Unit 1: Getting Started

Version 4.3
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## Document Revision History

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<td>Updated Provider search feature to reflect new agreements</td>
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<td>Updated max file size for uploaded attachments</td>
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<td>Updated Searches subtopic</td>
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<td>Added note to Attachments subtopic regarding maximum file size.</td>
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<td>Added sample Referral Work Queue screen showing that work queue cases are now sorted oldest first, via a new date sort column.</td>
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<td>Replaced EIOD’s My Cases screen with one having the new date sort column.</td>
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<td>Replaced Address Validation screen, deleting Address line 3 and adding description of Address lines 1 and 2.</td>
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<td>Replaced Child Search screens adding Father’s Name and renaming Mother’s Name and Birth Last Name more clearly.</td>
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<tr>
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<td>Includes steps and screen shots for adding the NYEIS Production link to the HCS My Applications.</td>
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| 1/31/2011  | 1.2     | - Added **Accessing NYEIS** and **Accessing the NYEIS User Manual Online** sections. Includes information about Terms and Conditions.  
- Edited **Searching** subtopic with additional information about Provider Status.  
- Edited **Address Validation** screen shots and guidance to reflect new required search fields: City, State and Zip.  
- Updated **User Home Page** screen shots that now depict number of Reserved and Assigned tasks. |
| 11/22/2010 | 1.1     | - Added **Searching** section. |
| 10/1/2010  | 1.0     | - October 2010 NYEIS launch. |

Child Information cluster renamed “Child Name”.
- Added **System Requirements** section.
- Added note to **Attachments** section informing that the functionality is disabled until an Anti-Virus scanning application is added to NYEIS.
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Getting Started

Unit Overview

Getting Started reviews standard page anatomy, navigational buttons, links and page layout of the New York Early Intervention System (NYEIS). Getting Started is an Overview that provides the User with an understanding of how to navigate through NYEIS.

NYEIS has a standard login and password process that determines a User's access to information. It then determines, based on access rights, the type of information displayed for viewing and editing for that User. For example, a Provider would not be able to view the page that records a child’s social security number. Also, based on User's role, a User may only view certain pages and not be allowed to add, edit data or perform other functions.

NYEIS Functional User roles/access rights will have their own names and may not correspond to the job titles used by a Provider or Municipality, which will vary significantly.

Home Pages are a central location for detailed data and functions available for a specific group or individual. For example, Home Pages exist for each Child, each Service Provider and each User of the System. These pages allow easy access for authorized Users to add, change and delete associated data elements.

Important Information

Pages in NYEIS are not automatically updated with data/information entered by Users. Updated information or a page refresh occurs only when the page displayed is submitted by clicking the Save or Next button on the current page.
SYSTEM REQUIREMENTS

The New York Early Intervention System (NYEIS) is built on the Cúram Software framework. Minimum requirements for running the application include:

Desktop Operating System: Windows XP or higher

Browser: Microsoft Internet Explorer (versions 9.0 and higher)

Microsoft Excel 2003, 2007

Notes:

- Apple Mac OS is not supported.
- Microsoft Word is required for Communications Templates. See Unit 4 – Case Management, *Creating MS Word Communication* for further information.
- Microsoft Excel is one of the Fiscal Payment file formats. See Unit 8 – Provider Invoicing, *Provider Electronic (837) Claiming* and/or Unit 12 – Municipal Financial, *Sending Payment File to Municipal Financial* for further information.

Adding the NYEIS Production Link to Your HCS My Applications

If it’s your first time logging into NYEIS you will need to add the NYEIS-Production link to the My Applications section.

- Log in to the Health Commerce System
- Open your Internet browser (Internet Explorer recommended) and enter the following URL in the address bar:
  
  https://commerce.health.state.ny.us

  The New York State Department of Health, Health Commerce System login page displays.
• Enter in your Health Commerce System account username and password. Click the **Sign In** button. The **Health Commerce System Portal** page displays.

• Click the ‘My Content’ option from the Portal page Menu Bar. A list of choices appears in the window.
• Select the option ‘All Applications’.

• You are then taken to a page with an index tab that will allow you to browse by application name.
- Click on the ‘N’ tab to navigate to the NYEIS application:
- Click the green “+” sign in the **Add/Remove** column.

![Health Commerce System Applications Table]

- A confirmation will appear at the top of the page that confirms the application was added. The green plus sign previously displayed next to the NYEIS Production application will now display as a red minus sign.
The link is now added to your ‘My Applications’ list. The application can be launched by clicking the application name in the list above, or can be launched from the ‘My Applications’ list on the HCS home page, the page you are taken to upon login to HCS. To get to your HCS ‘Home’ page from any page on HCS, Click the ‘Home’ menu on the upper menu bar, and select ‘Home’:
ACCESSING NYEIS

NYEIS is accessed through the Department of Health, Health Commerce System portal.

1. Open your Internet browser (Internet Explorer recommended) and enter the following URL in the address bar:

https://commerce.health.state.ny.us

The New York State Department of Health, Health Commerce System login page displays.
2. Enter in your Health Commerce System account username and password. Click the Sign In button. The Health Commerce System Portal page displays.

3. Click the NYEIS-Production link in the MY Applications section. The NYEIS Login page displays.
4. Click the **Login** button. **Terms and Conditions** page displays the first time that the User accesses NYEIS.

5. Click the **Terms and Conditions.doc** link to review the NYEIS Terms of Use/User Agreement. After reading, close the document to return to the application. Click the checkbox next to the **By checking this box you acknowledge that you read and understand the Terms And Conditions.** field. Click the **Accept** button to indicate your acceptance of the terms of use. **User Home** page displays.

**Important Information**

In order to access NYEIS, a user is required to have 1) a Department of Health, Health Commerce System user account, and 2) a NYEIS User Account.
Without the Health Commerce System account, you cannot access the HCS Portal, which is the only “door” to NYEIS. Contact Commerce Accounts Management Unit (CAMU) at 866-529-1890 for assistance.

Without a NYEIS User Account, you will receive an error message when clicking the Login button referenced in step 4 above. Contact the NYEIS Help Desk at (518) 640-8390 or NYEIS@cma.com for information about getting a NYEIS User Account.

### ACCESSING THE NYEIS USER MANUAL ONLINE

Users can access the current version of the NYEIS User Manual stored on the Department of Health, Health Commerce System.

### Adding the NYEIS User Manual to your “My Favorites” Shortcuts

1. Log onto the Health Commerce System. Click the My Content button on the Top Menu Bar of the Health Commerce System Portal page, then select Documents by Group.

![Image of Documents by Group]

3. Select the NYSDOH group from the **My Groups** section
   
   a. If you do not see your Group in the drop down, click the **View All Document Groups** link. Select the green ‘+’ next to your group.
b. The selection will be displayed in your My Groups list.

4. Select your My Groups link (either LHD or NYSDOH). Select Family and Community Health.
5. Select the **Early Intervention** folder.

6. Select the **NYEIS** folder.
7. Select the **NYEIS User Manual** folder.

8. You are now viewing the NYEIS User Manual Chapters. The path you followed to get here is referenced along the top of the page. Click on ‘Add to Fav’ at the end of that displayed path to access the user Manual chapters more easily from HCS Home:
9. A link to the User Manual is added to your My Favorites tab. To access your Favorites, click the My Content link on the top of HCS Home, then click My favorites.
Deleting an Existing "My Favorites" Shortcut

1. Log onto the Health Commerce System. Click on the **My Content** menu on top of HCS home, then select **My favorites**:

   ![Image of HCS home page with My Content and My Favorites highlighted]

2. Click on the **Organize My Favorites** button on the left hand side of the page. Click **Organize My Fav.** Button.

   ![Image of HCS page with Organize My Favorites button highlighted]
3. Click on the actual name of the NYEIS User Manual shortcut in the Organize My Favorites section of the page.

4. Click on the Delete icon.

5. Click on Yes in the Delete Favorites section of the page to confirm that you want to delete the shortcut. The shortcut has now been deleted.
THE NYEIS STANDARD PAGE LAYOUT

Note:

- Functionality varies with user role.

1. **Menu Bar** - allows User to access frequently used shortcuts.
   
   **Home** - returns User to personal Home Page (first page a User comes to when logged in to NYEIS).
   
   **Inbox** - navigates User to a page containing personal tasks and notifications.
   
   **My Calendar** - displays a list of events as links. Click link to display User event.
   
   **My Cases** – navigates users with an assigned role of either EIO/Ds or Service Coordinator to their assigned Cases.
   
   **Search** - displays a search page.
   
   **About** - displays NYEIS release version.
   
   **Log Out** - exits New York Early Intervention System.

2. **Navigation Bar** - directs User to different areas of the Application. The buttons or links will be different depending on the displayed page or the role of the User. The lower portion of the Navigation Bar contains a section called **Recent Items**. This section provides quick links to pages recently visited.

3. **Body** - contains clusters or sections. For example, the screen shot above displays a page with the following sections: **My Shortcuts, Search, My Tasks** and **My Calendar**. Sections will be different depending on the option selected from the Navigation Bar.
# BUTTONS

<table>
<thead>
<tr>
<th>Button</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancel</strong></td>
<td>Leaves current page and returns to the previous page <em>without</em> saving any changes made.</td>
</tr>
<tr>
<td><strong>Date Lookup</strong></td>
<td>A field displaying a Calendar button to the right. If Calendar button is clicked, a calendar pop-up page displays. Select month, day and year. If entering a date, it <em>must</em> be formatted as <em>mm/dd/yyyy</em>.</td>
</tr>
<tr>
<td><strong>Help</strong></td>
<td>Currently displays Cúram Online Help which does not contain Early Intervention Program specific help content.</td>
</tr>
<tr>
<td><strong>Link</strong></td>
<td>Navigates to another page.</td>
</tr>
<tr>
<td><strong>Reset</strong></td>
<td>Clears all data fields on a page (e.g., search page) back to the initial value (which often is blank).</td>
</tr>
<tr>
<td><strong>Save</strong></td>
<td>Updates data entered on page.</td>
</tr>
<tr>
<td><strong>Search Icon</strong></td>
<td>Displays a page to enter search criteria and view a list of results.</td>
</tr>
</tbody>
</table>

**Important Information**

Be aware that clicking the Back icon of Internet Browser during data entry may cause the System to not capture the data properly and display an Error on the page.
**NAVIGATION BARS**

Navigation Bars direct User’s to different areas of the Application. The links will be different depending on the displayed page and/or the User.

Below are examples of three specific Navigation Bars:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><img src="image1" alt="New York Early Intervention System Navigation Bar" /></td>
<td><img src="image2" alt="NYEIS Integrated Case Navigation Bar" /></td>
<td><img src="image3" alt="NYEIS Provider Homepage Navigation Bar" /></td>
</tr>
</tbody>
</table>
Below is an example of using the Navigation Bar to access linked pages relating to an Integrated Case. An Integrated Case is a central location for the Child’s Cases to be managed. An Integrated Case is created for a Child when an EIO/D is assigned.

Common Buttons/Links:

- **Delete** link to eliminate the record. A confirmation page will always be displayed prior to the data being removed when deleting information.
- **Edit** link to change information.
- **New** button goes to a create page.
- **Next** button navigates to the next page of Application.
- **Previous** button returns to previous page.
- **Previous** button and **Next** button will save data entered on current page.
**Windows Basics**

Many of the features in NYEIS (e.g., pop-up screens) utilize common Microsoft Windows functions. The information below is provided as a brief introduction to how Windows basic functions are used.

This is an example of a pop-up screen from the NYEIS calendar function.

1. **Move a Window/Dialog Box** - position mouse pointer on the blue **Title Bar**. Click and hold down mouse button and drag to desired location.

2. **Minimize a Window** - click once on the **Minimize** button. Window displays in Task Bar. Click once on the shortcut in the Task Bar to display Window.

   **Maximize a Window** - click once on the **Maximize** button. Window displays on entire screen. *Not all Windows can be maximized.*

3. **Close a Window/Dialog Box** - click once on the **Close** button. Window/Dialog Box closes.
Multiple Selection Options

- Use **Shift + click** to select continuous items in a list or drop down.
- Use **Ctrl + click** to select random items in a list or drop down.

Using the Scroll Bar

Use the scroll bar on the right side of the screen to scroll up or down to view additional sections and fields on the page.

Printing Screens

Any page within the Application can be printed.

1. Display Page to print.

2. Click drop down of **Print** button on the Internet Browser toolbar. *If Print button is directly clicked, page prints automatically to the default printer.*

3. Click **Print**. **Print** dialog box displays.

4. Select Printer. Select any additional print options.

5. Click **Print** button. Page prints.

Notes:

- If you do not see a printer icon in your Internet Explorer browser, try clicking the ‘Alt’ button on the keyboard while Internet Explorer is active. Menus will appear at the top of the browser. Under the ‘View’ menu select **Toolbars** then select the **Command Bar**.

- Click drop down of the **Print** button on the Internet Browser toolbar. *If Print button is directly clicked, page prints automatically to the default printer.* To see the page prior to printing, click **Print Preview**.
**USER HOME PAGE VIEWS**

This section demonstrates different views of User Home Pages and lists other Users that have similar Home Page views based on access rights. Home Pages for Provider, Municipal, Department of Health and Administrative Users all have a Menu Bar, Navigation Bar and Body. The Navigation Bar links will be different depending on the page displayed and/or the User. The shortcuts and search sections in the body are different depending on which User Home Page is displayed.

Below is an example of a Universal (General) Home Page view for a Provider.

Below is an example of a Universal (General) Home Page view for a Provider.

1. **Menu Bar** - allows User to access frequently used shortcuts.

   - **Home** - returns User to personal Home Page (first page a User comes to when logged in to NYEIS).
   - **Inbox** - navigates User to a page containing personal tasks.
   - **My Calendar** - displays a list of events as links. Click link to display. User event. *Applicants will not be able to use the Calendar.*
   - **My Cases** – navigates users with an assigned role of either EIO/Ds or Service Coordinator to their assigned Cases.
   - **Search** - displays a search page.
   - **About** - displays NYEIS release version.
   - **Log Out** - exits NYEIS.

2. **Navigation Bar** - directs User to different areas of the Application. The buttons or links will be different depending on the displayed page. The lower portion of the Navigation Bar contains a section called **Recent Items**. This section provides quick links to pages recently visited.
Body - contains the following sections:

- **My Shortcuts** - navigates User to different areas of the Application.
- **Search** - navigates User to a specific Search page.
- **My Tasks** - displays a list of User tasks as links. Select link to display the specific Task page. Tasks are work activities that have to be completed.
- **My Calendar** - displays a list of events as links. Click link to display User event.

### Related User Role Access Rights

#### Providers

Provider Home Pages have a similar view. Their functionality is based upon a User's assigned role. The role determines the User’s access rights, which determines what functions a User can perform in NYEIS: *Each User’s shortcuts and searches will be different.*

- Provider All
- Provider All Fiscal
- Provider All Program
- Provider Evaluator
- Provider Fiscal Administrator
- Provider Data Entry
- Provider Fiscal Manager
- Provider Program Data Entry
- Provider Service Coordinator
- Provider Quality Assurance
- Provider Rendering Provider Staff
- Provider Service Director
- Provider Service Manager
- Provider 837 Testing

#### Municipalities

Municipality Home Pages have a similar view. Their functionality is based upon a User's assigned role. The role determines the User’s access rights, which determines what functions a User can perform in NYEIS: *Each User’s shortcuts and searches will be different.*

- Municipal All
- Municipal Fiscal
- Municipal All Program
- Municipal At-Risk
• Municipal Contracting
• Municipal EIO
• Municipal EIOD
• Municipal EIOD/Service Coordinator
• Municipal Service Coordinator
• Municipal Fiscal Admin
• Municipal Fiscal Data Entry
• Municipal Fiscal Manager
• Municipal IT System Admin
• Municipal Intake Staff
• Municipal Program Data Entry
• Municipal Program User Admin
• Municipal Quality Assurance

**Department of Health**
Department of Health Home Pages have a similar view. Their functionality is based upon a User's assigned role. The role determines the User’s access rights, which determines what functions a User can perform in NYEIS: *Each User’s shortcuts and searches will be different.*

• DOH Audit Unit
• DOH Bureau of Early Intervention (All)
• DOH BEI Program Development and Data Analysis
• DOH Fiscal Manager
• DOH Fiscal Unit Staff
• DOH BEI Program Manager
• DOH BEI Quality Assurance
• DOH OIT
• DOH BEI Technical Assistance
• DOH BEI Due Process
• DOH Management
• DOH BEI Provider Approval
MY WORKSPACE PAGE OVERVIEW

To work with Tasks, Work Queues and Notifications, from their User Homepage a User navigates to the My Workspace page by selecting either the Inbox from the menu bar, or the Inbox on Navigation bar.

Menu Bar - allows User to access frequently used shortcuts.

Home - returns User to personal Home Page (first page a User comes to when logged in to NYEIS).
Inbox - navigates User to a page containing personal tasks.
My Calendar - displays a list of events as links. Click link to display User event.
My Cases - navigates users with an assigned role of either EIO/D or Service Coordinator to their assigned Cases.
Search - displays a search page.
About - displays NYEIS release version.
Log Out - exits NYEIS.

Navigation Bar - directs User to the following areas of the Application:

The following buttons or links will be different depending on the page displayed and/or the User. The lower portion of the Navigation Bar contains a section call Recent Items. This section provides quick links to pages recently visited.

Inbox - navigates to the My Workspace page.
Reserved Tasks - navigates to the Reserved Tasks page. Displays a list of tasks that a User has previously reserved (e.g., Submitted Referral). If a Task has been reserved by a User, no other User can work on that Task.
Assigned Tasks - navigates to Assigned Tasks page. Displays tasks and assignments received from other Users (e.g., Initial Service Coordinator assignment).
Deferred Tasks - navigates to the Deferred Tasks page. Displays deferred tasks.

Work Queues - navigates to the My Work Queues page. Displays work queues that the User is subscribed to. The User must be subscribed to an appropriate Work Queue to reserve tasks in that Queue.

Notifications - navigates to the My Alerts page. Displays a list of alerts/notifications sent to the User (e.g., service coordination assignment, service authorizations that have been issued).

Body - contains the ‘My Tasks’ section. Tasks are broken down by number assigned and number reserved. The status box provides easy access to tasks requiring attention by status. Click on a colored bar to view tasks in a given status.

Important Information
Some Participant types are not applicable. See Working with Tasks, Task Participant Types for further information. A User can create a deadline which displays a due date in the User's Workspace or when the System creates a task with specific date criteria (e.g., evaluation due by date, the due date displays).

Shortcuts - navigates User to different areas of the Application related to tasks.

| Exception | Currently not available to all NYEIS User roles. |

**Reserve Next Task**
Reserves next task assigned to User.

**Reserve Next Work Queue Task**
Provides the option for a User to select a work queue subscribed to and reserve the next task from that selected work queue.

**Find Task**
Search for a specific task by Task ID, Case Reference Number and Participant. [Some Participant types are not applicable. See Working with Tasks, Task Participant Types for further information.]

**Create Task**
Tasks can be created for yourself or for another User. [Some Participant types are not applicable. See Working with Tasks, Task Participant Types for further information. A User can create a deadline which displays a due date in the User's Workspace or when the System creates a task with specific date criteria (e.g., evaluation due by date, the due date displays).]
View Tasks Before Deadline

Workspace or when the System creates a task with specific date criteria (e.g., evaluation due by date, the due date displays).

Enter a date to view tasks on or before a specified date.

My Tasks - displays the Task Status box which lists Tasks by status (e.g., Open). Also displays the current number of Assigned Tasks and Reserved Tasks associated with the User.

Viewing Notifications


2. Click Notifications from the Navigation Bar. My Alerts page displays.
3. Click **View** link under **Action** column to display Notification. **View Alert** page displays.

![View Alert: Service Authorization 31752 for child Green Bean# has been closed as of 08-22-2011.](image)

4. Review Notification. Click **Close** button. **My Alerts** page displays with Notification in list.

Or

Review Notification. Click **Delete** button. **Delete Alert** page displays with the message **Are you sure you want to delete this alert?**

![Delete Alert: Submitted evaluation acceptance](image)

Click **Yes** button. **My Alerts** page displays and the Notification is deleted from the list.

**Important Information**

It is important for each User to check their Notifications on a regular basis and delete them when they are viewed. The System limits the Notification page to approximately 200 notifications at a time and if exceeded, new notifications will not display in the Notifications page until older notifications are deleted.

Periodically, the Department of Health may clear out older notifications in order to free up space.
5. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

**Note:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

### Multi-delete Notifications

Notifications can be deleted one at a time (as described in Viewing Notifications) or multiple Notifications can be deleted at the same time.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

2. Click **Notifications** from the Navigation Bar. **My Alerts** page displays.
3. Click **View** link under **Action** column to display Notification. **View Alert** page displays.

![View Alert Image]

3. Click **View** link under **Action** column to display Notification. **View Alert** page displays.

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject: Remittance received from Medicaid on 2010-03-25</td>
</tr>
<tr>
<td>Date Created: 3/26/2010 00:15</td>
</tr>
<tr>
<td>Category: Standard</td>
</tr>
</tbody>
</table>

**Related Pages**

- **Action Link**: Go To Payment Received Homepage

**Content**

Please review the details of this payment.

4. Review Notification. Click **Close** button. **My Alerts** page displays with Notification in list.

5. Repeat Step 4 as needed to view Notifications.

6. Click the check box next to each Notification on the Notification list page that is to be deleted.

7. Click the **Delete** button. A confirmation page displays the number of Notifications to be deleted. Click **Yes** button to delete selected Notifications. Click **No** button to cancel action.

8. The **My Alerts** page displays.
WORKING WITH TASKS

There are two categories of Tasks in NYEIS. System-Created Tasks are created by the system as the result of some kind of User interaction. The Task is created by the system to achieve a desired outcome. For example, when a Provider Agency creates and submits a Referral, the system automatically creates a Task for the child’s Municipality of Residence to review the referral and register it. System-Created Tasks are generally closed when the User assigned to the Task clicks the Primary Action link on the Task Homepage and completes the workflow associated with the Task. In most cases a System-Created Task cannot be closed by clicking the ‘Close’ link in the Manage cluster on the Task Homepage. See Closing a Task for more information.

