EI Hub Cheat Sheet:

<u>Entering IFSP:</u>

1. **Choose User Profile (ISC/OSC NY, EIOD NY)**

2. Under your ⬚ Page on the Left-hand side choose ⬚

   a. Under Dashboard Alert (Equal To) Select Children Awaiting IFSP (45 Day Timeline)

      i. ⬚

      ii. Select ⬚

      iii. Under the child you would like to work on select ⬚

3. Select ⬚ Tab across the top

   a. Select ⬚

   b. ⬚ Tab, *this tab must be completed*

      i. *IFSP Type: **Enter IFSP Type (Initial, 1 st Review, etc.)**

      ii. *IFSP Start Date: **Enter first date of IFSP**

      iii. *IFSP End Date: **Enter Date 6 months from start date**

Note: The system will give you a red bar and not let you continue if the end date is past the child's third birthday or over 6 months.

Note: For each IFSP <u>after</u> the initial IFSP the dates will auto populate to 6 months.

      iv. *Method by which IFSP was conducted: **Telephone or Video Conference Call, or in person Meeting**

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

      vi. Select ⬚

   c. ⬚ Tab, *this tab must be completed*

      i. Select ⬚

         1. Select Participant Role from Drop Down

            a. Select Name from second drop-down that will appear (Guardians, Service Coordinator, Therapist, etc) These names populate from tabs already completed in the child's chart

Note: If two Parents/Guardians are entered under the family tab but only one is listed here it is because they are designated as the Primary Contact. If you would like to choose the other P/G as who attended return to the Family Tab and change the Primary Contact before completing this step.

         2. If the person is not listed, you can select Other in the Participant Role Drop-Down box and manually enter their information

     a. If you do not choose other, you will have to go back into the Family Tab and add the person into the chart.

     b. Please use the Other distinction if an Interpreter has been utilized, as the interpreter will always be changing based on availability

3. Check Box: **Parental Agreement on Attendance**

4. Attend/Contribute**: Select Appropriate response**

5. Select ▢

Note that each time you add a member the screen will reload to the original IFSP Information Tab. Select the IFSP Team Tab to continue to work on this section.

  ii. Complete step i. until all members of the IFSP team are added

Note that if you are serving as both the EIOD & Service Coordinator you must add yourself twice.

d. ▢ Tab, *this tab must be completed*

    i. Select ▢

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

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

       3. Select ▢

e. ▢ Tab, *this tab must be completed*

    i. Select ▢

       1. *Category

       2. *Results

       3. *Strengths

       4. *Needs

       5. Select ▢

Note that each time you add a Level of Development the screen will reload to the original IFSP Information Tab. Select the Level of Development Tab to continue to work on this section.

  ii. Repeat step i. for all levels of development. There should be 7 in total (Adaptive, Cognitive, Communication, Physical, Social/Emotional, Vision, Hearing)

Note: See Levels of Development Templates for ideas on what to write here including what to add for hearing & vision.

*Note: This section will not give you a hard stop if you have completed one level more than once or if you have not completed all 7 levels. As it is a regulatory requirement, please make sure to complete all 7. **Once you have completed a section you cannot delete it. You can go back in and change it to a different level.***

f. ▢ Tab, *this section requires Parent/Guardian consent to* **complete**

      i. <u>Option 1</u>: Parent Consent for inclusion of Strengths/Concerns/Priorities/Resources: **Yes**

         1. Family Concerns: **Fill in family's top concerns**

         2. Family Priorities: **Fill in family's top priorities**

         3. Family Resources: **Fill in family's resources**

         4. Identify Family/Child Needs: **Select from drop down list, can select other or** No Needs identified outside of EIP

         5. Other public programs that the family/child may need and be eligible for: **Select from drop down list, can select other or No Needs identified outside of EIP**

         6. Select ⬚

      ii. <u>Option 2</u>: Parent Consent for inclusion of Strengths/Concerns/Priorities/Resources: **No**

         1. Select ⬚

Note: This section will not reload to the IFSP Information Tab. Once you receive a Green Bar that states: Saved Successfully you can move on to the next Tab.

g. ⬚ 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

                  1. If Yes, is transportation reimbursement being requested?

                     a. Yes or No

            b. Is the caregiver able to provide transportation?

               i. No

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

                     a. Early Intervention Vendor

      iii. Select ⬚

Note: This section will not reload to the IFSP Information Tab. Once you receive a Green Bar that states: Saved Successfully you can move on to the next Tab.

