how to fill out forms; • Completing EI forms; • Completing and sending form letters (introductory letters about the agency or SC).

Due Process	<ul style="list-style-type: none">• Attending mediations, if invited.• Attending impartial hearings, if required.	
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Chapter 13: Additional Forms and Procedures

New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM

Please Print

CHILD'S NAME (Last, First and Middle): _____

EI # _____ **DOB:** _____ / _____ / _____ **Date Information Changed:** _____ / _____ / _____

Service Coordinator: _____ **SC ID #:** _____

SC Provider Agency: _____ **Agency EI #:** _____

CHANGES OF CHILD AND/OR FAMILY INFORMATION

A. CHANGE OF TELEPHONE NUMBER – Indicate Home or Work number: **Home** **Work**

From: (_____) _____

To: (_____) _____

B. CHANGE OF NAME (OR SPELLING OF NAME)

From: _____
Last, First & Middle

To: _____
Last, First & Middle

Documentation is requested, see instructions. If not available, attach letter explaining reason.

C. CHANGE OF ADDRESS FOR CHILD

From: _____ Apt. #: _____

To: _____ Apt. #: _____

D. CHANGE OF CAREGIVER/PARENT

From: _____ Relationship: _____

To: _____ Relationship: _____

Attach any available legal documentation.

E. CHANGE DATE OF BIRTH - Documentation requested, see instructions

From: _____ / _____ / _____ To: _____ / _____ / _____

EIP Data Entry: _____ *Date:* _____

New York City Early Intervention Program
CHILD INFORMATION CHANGE FORM INSTRUCTIONS

GENERAL DIRECTIONS:

The service coordinator completes this form whenever a child's personally identifiable information in the Early Intervention (EI) system has been identified as incorrect (with the exception of insurance), e.g., name change, wrong date of birth, address change, etc. Indicate with a check the information that is being changed and complete the requested section(s) for this child. In all cases, "from" should be the information currently in the EI system and "to" should be the new information being submitted.

NOTE: IS THERE A CHANGE OF INSURANCE INFORMATION?

If yes, complete the *Insurance Information* form and attach a copy of the new insurance card with the form.

The Initial/Ongoing Service Coordinator must keep a copy of this form in the child's case record and must send a copy to the Regional Office and to all evaluator(s)/service provider(s).

Complete the following:

- **CHILD'S NAME (Last, First and Middle):** The child's complete legal name (no nicknames), last name, followed by first and middle names. Verify correct spelling.
- **EI ID #:** The unique identification number assigned to this child by the NYC Early Intervention Program (EIP).
- **DOB:** Child's date of birth, in month, day and (four digit) year order.
- **Date Information Changed:** The effective date of change for this information (rather than the day the form was completed).
- **Service Coordinator & Service Coordination #:** The service coordinator name and associated NYC EIP assigned identifier number.
- **Provider Agency & Agency EI #:** The employing service coordination agency name and associated EI contract number.

CHANGES OF FAMILY AND CHILD INFORMATION

A. CHANGE OF TELEPHONE NUMBER: The former and current telephone numbers of the child's caregiver/parent.

B. CHANGE OF NAME (OR SPELLING OF NAME): The current legal name of the child (no nicknames). Verify correct spelling. Documentation of the correct name/spelling (birth certificate, Medicaid card, etc.) must be attached. If documentation is not available, attach a letter of explanation.

C. CHANGE OF ADDRESS FOR CHILD: The former and current addresses of the child. Be sure to include the Apt. No. and Zip Code. If the child is moving out of the borough, ensure that appropriate notification has been made to the EI Program office in that area.

D. CHANGE OF CAREGIVER/PARENT: The former and current name of the caregiver/parent. Attach any available legal documentation. **Surrogate Parent:** Attach a letter of explanation and/or any additional information available. The service coordinator also needs to complete a new Surrogate Parent Assignment by EIOD form and submit it to the EIOD for approval.

E. CHANGE DATE OF BIRTH: The child's date of birth as it appears in EI records and the corrected date of birth. A copy of the child's birth certificate or Medicaid card must be attached to this form when indicating the change. (If documentation is not available, attach a letter of explanation.)