The second category is User-Created Tasks. A User can create a Task using the Create Task feature. Municipal Users can create and assign a Task to another User. A Provider User can create and assign a Task only to themselves. A User-Created Task is closed by clicking the ‘Close’ link in the Manage cluster on the Task Homepage.

Task Participant Types

Below defines the different Participant Types that are defined in the Participant drop down:

- **Employer** = [Agency Provider] in NYEIS that is employing other Service Providers
- **Information Provider** = Referral Source
- **Person** = Child
- **Product Provider** = Registered Individual or Agency Service Provider
- **Representative** = Not Applicable
- **Service Supplier** = Not Applicable
- **Utility** = Not Applicable
Creating a Task

These instructions apply to **User-Created Tasks only**.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

2. Click **Create Task** link under **Manage** section. **Create User Task** page displays.

   ![Create Task Image]

When creating a Task, a User can create a deadline which displays as a Due Date box on their Workspace page.
3. Type **Subject** and **Deadline** including date and time. Type any other relevant information. Type **Comment (Optional)**.

4. Click **Save** button. **My Workspace** page displays.

**Notes:**

- When a Task is created in a specific area of a Case, the new Task will be found in the location where the Task was generated (e.g., Child Home page, IFSP, Service Authorization). For example, a task created in the **Provider Home** page will not be able to be viewed from the task link on the **Child Home** page.

- Providers will only be able to assign a Task to themselves. They cannot assign the Task to any other NYEIS user.

**Viewing a Task**

These instructions apply to both categories of Tasks.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

   To view tasks Assigned to you, click on the **Assigned Tasks** link on the left-hand navigation bar of ‘**My Workspace**’. **Assigned Tasks** page displays. Follow from step 3 below. To view tasks you have reserved, follow from step 2 below.

**Important Information**

*System-generated* tasks that are directed to users (in other words, tasks not destined for a work queue) will always be sent to a user’s ‘Assigned Tasks’ by default. When an assigned task or a work queue task is reserved, or if a user creates a task for themselves and selects the ‘Reserve to Me’ option, the task will be seen in **Reserved Tasks**.
2. Click on the **Open** colored bar from My Tasks – Status box. The number of tasks to open displays to the right of the colored bar. **Reserved Tasks by Status** page displays. Click **Reserved Tasks** from the Navigation Bar as another way to display the **Reserved Tasks by Status** page.

3. Click **View** or **Task ID** link. **Task Home** page displays.

**Note:**

- To view additional (supporting) information about the task, click the link (if one is displayed) in the **Supporting Information** section.
Viewing Tasks in a Work Queue

These instructions apply to System-Created Tasks only.

Most System-Created Tasks are created in the user’s Work Queues. Users need to periodically review their work queues to determine what tasks need to be accomplished. Work queues are established for similar types of tasks. One such work queue is the Referral Work Queue. It lists the tasks associated with reviewing and registering a submitted referral into NYEIS. Users have the option to reserve a task to prevent other users from working on it. Alternatively, clicking the task ID number allows you to view and work the task without first reserving it.

Important Information
Reserving a task is helpful when multiple users within an organization have access to the same work queue, and there is a desire for no other user to work a given task. Once reserved, the task is removed from the work queue and accessible via the Reserved Tasks link on My Workspace page of the user that reserved the task.

Important Information
The Case Lifecycle is generally a linear progression of ‘events’ starting with EIOD Assignment and ending with Case Closure. However, not all case events necessarily occur in the same sequence. Check the Case Lifecycle Status page on the Integrated Case Homepage to see a list of all case events that have taken place to date on a case. See Unit 4 – Case Management, Case Lifecycle Status for further information.
Review Task History

These instructions apply to both categories of Tasks.


2. Click on the Open colored bar from My Tasks – Status box. The number of tasks to open displays to the right of the colored bar. Reserved Tasks by Status page displays.

3. Click View or Task ID link. Task Home page displays. Users have the ability to track the time worked on a Task by clicking the Change link next to the Time Worked field in the Details section. This is an optional function available to assist Users in time management and organization.
4. Select one of the following from the Navigation Bar:

   **Task History** – displays a summary list of all actions related to Task.
   **Task Assignment List** – displays Users/work queues that have touched Task.
   **Graphical View** – displays a picture of the action taken in Task. (Requires Adobe SG Viewer to view).

5. Click **Task Home** on the Navigation Bar to return to **Task Home** page.

### Adding Comments to a Task

These instructions apply to both categories of Tasks.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.
2. Click on the **Open** colored bar from **My Tasks – Status** box. *The number of tasks to open displays to the right of the colored bar. Reserved Tasks by Status* page displays.

3. Click **View** or **Task ID** link. **Task Home** page displays.

4. Click **Add Comment** link from **Manage** section. **Add Comment** page displays.

---

**Add Comment:** IFSP Approval - 9475

**Details**
5. Type **Comments**.

6. Click **Save** button. **Task Home** page displays.

7. Click **Task History** from the Navigation Bar to view Comment.

---

**Closing a Task**

These instructions apply primarily to User-Created Tasks. Most System-Created Tasks require a User to complete the Primary Action link on the Task Homepage in order to close the task. There are a limited number of System-Created Tasks that can be closed by the method outlined in this subtopic, they are:

- Case Closure
- Reassign Service Authorization Provider Agency (when SA is Rejected by assigned agency)
- Reassign MDE Evaluator Agency (when assignment is rejected by assigned agency or if previous assignment is canceled by the Municipality)

The System-Created Case Closure Task can be manually closed if the User needs to stop the case closure workflow. For example, when a child’s parent does not consent to transfer the case records to a different agency, the system initiates the Case Closure workflow to close the child’s Integrated Case. A User can stop the case closure workflow manually by selecting ‘Close’ on the Task Home page. The Case Closure workflow can be re-initiated by the User at a later time by clicking “Close Case” on the Integrated Case Homepage.

A User may need to manually close the Reassign SA Agency or Reassign MDE Evaluator Agency tasks when closing a case because the task is no longer required to be completed.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.
2. Click on the **Open** colored bar from **My Tasks – Status** box. *The number of tasks to open displays to the right of the colored bar.** **Reserved Tasks by Status** page displays.

3. Click **View** or **Task ID** link. **Task Home** page displays.

4. Click **Close** link from **Manage** section. **Close Task** page displays with the message *Are you sure you want to close this task?*

   - **Close Task: Allocate Task - 9996**

   ![Close Task Button](image)

   Are you sure you want to close this task?

   - **Yes** button.  **Task Home** page displays.  Task **Status** is set to **Closed**.

5. Click **Task History** from the Navigation Bar to view the history of the task.

**Reserving a Task**

These instructions apply to both categories of Tasks.

1. Display **Task Home** page.  See **Working with Tasks, Viewing Tasks** for further information.
2. Click **Reserve** link from Manage section. **Reserve Task** page displays.

**Reserve Task:** IFSP Approval - 9475

**Comment**

[Reserve] [Reserve&View] [Cancel]

3. Type **Comment (Optional)**.

4. Click **Reserve** or **Reserve&View** button. **Task Home** page displays with Task reserved.

5. Click **Task History** from the Navigation Bar to view the history of the task.

### Un-Reserving a Task

These instructions apply to both categories of Tasks.

1. Display **Task Home** page. See Working with Tasks, Viewing Tasks for further information.

2. Click **Un-Reserve** link from Manage section. **Un-reserve Task** page displays.

**Un-reserve Task:** IFSP Approval - 9475

**Comment**

[Save] [Cancel]

3. Type **Comment (Optional)**.
4. Click **Save** button. **Task Home** page displays. Task is un-reserved. *If the Task came from a Work Queue, then the Task returns to that Work Queue. If the Task came from another User, then the Task returns to the User's assigned Tasks.*

5. Click **Task History** from the Navigation Bar to view the history of the task.

### Forwarding a Task

These instructions apply to both categories of Tasks, and is limited to Municipal User roles. Provider Users cannot forward tasks.

1. Display **Task Home** page. 📖 *See Working with Tasks, Viewing Tasks* for further information.

2. Click **Forward** link under **Manage** section. **Forward Task** page displays.

3. Tasks can only be forwarded by some Municipal Users to other Municipal staff or Providers with a NYEIS user account. Click **Search** icon. **Search** page displays. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click **Select** link under **Action** column. **Forward Task** page displays with selected individual/group listed.
4. Type **Comments** *(Optional).*

5. Click **Save** button. **Task Home** page displays. Task is forwarded.

6. Click **Task History** from the Navigation Bar to view the history of the task.

---

**Important Information**

Although the system permits the *forwarding* of tasks, the recipient of the forwarded task may not have sufficient privileges to actually work the task. For example, Tasks that generate to an EIOD’s ‘Assigned Tasks’ are often only able to be completed by the child’s EIOD. Careful consideration should be given anytime a task is being forwarded. In most circumstances, the only appropriate forwarding of tasks from Municipal Staff to Providers is when the task is being sent to the child’s assigned Service Coordinator. If you are unsure that the task should be forwarded, please contact the NYEIS Help Desk for further assistance.

---

**Deferring a Task**

These instructions apply to both categories of Tasks.

1. Display **Task Home** page. See *Working with Tasks, Viewing a Task* for further information.

2. Click **Defer** link under **Manage** section. **Defer Task** page displays.
3. Enter **Restart Date** from **Details** section. *Date fields must be formatted as mm/dd/yyyy format.* This automatically restarts the task on defined date.

4. Type **Comment** *(Optional).*

5. Click **Save** button. **Task Home** page displays. Task **Status** is set to **Deferred**.

6. Click **Task History** from the Navigation Bar to view the history of the task.

**Note:**

- Deferring a Task that has an Escalation rule (i.e., System alerts the assigned User or another User if that task is not completed by a specific date) associated with it will not cause the escalation action to stop or be paused.

---

### Restarting a Task

These instructions apply to both categories of Tasks.

Use the steps below to manually restart a task where **Status** has been set to **Deferred**.

1. Display **Task Home** page. ✎* See *Working with Tasks, Viewing Tasks* for further information.
2. Click **Restart** link under **Manage** section. **Restart Task** page displays.

2. **Restart Task** page displays.

3. Type **Comment** (Optional).

4. Click **Save** button. **Task Home** page displays. **Task Status** is set to **Open**.

5. Click **Task History** from the Navigation Bar to view the history of the task.

### Task Management

Municipal users with Supervisory roles in NYEIS have the ability to view and manage tasks assigned to or reserved by their staff. Supervisors will find this particularly useful for a number of reasons, including task workload management, and reassigning tasks due to staff vacation or leaves of absence.

See **Unit 10: Municipal Administration, Task Management** for more information.

### Page Structure Overview

NYEIS pages have similar page layout structures when viewing data.

Pages in NYEIS are not automatically updated with information/data entered by a User. Updated information, *a page refresh*, occurs when the page displayed is submitted by clicking **Save** or **Next** button.

Fields on a page that require data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.
Below describes each of the page structures available.

### List Page

A List Page provides data presented in a column and row format. A **New** button displays at the top to navigate to another page where new details can be entered. The standard System format is to provide lists of details on pages. **View**, **Edit** and **Delete** are functions available on many of the pages depending upon access rights.

![List Page Diagram]

### View Detail Page

A View Detail Page provides buttons for the User to navigate to a Modify or Delete Page. An **Edit** button will display on a Modify Page. A **Delete** button will display on a Delete Page.
Create Page

A Create Page provides fields to add new items. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. A **Save** button saves new data. A **Cancel** button clears data and does not save. A **Save & New** button saves data and returns User to Create Page to enter additional information.

Modify Page

A Modify Page allows an authorized User to edit information in fields. Fields that may not be edited display on the Modify Page as a view only field. A **Save** button saves new data. A **Cancel** button clears data and does not save the data.
Delete Page

A Delete Page displays a confirmation message to verify data selected is to be deleted. If the page is deleted, all newly entered information on the page is deleted. Click **Yes** button to perform deletion or **No** to cancel.

**Delete Phone Number: tiny tim - 30000026**

Are you sure you want to delete this phone number?

- **Yes button (to delete)**
- **No button (to cancel)**

Important Information

The act of deleting does not always delete a record in its entirety (known as a ‘hard delete’), and instead sets the record to ‘Canceled’ status. This is referred to as a ‘Soft Delete’. This is especially helpful to preserve the history of changes and/or in cases where the information may again need to be used. In the example above, the act of “deleting” the phone number results in the record going to ‘Canceled’ status.

Search Page

A Search Page, such as the **Child Search** page below, displays an area to enter search criteria (e.g., name, DOB or other known information) and view a list of results. Search criteria are entered at the top portion of the page and a list of results will display in the lower portion of page. A **Reset** button is also available to clear all data from the field and go back to the initial value (which often is blank).
Notes:

- When **Search** is selected from the **Menu Bar** on the **User’s Homepage**, the default **Search** page is Child Search. Other search options are available from the Left-hand Navigation Bar.
- Search Page links may also be found on the User’s **Home Page** in the **Search** Cluster. The Search Page links displayed are those most typically used based upon the User’s Role.

**SORTING**

When data is displayed in a column format it can be sorted by clicking on any column heading to sort in either ascending or descending order.

**Example** - My Cases page. Sorting by **Primary Client**.
Click **Primary Client** column heading link. Cases are now sorted in ascending order - see below:

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>Primary Client</th>
<th>Case Status</th>
<th>Case Status Date</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2079</td>
<td>Kato Pineview</td>
<td>Transfer from other municipality</td>
<td>10/29/2009</td>
<td></td>
</tr>
<tr>
<td>2111</td>
<td>Antonio Vergas</td>
<td></td>
<td>10/29/2009</td>
<td></td>
</tr>
<tr>
<td>1089</td>
<td>Carmine Case</td>
<td></td>
<td>10/26/2009</td>
<td></td>
</tr>
<tr>
<td>10294</td>
<td>Mary Dotter</td>
<td></td>
<td>6/1/2010</td>
<td></td>
</tr>
<tr>
<td>31230</td>
<td>Je dolo</td>
<td></td>
<td>10/18/2010</td>
<td></td>
</tr>
<tr>
<td>11249</td>
<td>Nikayla Jeshope</td>
<td></td>
<td>10/1/2010</td>
<td></td>
</tr>
<tr>
<td>31439</td>
<td>Matt Brown</td>
<td></td>
<td>10/19/2010</td>
<td></td>
</tr>
<tr>
<td>79901</td>
<td>Lon Wilkins</td>
<td>Service Coordinator Assigned</td>
<td>6/6/2011</td>
<td>5/1/2011</td>
</tr>
<tr>
<td>708</td>
<td>Lou CarTest</td>
<td></td>
<td>10/22/2009</td>
<td></td>
</tr>
<tr>
<td>22784</td>
<td>John Tights</td>
<td></td>
<td>8/28/2010</td>
<td></td>
</tr>
<tr>
<td>31488</td>
<td>Joe Smith</td>
<td></td>
<td>10/10/2010</td>
<td></td>
</tr>
<tr>
<td>22205</td>
<td>Linda Wells</td>
<td>Transfer to other municipality</td>
<td>6/2/2011</td>
<td>4/1/2011</td>
</tr>
</tbody>
</table>
SEARCHING

NYEIS provides search capability for types of participants including children, providers, insurance companies, and vendors. You can access the pages for entering search criteria and viewing search results by clicking Search on the Menu Bar or the Left-hand Navigation Bar.

Search Page links may also be found on the User’s Home Page in the Search Cluster. The Search Page links displayed are those most typically used based upon the User’s Role.

**Important Information**

- Not all search pages are available to every User. Access to search pages is limited by your NYEIS user role.
- Search criteria varies by search type (e.g., Child, Provider, etc.).

In either case the default search page that displays is the Child Search page.
Once the Child search page displays, you can proceed to enter search criteria if searching for a child, or select a different search option from the Left Navigation Bar.

A Search Page displays an area to enter search criteria (e.g., Last Name, First Name, Date of Birth, NPI, FEIN or other known information) and view a list of results. Search criteria are entered at the top portion of the page and a list of results will display in the lower portion of page. A Reset button is also available to clear all data from the field and go back to the initial value (which often is blank).

Use the following tips to improve your search success:

**Child search**

1. Use the reference number (if available) first. Each child has a unique reference number. If you do not see any results, go to step 2.

2. Enter the last name and search. If you do not see the results you seek, try using a portion of the last name (e.g., ken for “Kennedy”) in case it has been misspelled. Sort the column labeled “Last Name” in the search results cluster by clicking the header.

3. As a last resort you can use the wild card character % in the last name field. This will show results for all children associated with a municipality when used by Municipal staff, and all children associated with a provider when used by Provider staff.

**Note:**

- Provider user roles can only see children to whom they (or their agency) have been assigned to provide services.

4. If you find results that seem to match your search criteria, click the View link in the Action column next to the child’s name and view the record. Look for more information that will confirm it is the child you seek.
Provider search

1. Providers can be searched for based upon their Agreement Type and current Status. Agreement Type options include Appendix, Basic, ‘No Agreement’, and <Blank>. Status options include Approved, Disapproved, Disqualified, Pending Agreement, Withdrawn and <blank>. The system defaults the search on Agreement Type to ‘Basic’ and Status to ‘Approved’. If the initial search does not return the expected results, try selecting the <blank> Status and Agreement Type options. When viewing a located Provider, the user will see a limited-view page for a Provider with a Status of Disapproved, Disqualified and Withdrawn.

2. Use the Reference Number if available; it is the most direct search method.

Note:

- A provider can have multiple ‘reference numbers’ but only one Primary reference number.

If you do not see any results, go to step 3.

Primary Reference Number for each type of provider:
- Approved Provider Agency = State ID
- Approved Provider Individual = State ID
- Agency Employee = Employee ID

Note:

- You will not see the results you seek if you do not know the Provider’s primary NYEIS reference number.

3. NPI or State ID are also good search criteria as they are associated with a single Provider.

4. Enter the provider agency or individual’s name and search. If you do not see the results you seek, try using a portion of the name (e.g., adirondack for “Adirondack Medical Group, Inc.” or ken for “Kennedy”) in case it has been misspelled. Sort the column labeled “Registered Name” in the search results cluster by clicking the header.

5. You can narrow the search results by selecting options available in the Municipality, Special Population Served, and/or Qualified Personnel search criteria fields.
6. Do not use the wild card character % as your only Provider search criteria. There are many provider records stored in the database and it will take quite a long time for the search results to display. In some instances it may cause the application to not respond at all.

7. If you find results that seem to match your search criteria, click the Reference Number link in the Action column next to the provider’s Registered Name and view the record. Look for more information that will confirm it is the provider you seek.

Referral Source search

1. Use the Referral Source Reference Number if available; it is the most direct search method. Note that a Provider who is also registered as a Referral Source will have a separate Referral Source Reference Number. Do not use the Provider Reference Number in this search. If you do not see any results, go to step 2.

2. Enter the Vendor’s name and search. If you do not see the results you seek, try using a portion of the name (e.g., adirondack for “Adirondack Medical Group, Inc.” or ken for “Kennedy”) in case it has been misspelled. Sort the column labeled “Registered Name” in the search results cluster by clicking the header.

3. Note that Referral Sources categorized as Type ‘Parent/Family’ and ‘Foster Care’ will only show up for Municipal Users who work for the municipality recorded as the sources county of residence.

Vendor search

1. Use the Vendor Reference Number if available; it is the most direct search method. Note that a provider who are also registered as a Vendor have a separate Vendor Reference Number. Do not use the Provider Reference Number in this search. If you do not see any results, go to step 2.

2. Enter the vendor’s name and search. If you do not see the results you seek, try using a portion of the name (e.g., adirondack for “Adirondack Medical Group, Inc.” or ken for “Kennedy”) in case it has been misspelled. Sort the column labeled “Vendor Name” in the search results cluster by clicking the header.
3. You can narrow the search results by selecting options available in the Municipality, Vendor Transport Method, Vendor Type, and/or Vendor Vehicle Needs search criteria fields.

4. Do not use the wild card character % as your only Vendor search criteria. There are many vendor records stored in the database and it will take quite a long time for the search results to display. In some instances it may cause the application to not respond at all.

5. If you find results that seem to match your search criteria, click the Reference Number link in the Action column next to the vendor’s Registered Name and view the record. Look for more information that will confirm it is the vendor you seek.

**DISPLAYING CHILD HOME PAGE**

There are several ways to access the Child Home Page based on access rights. The steps below describe the most common options to navigate to the Child's page. First  see Searching  for information and tips for conducting a search for children.

1. Type all known information in Child Search page Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

2. Click Reference Number link for specific Child. Child Homepage displays.
Click My Cases from the Menu Bar of Home Page. My Cases page displays with a list of Child Cases.

**Note:**

- The My Cases link displays the list of children assigned to an EIO/D for EIO/D users or the list of children assigned to a service coordinator for service coordinators (municipal or provider). It does not display children for any other user roles or positions.

---

**Important Information**

Providers, except for those assigned the Provider Service Coordinator role, will **not** see a list of their cases when clicking the My Cases link on the Menu Bar. Instead, click the Search button on the Menu Bar to display the Child Search page. Enter the wildcard character (%) in the Last Name field and press the Search button. A list of children assigned to the agency will be listed.

---

3. Click link of Child's name under the **Primary Client** column. Child Homepage displays.

---

**Important Information**

See Unit 4: Case Management for common Navigation Bar functions.
**DISPLAYING INTEGRATED CASE HOME PAGE**

Cases are used to manage the delivery of services to a Child in NYEIS. Cases should be thought of as folders where information for a Child is stored. Examples of Cases/Folders are: a Child’s IFSPs and Service Authorizations. An Integrated Case is a central location for the Child’s Case to be managed. An Integrated Case is created for a Child when an EIO/D is assigned.

There are several ways to access the Integrated Case Home Page based on access rights. See below for the most common options to navigate to the Integrated Case.

1. To locate a specific Case, click My Cases from the Navigation Bar or Menu Bar on Home Page. A list of Cases display.

**Note:**
- The My Cases link displays the list of children assigned to an EIO/D for EIO/D users or the list of children assigned to a service coordinator for service coordinators.