h. ⬚ Tab, ***this tab must be completed***

      i. Select ⬚

1. *Outcome Start Date: **Enter first date of IFSP (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 [ ]

Note that each time you add an Outcome the screen will reload to the original IFSP Information Tab. Select the IFSP Outcomes Tab to continue to work on this section.

ii. Repeat step i. until all outcomes are added to the IFSP

i. [ ] Tab

   i. What Are The Natural Environments For The Child?: **Complete where the child is i.e daycare, home, with a caregiver**

   ii. If the child is in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child.: **Complete as applicable**

j. [ ] Tab

   i. *Medical and Other Services (Needed but not required under Part C): **Must make a statement about other services, indicate whether the family has them or if they are not needed at this time.**

k. [ ] Tab

   i. <u>Option 1 have not begun a Transition conversation with the family</u> :

      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 service been discussed with the family?: **No**

      4. Select [ ]

   ii. <u>Option 2 have discussed Transition with the family</u> :

      1. *Has Transition been discussed with the family?: **Yes**

         a. Date Transition discussed with family: **Enter Date of discussion**

         b. Synopsis of family discussion: **Free type what was discussed (*see Transition templates*)**

      2. *Has transition to CPSE been discussed with the family?: **Yes**

         a. Transition to CPSE Synopsis of discussion: **Free type what was discussed (*see Transition templates*)**

      3. *Has transition to other programs, supports and services been discussed with the family?: **Yes**

       a. Transition to other programs Synopsis of discussion: **Free type what was discussed (*see Transition templates*)**

    4. Procedures to prepare child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting: **Free type what was discussed (*see Transition templates*)**

    5. Did the parent consent to allow qualified personnel to prepare for the child's transition (referral to CPSE): **Yes <u>or</u> No**

    6. Did the parent consent to transmit info to the CPSE (including evaluations & IFSPs): **Yes <u>or</u> No**

       a. *Should only be yes if you have signed consent forms from the parent/guardian.*

    7. Select [ ]

Note: This section will not reload to the IFSP Information Tab. Once you receive a Green Bar that states: Saved Successfully you can move on to the next Tab.

l. [ ] Tab, **this tab is not required**

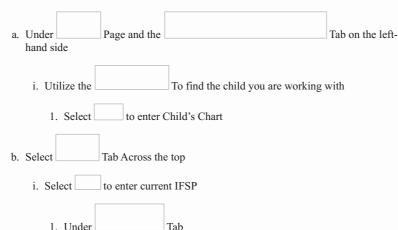   i. To add notes for yourself here select the [ ] button.

Note: The Additional Notes section will not print into the IFSP. Do not put anything here that you would want others to see. This section is purely for your own notes.

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

    i. ***See IFSP Cheat Sheet Supplemental Evaluation***

n. [ ] Tab, ***all services agreed to at the IFSP meeting should be entered here***

    i. <u>**DO NOT**</u> enter a Service Authorization for Ongoing Service Coordination yet

    ii. ***See IFSP Cheat Sheet Service Authorizations***

       1. Add all other services to IFSP including speech, OT, PT etc.

4. **Change User Profile to MuniProgAllNY**

    a. Under [ ] Page and the [ ] Tab on the left-hand side

       i. Utilize the [ ] To find the child you are working with

          1. Select [ ] to enter Child's Chart

    b. Select [ ] Tab Across the top

       i. Select [ ] to enter current IFSP

          1. Under [ ] Tab

             a. You will now add a Service Authorization for Ongoing Service Coordination. See ***EI Hub Cheat Sheet Ongoing Service Authorization***

5. **After entering the OSC Authorization you should be in your EIO/D NY User**

Profile. If not, please change to that profile now and enter the child's chart and the current IFSP you are working on.

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

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

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

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

                a. Free Text the disagreement from parent/guardian

            3. <u>Option 3:</u> **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 [_____]

Note: The IFSP has now been approved and locked. The IFSP can only be unlocked by the EIO/D.

Note: An IFSP can only be extended for 30 days. If you extended your original IFSP for 30 days, it will appear as 2 IFSP's in the grid under the IFSP Tab.

Graphical user interface, text, application, email Description automatically generated

Note: Since an IFSP cannot be copied after it has ended, we should make it standard practice that after you complete an IFSP, it is approved and locked, create a copy/draft of the IFSP so you have it there in case the IFSP ends before you can write a new one. You can do this by selecting the copy button on the IFSP located in the grid under the IFSP Tab.

Note: After finalizing an IFSP your next step should be to add an NPI number for OSC Service Authorization. See EI Hub Cheat Sheet NPI Number.