EI Hub Cheat Sheet:

IFSP Amendment:

<u>IFSP Amendment</u>:

Note: At this time an IFSP Amendment must be generated by "copying" an active IFSP, and editing that draft IFSP. It is recommended to write down the start and end date of the IFSP you are copying, you will need to know them.

1. Change User Profile (EIO/D NY)

2. On your Home Page under the [_____] Tab Utilize the Search Bar to find your child [_____]

   a. Select [____]

3. Select [____] Tab across the top

   a. In the grid find your active IFSP that you are amending and select [____]

Note: Once you select copy you will be brought to the draft IFSP. If you do not want to continue at this time you can breadcrumb out to the child's name/chart and come back at a different time. The draft will still be there.

   b. [_____] Tab

      i. *IFSP Type: **Amendment**

      ii. *IFSP Start Date: **Date of the Amendment**

      iii. *IFSP End Date: **End Date of original IFSP**

Note: The start and end date will autopopulate as if this is a new IFSP for the next 6 months. You will have to change both dates, the start date beginning the amendment and the end date being the end date of the original IFSP.

      iv. *Method by which IFSP was conducted: **In person meeting or Telephone/Video Conference**

      v. Check Box: **Is the IFSP conducted in the dominant language or mode of communication of the parent/caregiver?**

      vi. Select [____]

Note: Many sections have data that brought over from the previous IFSP. Please look over all the tabs to make sure the data is accurate to the Amendment even if they are not included on this cheat sheet. You can refer to writing an IFSP to find what needs to be in each section.

   c. [_____] Tab, *this tab must be completed*

      i. Select [_____]

         1. *IFSP Meeting Date: **Enter Meeting Date**

         2. *Meeting Time: **Enter Meeting Time**

         3. Select [_____]

d. [ ] Tab, *must be completed for every IFSP*

   i. *Has Respite been identified as a possible need of the child/family?

      1. If Yes, answer all 7 questions that populate after

      2. If No, move onto step ii.

   ii. *Were transportation needs discussed?

      1. Select **No** if the family is not planning on needing and transportation support to/from services (i.e. all services are home based)

      2. Select **Yes** if the child will need to be transported to services. Then answer the following:

         a. Is the caregiver able to provide transportation?

            i. Yes

            ii. If Yes, is transportation reimbursement being requested?

               1. Yes or No

         b. Is the caregiver able to provide transportation?

            i. No

            ii. If No and if transportation is needed, how will transportation be provided?

               1. Early Intervention Vendor

e. Select [ ]

f. [ ] Tab, *complete this section if you are adding new Outcomes as part of your amendment*

   i. Select [ ]

      1. *Outcome Start Date: **Enter first date of IFSP Amendment (will auto populate to the day you are writing this IFSP)**

      2. *Outcome Desired: **Enter the outcome developed at IFSP meeting**

      3. *Outcome Type: **Select Child or Family**

      4. *Strategies and Activities to support this outcome: **List strategies and activities discussed at the IFSP meeting: see *Strategies and Activities Template***

      5. *Progress Rating: **Select if the outcome is new, achieved, edited, continued, etc**

      6. *Modification to Outcome?: **Select Yes or No**

      7. Select [ ]

a. [ ] Tab, *this tab is only mandatory if you are adding a Supplemental Evaluation*

   i. *See IFSP Cheat Sheet Supplemental Evaluation*

g. ☐ Tab

Note: This section must be completed for every IFSP and will not be pulled from the last IFSP. If you did not discuss transition at this specific IFSP Amendment meeting, you can answer No to all required areas.

  i. If you have not spoken about transition answer the following questions with a No.

    1. *Has Transition been discussed with the family?: **No**

    2. *Has transition to CPSE been discussed with the family?: **No**

    3. *Has transition to other programs, supports and services been discussed with the family?: **No**

  ii. Select ☐

h. ☐ Tab, *if you are entering another service or editing service frequency complete this tab*

  i. **All active services should be brought over from the IFSP you copied. If a provider did not accept their SA it will not be copied over since it was not active at the time you copied the IFSP.**

  ii. **You will have to go back into every service authorization and under the EIO/D section approve the service again.**

  iii. *See IFSP Cheat Sheet Service Authorizations*

4. Change User Profile to MuniProgAllNY

  a. ☐ Tab, **you will have to go back into the OSC Authorization and accept the assignment of SCDOH.**

    i. *See EI Hub Cheat Sheet Ongoing Service Authorization*

5. Ensure you are back in User Profile EIO/DNY

  a. ☐ Tab, *this tab must be completed*

    i. Choose a check box based on the below options:

      1. Option 1: Check Box: **Parent participated in the development of this IFSP and agrees with all components of this IFSP**

      2. Option 2: Check Box**: Parent agrees with the IFSP except for the following services**

        a. Free Text the disagreement from parent/guardian

      3. Option 3: **Check Box: 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.**

    ii. Check box**: Parent/Guardian Signature on File**

      1. Date Signed by Parent**: Input date paperwork was signed**

    iii. Select ☐

Note once you hit Submit the screen will reload to the original IFSP Information Tab. Select the IFSP Parent Agreement Tab to continue to work on this section.

Note: Only complete this next step if your IFSP document is complete and you are at the point at which you would like to print the document to send to the P/G, Pediatrician, Therapists, etc.

    iv. Select [   ]

        1. An adobe pdf will be created and downloaded to your computer. You can save or print this document at this time.

b. **Most important step**: As the EIO/D go through the entire IFSP and ensure that all areas are fully completed, and all services are correct. Once you have completed everything you can move on to the next step.

c. [   ]

    i. *IFSP Status: **Submitted**

    ii. Select [   ]

d. [   ]

    i. EIO/D Approval: **Approve**

    ii. Select [   ]