**Important Information**

Providers, except for those assigned the Provider Service Coordinator role, will not see a list of their cases when clicking the My Cases link on the Menu Bar. Instead, click the Search button on the Menu Bar to display the Child Search page. Enter the wildcard character (%) in the Last Name field and press the Search button. A list of children assigned to the provider will be listed.
2. Click **Case Reference** link under **Case Reference** column. **Integrated Case Home** page displays.

OR

3. Click **Search** from Menu Bar of Home Page. **Child Search** page displays. 
   
   See **Searching** for information and tips for conducting a search for child records.

4. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

5. Click **Reference Number** link for specific Child. **Child Homepage** displays.

6. Click **Cases** from the Navigation Bar. **Cases** page displays.
7. Click **Case Reference** link under **Case Reference** column. Be sure to select **NYEIS Integrated Case** for **Case Type**. **Integrated Case Home** page displays.
**DISPLAYING INDIVIDUALIZED FAMILY SERVICE PLAN HOME PAGE**

1. Click **My Cases** from the Menu Bar on User Home Page. A list of children assigned to an EIO/D for EIO/D users or the list of children assigned to a service coordinator for Service Coordinator users displays.

   **Important Information**
   Providers, except for those assigned the Provider Service Coordinator role, will not see a list of their cases when clicking the My Cases link on the Menu Bar. Instead, click the Search button on the Menu Bar to display the Child Search page. Enter the wildcard character (%) in the Last Name field and press the Search button. A list of children assigned to the provider will be listed.

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>Primary Client</th>
<th>Case Status</th>
<th>Case Status Date</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>Kim Smith</td>
<td>Service Coordinator Assigned</td>
<td>6/13/2011</td>
<td>10/21/2010</td>
</tr>
<tr>
<td>0001</td>
<td>Re. Referral</td>
<td>EIO/D Assigned</td>
<td>6/15/2011</td>
<td>5/2/2011</td>
</tr>
</tbody>
</table>

2. Click **Case Reference number** link under **Case Reference** column to select a specific Child. **Integrated Case Home** page displays.

   **Important Information**
   Clicking the child’s name link under **Primary Client** column will display the Child Home Page.

3. Click **Case Reference** link under **Case Reference** column in IFSPs section.
OR

Click **Search** from Menu Bar of Home Page. **Child Search** page displays. **See Searching** for information and tips for conducting a search for child records.

4. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.*
5. Click **Reference Number** link for specific Child. **Child Homepage** displays.

6. Click **Cases** from the Navigation Bar. **Cases** page displays. Review records where **Case Type** is **Individualized Family Service Plan (IFSP)**.

7. Click **Case Reference** link under **Case Reference** column. **Individualized Family Service Plan Home** page displays.

**Note:**
- The start date column and status column should be used to locate the appropriate IFSP.
ATTACHMENTS

NYEIS allows a User to attach scanned or uploaded documents to a Child’s Integrated Case and in other areas of the Child’s record (e.g., MDE, IFSP and SA’s) for various authorized Users to view. The process for attaching files is consistent in all locations. The example used below is attaching a file to the Child's Integrated Case.

Early Intervention Officials are responsible for confidential exchange of information among the Parent, Evaluators, Service Providers and Service Coordinators. This includes electronic data and documents contained within NYEIS. All information stored in NYEIS is part of the Child’s EIP record. When parents provide informed consent for a general release of information, Municipalities and all EIP Providers delivering services to the Child will be able to view all data in a Child’s Integrated Case. This includes any documents attached to the Child’s Cases/Folders.

When an Attachment is created in a specific area of a Case, the new Attachment will be found in the location where the attachment was generated (e.g., Child, Integrated Case, IFSP, SA). An attachment created in an IFSP Case will not be viewed from the Child’s Integrated Case or the Child Home Page. Attachments should be attached to the Case that is most relevant to the attachment content (e.g., information on services for a Child should be attached to the IFSP attachment section).

When parents do not provide consent for a general release, and deny consent or request selective consent for release of confidential information, the Child's record will not be accessed/used in NYEIS. Providers and Municipalities must maintain all required information off-line.

Attaching Files to a Case

Any type of file format can be attached to a Case. The User must have appropriate software to open/display the file attached. Files up to 5 MB in size can be attached.


Important Information

Attachments should be placed where they are most relevant. This may be on the Child’s Integrated Case Home page, a Child’s IFSP Home page, a Service Authorization home page or on the MDE.
2. Click **Attachments** from the Navigation Bar. **Attachments** page displays.

3. Click **New** button. **Create Attachment** page displays.

4. Click **Browse** button for **File** field in the **Select file to attach** section. **Choose file** dialog box displays.
5. Locate and select file. Click **Open**. File attachment name displays in **File** field.

6. Complete **File Details** section. *It is important to select Document Type.*

7. Type **Description** in **Attachment Description** section. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

8. Click **Save** to save attachment and display **Attachments** page.

   OR

   Click **Save & New** to save attachment and add another file.

**Note:**
- Attachments are stored in NYEIS database.

### Viewing Attachments

Attachments can only be viewed by a User with assigned access rights.

Important Information
Look for attachments where they are most relevant. This may be on the Child’s Integrated Case Home page, a child’s IFSP Home page, a Service Authorization home page or on the MDE.

2. Click Attachments from the Navigation Bar. Attachments page displays with a list of attachments.

3. Click View link under Action column. View Attachment page displays.

4. Click file name link in Name field of Details section. File Download dialog box displays.

5. Click Open to quickly open and view file. Clicking Open does not save the file to a location. Click Save button to download and save file to a desired location prior to opening. File displays.
Important Information
Always save the changes into the NYEIS database and not to a local drive. The NYEIS database maintains the confidentiality of the Child data and is a secure location. **Do not** save any attachments that you may be authorized to view from NYEIS to an external location, unless that location is secure.

6. Click **Close** button to close file. **View Attachments** page displays.

**Editing/Replacing Attachments**

Attachments can only be edited/replaced by a User with assigned access rights. The contents of the document cannot be edited.

1. Display the Child’s Integrated Case Home Page.  

   See **Displaying Integrated Case Home Page** for further information.

**Important Information**
Look for attachments where they are most relevant. This may be on the Child’s Integrated Case Home page, a child’s IFSP Home page, a Service Authorization home page or on the MDE.

2. Click **Attachments** from the Navigation Bar. **Attachments** page displays with a list of attachments.

3. Click **Edit** link under **Action** column for the attachment to change. **Modify Attachment** page displays.
4. Apply changes in **Details** or **Attachment Description** sections.

**Important Information**
To replace existing file with a different attachment, click **Browse** button for **New File** field in **Details** section.

5. Click **Save** button. **Attachments** page displays.

**Note:**
- Click **Edit** button from **View Attachment** page as an alternative for editing Attachments

---

**Deleting Attachments**

Attachments can only be deleted by a User with assigned access rights.


**Important Information**
Look for attachments where they are most relevant. This may be on the Child’s Integrated Case Home page, a child’s IFSP Home page, a Service Authorization home page or on the MDE.

2. Click **Attachments** from the Navigation Bar. **Attachments** page displays.

3. Click **View** link under **Action** column. **View Attachment** page displays.

4. Click **Delete** button. **Delete Attachment** page displays with message *Are you sure you want to delete this attachment?*

5. Click **Yes** button. **Attachments** page displays. Attachment is removed from the list.
VALIDATING ADDRESSES

Every Primary Mailing Address and Mailing Address must be verified when entering or accepting the data into NYEIS. Address validation is not available to Providers or the Public when creating a Referral. Below is an example of where an address validation is used. In NYEIS whenever an address is entered, it must be validated.

Important Information
Although you must submit the address for validation as outlined below, Address validation functionality is not currently active at this time.

2. Type all known Child data in Search Criteria section.
3. Click Search button. Records matching display in Search Results section. To search again, click Reset button.
4. Click Reference Number link for Child. Child Homepage displays.
5. Click **Addresses** from the Navigation Bar. **Addresses** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Address</th>
<th>City</th>
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<tr>
<td>Update</td>
<td>Yes</td>
<td>Registered</td>
<td>765 Terrace Ln</td>
<td>Albany</td>
<td>10/14/2015</td>
<td></td>
</tr>
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</table>

6. Click **New** button. **Create Address** page displays.

7. Click **Search** icon in **Address** section. **Address Validation** page displays.

8. Use the **Tab** key to move from field-to-field to fill in all known information. **City, State, County and Zip** are required fields. **Address 1** is the street number and name; **Address 2** is the apartment number, suite #, etc. **Census Tract** field will not be used at this time. Click **Submit** button. Validation of address takes place immediately upon submission. Lower section of page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process.
9. Click **Select** link under **Action** column to save validated address.  **Modify Address** page redisplay with valid Address.

10. Click **Save** button.  **Addresses** page displays and valid address is tied to Child’s record.

**DISPLAYING CALENDAR**

The Calendar allows a User to see all activities by date.

1. Click **My Calendar** from Menu Bar.  **My Calendar** page displays.

   ![Calendar Image]

   **Note:**

   A down arrow displays on dates within the Calendar view that contain additional events that cannot be viewed.  Click down arrow to view the full set of events for that specific date.

**Creating a New Activity on a Calendar**

Users have access to and can create **Activities** on their own calendar.  Only authorized Users will have the ability to create **Activities** on a Child’s calendar.  **Activities** can be created by a User for involvement by other Case Participants.  For example, an EIO/D can schedule a conference call to discuss information
about a Child’s services with an ongoing Service Coordinator and a service Provider.

1. Click My Calendar from Menu Bar. My Calendar page displays.

2. Click New Activity button. Create Activity page displays.

3. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details, Time, Concerning and Comments. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

4. Click Save button to save activity and return to Events page. Activity displays on specified date.
Click **Save & New** button to save activity and create an additional activity.

OR

Click **Save & Invite** button to invite Attendees.  *See Unit 4: Case Management, Events, Inviting Attendees* for further information.

---

### Creating Recurring Activity on a Calendar

The Recurring Events function in NYEIS can be very useful to record Events that will occur on the same schedule for a period of time. A good example would be to record the various schedules for the multiple services a Child receives (e.g., PT every Tuesday and Thursday from 10:00 A.M. - 10:30 A.M.). Services can be set up on the Child’s calendar for other authorized Service Providers, the Service Coordinator and the EIO/D to view.

1. Click **My Calendar** from Menu Bar.  **My Calendar** page displays.

2. Click **New Recurring Activity** button.  **Create Recurring Activity** page displays.
3. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details, Time and Concerning. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

4. Click Frequency Pattern button for Frequency field in Activity Recurrence section. Select a Frequency Pattern window displays.
5. Select recurring pattern. Click OK. **Create Recurring Activity** page displays with **Frequency** field populated.

6. Specify the **Number of Occurrences** for the Event or define a **To Date** in **Recurrence Duration** section.

7. Type **Comments (Optional)**.

8. Click **Save** button to save activity and return to **Events** page. Activity displays on specified date.

OR

Click **Save & New** button to save activity and create an additional activity.

OR

Click **Save & Invite** button to invite Attendees. *See Unit 4: Case Management, Events, Inviting Attendees* for further information.
Unit 2:
Referral & Intake

Version 4.3
# Document Revision History

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<thead>
<tr>
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<td>4.3</td>
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<td>4.2</td>
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<td>1/7/2015</td>
<td>4.01</td>
<td>• Updated references to public referrals</td>
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<td>• Added definition of ‘status assigned’ to ‘referral reason’ cluster</td>
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<td>• Updated At-Risk referral type names</td>
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<td>• Clarified the definition of ‘Additional Referral’</td>
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<td>• Updated the section for handling a referral where child is found in users Municipality and IC is closed</td>
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<td>• Clarified the types of referrals which generate workflows to EIO/Ds</td>
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<td>• Updated IT Sys Admin roles mentioned to Muni_ProgramUserAdmin</td>
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<td>• Updated status of OTDA checks</td>
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<td>• Added note regarding the ISC accept/reject tasks being seen in users assigned tasks</td>
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<td>• Removed Content relating to submitting a public referral</td>
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<td>6/4/2012</td>
<td>1.6</td>
<td>• Updated Assigning an Initial Service Coordinator to add information about auto extending the Initial Service Coordination end date.</td>
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<td>• Updated View Child Referral screen shots to display newly added Primary Address section.</td>
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<td>10/24/2011</td>
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<td>• Updated User Search screen shots.</td>
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<tr>
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<td>• Edited Creating a Municipal Referral section.</td>
</tr>
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<td>• Updated Creating a Re-Referral subtopic. Changed label to Recording an Additional referral.</td>
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<td>• Replaced Address Validation screen shots.</td>
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<td>• Replaced Child Search and Confirm Child not Already Registered screen shots.</td>
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<td>• Replaced Set EIO/D screen shots.</td>
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<td>• Added information about Types of Referrals in the Unit Overview section.</td>
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<td>• Updated Creating a Provider Referral section.</td>
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<td>• Added Accepting Initial Service Coordinator Service Authorization section.</td>
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<td>• Edited Assigning an Initial Service Coordinator section to reflect that the Task to assign the Initial service Coordinator is allocated to the Municipality’s EIO/D work queue,</td>
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<td>• Edited Address Validation screen shots and guidance to reflect new required search fields: City, State and Zip.</td>
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<td>• Edited Assigning an Early Intervention Official Designee (EIO/D) section to add information about Medicaid CIN data.</td>
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<td>------------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tbody>
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| 11/22/2010 | 1.1     | **Creating a Municipal Referral** section – added revised Confirm Child Not Already Registered screen shot. Noted that Date of Birth is now a required search criteria field. Added information regarding Transfers.  
**Creating a Municipal Referral** section – removed reference that Referral Date field on Create Referral page defaults to today’s date. Field now defaults to blank.  
**Reserving and Managing a Submitted Referral** section – added revised Person Search screen shot. Added reference that Date of Birth is now a required search criteria field. Added reference that user should select Child Not Found search result option if a match is not found. |
| 11/2/2010  |         | **Provider Referrals** – Referral Date field removed. System auto records referral date based on date referral is submitted.  
**Municipal Referrals** – Referral date field can be back dated to reflect actual referral date  
**Municipal Referrals** – added reference that the referral date cannot be changed after the referral is registered. |
| 10/1/2010  | 1.0     | **October 2010 NYEIS launch.** |
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Referral & Intake

Unit Overview

This unit will cover how a Referral can be submitted and entered. Users will become familiar with the pages used to capture Referral information, workflow and navigation.

There are several ways that a Referral can be made to the Early Intervention Program using NYEIS. Registered Providers can submit Referrals to the Municipality through NYEIS and Municipalities can enter Referrals directly into NYEIS.

There are three types of Referrals:

A. **New Referral**: A new Referral is created when Child has never been registered to the Early Intervention Program using NYEIS.

B. **Additional Referral**: A referral is submitted for a child who already exists in NYEIS with a draft (open) Integrated Case. Additional referrals are informational only; they do not result in new workflows generating for the child’s EIO/D or Service Coordinator.

C. **Re-Referral**: A Re-Referral is created when Child’s Integrated Case Status is ‘Closed’.

In order for the Referral to be submitted, a User is required to enter basic information about the Child such as Name, Date of Birth (DOB) and whether the Child is referred ‘At-Risk’, ‘Failed Initial Hearing Screening’, ‘Confirmed Diagnosed Condition’ or ‘Suspected of Delay’. With informed parental consent, a User may enter additional information such as diagnosis or birth history. NYEIS contains an assurance that parental consent has been obtained.
REFERRAL PAGE REVIEW

The example below is a Provider Referral page. Provider is populated as Primary Referral Source when creating a Provider Referral. In order for a Referral to be submitted, a User is required to enter basic information about the Child such as name, Date of Birth (DOB) and whether the Child is referred ‘At-Risk’, ‘Failed Initial Hearing Screening’, ‘Confirmed Diagnosed Condition’, or ‘Suspected of Delay’. With parental consent, a User may enter additional information such as diagnosis or birth history. NYEIS contains an assurance that parental consent has been obtained.

Create Referral Page
Referral Reason – Captures the names of Primary and Secondary Referral Sources. Select an option in the Status Assigned field drop down. If selecting At Risk or Failed Initial Hearing Screening, refer to Unit 3: At-Risk Children for further information. Referral Source Type is required and should be entered for the Primary Referral Source. Reason for Primary and Secondary Referrals require informed parental consent to enter. Click the checkbox in the Parental Consent section for consent.

Child Information – Asterisk denotes a required field. Race and Ethnicity fields must be completed at Referral. Multiple Races may be selected by holding down the Ctrl button and clicking on your selection. See Managing the Referral, Editing Child Information for further information.

Important Information
The Race and Ethnicity fields are required to be completed by Federal Regulations. The individual collecting the information should make a best guess selection as to the child’s race and ethnicity. The data recorded in NYEIS for race and ethnicity at the time of referral can be changed / edited at a later time if necessary.

Family Information – Information regarding the Family of the Child referred is needed.

Address – Address information of Child being referred.

Phone Number – Phone Number of Child being referred. At least one phone number must be entered in Phone Number of Alternate Contact Person OR in Phone Number field.
Create Referral Page, continued

Parental Consent

Checking the information below requires that informed parental consent has been obtained. Your information will not be saved or submitted if you have not indicated that parental consent has been captured.

Checkbox: Informed Parental Consent Obtained?

Child Details

a Caregiver's Name (If Other Than Parent): [ ]

b Child's Living Arrangement: [ ]

Communication Exception

Method: [ ]
Reason: [ ]

Suspected of Delay Referral Details

Primary Referral Reason [ ]
Confidential Diagnosed Condition [ ]
Adaptive [ ]
Cognitive [ ]
Communication [ ]
Social/Emotional [ ]
Physical [ ]

Secondary Referal Source Reason [ ]
Confidential Diagnosed Condition [ ]
Adaptive [ ]
Cognitive [ ]
Communication [ ]
Social/Emotional [ ]
Physical [ ]

Diagnosis (If Known): [ ]
Transfer from Municipality: [ ]

Place of Birth

Birth Hospital (if born in New York): [ ]
Birth County: [ ]
Country of Birth: [ ]
Hospitalization Status at Time of referral: [ ]
If Not Hospitalized, Discharge Date: [ ]

Primary Care Physician

POP Name: [ ]
POP Phone: [ ]

Comments

Parental Consent – Check Informed Parental Consent Obtained? Checkbox, if consent has been obtained. Once selected, information in sections outlined below will be saved:

a Child Details

b Communication Exception – List communication methods that cannot be used for this Child/Family.

c Suspected of Delay Referral Details – Select check box for any/all Primary Referral Reason and/or Secondary Referral Source Reason suspected of delay referral details. If a diagnosis is known, click Search icon next to Diagnosis (if known) field and select applicable EI Eligible (ICD) Diagnosis Code. This information will populate diagnosis information on the Child Homepage and any future Service Authorizations. Click check box next to Transfer from
**Municipality** field if child was transferred from another municipality.

- **d** At-Risk and Failed Newborn Hearing Screening Referral Details
- **e** Place Of Birth
- **f** Primary Care Physician
- **g** Comments – Area to add notes/information.

---

**Important Information**

The checkbox in **Parental Consent** section *must* be selected in order to save data entered in the following sections: **Child Details, Communication Exception, Suspected of Delay Referral Details, At-Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth** and **Primary Care Physician**. This information is not required in order to submit a Referral. However, if the parent consented to share this information, the consent must be in writing and the **Referral source** must maintain documentation of parent consent.

---

**PROVIDER REFERRALS**

There are several ways that a Referral can be made to the Early Intervention Program using NYEIS. Registered Providers can submit Referrals to the Municipality through NYEIS.

There are three types of Referrals:

A. **New Referral**: A new Referral is created when Child has never been registered to the Early Intervention Program using NYEIS.

B. **Additional Referral**: A referral submitted for a child who already exists in NYEIS with a draft (open) Integrated Case. Additional referrals are informational only; they do not result in new workflows generating for the child’s EIO/D or Service Coordinator.

C. **Re-Referral**: A Re-Referral is created when Child’s Integrated Case Status is ‘Closed’.

The system automatically determines the Referral type based on case data and status. A User does not select the Referral type.

In order for a Referral to be submitted, a User is required to enter basic information about the Child such as name, Date of Birth (DOB) and whether the Child is referred ‘At-Risk’, ‘Failed Initial Hearing Screening’, ‘Confirmed Diagnosed Condition’, or ‘Suspected of Delay’. With parental consent, a User may enter additional information such as diagnosis or birth history. NYEIS contains an assurance that parental consent has been obtained.
The Provider’s Register Referral page allows an approved Provider of Early Intervention services to enter details for a Child being referred. Provider may enter Child information, save information and return later to edit information. To submit the Referral to the Municipality, the Provider must submit the request by selecting the Submit button on Referral View page.

Referral View page shows a list of Referrals made by a Provider and allows the Provider to access the Create a Referral page by selecting the New button. In some instances, Provider Users have a My Referrals link on their User Home Page. See Unit 9: Provider Management for further information.

Creating a New Provider Referral

Important Information
The Save button can be selected at any point during data entry. The record will be saved, but not automatically submitted as a Referral to the Municipality. Saving allows data entry to be halted if additional information needs to be collected. The Referral is then accessible from Referrals List page from the Provider’s Home Page. See Unit 9: Provider Management for further information.

2. Click **Create Referral** link under My Shortcuts. Create Referral page displays.

3. Navigate from field-to-field using **Tab** key to fill in all known information in Referral Reason, Child Information, Family Information, Address, Phone Number, Parental Consent, Child Details, Communication Exception, Suspected of Delay Referral Details, At Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth, Primary Care Physician and Comments sections. **Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.**

4. Select an option in the Status Assigned field drop down. **If selecting At Risk or Failed Initial Hearing Screening, refer to Unit 3: At-Risk Children for further information.**

5. Complete date fields in **Family Information** and **Place of Birth** sections. In the **Family Information** section, you must complete one of the following fields: Mother First & Last Name, Father First & Last Name or Alternate Parent Contact.

**Important Information**

The Parental Objection checkbox in the Family Information section must be checked. Parental Objection states: *By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.*
6. Click **Search** icon in **Address** section to confirm address information for the **Primary Address** or **Mailing Address** fields. *At least one address must be entered.* **Address Validation** page displays.

7. Use the **Tab** key to move from field-to-field to fill in information. **City**, **State**, **County** and **Zip** are required fields. **Census Tract** field will not be used at this time. Click **Submit** button. **Validation of address takes place immediately upon submission.** The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click **Select** link under **Action** column. Address displays.

### Important Information
The checkbox in **Parental Consent** section *must* be selected in order to save data entered in the following sections: **Child Details**, **Communication Exception**, **Suspected of Delay Referral Details**, **At-Risk and Failed Newborn Hearing Screening Referral Details**, **Place of Birth** and **Primary Care Physician**. This information is not required in order to submit a Referral. However, if the parent consented to share this information, the consent must be in writing and the **Referral Source** must maintain documentation of parent consent.

8. Click **Save** button. **Child Referral Completed** page displays with the message, **The child’s referral has been successfully saved.** **Errors or reasons why a Referral can not be saved display at the top.** Save does not occur until all errors are corrected.

**Child Referral Completed**

The child's referral has been successfully saved.

*Click here to view and submit the child's referral.*
*Click here to refer another child.*
9. Select **Click here to view and submit the child's referral** link. **View Child's Referral** page displays. **Select Click here to refer another child** link to add additional Referrals.

10. Review data entered. See **Editing a Saved Referral (a Referral cannot be edited if submitted)** for further details on applying changes.

11. Click **Submit** button from **View Child's Referral** page. **Confirm Submission** page displays with the following message, *Are you sure you want to submit this child’s referral?* Click **Yes** button. Referral is submitted to Municipality and **cannot** be edited.

### Important Information
- The System automatically assigns the **Referral Date** as the date that the Provider submits the Referral. The Referral date cannot be changed after the Referral is submitted.
- The System automatically determines the Referral Type based on case data and status.

### Notes:
- The System automatically completes **Source of Referral** field data, since this is a Provider Referral page. The **Source of Referral** data will be displayed on **Provider Referral** data entry page after a record is saved.

- At least one Phone Number of a parent, legal guardian or surrogate must be included in Referral record data. Data is entered in either the **Phone Number** section or the **Phone Number of Alternate Contact Person** field under **Family Information** section. A Phone Number may be entered with or without formatting (e.g., 555-1212 or 5551212).

- A Primary Address is **required** in the **Address** section.

- **Comments** section can be completed without **Parental Objection/Consent** field checked.
Editing a Saved Referral

A Referral with a status of Saved can be edited and saved. However, once a Referral has been submitted, it cannot be edited any longer.

1. Display Provider Home Page. **Provider Program Management** page displays.

![Provider Program Management](image)
2. Click **My Provider Homepage** link under **My Shortcuts** section. **Provider Home** page displays.

2. Click **Referrals** from the Navigation Bar. **Provider Referrals** page displays.
3. Click View link under the Action column for the Saved Referral to display. View Child's Referral page displays. A Referral cannot be edited after it has been submitted.

4. There are two options for changing information based on the data:

To make changes to Addresses, Phone Numbers or Communication Exceptions information, click the appropriate option from the Navigation Bar. Apply changes. When complete, the View Child's Referral page displays. See Unit 4: Case Management for further information

OR

Click Modify button to edit the other areas of the Referral. Modify Child's Referral page displays.
Apply changes or enter any new information. Click **Save** button. **View Child’s Referral** page displays.

**Note:**

- To return to **Provider Referrals** page, click **Close** button on **View Child’s Referral** page.

### Submitting a Saved Provider Referral from Provider Home Page

1. Display Provider Home Page. **Provider Program Management** page displays.
2. Click **My Provider Homepage** link under **My Shortcuts** section. **Provider Home** page displays.
3. Click **Referrals** from the Navigation Bar. **Provider Referrals** page displays.
4. Click **View** link under **Action** column for Saved Referral to display. **View Child’s Referral** page displays.

5. Click **Submit** button. **Confirm Submission** page displays with message, *Are you sure you want to submit this child’s referral?*
6. Click **Yes** button. **Referrals List** page displays. **Referral Date** displays date of submission. Status for record displays as **Submitted**.

---

**Important Information**

Once a Referral has been submitted, it cannot be edited or deleted.

---

**Municipal Referrals**

Referrals made to the Municipality by phone, fax or forms are directly entered into NYEIS by Municipal staff from their User Home Page.

**Creating a Municipal Referral**

1. Display Municipality Home Page.

2. Click **Create Referral** link under **My Shortcuts**. **Confirm Child Not Already Registered** page displays.
Note:

- If a Municipal staff member is creating a referral in NYEIS from a submitted paper Referral or processing a referral submitted by a Provider in NYEIS, a search must be performed to determine whether the Child is already in the System.

3. Type all known information in Search Criteria section. Date of Birth field information is required to perform the search.

4. Click Search button. Records matching entered Child data display in Search Results cluster. A statewide search of information takes place to determine if the Child’s data is in the System. Examine displayed records to determine whether the specific Child has already been entered in the System.

To view more detailed information for a child displayed in the Search Results cluster, click the Reference Number link in the Action column next to the child’s name. After viewing the child’s record, you can click your browser’s back button to return to the Confirm Child Not Already Registered page with the search results listed.

There are a number of different scenarios that a search can produce. Follow the steps based on your situation.

Child Not Found
Continue button on the Confirm Child Not Already Registered page and proceed to Step 5 below.

**Child Found, Registered in Your Municipality, and Child’s Integrated Case Status is in Draft**

The search results include a child record that may be the child you are creating a referral for. Click the child’s reference number in the Action column next to the child’s name in the Search Results cluster to display the Child Homepage. Click the Cases link on the navigation menu and open the child’s Integrated Case. Determine if the child’s Integrated Case Status is ‘Draft’ (open). If yes, return to the Child Homepage and click the Referral link on the navigation menu. Click the Create Referral button and record the referral information. When registered, the system will automatically record the Referral as an Additional Referral.

**Child Found, Registered in Your Municipality and Child’s Integrated Case Status is Closed or Child found and was referred as ‘At-Risk’ (no integrated case will be seen).**

The search results include a child record that may be the child you are creating a referral for. Click the child’s reference number in the Action column next to the child’s name in the Search Results cluster to display the Child Homepage. Click the Cases link on the navigation menu and open the child’s Integrated Case. Determine if the child’s Integrated Case Status is ‘Closed’ or if there is no integrated case listed. If yes to either, return to the Child Homepage and scroll down to the to the At Risk Information cluster.
• If child is At-Risk, click the At-Risk Follow-Up link on the navigation menu to Close At-Risk status and refer into EI. See Unit 3, At-Risk Children, Closing At-Risk Case for additional information.

• If child is not At-Risk, click the Referral link on the navigation menu. Click the Create Referral button and record the referral information. When registered, the system will automatically record the Referral as a Re-referral. See Unit 10: Municipal Administration, Re-opening a Closed Case for important additional information about a re-opened case.

Child Found and Not Registered in Your Municipality

The search results include a child record that may be the child you are creating a referral for. Click the child’s reference number in the Action column next to the child’s name in the Search Results cluster to display the Child Homepage. If the child’s current record is recorded with a Municipality of Residence different than your county, you will receive the message below.

Click the Close button and contact Child’s Municipality of Residence indicated in the message (Rensselaer County in the example above), and upon confirming this is the correct child, request they initiate a Transfer of the child’s records to your municipality. See Unit 7: Transfers & Transitions for information about the Transfer process.
Important Information

- If the child has moved to your Municipality but the parent/guardian doesn’t consent to transfer the child’s records, the former Municipality is still required to record it in the Transfer page on the child’s Integrated Case Home page and close the child’s Integrated Case. They should note in the Transfer record that the parent objected to the transfer of records. After saving the Transfer record, the system automatically initiates a Close Case workflow requiring the EIO/D to close the child’s Integrated Case. Once closed, the former Municipality alerts the receiving Municipality to proceed with creating a referral.

- After Child’s Integrated Case Status is closed by the former county, the receiving Municipality creates a Referral for the child. This action records a second Child record in the system for the child as well as a second Integrated Case. See Unit 7: Transfers & Transitions for more information about the Transfer process.

5. Create Referral page displays. Note that the system automatically populates any data that was recorded in the previous search in the corresponding fields of the Referral form.

Navigate from field-to-field using Tab key to fill in all known information in Referral Reason, Child Information, Family Information, Address, Phone Number, Parental Consent, Child Details, Communication Exception, Suspected of Delay Referral Details, At Risk and Failed Newborn Hearing Screening Referral Details, Place Of Birth, Primary Care Physician and Comments sections.
Record the **Referral Date** that reflects the date that the referral was received. *Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

6. Click **Search** icon for **Primary Referral Source** field located in **Referral Reason** section. **Referral Source Search** page displays.

Use the **Tab** key to move from field-to-field to fill in information. Click **Search** button. Records matching entered data display in **Search Results** section. Review displayed records to locate Referral Source. Click **Select** under **Action** column for the appropriate Referral Source.

**Important Information**

Avoid additional work by first confirming that the Referral Source is recorded in the system. If a Referral Source is not found when creating the Referral, the User must stop the Create Referral process and register the Referral Source. After the Referral Source is registered, the User can then restart the Create Referral process. **See Unit 10: Municipal Administration** for further steps on registering a Referral Source.
7. Select an option in the Status Assigned field drop down. *If selecting At Risk or Failed Initial Hearing Screening, see 3: At-Risk Children for further information.*

In the Child Information section, record the Referral Date. This is the Child's Referral Date and should represent the date the referral was made to the Municipality. The Referral Date cannot be changed after the referral is registered.

8. Complete date fields in Family Information and Place of Birth sections. In the Family Information section, you *must* complete one of the following fields: Mother First & Last Name, Father First & Last Name or Alternate Parent Contact.

**Important Information**
The Parental Objection checkbox in the Family Information section *must* be checked. Parental Objection states: *By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.*

9. Click Search icon in Address section to confirm address information for the Primary Address and Mailing Address fields. One address *must* be entered. Address Validation page displays.

Use the Tab key to move from field-to-field to fill in information. City, State, County and Zip are required fields. Census Tract field will not be used at this time. Click Submit button. Validation of address takes place immediately upon submission. The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match
from validation process. Click Select link under Action column. Address displays.

**Important Information**
The checkbox in Parental Consent section must be selected in order to save data entered in the following sections: Child Details, Communication Exception, Suspected of Delay Referral Details, At-Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth and Primary Care Physician. This information is not required in order to submit a Referral. However, if the parent consented to share this information, the consent must be in writing and the Referral Source must maintain documentation of parent consent.

10. Click Register button. Child Referral Completed page displays with the following message, **The child referral process has been successfully completed. The child’s reference number is ###.** Errors or reasons why an Application cannot be registered display at the top. Registration does not occur until all errors are corrected.

**Child Referral Completed**

The child referral process has been successfully completed.
The child’s reference number is 30000142

[Click here to open the child home page.](#)
[click here to refer another child.](#)

**Important Information**

- For referrals entered into the EI program (Suspected of Delay, Confirmed Diagnosed Condition) by Municipal Staff, the system automatically creates a task in the Municipality’s New Case work queue to assign an EIO/D.
- The Child reference number is a unique identifier that stays with the Child through the entire process.
11. Select **Click here to open the child home page** link. Child Homepage displays. Select **Click here to refer another child** link to add additional Referrals.

### Notes:

- At least one Phone Number of a parent, legal guardian or alternate *must* be included in Referral record data. Data is entered in either the **Phone Number** section or the **Phone Number of Alternate Contact Person** field under **Family Information** section. A Phone Number may be entered with or without formatting (e.g., 555-1212 or 5551212).

- At least one address is *required* in the **Address** section.

- **Comment** section can be completed without **Parental Objection/Consent** field checked.

### MANAGING THE REFERRAL

Referrals received from Providers *must* be reviewed by a Municipal User to identify if the Child exists in the System and already has a record in NYEIS.

If a match is not found, the system treats this as a **New Referral** and continues managing the Referral, searching for and entering the Referral source. If a match is found and the Child’s Integrated Case is in Draft (Open) status, the system treats the referral as an **Additional Referral**. If a match is found and the Child’s Integrated Case is Closed, the system treats the referral as a **Re-Referral**.

If a match is found and the Child record is associated with a different Municipality, the Municipal User must contact the current Municipality to coordinate a Transfer. See **Unit 7: Transfers and Transitions** for further information.
Reserving and Managing a Submitted Referral

The steps below are taken for Referrals that have been created and submitted in NYEIS by a Provider.

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

### Important Information

Work Queues are assigned to specific User Roles. User Roles are managed by the NYEIS Program User Admin at your municipality. If you do not have the work queues required for your job responsibilities, contact your NYEIS Program User Admin to discuss changing your user role. See **Appendix I: Work Queues by Role** for information about work queues that are assigned to a user role.

3. Click **View** link under **Action** column next to the **Referral Work Queue**. **Work Queue Tasks: <Municipality>_Referral** page displays with available Referrals.
4. Click Reserve link under Action column for desired task. Reserve Task page displays.

5. Type Comment (Optional).

6. Click Reserve button to reserve task and return to Work Queue Tasks page displays. Proceed to Step 7.

   OR

   Click Reserve & View button to display Task Home page. Proceed to Step 9.

7. Click Reserved Tasks in the Navigation Bar. Reserved Tasks page displays with task.

8. Click View link under Action column to display task. Task Home page displays.
9. Click **Manage Submitted Referral** link in the **Primary Action** section. **Manage Child’s Referral** page displays.

![Manage Child’s Referral](image)

10. Click **Search** icon to the right of **Existing Child** field in the **ReReferral Information** cluster. **Person Search** page displays. A **Child must be searched for prior to adding the Child into NYEIS to ensure there are no duplicates are added into the System.** For Referrals that were entered by a Municipality, the Child search has already been completed.

![Person Search](image)

11. Type all known Child data in **Search Criteria** section. **Date of Birth** field information is required to perform the search. Click **Search** button. Results are displayed in the **Search Results** cluster.
12. If a potential match or matches are found, the User clicks the Select link in the Action column next to the name of the corresponding child that the Referral was created for. The name of the child is inserted in the Existing Child field of the Manage Child’s Referral page.

There are a number of different scenarios that a search can produce. Follow the steps based on your situation.

**Child Not Found**
If no matches are found, or the search results do not display the child that the Referral was created for, the User selects the search result labeled Child Not Found. Child Not Found is inserted in the Existing Child field of the Manage Child’s Referral page. Click the Accept Referral button.

**Child Found, Registered in Your Municipality, and Child’s Integrated Case Status is in Draft (Open)**

The Child already exists in the System, the child’s Municipality of Residence is your county, and their Integrated Case is open (i.e., IC Status = Draft). The User clicks the Select link next to the child’s name on the Search Results page. The child’s name is inserted in the Referral form’s Existing Child field. User selects Accept Referral button. The Accepted referral is recorded by the system as an Additional Referral.
Child Found, Registered in Your Municipality, and Child’s Integrated Case Status is Closed

The Child already exists in the System, the child’s Municipality of Residence is your county, and their Integrated Case is closed (i.e., IC Status = Closed). The User clicks the Select link next to the child’s name on the Search Results page. The child’s name is inserted in the Referral form’s Existing Child field. User selects Accept Referral button. The Accepted referral is recorded by the system as a Re-referral. The System also creates a Task in the Municipality’s New Case Work Queue in order for an EIO/D to be assigned.

The System resets the Integrated Case Status field to Draft and the Child’s Latest Referral Date field to the date of the referral date. In addition, the system also resets the EIO/D and Service Coordinator User Role assignments to To Be Assigned. See Unit 10: Municipal Administration, Re-Opening a Closed Case for important additional information about re-opening a case.

Notes:

- To stop action and return to Work Queue Tasks page, click Cancel button from the Reserve Task page.

- To leave task open and continue managing at a later date, click Pend from Referral page.

- Reserved Tasks display in the My Tasks section of the User Home page.
Assigning an Early Intervention Official Designee (EIO/D)

After a Referral has been accepted, a Case Supervisor (EIO/D) needs to be assigned. Only Users with appropriate roles and access rights are able to assign an EIO/D to a Case.


2. Click Work Queues from the Navigation Bar to work with new Referrals. My Work Queues page displays.

3. Click View link under Action column for the appropriate Referral queue. Work Queue Tasks page displays with available Referrals.

Important Information

Work Queues are assigned to specific User Roles. User Roles are managed by the NYEIS Program User Admin at your municipality. If you do not have the work queues required for your job responsibilities, contact your NYEIS Program User Administrator to discuss changing your user role. See Appendix I: Work Queues by Role for information about work queues that are assigned to a user role.
4. Click **Reserve** link under **Action** column for desired task. **Reserve Task** page displays.

![Reserve Task](image)

5. Type **Comment** *(Optional).*

6. Click **Reserve** button to reserve task and return to **Work Queue Tasks** page. Proceed to **Step 7.**

OR

Click **Reserve & View** button to display **Task Home** page. Proceed to **Step 9.**

![Task Home](image)

7. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

8. Click **Reserved Task** in the Navigation Bar. **Reserved Tasks** page displays with task.

9. Click **View** link under **Action** column to display task. **Task Home** page displays.
10. Click Assign EIO/D for child *Child Name* link in the Primary Action section. Assign EIO/D page displays.


12. Type all known information in Search Criteria section.

13. Click Search button. Records matching display in Search Results section. *To search again, click Reset button.*

14. Click Select link under Action column for an Individual to assign to the Case. Assign EIO/D page displays with selected Case Supervisor (EIO/D).

15. Type Comments (*Optional*).

16. Click Save button to attach the Individual to Case. My Workspace page displays.

**Notes:**

- During the workflow, when the User assigns the EIO/D, the system creates the child’s Integrated Case folder.
After the EIO/D has been assigned and the child’s Integrated Case is opened, the system automatically searches the Office of Temporary Assistance (OTDA) Welfare Management System database to determine if child has a Medicaid CIN. If the search determines the child has a CIN, it sends the CIN results to the EIO/D’s Assigned Tasks as a task to manage. 

See Unit 10: Municipal Administration, Creating Child Medicaid Coverage for further information.

**Important Note:** This feature is not currently active

To change the Case Supervisor (EIO/D), display the Integrated Case Home Page and click User Roles from the Navigation Bar. See Unit 4: Case Management, User Roles for further information.

---

**Assigning an Initial Service Coordinator**

Any user with access to the Municipality’s EIO/D Work Queue can designate the Child’s Initial Service Coordinator (ISC). The Initial Service Coordination assignment is effective as of the date of the Child’s referral and terminates 45 days from the effective date.

**Important Information**

If the Ongoing Service Coordination Service Authorization has not been created and approved by the 45th day, the system will automatically extend the Initial Service Coordination Service Authorization end date by 30 days. Once the Ongoing Service Coordination SA is approved, the system determines if the Initial Service Coordination is Active. If it is, and the ISC SA end date overlaps the OSC SA effective date, the system end-dates the ISC SA to the day before the OSC SA effective date.
1. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

```
<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Subscription Date</th>
<th># of Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>1/3/2011 11:26</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>1/3/2011 11:28</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>1/3/2011 11:27</td>
<td>10</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>2</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>3/17/2011 15:10</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>3</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
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<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>9/28/2010 16:14</td>
<td>0</td>
</tr>
</tbody>
</table>
```

2. Click **View** in Action column of the row where the <Municipality name>_EIO/D is listed. The **Work Queue Tasks: <Municipality name>_EIO/D** page displays.

```
<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Priority</th>
<th>Status</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>93598</td>
<td>A transfer request for Perry Platypus from Rensselaer to Rensselaer has been requested</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>122134</td>
<td>Assign Initial Service Coordinator for Child: Tina Never</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>93594</td>
<td>Rensselaer to Rensselaer has been requested</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>130949</td>
<td>Assign Initial Service Coordinator for Child: Medley Reject</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>122221</td>
<td>Assign Initial Service Coordinator for Child: Feb Fae</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>124170</td>
<td>Paragin Task is no longer approved by DOH effective 2010-12-26 and is currently assigned as the rendering provider on the attached SA, please reassign the rendering provider for these SA</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>130947</td>
<td>Assign Initial Service Coordinator for Child: Medley Test</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>119555</td>
<td>Assign Initial Service Coordinator for Child: referral testing</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>123994</td>
<td>Paragin Task is no longer approved by DOH effective 2010-12-23 and is currently assigned as the rendering provider on the attached SA, please reassign the rendering provider for these SA</td>
<td>Medium</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>
3. Locate the Task to assign the Service Coordinator for the child you are working on. Click Reserve link under Action column for desired task. Reserve Task page displays.

Type Comment (Optional).

4. Click Reserve button to reserve task and return to Assigned Tasks page. Proceed to Step 6.

OR

Click Reserve & View button to display Task Home page. Proceed to Step 8.

5. Click Reserved Task in the Navigation Bar. Reserved Tasks page displays with task.

6. Click View link under Action column to display task. Task Home page displays.
7. Click **Assign Initial Service Coordinator** link in **Primary Action** section. **Select Provider & Location** page displays. This Search is for the agency Provider or Municipality that provides Service Coordination services, not for the individual Service Coordinator. One the next page the EIO/D has the opportunity to select the individual Service Coordinator (not required).

8. Type all known information in **Search Criteria** section. *All search fields may not be applicable.*

9. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.*

10. Click **Select** link under **Action** column to choose the agency that will provide the Service Coordination. **Assign Initial Service Coordinator** page displays with the following sections: **Initial Service Coordinator**, **Service Coordination Details** and **Comments**.

11. To assign a Service Coordinator, click **Search** icon for **Name** field located in **Initial Service Coordinator** section. The **Service Coordinator Search** page displays with the names of available agency Service Coordinators and their current caseload. If the name of a desired Coordinator is not listed, click the **Show Criteria Button**, enter more specific search criteria, and click the **Search** button.
Click **Select** link under **Action** column to choose the Service Coordinator that will be assigned to the Case. The **Assign Initial Service Coordinator** screen displays.

12. Enter the total number of 15-minute units of service coordination authorized for the period up to the anticipated date of the initial IFSP meeting, type **Number of Units**.

13. Type **Comments (Optional)**.

14. Click **Save** button to assign the Service Coordinator to the Child. **Integrated Case Home** page displays. An Integrated Case is a central location where the Child's information is managed. See **Unit 4: Case Management** for further information.

**Notes:**

- The **Initial Service Coordination** assignment is effective as of the date of the Child’s referral and terminates 45 days from the effective date.

- If the Ongoing Service Coordinator Service Authorization has not been created and approved by the 45th day, the system will automatically extend the Initial Service Coordination Service Authorization end date by 30 days. Once the Ongoing Service Coordination SA is approved, the system determines if the Initial Service Coordination is Active. If it is, and the ISC SA end date overlaps the OSC SA effective date, the system end-dates the ISC SA to the day before the OSC SA effective date.

**Accepting the Initial Service Coordinator Service Authorization**

When the Initial Service Coordinator is assigned to a Municipal staff person, the System automatically creates a Task for the Municipality to Accept/Reject the Service Coordination assignment. The Task must be actioned in order for the county to claim for the Service Coordination service. The task is created in the Municipality’s Service Authorizations work queue.

The Municipality /Agency will receive an Accept/Reject Service Authorization task in their Service Authorization work queue. (In the event that the accept/reject task is not found in the muni’s SA work queue, the Service Coordinator can check their assigned tasks to see if the task was delivered there).
The Municipality/Agency may accept the Service Authorization with previously selected Service Coordinator by clicking the ‘Use Currently Assigned Service Coordinator’. If one was not previously selected; the Municipality/Agency may assign a new Service Coordinator or they may reject the Service Authorization.

If the Service Authorization is rejected, a Task with the subject **Provider <Name> has rejected the assignment of Service Authorization <number> for <child’s name>** is created in the EIO/D’s Assigned Task Inbox.

The EIO/D opens the Task and clicks the **Service Authorization Home Page** link in the **Primary Action** cluster. **See Unit 1: Getting Started, Working with Tasks** for further information.
The **Service Authorization Home** page displays. The EIO/D clicks the **Change/Assign Service Coordination Provider** button to select an Agency Provider and corresponding Service Coordinator to assign to the child.
Editing Child Information

Only certain individuals authorized by their role will be able to edit information regarding the Child and family. A history is retained of information adjusted as well as the name of the individual who edited the details.

1. Click **Search** from Menu Bar of Home Page. **Child Search** page displays.

2. Type all known Child data in **Search Criteria** section.

3. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button.

4. Click **Reference Number** link for Child. **Child Homepage** displays with read-only data.

5. Click **Edit** button. **Modify Child** page displays.
6. Apply necessary changes.

7. Click **Save** button. **Child Homepage** displays.

**Note:**

- To display any demographic data changes made to the Child, click **Demographic Data Change History** in the Navigation Bar. See Unit 4: Case Management for further information.

**RECORDING AN ADDITIONAL REFERRAL**

A Referral registered or accepted for a child whose Integrated Case is in Draft (Open) status is known as an **Additional Referral**. A Municipal User can record a Referral for a child known to exist in the system and have an open Integrated Case using the Create Referral feature on the Child’s Referral page.

1. Click **Search** from Menu Bar of Home Page. **Child Search** page displays.
2. Type all known Child data in **Search Criteria** section.

3. Click **Search** button. Records matching display in **Search Results** section. 
   *To search again, click **Reset** button.*

4. Click **Reference Number** link for Child. **Child Homepage** displays.

5. Click **Referrals** from the Navigation Bar. **Referrals** page displays.

6. Click **Create Referral** button. **Enter Referral** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*
7. Navigate from field-to-field using **Tab** key. See Creating a New Municipal Referral for further information.

8. Click **Register** button. A page displays indicating that the referral has been successfully completed.

![Child Referral Completed]

The child referral process has been successfully completed.
The child’s reference number is

Click here to open the child home page.
Click here to refer another child.

9. The child’s **Referral** page displays the added referral with a **Referral Type** of **Additional Referral**.

<table>
<thead>
<tr>
<th>Referrals: Beth Greene - 5000990</th>
</tr>
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<tr>
<td><strong>Create Referral</strong></td>
</tr>
<tr>
<td>Action</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
</tbody>
</table>

**Note:**

- To stop action and return to the **Referrals** page, click **Cancel** button from **Enter Referral** page.

**RECORDING A RE-REFERAL**

A Re-referral is defined as a referral that is registered on a closed Integrated Case (child is not “In Progress”). The system automatically records a Referral as a Re-referral. See Unit 10: Municipal Administration, Re-opening a Closed Case for further information.

**REGISTERING A SIBLING**

If a sibling of a Child already in the System is referred, demographic data will be automatically copied into the record for the new Child. The two records are linked together eliminating duplicate data entry.

1. Click **Search** from Menu Bar of Home Page. **Child Search** page displays.

2. Type all known Child data in **Search Criteria** section.
3. Click **Search** button. Records matching display in **Search Results** section.  
To search again, click **Reset** button.

4. Click **Reference Number** link for Child. **Child Homepage** displays.

5. Click **Register Sibling** button. **Create Sibling Referral** page displays with associated data.
6. Enter new information for Sibling. Click **Register** button. **Child Referral Completed** page displays.

### Child Referral Completed

The child referral process has been successfully completed.
The child's reference number is 30000068

Click here to open the child home page.
Click here to refer another child.

### Important Information

The Child reference number is a unique identifier that stays with the Child through the entire process.

7. Click the **Click here to open the child home page** link. **Child Homepage** displays.

**Note:**

- Registering a sibling from the **Register Sibling** will automatically create a **Relationship** with the sibling which can be viewed from the **Relationships** link off the Child’s HomePage. See **Unit 4: Case Management** for further information on **Relationships**.
Unit 3: At-Risk Children

Version 4.3
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<tr>
<td>1/8/2015</td>
<td>4.01</td>
<td>• Updated Screen shot for closing At Risk child</td>
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<tr>
<td></td>
<td></td>
<td>• Corrected referral type when At risk child is closed and referred to EI</td>
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<td>6/4/2012</td>
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<td>10/24/2011</td>
<td>1.5</td>
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<tr>
<td>6/24/2011</td>
<td>1.4</td>
<td>• <strong>Updated</strong> Closing At Risk topic, <strong>added</strong> information about <strong>closing an</strong> <strong>At-Risk child</strong> and Referral to EI.</td>
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<td>• <strong>Updated</strong> Address Validation screen shots.</td>
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<td>• <strong>Updated</strong> Confirm Child not Already Registered screen shots.</td>
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<tr>
<td>1/31/2011</td>
<td>1.2</td>
<td>• <strong>Edited</strong> Address Validation screen shots and guidance to reflect new required search fields: City, State and Zip.</td>
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<tr>
<td></td>
<td></td>
<td>• Amended Unit to include reference to Failed Hearing work queue.</td>
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<tr>
<td>11/22/2010</td>
<td>1.1</td>
<td>• <strong>Creating an At-Risk Referral</strong> section – added revised Confirm Child Not Already Registered screen shot. Referenced that Date of Birth is now a required search criteria field.</td>
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<tr>
<td>10/1/2010</td>
<td>1.0</td>
<td>• October 2010 NYEIS launch.</td>
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At-Risk Children

Unit Overview

Children referred with a status of At-Risk or Failed Initial Hearing Screening are recorded in NYEIS as ‘At-Risk’ children. Providers and Municipalities can create At-Risk Referrals. At-Risk child demographic data is registered in NYEIS; however, an Integrated Case is not opened for these children nor do they go through the full Multidisciplinary Evaluation process. The Municipality is responsible for ensuring that periodic surveillance is performed. If the surveillance indicates that the child is suspected to have a developmental delay, he/she can be referred to Early Intervention.
This page intentionally left blank.
**AT-RISK CHILDREN**

**Creating an At-Risk Referral**

At-Risk referrals can be created by Providers and Municipalities. The process for creating an At-Risk referral is identical to the referral process discussed in Unit 2 – Referrals and Intake. Users can refer to Unit 2 for additional information if needed.

The process outlined below is for Municipal Users. Providers should refer to Unit 2 – Referral and Intake, *Provider Referrals* for detailed steps.

1. Display Municipality Home Page.

2. Click *Create Referral* link under My Shortcuts. Confirm Child Not Already Registered page displays.

3. Type all known information in Search Criteria section. Date of Birth field information is required to perform the search.
4. Click **Search** button.

There are a number of different scenarios that can result from a search. Follow the steps based on your situation.

### Child Not Found

The search indicates that the child is not registered in the system. The search results return no records, or the child records that it does return do not represent the child you need to create a referral for. Click the **Continue** button on the Confirm Child Not Already Registered page and proceed to Step 5 below.

### Child Found, Registered in Your Municipality

The search results include a child record that may be the child you are creating a referral for. Click the child’s reference number in the **Action** column next to the child’s name in the **Search Results** cluster to display the Child Homepage. The User can select **Referrals** from the navigation menu to view the referral record. When the child’s **Municipality of Residence** is your county, the User can create an Additional Referral for the child. See Unit 2: **Referral and Intake, Creating an Additional Referral** for further instruction.
Child Found and Not Registered in Your Municipality

The search results include a child record that may be the child you are creating a referral for. Click the child’s reference number in the Action column next to the child’s name in the Search Results cluster to display the Child Homepage. If the child’s current record is recorded with a Municipality of Residence different than your county, you will receive the message below.

Click the Close button and contact Child’s current county indicated in the message (Albany County in the example above) to discuss that the child now appears to be living in your county. If the parent consents and the at-risk history indicates that continued monitoring by your county is required, the child’s Municipality of Residence will need to be changed. Contact the NYEIS Help Desk to request that the child’s Municipality of Residence be changed to your county. The system will automatically set the Referral Type to Additional Referral.

5. Create Referral page displays. Note that the system automatically populates any data that was recorded in the previous search in the corresponding fields of the Referral form.
6. Navigate from field-to-field using Tab key to fill in all known information in Referral Reason, Child Information, Family Information, Address, Phone Number, Parental Consent, Child Details, Communication Exception, Suspected of Delay Referral Details, At Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth, Primary Care Physician and Comments sections. Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

7. Click Search icon for Primary Referral Source field located in Referral Reason section. Referral Source Search page displays.

Use the Tab key to move from field-to-field to fill in information. Click Search button. Records matching entered data display in Search Results section. Review displayed records to locate Referral Source. Click Select under Action column for the appropriate Referral Source.
Important Information
Avoid additional work by first confirming that the Referral Source is recorded in the system. If a Referral Source is not found when creating the Referral, the User must stop the Create Referral process and register the Referral Source. After the Referral Source is registered, the User can then restart the Create Referral process. 📖 See Unit 10: Municipal Administration for further steps on registering a Referral Source.

8. Select At Risk or Failed Initial Hearing Screening from Status Assigned drop down. Complete the fields in the Child Information section.

In the Child Information section, record the Referral Date. This is the Child's Referral Date and should represent the date the referral was made to the Municipality. The Referral Date cannot be changed after the referral is registered.

9. Complete date fields in Family Information and Place of Birth sections. In the Family Information section, you must complete one of the following fields: Mother First & Last Name, Father First & Last Name or Alternate Parent Contact.

Important Information
The Parental Objection checkbox in the Family Information section must be checked. Parental Objection states: By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.

10. Click Search 🏷️ icon in Address section to confirm address information for the Primary Address and Mailing Address fields. One address must be entered. Address Validation page displays. Use the Tab key to move from field-to-field to fill in information. City, State, County and Zip are required fields. Census Tract field will not be used at this time.

Click Submit button. Validation of address takes place immediately upon submission. The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click Select link under Action column. Address displays.
Important Information
The checkbox in Parental Consent section must be selected in order to save data entered in the following sections: Child Details, Communication Exception, Suspected of Delay Referral Details, At-Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth and Primary Care Physician. This information is not required in order to submit a Referral. However, if the parent consented to share this information, the consent must be in writing and the Referral Source must maintain documentation of parent consent.

11. Click Register button. Errors or reasons why an Application can not be registered display at the top. Registration does not occur until all errors are corrected. Child Referral Completed page displays with the following message, The child referral process has been successfully completed.

Child Referral Completed
The child referral process has been successfully completed.
The child's reference number is 30000145
Click here to open the child home page,
Click here to refer another child.

Important Information
• The system automatically creates a task in the Municipality’s NewAtRisk or FailedHearing work queue to complete an At-Risk Follow-up.

• The Child reference number is a unique identifier that stays with the Child through the entire process.

12. Select Click here to open the child home page link. Child Homepage displays. Select Click here to refer another child link to add additional Referrals.
Notes:

- The system automatically creates a Task in the Municipality’s **NewAtRisk** work queue if Referred as **At Risk**, or the Municipality’s **FailedHearing** work queue if Referred as **Failed Initial Hearing/Screening**, for the Municipality to follow-up on the child’s status. The task requires the User to record the initial follow-up results. Subsequent follow-up tasks for the child are created in the Municipality’s **AtRiskFollowUp** work queue.  

  *See Creating Follow-Up for an At-Risk Child* for further instruction.

- At least one Phone Number of a parent, legal guardian or alternate must be included in Referral record data. Data is entered in either the Phone Number section or the Phone Number of Alternate Contact Person field under Family Information section. A Phone Number may be entered with or without formatting (e.g., 555-1212 or 5551212).

- At least one address is required in the Address section.

- Comment section can be completed without Parental Objection/Consent field checked.
Creating Follow-Up for an At-Risk Child

Municipalities are responsible for ensuring that At-Risk children receive periodic and ongoing developmental surveillance through the Child’s Primary Care Provider or other means.

After the initial at-risk follow-up results are recorded in NYEIS via the task in the Municipality’s NewAtRisk work queue, NYEIS will create periodic follow-up tasks in the Municipality’s AtRiskFollowUp work queue or FailedHearing work queue to indicate that further surveillance is necessary for a Child. Any At-Risk User assigned to the AtRiskFollowUp work queue or FailedHearing work queue can record data about the Child’s periodic screening results and who completed the screening.


2. Type known Child data in Search Criteria section.

3. Click Search button. Records matching display in Search Results section. To search again, click Reset button.

4. Click Reference Number link for Child. Child Homepage displays with read-only data.

5. Click At-Risk Follow-Up from the Navigation Bar. At-Risk Follow-Ups page displays.
6. Click **New** button. **Create At-Risk Follow-Up** page displays.

7. Navigate from field-to-field using **Tab** key. *Fields marked with an asterisk are required. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy.*

8. Click the **Follow-Up Performed By** drop down. Select from **Provider**, **Vendor** or **Referral Source**. **Organization Contact** must not be used.

   Click **Search** icon for **Follow-Up Performed By**. **Organizational Contact Search** page displays.

   Use the **Tab** key to move from field-to-field to fill in information. Click **Search** button. Review items displayed in **Search Results**. Click **Select** link under **Action** column to identify Follow-Up Provider.
9. Click **Search** icon for **Follow-Up Location**. Select Follow-Up Location page displays.

![Select Follow-Up Location](image)

Review items displayed. Click **Select** link under **Action** column to identify Follow-Up Location Address.

10. Complete each checkbox for **Passed?** and **Hearing Screening?**

11. Click **Save** button. **At-Risk Follow-Ups** page displays.

![At-Risk Follow-Ups](image)

**Note:**

- A task will be created by the System at a future date in the Municipality’s **AtRiskFollowUp** work queue or **FailedHearing** work queue indicating that an At-Risk Child follow-up needs to occur.

**Viewing/Editing At-Risk Follow-Up**

The At-Risk User is responsible for entering data about the Child’s periodic screening results and the individual who completed the screening. The At-Risk User may edit certain data regarding At-Risk children.

1. Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.
2. Click **View** link under **Action** column. **View At-Risk Follow-Up** page displays.

![View At-Risk Follow-Up](image)

3. Click **Edit** button. **Modify At-Risk Follow-Up** page displays.

![Modify At-Risk Follow-Up](image)

4. Apply necessary changes.

5. Click **Save** button. **View At-Risk Follow-Up** page displays. Click **Close** button to return to **At-Risk Follow-Ups** page.

**Note:**
- To use another method for editing, click **Edit** link under **Action** column of **At-Risk Follow-Ups** page.
Deleting At-Risk Follow-Up

Users with the correct access rights can delete an At-Risk follow-up in NYEIS. The history is available to view.

1. Click **At-Risk Follow-Up** from the Navigation Bar on **Child Homepage**. **At-Risk Follow-Ups** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Follow-Up Date</th>
<th>Performed By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>10/8/2009</td>
<td>All Families First</td>
<td>Active</td>
</tr>
</tbody>
</table>

2. Click **Delete** link under **Action** column. **Delete At-Risk Follow-Up** page displays. *Are you sure you want to delete the follow-up record for this at-risk child?* message displays.

3. Click **Yes** button. **Canceled** status displays on **At-Risk Follow-Ups** page.
CLOSING AN AT-RISK CHILD

When a Child ages out, moves, or the parent decides not to have his/her Child monitored as At-Risk, the User may close out the Child’s At-Risk Case.

1. Click At-Risk Follow-Up from the Navigation Bar on Child Homepage. At-Risk Follow-Ups page displays.

2. Click Close At Risk button. Close At-Risk Child page displays.

3. Select Closure Reason from drop down. Complete Closure Date field.

4. Click Save button. At-Risk Case is closed.

Note:
- Follow-Up Tasks that are currently open for the child will be closed by the system.
CLOSING AN AT-RISK CHILD AND REFERRING CHILD TO EI

If ongoing developmental surveillance results indicate the Child is suspected of having a developmental delay, the child’s At-Risk status should be closed and the Child referred to Early Intervention using the steps outlined below.

1. Click At-Risk Follow-Up from the Navigation Bar on Child Homepage. At-Risk Follow-Ups page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Follow-Up Date</th>
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<tr>
<td>View</td>
<td>10/8/2009</td>
<td>All Families First</td>
<td>Active</td>
</tr>
</tbody>
</table>

2. Click Close At Risk button. Close At-Risk Child page displays.

   Select Closure Reason from drop down. Complete Closure Date field.

3. Click Save button. The child’s At-Risk status is closed. The Enter Referral page displays.
4.  See Unit 2: Referral and Intake, Municipal Referrals for instructions about completing the referral.

---

**Important Information**

- The system automatically creates a task in the Municipality’s New Case work queue to assign an EIO/D after the referral is completed.

- The referral is automatically set as Referral Type: ‘Re-Referral’.

- Follow-Up Tasks that are currently open for the child will be closed by the system.
Unit 4:
Case Management

Version 4.3
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<td>4.2</td>
<td>• No changes</td>
</tr>
</tbody>
</table>
| 1/8/2015  | 4.01    | • Updated financials to reflect 4/1/13 cutover to SFA  
• Removed mention of ‘Find Task’ feature for muni or provider users  
• Added content relating to demographic data change history  
• Added content from unit 10 dealing with managing Child’s Insurance as this is now also handled by child’s Service Coordinator |
| 6/4/2012  | 1.6     | • Updated **Unit Overview** topic to state that the MUNI_ProgramUserAdmin user role can conduct the same NYEIS Case Management actions as the child’s EIO/D. |
| 10/24/2011| 1.5     | • Updated **Attachments** subtopic.                                                                                                       |
| 6/27/2011 | 1.4     | • Added **Tasks (Open Task Summary)** subtopic to the Integrated Case topic.  
• Added **Case Lifecycle Status** subtopic  
• Added **Status History** subtopic |
| 3/31/2011 | 1.3     | • Updated Child Home page screen shots. Child Information cluster renamed “Child Name.”  
• Added Important Information to **Attachments** and **Record Communication** sections. Both features are currently disabled until an Anti-Virus scanning application is added to NYEIS.  
• Updated the **Alternate Names** section.  
• Added **Editing Child Homepage** section. |
| 1/31/2011 | 1.2     | • **Edited Address Validation** screen shots and guidance to reflect new required search fields: City, State and Zip.  
• **Added Health Assessments** section. |
| 11/2/2010 |          | • **Creating MS Word Communications** section – added Internet Explorer browser settings.  
• Added **Child Home Page** section including screen shot of left navigation bar.  
• Added **Addresses** section.  
• Added **Cases** section.  
• Added **Financials** section.  
• Added **Notes from the Child Home Page** section.  
• Added **Phone Numbers** section.  
• **Tasks** section – updated explanation about user-created
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- Added **At-Risk Follow Up** section
- Added **Audit Logs** section.
- Added **Referrals** section.
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Case Management

Unit Overview

Cases are used to manage the delivery of services to a Child in NYEIS. Cases should be thought of as folders where information for a Child is stored. Examples of Cases/Folders are a child’s IFSPs and Service Authorizations. This Unit focuses primarily on the case management functions associated with the child’s homepage and integrated case homepage. Case management of other NYEIS “cases” (IFSPs, etc.) is covered in other User Manual Units (Unit 9: Provider Management, Unit 6: IFSP and Service Authorization, etc.).

An Integrated Case is a central location for the Child’s Case to be managed. An Integrated Case is created for a Child when an EIO/D is assigned.

It will be helpful to remember that Case Management in NYEIS refers to managing the Cases/Folders as described above. It does not refer to the responsibilities of a Service Coordinator in the EIP. Although many of the Case Management functions will be available to Service Coordinators, many are available to other NYEIS Users with assigned access rights.

Case management functions performed in NYEIS are normally carried out by the child’s assigned EIO/D or Service Coordinator. However, any municipal user assigned the MUNI_ProgramUserAdmin user role has the ability to perform the same case management functions as the child’s EIO/D.
**INTEGRATED CASE HOME PAGE**

Integrated Case Home Page Navigation Bar

1. **Navigation** section – displays all the different areas that can be reviewed, added or updated for a Child’s Integrated Case.

2. **Recent Items** section – displays the name of recently visited Children, Providers, Vendors, etc., as a link.

**Important Information**

The Navigation Bar is different depending on the page displayed and the User. Some links will not be available to all Users.
Working with Integrated Case Home Page

1. **Case Tab Bar** – displays multiple tabs when more than one Case is open. Tabs are always linked to a Child. Examples of tabs include Integrated Case, Individualized Family Service Plan (IFSP) and Service Authorizations (SA).

2. **Header Bar** – displays page name and Reference Number (unique identifier for the Case). The reference number always stays with the Case.

3. **Options section** –

   - **Close Case** Select link to go to Close Case page. See Unit 10: Municipal Administration, Closing a Case for important additional information and process for closing a case.
Details section – displays details about the Case.

- Child’s Name – clicking the child’s name will navigate the User to the Child Home page.
- Status - is either Draft (i.e., Open) or Closed. The Integrated Case Status field displays the current status. Click the Status History link in the Navigation menu to view the Status History.
- Child’s Latest Referral Date – displays the child’s current New Referral date or Re-Referral date. Does not display Additional Referral dates. See Unit 2: Referral and Intake for additional information regarding types of Referrals.

Service Coordination Service Authorizations section – displays the initial service coordination Service Authorization that can be viewed and changed by clicking Case Reference link.

Evaluation Service Authorizations section – displays a list of Evaluations and associated Service Authorizations that can be viewed by clicking Case Reference link. See Unit 5: Evaluation for complete information.

IFSPs section – displays list of Individual Family Service Plans (IFSP) that can be viewed and changed by clicking Case Reference link. Service Authorizations for each IFSP are accessible from the IFSP Service Authorizations List section on the IFSP Home Page. See Unit 6: IFSP & Service Authorization for complete information.

Comments section – displays comments about the Case.

ATTACHMENTS

The attachment link is available from the Integrated Case Navigation Bar and is used to attach documents that provide additional information regarding the Child in NYEIS.

Any file type may be attached depending on the Users software installed on their Personal Computer. Sample file types are (but not limited to): Word, Excel, PDF and JPG.

See Unit 1: Getting Started, Attachments for further information and instructions.
CASE PARTICIPANTS

A Case Participant is any person who has interaction with the Child’s Case through NYEIS. Case Participants do not have to be NYEIS Users. For example, a physician will be a Case Participant when a communication with them is documented in NYEIS and a Provider will be a Case Participant when a Service Authorization is issued to them through NYEIS. It is also important to note that some NYEIS Users that are Case Participants will not have access rights to perform all functions in NYEIS.

See Unit 10: Municipal Administration for information on registering specific types of Case Participants.

Viewing Case Participants

Users can View Case Participants associated with the Child’s Case.


2. Click Case Participants from the Navigation Bar. Case Participants page displays.

3. Click View link under Action column for Case Participant to display. View Participant Role page displays.

4. Review information. Click Close button when finished. Case Participants page displays.
Editing Case Participants

Case Participants are view only. Comments can only be added or changed when using the edit function. The edit function is used to add or change a comment that is specific to the Case Participant record for a specific Child.


2. Click Case Participants from the Navigation Bar. Case Participants page displays.

3. Click Edit link under Action column for Case Participant to display. Modify Participant Role page displays.

4. Add or change Comments.

5. Click Save button. Participant comments are saved. Case Participants page displays.

Note:

- Click Edit button from the View Participant Role as an alternative for editing Comments.
COMMUNICATIONS

Communications is an area in NYEIS to record Communications between Case Participants. Communications may be paper, telephone or Word Templates (available only to Municipal Users).

Communications are not meant to be recorded session notes for Providers or Service Coordinators. The Communication feature is a way for NYEIS Users to document and enhance the exchange of information.

For example, a Service Coordinator can use the Communication feature to document communications with the Evaluator regarding scheduled evaluation dates. The EIO/D can work with the feature to document contacting the CPSE chairperson regarding the transition conference, or a fiscal User to document contacting third party insurance regarding covered EI services.

**Important Information - Sensitive Information/Information Extraneous to Early Intervention**

It is important to remember that NYEIS information is subject to all Early Intervention Program (EIP) confidentiality requirements. Users must recognize that there may be sensitive or extraneous information communicated or in documents in children’s early intervention records that does not directly relate to the EIP. Early Intervention Officials and Early Intervention Providers are responsible for being aware of and adhering to other EIP confidentiality requirements that may apply to and restrict the information that should be included in children’s early intervention records.

When disclosing or re-disclosing any information, including Communication information in NYEIS, the Early Intervention Official or Early Intervention Provider must review the information and determine whether disclosure is necessary for the provision of early intervention services to the Child and/or family by the receiving party. For example, a physician’s report or social services report may not be necessary or appropriate to share with other early intervention Providers, and in these circumstances, would not be appropriate to record as Communication in NYEIS.
Record Communication

This feature is used to record any type of Communications related to a Child’s Case (e.g., phone call, letter received).


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click Record Communication button. Record Communication page displays.

4. Define correspondent by selecting one of the following items from the Record Communication page:

- If correspondent is already a Case Participant, click Case Participant drop down. Select Participant (e.g., if a communication has already been documented in NYEIS, some of these may be available to select: Physician, Committee on Preschool Special Education (CPSE) chairperson).

- If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click Participant drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User. Select Participant Type. Click Search.

Exception
Currently not available to all NYEIS User roles.
icon. **Search** page displays. Type known information in **Search Criteria**. Click **Search** button. **Search Results** display. Click **Select** link under **Action** column to select correspondent. **Record Communication** page displays with correspondent name. Click **Clear** icon to clear selected name.

There are four **Participant Types** the Municipal user can select:
- Child – children that the Municipality is delivering services to.
- Health Care Provider – agencies and individual providers registered in NYEIS.
- Referral – registered referral sources.
- Vendor – SDOH approved Vendors registered in NYEIS.

☞ If correspondent is not registered in the System, type **Correspondent Name**. **Correspondent is automatically registered as a participant associated with the case. Correspondent does not display in a search.** After a communication is created for a new participant, the participant is available in Case Participant drop down.

5. Click **Next** button. Next **Record Communication** page displays.

6. Enter appropriate information in **Communication Details** section using **Tab** key to navigate from field-to-field. Be sure to select accurately from **Communication Type** drop down.

**Important Information**

Pro-Forma Type is not a required field but may be used by the User to track and identify a type of form used.
7. Enter appropriate information in **Communication Text** section. Be sure to type **Subject**.

8. Enter appropriate information in **Correspondent Details** section. *If address is not in the System, No Address Available must be selected.*

9. Continue to go through and enter appropriate information in the following sections: **Protected Information Related Request Details**, **Protected Information Disclosure Details**, **Disclosure Purpose** (multiple selections can be made), **Other Required or Permitted Disclosure Purpose** (multiple selections can be made), **Associated Files** and **Comments**.

The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization **must** be captured in NYEIS. See **Protected Health Information Authorizations** for additional information.

**Protected Information Related Request Details** section – Select the type of request from the drop down.

**Protected Information Disclosure Details** section – complete check boxes as appropriate and select **Disclosure Type** from the drop down (enter additional disclosure details as appropriate).

Information may involve the Child's HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. See **Protected Health Information Restrictions** and **Protected Health Information Authorizations** for additional information.

10. Click **Save** button. The status of the communication logged is automatically updated depending on the type of communication. Incoming logged communications show a **Status of Received**, outgoing logged communication show a **Status of Sent**. Errors or additional information required will display at the top of the page if Communication is not completed. Apply changes. You must **save again**. **Communications** page displays with Communication item added to list.
Creating MS Word Communication

NYEIS has templates that can be used to create letters and notices related to a Child.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click Create MS Word button. Create MS Word Communication page displays.

4. Define correspondent by selecting one of the following items from the Create MS Word Communication page:

   - If correspondent is already a Case Participant, click Case Participant drop down. Select Participant (e.g., Child, Physician, and Committee on Preschool Special Education (CPSE) chairperson).

   - If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click Participant drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User.

There are four Participant Types the Municipal user can select:
- Child – children that the Municipality is delivering services to.
• Health Care Provider – agencies and individual providers registered in NYEIS.
• Referral – registered referral sources.
• Vendor – SDOH approved Vendors registered in NYEIS.

Select Participant Type. Click Search icon. Search page displays. Type known information in Search Criteria. Click Search button. Search Results display. Click Select link under Action column to select correspondent. Record Communication page displays with correspondent name. Click Clear icon to clear selected name.

If correspondent is not registered in the System, type Correspondent Name. Correspondent is automatically registered as a participant associated with the case. Correspondent does not display in a search. After a communication is created for a new participant, the participant is available in Case Participant drop down.

5. Click Next button. The next Create MS Word Communication page displays.

6. Enter appropriate information in the following sections: Correspondent Details (Address is a required field. Click Search icon to locate valid address if correspondent is already registered in the System. If search result displays No Address Available, it must be selected in order to log the Communication in NYEIS), Protected Information Related Request Details, Protected Information Disclosure Details, Disclosure Purpose (multiple selections can be made), Other Required or Permitted Disclosure Purpose (multiple selections can be made) and Associated Files.
The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization must be captured in NYEIS. See Protected Health Information Authorizations for additional information.

**Protected Information Related Request Details** section – Select the type of request from the drop down.

**Protected Information Disclosure Details** section – complete check boxes as appropriate and select Disclosure Type from the drop down (enter additional disclosure details as appropriate).

This information may involve the Child's HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. See Protected Health Information Restrictions and Protected Health Information Authorizations for additional information.

7. Click **Search** icon in **Template Name** field under **Template** section. MS Word Templates page displays.

8. Click **Select** link under **Action** column for desired template. Template displays in the **Template Name** field. Many types of templates have been developed and are available for use in NYEIS. Examples include: assignment of initial service coordinator, eligibility/ineligibility notification to parents, scheduling of IFSP meetings and transition letters.

9. Click **Save** button. Errors or additional information required will display at the top of the page if Communication is not completed. Apply changes. You must save again. Selected template displays.

10. Apply changes.

11. **Close** file and **Exit** Application. Click **Yes** button to save changes. **Communications** page displays. The **Status** of the Communication logged is automatically set to **Draft** by the system. To update the Status to **Sent**, click **View** in the **Action** column next to the correspondence. Click the **[Mark as Sent]** link next to the **Communications Status** field in the **Communications Details** cluster. **Confirmation** page displays with the message Are you sure you want to mark this communication as sent? Click **Yes** button. **Communication Status** displays as **Sent**.
Important Information

Always save changed templates that contain Child information into the NYEIS database and not to a local drive. NYEIS is a secure location and database maintains the confidentiality of the Child data.

NYEIS templates can be edited by the Municipality and downloaded to the network or Personal Computer without Child-specific information. Then, data can be entered.

Notes:

• When a template displays, some fields will automatically populate (e.g., Name, Address, Phone Number).

• Selected fields can be edited when using templates.

• Users must have Microsoft Word 2003 or newer in order for the template function to work properly. Users should contact their local IT support staff to ensure that the following Internet Explorer browser settings are configured:

  a. Popup blocker in the Internet Explorer browser on the user machine should be disabled.
  b. Add the Cúram server host name including protocol (https://commerce.health.state.ny.us) to the list of trusted sites in the Internet Explorer.
  c. The following ActiveX scripting options for the "Trusted sites" security zone must be set as follows:

    • ActiveX controls and plugins/Automatic prompting for ActiveX controls: **Enable**
    • ActiveX controls and plugins/Download signed ActiveX controls: **Enable**
    • ActiveX controls and plugins/Run ActiveX controls and plugins: **Enable**
    • ActiveX controls and plugins/Binary and script behaviors: **Enable**
    • ActiveX controls and plugins/Allow previously unused ActiveX controls to run without prompt: **Enable**
    • ActiveX controls and plugins/Script ActiveX controls marked as safe for scripting: **Enable**
Viewing Communications

The information below outlines the general steps for viewing any type of Communication (recording/MS Word). The title of the page reflects the type of Communication being viewed.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click View link under Action column for Communication to display. View Communication page displays.

4. Review information.

If the communication is MS Word communication, the Communication Status displays as Draft unless the User indicates it has been sent using the Mark as Sent feature. [When viewing an MS Word Communication, Communication Status displays as Draft. Click Mark as Sent link from]
Communication Status field. Confirmation page displays with the message *Are you sure you want to mark this communication as sent?* Click Yes button. Communication Status displays as *Sent.*]

5. Click Close button. Communications page displays.

### Editing Communications

The information below outlines the general steps for editing any type of Communication (recording/MS Word). The title of the page reflects the type of Communication being edited.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click Edit link under Action column for Communication to display. Modify Communication page displays.
4. Apply necessary changes.

5. Click Save button. Communications page displays.

### Deleting Communications

The information below outlines the general steps for deleting an MS Word type of Communication. MS Word Communications can only be deleted when in Draft status. **A Non-MS Word Communication cannot be deleted.**


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click View link under Action column for the Communication to delete. View Communication page displays.

4. Click Delete button. Delete Communication page displays the message *Are you sure you want to delete this communication?*
5. Click **Yes** button. **View Communication** page displays. Notice the **Status** field displays **Canceled**.

6. Click **Close** button. **Communications** page displays with **Canceled** in the **Status** column.

![Communications Table]

**Important Information**

Only an MS Word Communication with a status set to “Draft” can be deleted. If a MS Word Communication is marked as “Sent”, it cannot be deleted. Non-MS Word Communications can NEVER be deleted; they always have a Status of “Received” or “Sent” based on if the record of the communication was incoming or outgoing.

**EVENTS**

The Calendar Application is used when a User needs to record and share important Events or milestones for a *Child among many NYEIS Users*. Events can be placed on the Child’s Integrated Case and will display on the common Child calendar. The Calendar is accessible to Users with assigned access rights.

If a User needs to record their important events or milestones *to track and remember*, the My Calendar function from their personal Home Page is used. Events will be placed on the User’s personal calendar.

See **Unit 1: Getting Started** for further detail on displaying the User calendar.

**Calendar Views**


2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with current day in a different color.
3. Use the Tabs above the Calendar to switch to one of the following views: **go to today, day, week, month** or **go to date**.

### Creating a New Activity

Activities can be created by a User to invite other Case Participants. For example, an EIO/D can schedule a conference call to discuss information about a Child’s services with an ongoing Service Coordinator and a Service Provider.


2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with the current day in a different color.
3. Click **New Activity** button. **Create Activity** page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: **Details, Time, Concerning** (displays a selection of Case Participants) and **Comments**. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.
5. Click **Save** button to save Activity and return to **Events** page. Activity displays on specified date.

OR

Click **Save & New** button to save Activity and create an additional Activity.

OR

Click **Save & Invite** button to invite Attendees. See **Inviting Attendees** for further information.

---

### Inviting Attendees

Only registered users of NYEIS can be invited to an Activity/Event.


2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with the current day in a different color.
3. Click **New Activity** button. **Create Activity** page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: **Details, Time, Concerning** (displays a selection of Case Participants) and **Comments**. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.

5. Click **Save & Invite** button. **Invite Attendee** page displays.

**Note:**

- Only registered users of NYEIS may be invited to an activity or event.

6. Select **Attendee** type from drop down in **Details** section.
7. Click **Search** icon for **Attendee** field. Search page displays.

8. Type all known information in **Search Criteria** section. If searching for a **Provider**, be sure to enter as much detail as possible to narrow down search results. The search results are not limited to the Child’s Case that is currently open.

9. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button.

10. Click **Select** link under **Action** column to select individual. Invite **Attendee** page redisplay with **Attendee** populated. Click **Clear** icon to clear selected name.
11. Click **Save & New** button to save Attendee and search to invite another Attendee. Repeat **Steps 6 through 10**.

OR

Click **Save** button to save Activity and return to **Events** page. Activity displays on specified date. An invite has been sent to the User’s Inbox to accept or reject.

**Notes:**

- To remove an Attendee from list, click the Event from Calendar view. **View Activity Details** page displays. Click **Remove** link from **Attendees** section to remove individual. **Remove Attendee** page displays with the message **Are you sure you want to remove this attendee?** Click **Yes** button. If the Attendee has accepted the invitation, the individual is removed from Attendees section and Event is removed from their events list and calendar. Click **Close** button.

- If an attendee is removed from an invite the meeting is removed from their personal calendar but no notification is sent to inform them.

**Creating Recurring Meeting Activity**

The Recurring Events function in NYEIS is useful to record Events that occur on the same schedule for a period of time. A good example would be recording the schedule for multiple services a Child receives. If entered on the Child’s calendar, other authorized Service Providers, the Service Coordinator and the EIO/D will be able to view the schedule of services (e.g., PT every Tuesday and Thursday from 10:00 A.M. - 10:30 A.M.).


2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with the current day in a different color.
3. Click New Recurring Activity button. Create Recurring Activity page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details, Time and Concerning (displays a selection of Case Participants). Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.
5. To select a frequency pattern, click **Frequency Pattern** button from **Frequency** field. **Select a Frequency Pattern** window displays.

6. Select details for the recurring Activity. Click **OK**. **Create Recurring Activity** page displays with **Frequency** field populated.

7. Specify the **Number of Occurrences** for the Event or define a **To Date** in **Recurrence Duration** section.

8. Type **Comments (Optional)**.
9. Click **Save** button to save Activity and return to **Events** page. Activity displays on specified date.

<table>
<thead>
<tr>
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<th>Monday</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>30</td>
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<td>5</td>
<td>6</td>
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<tr>
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<td>13</td>
</tr>
<tr>
<td>09:00 - Weekly</td>
<td>10:00 - Test App</td>
</tr>
<tr>
<td>19</td>
<td>20</td>
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<tr>
<td>09:00 - Weekly</td>
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<td>26</td>
<td>27</td>
</tr>
<tr>
<td>09:00 - Weekly</td>
<td></td>
</tr>
</tbody>
</table>

OR

Click **Save & New** button to save Activity and create an additional Activity.

OR

Click **Save & Invite** button to invite Attendees. See **Inviting Attendees** for further information.
Responding to an Invite


<table>
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<tr>
<td>4/7/2009 15:00</td>
<td>Follow-up Meeting</td>
</tr>
<tr>
<td>4/9/2009 00:00</td>
<td>Weekly P/T</td>
</tr>
<tr>
<td>4/9/2009 09:00</td>
<td>Vendor Meeting</td>
</tr>
<tr>
<td>4/10/2009 09:00</td>
<td>Child Meeting</td>
</tr>
<tr>
<td>4/10/2009 10:00</td>
<td>Status meeting</td>
</tr>
<tr>
<td>4/13/2009 00:00</td>
<td>Weekly P/T</td>
</tr>
<tr>
<td>4/13/2009 10:00</td>
<td>Test Appt</td>
</tr>
</tbody>
</table>

2. Click Subject link for invite to display. View Activities Detail page displays.

3. Click Accept button to accept meeting. Accept Invitation page displays with the message *Are you sure you want to accept this invitation?* Click Yes button. View Activities Detail page displays. Status under the Attendees section is changed to Accepted.

OR

Click Reject button to reject meeting. Reject Invitation page displays with the message *Are you sure you want to reject this invitation?* Click Yes button. My Calendar page displays with invite removed.
### Editing Activities


2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with the current day in a different color.

3. Locate Activity to edit. Click link. **View Activity Details** page displays.

   ![View Activity Details](image1)

   **Details**
   - **Subject:** Test
   - **Priority:** Medium
   - **Location:**
   - **Status:** Active

   **Time**
   - **Start:** 4/23/2009 01:00
   - **End:** 4/23/2009 02:00
   - **Show As:** Busy
   - **All Day:** No

   **Concerning**
   - **Client:**
   - **Case Reference:**

   **Attendees**
   - **Action:** Attendee
   - **Remove:**
   - **Status:** Accepted

   **Comments**

4. Click **Edit** button. **Modify Activity** page displays.

   ![Modify Activity](image2)

   **Details**
   - **Subject:** Test
   - **Priority:** Medium
   - **Location:**

   **Time**
   - **Start:** 4/23/2009 01:00
   - **End:** 4/23/2009 02:00
   - **Show As:** Busy
   - **All Day:**

   **Concerning**
   - **Client:** Employer
   - **Case Reference:**

   **Comments**

5. Apply necessary changes.

6. Click **Save** button. Changes are saved. **Events** page displays.

   OR

   Click **Save & Invite** button to invite additional Attendees to Activity.
Notes:

- The user that creates an event on a child’s calendar also has that event populated on their own personal calendar.

- Any change made to an Event is automatically updated by NYEIS and displayed on the Users calendar for an Activity that has been accepted. Users will not be notified by NYEIS that a change has been made.

- Any User that has access rights to a Child’s Case may edit the Child’s Calendar. A User may not edit a Calendar Event on another User’s Calendar.

Deleting Activities


2. Click Events from the Navigation Bar. Events page displays in a Month view with the current day in a different color.

3. Locate Activity to delete. Click link. View Activity Details page displays.

4. Click Delete button. Delete Activity page displays with message Are you sure you want to delete this activity?
5. Click **Yes** button. **Events** page displays and Activity is removed.

**Important Information**

Be sure to check your Calendar on a regular basis in case there have been deleted Activities. Deleted activities are automatically removed from a User's Calendar without system notification.

**Note:**

- Users having access rights to a Child’s Case may delete an Event on the Child’s Calendar, even if they did not create the Calendar Event. Users may not delete a Calendar Event on another User’s calendar even if they have been invited to the Event.

**NOTES**

Notes are used to provide additional information regarding the Case. Notes are viewed by Users that have assigned access rights to the Case.

Notes are not meant to be an area for Users to record their Case/Progress Notes.

A Note is stored and later viewable in the location where it was created (e.g., Child Home page, Integrated Case, IFSP, Service Authorization). A Note created in an IFSP Case cannot be viewed from the Child’s Integrated Case or the Child Homepage.

**Important Information - Sensitive Information/Information Extraneous to Early Intervention**

It is important to recognize when adding Notes to a Child’s case that there may be sensitive or extraneous information communicated or known about the Child that does not directly relate to the Early Intervention Program. Early Intervention Officials and Early Intervention Providers are responsible for being aware of and adhering to other confidentiality requirements that may apply to information included in children’s early intervention records.
When disclosing or re-disclosing any information, including entering Notes in NYEIS, the Early Intervention Official or Early Intervention Provider must consider whether disclosure is necessary for the provision of early intervention services to the Child and/or family by the receiving party. For example, certain types of protected health information or family circumstances may not be necessary or appropriate to share with other Early Intervention Providers, and in these circumstances, would not be appropriate to record Notes in NYEIS.

A Note cannot be edited after it is created. If a change needs to be made to an original Note, the new Note text is added at the end. Notes are viewed by everyone that has access rights to the Case.

### Creating Notes


2. Click Notes from the Navigation Bar. Notes page displays.

   ![NYEIS Integrated Case - 14597](image)

   **Notes**: NYEIS Integrated Case - 14597

<table>
<thead>
<tr>
<th>Note</th>
<th>Entered By</th>
<th>Creation Date</th>
<th>Text</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>provider</td>
<td>1/22/2009</td>
<td>Notes may not be replaced with new text but may be amended.</td>
<td>Active</td>
</tr>
<tr>
<td>Edit</td>
<td>provider</td>
<td>3/9/2009</td>
<td>added more text.</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>provider</td>
<td>1/27/2009</td>
<td>Note 2</td>
<td>Active</td>
</tr>
</tbody>
</table>

3. Click New button. Create Note page displays.

4. Type Text in Note Text section.

5. Click Save button to save Note and return to Notes page with new Note listed.

   OR

   Click Save & New button to save Note and create a new Note.
**Viewing Notes**


2. Click Notes from the Navigation Bar. Notes page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Entered By</th>
<th>Creation Date</th>
<th>Text</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>provider.provider</td>
<td>1/22/2009</td>
<td>Notes may not be replaced with new text but may be amended.</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>provider.provider</td>
<td>3/9/2009</td>
<td>added more text.</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>provider.provider</td>
<td>1/22/2009</td>
<td>Note 2</td>
<td>Active</td>
</tr>
</tbody>
</table>

3. Click View link under Action column for Note to display. View Note page displays.

4. Review information.

5. Click Close button. Notes page displays.

**Editing Notes**

The text for Notes cannot be edited. New text is appended (added to the bottom) and original text is set to the History Note section.


2. Click Notes from the Navigation Bar. Notes page displays.

**Exception**

Currently not available to all NYEIS User roles.
3. Click **Edit** link under **Action** column for Note to change. **Modify Note** page displays with original Note listed under **Note History** section.

4. Apply necessary changes to **Details** section. Type new **Text** in **Note Text** section.

5. Click **Save** button. Note is saved. **Notes** page displays.

6. Click **View** link under **Action** column to display the updated note.
Deleting Notes

When a Note is deleted, the entire Note with its history is removed from the Live System. Notes will be stored in the NYEIS database and can be retrieved by the State Administrators. Only certain Users with access rights may delete Notes.


2. Click Notes from the Navigation Bar. Notes page displays.

3. Click View link under Action column for Note to delete. View Note page displays.

4. Click Delete button. Delete Note page displays with the message Are you sure you want to delete this note?

5. Click Yes button. Notes page displays with Note deleted.
**TASKS (OPEN TASKS SUMMARY)**

The Open Task Summary page displays a list of the tasks that are open and would need to be actioned before the Integrated Case can be Transferred or Closed.

The page also lists all User-Created tasks that are associated with the Child’s case. It includes Tasks created by a User on the Child’s Home page, Integrated Case Home page, IFSP Home page, and Service Authorization Home page. All User-Created tasks must also be closed. Keep in mind that a User-Created Task can be manually closed by the person who is assigned the Task. See Unit 1: Getting Started, Closing a Task for further information.

Second, it offers a way for the User to create a Task. Note that when a User creates a task, the record of that task will only be found in the location where the task was generated (in this case, the Child’s Integrated Case). See Unit 1: Getting Started, Creating a Task for further information on Tasks.

### Viewing Open Tasks


<table>
<thead>
<tr>
<th>Task ID</th>
<th>Source Case Reference</th>
<th>Task Subject</th>
<th>Task Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>67330</td>
<td>94692</td>
<td>Accept/Reject Audiology</td>
<td>268_ServiceAuthorizations (Children's Health Care)</td>
</tr>
<tr>
<td>88635</td>
<td>62469</td>
<td>Provider John Bobspecs, QA Test Agency has rejected the assignment of Service Authorization 83469 for Derek Stewart</td>
<td>John Boback (Albany)</td>
</tr>
</tbody>
</table>

The page list all of the currently open Tasks associated with the Integrated Case that must be actioned before the system will allow the Integrated Case to be Transferred or Closed.

**Important Information**

The Open Tasks Summary page does not display all open Tasks associated with the Child’s case. It only displays Open Tasks that are required to be actioned before the IC is Transferred or Closed. It also displays any User-Created Tasks that were created.
Four columns display information about the Task:

**Task ID** – the system-created unique Task identifier.

**Source Case Reference** – the case/folder that the Task is associated with. Examples are Integrated Case, IFSP, or Service Authorization. Click the link to determine what type of case the Task is related to.

**Task Subject** – a description of the specific task.

**Task Assignment** – specifies the location of the Task, and the Municipality or Provider who currently ‘owns’ the Task.

![Task Assignment](image)

In the first Task example listed above (67339), the location is ‘258_ServiceAuthorizations’ work queue of agency ‘Children’s Health Care’. The number preceding the Work Queue name (e.g., ‘258’) refers to the agency’s State ID number.

![Task Assignment](image)

In the second Task example listed above (88635), the location is User John Bobeck’s Assigned To or Reserved By inbox. The User is associated with the ‘Albany’ agency. In this case, the agency is Albany municipality. If John worked for a provider agency such as Children’s Health Care, it would display as ‘John Bobeck (Children’s Health Care)’. If John was an Individual Provider it would display ‘John Bobeck (Bobeck, John)’.
Creating a Task


2. Click Tasks from the Navigation menu. Open Tasks Summary page displays.

   ![Open Task Summary](image)

   Open Task Summary: NYEIS Integrated Case - 67593
   The following tasks for the Integrated Case, any BSSPs, or Service Authorizations must be acted on before the Integrated Case can be closed.

<table>
<thead>
<tr>
<th>Task ID</th>
<th>Source Case Reference</th>
<th>Task Subject</th>
<th>Task Assignment</th>
</tr>
</thead>
</table>

3. Click New button. Create User Task page displays. Refer to Unit 1: Getting Started, Creating a Task for instructions.

**Exception**
Currently not available to all NYEIS User roles.
ASSIGN EVALUATOR FOR MDE

See Unit 5: Evaluation for detail.

CHILD’S COMPLETED EVALUATIONS

See Unit 5: Evaluation for detail.

ELIGIBILITY

See Unit 5: Evaluation for detail.

IFSPs

See Unit 6: IFSP & Service Authorizations for detail.

TRANSFERS

See Unit 7: Transfers & Transitions for detail.

TRANSITIONS

See Unit 7: Transfers & Transitions for detail.

MEDIATIONS

See Unit 14: Due Process for detail.

IMPARTIAL HEARINGS

See Unit 14: Due Process for detail.

Features selected above are not available to all Users.
USER ROLES

User Roles allow authorized users to view information on the history and current EIO/D and Service Coordinator. The User Roles feature is also used to change the Supervisor of a Child’s Case who is the Child’s Early Intervention Official Designee (EIO/D). This function will *not* change any other User’s role in NYEIS.

If a change in EIO/D *must* occur, the change *must* be completed in NYEIS because tasks are dependent on this assignment. If an EIO/D is changed and there are outstanding tasks, each task *must* be manually forwarded to the new EIO/D.

**Important Information**

For the initial assignment of the EIO/D, be sure to always use the system generated ‘Assign EIO/D’ task to manage that assignment, not the ‘New EIO/D’ button on the User Roles page. Use of the ‘New EIO/D’ button is fine for subsequent changes to the initial EIO/D assignment.

*See Unit 10: Municipal Administration* for further information.

STATUS HISTORY

The Status History page provides an historical view of when the Integrated Case was opened, and when it was closed. An Integrated Case may be opened and closed several times during the child’s participation in the Early Intervention program.

*See Unit 10: Municipal Administration, Closing a Case and Re-opening a Closed Case for more information regarding these two processes.*


2. Click Status History from the Navigation Bar. Status History page displays.
Note:

- An Integrated Case with a Status of Draft is Open and indicates that the child’s case is ‘In Progress’.

MUNICIPALITY OF FISCAL RESPONSIBILITY

This feature is used to assign financial responsibility for a Child in foster care, a homeless Child or a Child in a residential facility licensed or operated by a State Agency to the correct Municipality.

A Municipality is assigned based on the Child’s address when a Child is entered into the System. The Municipality assigned takes on financial responsibility for the Child. For a Child in foster care, residential care or a homeless child, the Municipality of financial responsibility is the Municipality in which the Child or the Child’s family lived, at the time the Child was placed in foster care, residential care or the family became homeless. This Municipality may be different than the Municipality of the Child’s current address.

See Unit 10: Municipal Administration for further information on this topic.
PROTECTED HEALTH INFORMATION RESTRICTIONS

If there is an active restriction, there will be a notice section on the Child Homepage indicating that an information disclosure restriction applies.

Important Information

Once a protected Health Information Restriction is placed on a Child Case, it cannot be deleted. A deletion changes the status to cancelled; however, the record of the restriction is still available to be viewed.

Recording a Protected Health Information Restriction


2. Click Protected Health Information Restrictions from the Navigation Bar. Restrictions on Protected Health Information Disclosures page displays.

3. Click Record button. Record Restriction on Protected Health Information Disclosures page displays with the following sections: Protected Health Information Restriction Details, Associated Files and Comments.
4. Enter appropriate information using Tab key to navigate from field-to-field. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

**Information Restricted from Disclosure Details** field must be completed with a short description or title of the information that is restricted (e.g., HIV Status, Autism Diagnosis, Psychological Evaluation Results).

Associated Files may be described and attached.

5. Click Save button. **Restrictions on Protected Health Information Disclosures** page displays.

### Viewing a Protected Health Information Restriction

1. Display the Child's Integrated Case Home Page.  

2. Click **Protected Health Information Restrictions** from the Navigation Bar. **Restrictions on Protected Health Information Disclosures** page displays.

3. Click View link under Action column for Restriction. **View Restriction on Protected Health Information Disclosures** page displays.
4. Review information.

5. Click Close button. Restrictions on Protected Health Information Disclosures page displays.

**Editing a Protected Health Information Restriction**


2. Click Protected Health Information Restrictions from the Navigation Bar. Restrictions on Protected Health Information Disclosures page displays.

3. Click Edit link under Action column for Restriction. Modify Restriction on Protected Health Information Disclosures page displays.

**Note:**

- Only users with appropriate access rights may edit Protected Health Information Restrictions.

**Exception**
Currently not available to all NYEIS User roles.
4. Apply necessary changes.

5. Click Close button. Restrictions on Protected Health Information Disclosures page displays.

Deleting a Protected Health Information Restriction


2. Click Protected Health Information Restrictions from the Navigation Bar. Restrictions on Protected Health Information Disclosures page displays.

3. Click View link under Action column for Restriction. View Restriction on Protected Health Information Disclosures page displays.
4. Click **Delete** button. **Remove Restriction on Protected Health Information Disclosures** page displays with the message *Are you sure you want to remove this Restriction?*

```
Remove Restriction on Protected Health Information Disclosures

Are you sure you want to remove this Restriction?

Yes  No
```

**Note:**

- Only users with appropriate access rights may delete a Protected Health Information Restriction.

5. Click **Yes** button. **View Restrictions on Protected Health Information Disclosures** page displays.

6. Click **Close** button. **Restrictions on Protected Health Information Disclosures** page displays. **Restriction Status** is set to **Canceled**.

**PROTECTED HEALTH INFORMATION AUTHORIZATIONS**

If there is an information disclosure on a Child’s Case and there has been permission obtained to release information contained in the restriction, this authorization *must* be captured here.

**Recording a Protected Health Information Authorization**


2. Click **Protected Health Information Authorizations** from the Navigation Bar. **Authorizations on Protected Health Information** page displays.
3. Click **Record** button. **Select Authorizing Participant** page displays.

**Important Information**

The parent/legal guardian must be the authorizing Participant. If the parent is already a Case Participant they will be listed in the **Case Participant** drop down. If the parent is not listed, they will need to be entered in the **Participant Name** field.

4. Select from one of the following:

   - **If Authorizing Participant** (parent/legal guardian) is already a Case Participant, click **Case Participant** drop down. Select Participant (e.g., Child, Physician, and Committee on Preschool Special Education (CPSE) chairperson).

   - **If Authorizing Participant** (parent/legal guardian) is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click **Participant** drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User. Select Participant Type. Click **Search** icon. **Search** page displays. Type known information in **Search Criteria**. Click **Search** button. **Search Results** display. Click **Select** link under **Action** column to select correspondent. **Select Authorizing Participant** page displays with correspondent name. Click **Clear** icon to clear selected name.

   - **If Authorizing Participant** (parent/legal guardian) is not registered in the System, type **Authorizing Participant Name**. **Authorizing Participant is automatically registered as a person in the System. Authorizing Participant is only associated with Case. Authorizing Participant does not display in a search.** After a communication is created for a new participant, the participant is available in Case Participant drop down.

5. Click **Next** button. **Record Protected Information Authorization** page displays with the following sections: **Authorization Details**, **Person/Entity Authorized to Receive/Use Protected Information**, **Associated Files** and **Comments**.
6. Enter appropriate information using Tab key to navigate from field-to-field. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

7. Click Save & New button to add additional Authorizations.

OR

Click Save button. Authorizations on Protected Information page displays.

**Viewing a Protected Health Information Authorization**

**Exception**
Currently not available to all NYEIS User roles.


2. Click Protected Health Information Authorizations from the Navigation Bar. Authorizations on Protected Health Information page displays.

4. Review information.

5. Click Close button. **Authorizations on Protected Health Information** page displays.

---

**Editing a Protected Health Information Authorization**


2. Click **Protected Health Information Authorizations** from the Navigation Bar. **Authorizations on Protected Health Information** page displays.

3. Click **Edit** link under **Action** column for Authorization. **Modify Protected Information Authorization** page displays.

---

**Note:**

- Only users with appropriate access rights may edit a Protected Health Information Authorization.
4. Apply necessary changes.

5. Click Close button. **Authorizations on Protected Health Information** page displays.

---

**Revoking a Protected Health Information Authorization**


2. Click **Protected Health Information Authorizations** from the Navigation Bar. **Authorizations on Protected Health Information** page displays.

3. Click **Revoke** link under Action column for Authorization. **Revoke Protected Information Authorization** page displays with the message *Are you sure you want to revoke this Authorization?*
Notes:

- Only users with appropriate access rights may revoke a Protected Health Information Authorization.

- Click Yes button. Authorizations on Protected Health Information page displays. Status is set to Canceled.

**HEALTH ASSESSMENTS**

Health Assessments pages are NOT associated with a Child’s Multidisciplinary Evaluation. Information on the required Health Assessment (which is part of the MDE) must be entered into NYEIS in the *External Evaluation* section of the MDE, documented in the *Comments* section of the *Physical Domain* field in the *Developmental Assessment* section of the MDE or in the scanned copy of the completed MDE report that should be attached to the MDE in NYEIS.

Health Assessment pages can be completed by authorized Users to document any additional Health Assessments completed for the Child any time after eligibility has been established. In addition, documentation of ongoing assessments of a child’s developmental status performed by a provider can be documented using the Health Assessment pages. Any diagnostic information (ICD codes) captured on the Health Assessment pages will ultimately be available to view on the child’s Home Page as well to select upon invoicing for services delivered.

**Creating Health Assessments**


2. Click Health Assessments from the Navigation Bar. Additional Health Assessment(s) page displays.
3. Click **New** button. **Additional Health/Developmental Information** page displays with the following sections: **Child Details, Parental Consent, Health/Developmental Information Submitter Details, Health Assessment, Developmental Assessment, Evaluation Diagnosis Results and General Comments**.

![Additional Health/Developmental Information](image)

4. Navigate from field-to-field using **Tab** key to fill in information. Required fields are marked with an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.

   If there has been a diagnosis established while completing an additional health assessment, it may be entered using the **EI Eligible ICD Codes** (codes that make a Child eligible for the Early Intervention Program) or by entering an **Other Eligible Diagnosis Code**. If other ICD code is recorded, a justification is not required.

   Any diagnostic information (ICD codes) captured on the Health Assessment pages will ultimately be available to view on the child’s Home Page as well to select upon invoicing for services delivered.

5. Click **Save** button. **Additional Health Assessment(s) page displays.**
Viewing Health Assessments


2. Click Health Assessments from the Navigation Bar. Additional Health Assessment(s) page displays.

3. Click View link under Action column for specific Assessment. Additional Health/Developmental Information page displays.

4. Review Assessment.

5. Click Close button. Additional Health Assessment(s) page displays.
Editing Health Assessments

1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, Displaying Integrated Case Home Page for further information.

2. Click Health Assessments from the Navigation Bar. Additional Health Assessment(s) page displays.

3. Click Edit link under Action column for specific Assessment. Additional Health/Developmental Information page displays.

4. Apply necessary changes.

5. Click Save button. Additional Health Assessment(s) page displays.
Deleting Health Assessments


2. Click Health Assessments from the Navigation Bar. Additional Health Assessment(s) page displays.

3. Click View link under Action column for specific Assessment. Additional Health/Developmental Information page displays.

4. Click Delete button. Cancel Additional Health/Developmental Information page displays with the message Are you sure you want to cancel this Additional Health/Developmental Information?

5. Click Yes button. Additional Health Assessment(s) page displays. Status for Assessment is set to Canceled.
**CASE LIFECYCLE STATUS**

The Case Lifecycle Status provides a convenient summary of Case ‘events’ that have occurred during the life of the child’s Integrated Case. Events that are tracked in the Lifecycle Status include:

<table>
<thead>
<tr>
<th>Event</th>
<th>Status Achieved When …</th>
</tr>
</thead>
<tbody>
<tr>
<td>EIO/D Assigned</td>
<td>Assign EIO/D Task is completed</td>
</tr>
<tr>
<td>Service Coordinator Assigned</td>
<td>Accept/Reject Service Coordination Task is Accepted by Agency</td>
</tr>
<tr>
<td>MDE Agency Assigned</td>
<td>MDE Assignment is Accepted by the Agency</td>
</tr>
<tr>
<td>MDE Agency Rejection</td>
<td>MDE Assignment is Rejected by the assigned Agency</td>
</tr>
<tr>
<td>MDE Submitted</td>
<td>MDE Evaluation Agency submits the MDE</td>
</tr>
<tr>
<td>MDE Rejected</td>
<td>EIO/D has Rejected the submitted MDE</td>
</tr>
<tr>
<td>MDE Approved</td>
<td>EIO/D has Approved the submitted MDE</td>
</tr>
<tr>
<td>Interim IFSP</td>
<td>Interim IFSP is Approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP Initial Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP Initial Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 6 Month Review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 6 Month Review Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 12 Month Review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 12 Month Review Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 18 Month Review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 18 Month Review Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 24 Month Review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 24 Month Review Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 30 Month Review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 30 Month Review Approved</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
<tr>
<td>IFSP 36 Month review Submitted</td>
<td>IFSP is Submitted to the EIO/D for approval</td>
</tr>
<tr>
<td>IFSP 36 Month Review</td>
<td>IFSP is approved by the EIO/D</td>
</tr>
</tbody>
</table>
Approved Transfer to other municipality | Transfer record is created by the Transferring county
Transfer from other municipality | Transfer is accepted by the Receiving county

Whereas the Status displayed on the My Cases page displays the most recent Case Lifecycle event, this page displays a history of all events that have occurred on the child’s case.


2. Click Case Lifecycle Status from the Navigation Bar. Case Lifecycle Status page displays with the most recent event listed at the top.

### Notes:

- The Status page does not display when the Integrated Case was opened or closed. To view that history, select Status History in the Navigation Bar. *See Status History.*

- The Case Lifecycle Status events may not occur in the same sequence for every case. For example, a child may have an Interim IFSP approved on a date prior to the MDE Accepted. In that scenario, the Interim IFSP event will be listed before the MDE Approved event.

- Some Case Lifecycle Status events may appear multiple times. For example, the Service Coordinator Assigned event will be listed when the Initial Service Coordinator is assigned, and again when the Ongoing Service Coordinator is assigned.

- When an Integrated Case is Transferred, the Receiving County can view the Integrated Case event history achieved in the Transferring County.
**CHILD HOME PAGE**

**Child Home Page Navigation Bar**

- Home
- Addresses
- Alternative IDs
- Alternative Names
- Cases
- Communication Exceptions
- Financials
- Notes
- Phone Numbers
- Relationships
- Tasks
- **At-Risk Follow-Up**
- Audit Log
- **Referrals**
- Demographic Data Change History
- **Insurance Coverage**
- Surveys

**At-Risk Follow Up**  
*See Unit 3: At-Risk Children* for detail.

**Referrals**  
*See Unit 2: Referral & Intake* for detail.

**Insurance Coverage**  
*See Unit 10: Municipal Administration* for detail.
The Home page displays the child’s personal information, such as Contacts, Demographics, Family Information, Insurance, Eligibility, Diagnosis, and other useful information relevant to maintaining the child’s record.

The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information, need to submit a data change request.  

See Data Change Request from Provider View of Child Homepage for further information.

**Editing Child Homepage**

1. Display Child Home Page.  

See Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Edit button. Modify Child page displays.
3. Apply necessary changes or new information to **Child’s Information**, **Family Information**, **Insurance Information**, **Primary Care Physician**, **Child’s Place of Birth**, **Child Outcomes**, **Foster Care**, and/or **Comments** sections.
### Important Information

- If the child is in foster care, the Foster Care cluster **must** be completed to provide accurate contact information. Information on the foster family should also be recorded in the **Child’s Living Arrangement, Caregiver Relationship** and **Caregiver’s Name (if Other than Parent)** fields.
- The child's municipality of fiscal responsibility may need to be changed. See **Unit 10: Municipal Administration, Municipality of Fiscal Responsibility** for further information.
- Regarding editing the child homepage to include information on a surrogate parent:
  a) There is currently no specific field in NYEIS to indicate that a surrogate parent has been assigned and the name of the surrogate.
  b) This information should be detailed in the comments section of the child’s homepage.
  c) If parental rights have been terminated, the child’s homepage may need to be edited in the “Family Information” cluster for mother and/or father information, as this information is pulled into the service authorizations.
  d) The surrogate parents’ information should be entered in place of the parents’ information, and the information regarding the parents (whose rights have been terminated) should be deleted.
  e) Information should also be captured in the comments section indicating that the individual is the surrogate parent that has been appointed by the municipality and that parental rights have been terminated.
- Information in the Child Outcomes cluster should be completed when the child is included in a cohort sample year.

4. Click **Save** button. **Child Home** page displays.

2. Click Addresses from the Navigation Bar. Addresses page displays.

3. Click New button. Create Addresses page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from section to section: Details, Address and Comments. Select the type of address being recorded from the Type field drop-down menu.
The **From:** date field auto populated with today’s date; it can be changed. *Date fields must be formatted as mm/dd/yyyy format.* Click the **Primary** checkbox to indicate that the address is the primary mailing address.

**Important Information**

- Only one address can be designated as Primary.
- A Primary address is required in order for the system to include an address in a Communication Template. See *Communications, Creating MS Word Communication* for more information.

5. Click **Search** icon in **Address** section to confirm address information for the **Primary Address** and **Mailing Address** fields. **A Primary Address must be entered in the address section.** **Address Validation** page displays.

Use the **Tab** key to move from field-to-field to fill in information. **City, State, County** and **Zip** are required fields. **Address 1** is the street number and name; **Address 2** is the apartment number, suite #, etc. **Census Tract** field will not be used at this time. Click **Submit** button. **Validation of address takes place immediately upon submission.** The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click **Select** link under **Action** column. Address displays.

**Important Information**

- Regarding addresses and children in Foster Care:
  a) If parental rights are still in place and the child was in foster care upon referral to the EIP:
  b) An additional address for the biological parents should be added from the Address link off the child’s homepage navigation bar.
  c) The type of address should be “physical” (the parents’ physical address) and the user should not select “primary” (as the primary
address would be the address of the child’s residence foster care address).

d) Information should be entered into the comments section when creating the additional address to indicate that this is the biological parents’ address.
e) Information that the biological parents’ address has been entered as an additional address should be included in the comments section of the child’s homepage.

- If a child is placed in foster care after being referred to the EIP:
  a) The current address information should be edited to change the type of address to “referral address” indicating that this was the address at the time of referral.
  b) A new address should then be created with a type of “physical” (physical address of the child). The primary check box must be selected.
  c) The foster care cluster on the child’s homepage must be completed.

6. Click **Save** button to save Address and return to **Addresses** page with new address listed.

Or

Click **Save & New** button to save Address and create a new Address.

**Notes:**

- Child data cannot be edited through the IFSP Amendment process.

- The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a data change request. [See Data Change Request from the Child Homepage (Provider View)] for further information.
Viewing Addresses


2. Click Addresses from the Navigation Bar. Addresses page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Address</th>
<th>City</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Yes</td>
<td>Registered</td>
<td>765 Terrace Ln</td>
<td>Albany</td>
<td>10/14/2020</td>
<td></td>
</tr>
</tbody>
</table>

3. Click View link under Action column for the Alternative Name to display. View Alternative Name page displays.

<table>
<thead>
<tr>
<th>Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Registered</td>
</tr>
<tr>
<td>From</td>
<td>10/14/2020</td>
</tr>
<tr>
<td>Address</td>
<td>765 Terrace Ln</td>
</tr>
<tr>
<td>Albany (Albany)</td>
<td>New York 10001</td>
</tr>
<tr>
<td>Census Tract</td>
<td></td>
</tr>
<tr>
<td>Tel</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>Yes</td>
</tr>
</tbody>
</table>

4. Review information.

5. Click Close button. Addresses page displays.

2. Click Addresses from the Navigation Bar. Addresses page displays.

3. Click Edit link under Action column of Address to change. Modify Address page displays.

4. Apply necessary changes to Details, Address or Comments sections.

5. Click Save button. Addresses page displays.
Deleting Addresses


2. Click Addresses from the Navigation Bar. Addresses page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Address</th>
<th>City</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Yes</td>
<td>Physical</td>
<td>145 Sanford Lane</td>
<td>Albany</td>
<td>11/10/2010</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>No</td>
<td>Registered</td>
<td>765 Terrace Ln</td>
<td>Albany</td>
<td>10/14/2010</td>
<td></td>
</tr>
</tbody>
</table>

3. Click Edit button. Modify Address page displays. Enter a date in the To field. The date should represent the last known day that the address was valid. Date fields must be formatted as mm/dd/yyyy format.

<table>
<thead>
<tr>
<th>Details</th>
<th>Type</th>
<th>Record Location</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>11/17/2010</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>145 Sanford Lane</td>
<td>Albany (Albany) New York 10001</td>
</tr>
</tbody>
</table>

4. Click Save button. Addresses page displays with the To date field displaying the recorded end date for the address.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Address</th>
<th>City</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Yes</td>
<td>Physical</td>
<td>145 Sanford Lane</td>
<td>Albany</td>
<td>11/10/2010</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>No</td>
<td>Registered</td>
<td>765 Terrace Ln</td>
<td>Albany</td>
<td>10/14/2010</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- After end dating a Primary address, you must designate another address as Primary. There must be at least one Primary address.
• The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a data change request. See Demographic Data Change Request from the Child Homepage (Provider View) for further information.

• Child data cannot be edited through the IFSP Amendment process.

ALTERNATIVE IDs

See Unit 10: Municipal Administration, Alternate ID’s from the Child Home Page for further information.

ALTERNATIVE NAMES

Alternate Names record lists the child’s registered name as well as all other alternative names or aliases for the child. The Alternative Name Type “Registered” is assigned to the name recorded for the child in the Referral and cannot be deleted. However, certain municipal roles are able to end date the child’s current “Registered” name and afterward a new “Registered” name can be recorded. See Editing Alternative Names.
Creating Alternative Names


   ![Child Home Page]

   Exception
   Currently not available to all NYEIS User roles.

2. Click Alternative Names from the Navigation Bar.  Alternative Names page displays.

   ![Alternative Names]

3. Click New button.  Create Alternative Name page displays.

   ![Create Alternative Name]

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details and Comments.  Fields requiring data entry are marked with an asterisk.  A field can also be required based
5. Click **Save** button to save Alternative Name and return to **Alternative Names** page with new name listed.

**OR**

Click **Save & New** button to save Alternative Name and create a new Alternative Name.

**Notes:**

- The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a data change request. See **Data Change Request from the Child Homepage (Provider View)** for further information.

- Child data cannot be edited through the IFSP Amendment process.

---

**Viewing Alternative Names**

1. Display Child Home Page. See **Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. Click **Alternative Names** from the Navigation Bar. **Alternative Names** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Type</th>
<th>Status</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

3. Click **View** link under **Action** column for the Alternative Name to display. **View Alternative Name** page displays.
4. Review information.

5. Click Close button. **Alternative Names** page displays.

---

### Editing Alternative Names

#### Important Information

- An Alternative Name classified with the type of “Registered” cannot be changed to a different type (e.g., alias).
- End dating the current “Registered” name and creating a new “Registered” name will change the name on all of the Child’s cases (i.e., Integrated Case, IFSP and Service Authorization).
- Only certain municipal roles have the ability to end date the current “Registered” name and create a new one.

---


2. Click Alternative Names from the Navigation Bar. **Alternative Names** page displays.

3. Click Edit link under Action column for Alternative Name to change. **Modify Alternative Name** page displays.

---

*Exception: Currently not available to all NYEIS User roles.*
4. Apply necessary changes to **Details** section.
   
a. A date must be recorded in the “From Date” field. This field records the effective date of the new Alternative Name record.

5. Click **Save** button. **Alternative Names** page displays.

**Note:**

- If you want to keep a history of Alternative Names, simply record a date in the **To:** field. Then create a new Alternative Name record with the desired change to the name.

**Deleting Alternative Names**

An Alternative Name record is actually not deleted but rather the status is changed to “Canceled”. This is done to preserve a visible history of Alternative Names recorded for the child. The Alternative Name with a Type of “Registered” cannot be deleted (i.e., Canceled).

1. Display Child Home Page. See **Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. Click **Alternative Names** from the Navigation Bar. **Alternative Names** page displays.
3. Click View link under Action column for the Alternative Name to display. View Alternative Name page displays.

4. Click Delete button. Delete Alternative Name page displays with the message Are you sure you want to delete this alternative name?

5. Click Yes button. Alternative Names page displays with Status changed to Canceled.
CASES


2. Click Cases from the Navigation Bar. Cases page displays.

3. Select Case Reference number next to NYEIS Integrated Case will in the Type column will display the child’s Integrated Case Home Page. See Unit 1: Getting Started for further information.
COMMUNICATION EXCEPTIONS FROM THE CHILD HOME PAGE

Communication Exceptions are used to note when a particular form of communication cannot be used, e.g. phone for a deaf parent.

Creating Communication Exceptions

1. Display Child Home Page.  

   See Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Communication Exceptions from the Navigation Bar. Communication Exceptions page displays.

3. Click New button. Create Communication Exception page displays.
4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details and Comments. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

5. Click Save button to save Communication Exception and return to Communication Exceptions page with new exception listed.

OR

Click Save & New button to save Communication Exception and create a new Communication Exception.

Notes:

- If there is a Communication Exception, the exception is noted on the Child Homepage. Scroll to the Communication Exception section. Yes displays.

- The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a data change request. See Data Change Request from the Child Homepage (Provider View) for further information.

- Child data cannot be edited through the IFSP Amendment process.

Viewing Communication Exceptions


2. Click Communication Exceptions from the Navigation Bar. Communication Exceptions page displays.

3. Click View link under Action column for the Communication Exception to display. View Communication Exception page displays.
4. Review information.

5. Click Close button. Communication Exceptions page displays.

---

### Editing Communication Exceptions


2. Click Communication Exceptions from the Navigation Bar. Communication Exceptions page displays.

3. Click Edit link under Action column for Communication Exception to change. Modify Communication Exception page displays.

4. Apply necessary changes to Details and Comments sections.

5. Click Save button. Communication Exception is saved. Communication Exception page displays.
Deleting Communication Exceptions


2. Click Communication Exceptions from the Navigation Bar. Communication Exceptions page displays.

3. Click View link under Action column for the Communication Exception to display. View Communication Exception page displays.

4. Click Delete button. Delete Communication Exception page displays with the message Are you sure you want to delete this communication exception?

5. Click Yes button. Communication Exceptions page displays with Status changed to Canceled.
**FINANCIALS**

**Important Information:**

While NYEIS continues to be the initial point of entry for newly submitted claims of all types (General Service, Service Coordination, Transportation, Respite, ATD) any General Service and/or Service Coordination claiming submitted on or after 4/1/2013 is managed by a State Fiscal Agent for Provider payment and insurance billing. As it pertains to General Service or Service Coordination billing, the financial information available in NYEIS and explained below pertains to and is consistent with only those claims submitted to NYEIS up to 3/31/2013.

Vendor-based claims such as Transportation, Respite and ATD services continue to be managed entirely through NYEIS, and the information below is applicable regardless of when the claim was submitted.

For questions relating further claims processing managed to the State Fiscal Agent, please visit https://www.eibilling.com/

---

**Exception**

Currently not available to all NYEIS User roles.

Financials allows a User to view a summary of invoices and payments for the child.

1. Display Child Home Page. Refer to **Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. Click **Financials** from the Navigation Bar. Financial page displays.

---

### Child Financials: Dean Torres - 203

<table>
<thead>
<tr>
<th>Account Summary</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount Invoiced &amp; Approved</td>
<td>395.00</td>
</tr>
<tr>
<td>Total Payments to Provider</td>
<td>365.00</td>
</tr>
<tr>
<td>Total Service Payments to Provider</td>
<td>306.00</td>
</tr>
<tr>
<td>Total Respite Payments to Provider</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Transportation Payments to Provider</td>
<td>0.00</td>
</tr>
<tr>
<td>Total AT Device Payments to Provider</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Payments Received from Insurance</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Payment Received from Medicaid</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Payment Received from DOH</td>
<td>0.00</td>
</tr>
<tr>
<td>Municipality Contribution</td>
<td>395.00</td>
</tr>
</tbody>
</table>
Adding and Modifying Financial information

Refer to Unit 12: Municipal Financials, Financial Claiming for further information.

NOTES FROM THE CHILD HOME PAGE

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

   [Image of Child Home Page]

   Exception
   Currently not available to all NYEIS User roles.

2. Click Notes from the Navigation Bar. Notes page displays.

   [Table showing notes]

   Refer to Integrated Case Homepage Notes for further information.
Creating Phone Numbers

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Phone Numbers from the Navigation Bar. Phone Numbers page displays.

3. Click New button. Create Phone Number page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details and Comments. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.
5. Click **Save** button to save Phone Number and return to **Phone Numbers** page with new phone number listed.

Or

Click **Save & New** button to save Phone Number and create a new Phone Number.

**Notes:**

- Click the **Primary** check box to make the phone number the primary contact number.

- The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a data change request. Refer to **Data Change Request from the Child Homepage (Provider View)** for further information.

- Child data cannot be edited through the IFSP Amendment process.

**Viewing Phone Numbers**

1. **Display Child Home Page.** Refer to **Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. **Click Phone Numbers** from the Navigation Bar. **Phone Numbers** page displays.
3. Click View link under Action column for the Phone Number to display. View Phone Number page displays.

4. Review information.

5. Click Close button. Phone Numbers page displays.

**Editing Phone Numbers**

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Phone Numbers from the Navigation Bar. Phone Numbers page displays.

**Exception**
Currently not available to all NYEIS User roles.
3. Click **Edit** link under **Action** column for Phone Numbers to change. **Modify Phone Number** page displays.

4. Apply necessary changes to **Details** and **Comments** sections.

5. Click **Save** button. Phone number is saved. **Phone Numbers** page displays.

**Deleting Phone Numbers**

1. Display **Child Home Page.** Refer to **Unit 1: Getting Started, Displaying Child Home Page** for further information.
2. Click **Phone Numbers** from the Navigation Bar. **Phone numbers** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Area Code</th>
<th>Phone Number</th>
<th>Extension</th>
<th>From</th>
<th>To</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Yes</td>
<td>Home</td>
<td>518</td>
<td>333-9999</td>
<td>10/1/2015</td>
<td></td>
<td></td>
<td>Active</td>
</tr>
</tbody>
</table>

3. Click **View** link under **Action** column for the Phone Number to display. **View Phone numbers** page displays.

4. Click **Delete** button. **Delete Phone Number** page displays with the message *Are you sure you want to delete this phone number?*

   **Delete Phone Number:** Barnaby Jones - 449

   Are you sure you want to delete this phone number?  
   ![Yes/No buttons](Yes No)

   Click **Yes** button. **Phone numbers** page displays with **Status** changed to **Canceled**.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary</th>
<th>Type</th>
<th>Area Code</th>
<th>Phone Number</th>
<th>Extension</th>
<th>From</th>
<th>To</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>No</td>
<td>Home</td>
<td>518</td>
<td>333-9999</td>
<td>10/1/2015</td>
<td></td>
<td></td>
<td>Canceled</td>
</tr>
</tbody>
</table>
**RELATIONSHIPS**

Relationships allows a User to document sibling (only) relationships. The User searches and selects the related child and NYEIS automatically creates the relationship Type to Sibling.

### Creating Relationships

1. Display Child Home Page.  Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Relationships from the Navigation Bar. Relationships page displays.

3. Click New button. Create Relationship page displays.

**Exception**

Currently not available to all NYEIS User roles.
4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: **Details** and **Comments**. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.

5. Click **Save** button to save Relationship and return to **Relationships** page with new relationship listed.

OR

Click **Save & New** button to save Relationship and create a new relationship.

**Viewing Relationships**


2. Click **Relationships** from the Navigation Bar. **Relationships** page displays.

3. Click **View** link under **Action** column for the Relationship to display. **View Relationship** page displays.

4. Review information.

5. Click **Close** button. **Relationships** page displays.
Editing Relationships

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Relationships from the Navigation Bar. Relationships page displays.

3. Click Edit link under Action column for Relationship to change. Modify Relationship page displays.

4. Apply necessary changes to Relationship Details and Comments sections.

5. Click Save button. Relationship is saved. Relationships page displays.

Deleting Relationships

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Relationships from the Navigation Bar. Relationships page displays.

3. Click View link under Action column for the Relationship to display. View Relationship page displays.

Exception
Currently not available to all NYEIS User roles.
4. Click **Delete** button. **Delete Relationship** page displays with the message *Are you sure you want to delete this relationship?*

```
Delete Relationship: Jim Tarey - 30000087
Are you sure you want to delete this relationship?
```

5. Click **Yes** button. **Relationships** page displays with **Status** changed to **Canceled**.

```
Relationships: Joseph Boxer - 424
```

### Tasks

Tasks provides an alternate way for the user to create a Task. When a user creates a task, the record of that task will only be found in the location where the task was generated (e.g. Child Home page, IFSP, Service Authorization). For example, the record of a task created from the Child Home page will not be viewable from the child’s IFSP.

If the user assigns the task to themselves by checking the ‘Reserve to me’ option, the task will appear in the user’s **Reserved Tasks** inbox. It is also displayed on the user’s Home page in the **My Tasks** cluster. If the user assigns the task to another user, it will be displayed in their **Assigned Tasks** inbox.

📖 **Refer to Unit 1: Getting Started** for further information on Tasks.
Adding Tasks

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Tasks from the Navigation Bar. Tasks page displays.

3. Click New button. Create User Task page displays the sections Task Details, Assignment Details and Comments.

In the Task Details section, a User can create a Deadline which displays as a Due Date in the workspace of the User that the task was assigned. Priority can be selected but does not show up in the workspace of the User the task was assigned. However, Priority will be viewable when the User assigned to the Task views the Task.

4. Fill in information as necessary. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

Important Information

A Task is assigned to User on the System. Click Reserve to Me from the Assignment Details section to assign a Task to yourself. [Otherwise, select the appropriate assignee type from the Assign To field prior to initiating the search. The Search page varies depending on option selected in the Assign To field. Only registered users in NYEIS may be assigned a task.]

Exception
Currently not available to all NYEIS User roles.
5. Click **Search** icon. A search page or a list of choices displays.

   If a search page displays, enter **Search Criteria**. Click **Search** button.
   **Search Results** display. Click **Select** link under **Action** column. **Assign To** field is populated.

   If a list of options display, click **Select** link under **Action** column to select appropriate data. **Assign To** field is populated. **Create User Task** page displays with selected data displayed.

6. Click **Save** button to save current Task and return to the **Tasks** page.

   OR

   Click **Save & New** button to continue adding Tasks.

---

**Viewing Tasks**

1. Display Child Home Page. **Refer to Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. Click **Tasks** from the Navigation Bar. **Tasks** page displays.

3. Click **Task ID** link from **Tasks** page. **Task Home** page displays.

   OR

   **Open Tasks also display under My Tasks section of My Workspace page.**

---

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the
data in descending order.

- When viewing the Task Home page, a User may navigate to view the Child Homepage by selecting the Participant Home Page in the Supporting Information section.

- Recent items on the Navigation Bar displays the most recent items visited.

**AT-RISK FOLLOW UP**

Refer to Unit 3: At-Risk Children for information on this topic.

**AUDIT LOG**

Audit Logs allow a User to see who has interacted with the Child’s case. It includes the User Name, the Time the record was accessed, and the Child Name. There is no editable information in the Audit Log.

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.

2. Click Audit Log from the Navigation Bar. Audit Log page displays.

View Person Audit Log: Smith Jane - 246

<table>
<thead>
<tr>
<th>Access List</th>
<th>Time Accessed</th>
<th>Child Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawna Thornton</td>
<td>10/20/2010 13:00</td>
<td>Smith Jane</td>
</tr>
<tr>
<td>Art Art</td>
<td>6/15/2010 16:51</td>
<td>Smith Jane</td>
</tr>
<tr>
<td>Art Art</td>
<td>6/15/2010 16:48</td>
<td>Smith Jane</td>
</tr>
<tr>
<td>Art Art</td>
<td>4/20/2010 12:15</td>
<td>Smith Jane</td>
</tr>
</tbody>
</table>

**REFERRALS**

The Referral menu item provides links to the Child Referral entry and can also be used to create a Re-Referral. Refer to Unit 2: Referral & Intake, Creating a Re-Referral for information on this topic.
DEMOGRAPHIC DATA CHANGE REQUEST FROM THE CHILD HOME PAGE (PROVIDER VIEW)

This feature is available from the Navigation bar on the provider view of the Child Home Page. The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. Users not authorized to edit Child information need to submit a Data Change Request.

A history of prior changes to the child can be accessed via the Demographic Data Change History link, seen on the navigation bar of the child’s home page. This history is view-only; it cannot be modified.

Creating a Data Change Request

1. Display the Child Home Page. Click Data Change Requests from the Navigation Bar. View List of Provider Requests To Change Child Data page displays.

2. Click New button. Create Request to Change Child Data page displays with the following sections: Request Details and Child Details. Information is read only.
3. Type in the **Request Details - Please be specific** field in the **Child Details** section. Users must be as specific as possible and enter the name of the field to be changed along with the changes required (e.g., Please change Primary Care Physician information to Dr. Clayton 123 Main Street Albany NY 12205 (518) 555-1212).

4. Click **Save** button. **View List of Provider Requests To Change Child Data** page displays.

---

**Important Information**

Submitting the Data Change Request initiates workflow that creates a Task in the Municipality’s **ChildChangeRequest Work Queue**. NYEIS Users assigned to the **ChildChangeRequest Work Queue** will check the request and make any necessary changes to the **Child Home Page**. The User who submitted the change request can view the Child Home Page to see the changes that have been applied.

**Municipality Accepting Data Change Request**

Users that are assigned to the **ChildChangeRequest Work Queue** can process change request tasks.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.
3. Click **View** link from **Action** column next to the **ChildChangeRequest** work queue. **Work Queue Tasks** page displays.

4. Click **Reserve** link from **Action** column for the Child’s change request. **Reserve Task** page displays.

5. Type **Comments (Optional)**.

6. Click **Reserve** button to reserve task and return to **Work Queue Tasks** page.

   OR

   Click **Reserve&View** button to display **Task Home** page.

7. Click **Manage Child Data Change Request** link from the **Primary Action** section. **Manage Provider Request to Change Child Data** page displays.

8. Choose **Request Accepted**, **Request Refused** or **Request Canceled** from **Request Status** drop down. Providers will not receive electronic notification; however, they will immediately see any changes made. *The Child change needs to be manually completed regardless of the status selected.*
9. Click **Save** button. User’s Home Page displays.

10. If the request has been accepted, make the change to the Child’s Home Page. Make changes

**INSURANCE COVERAGE FROM THE CHILD HOME PAGE**

Although authorized municipal users continue to have the ability to access and add/edit a child’s commercial insurance information, it is the responsibility of the Service Coordinator to review with the family the insurance requirements in New York State Public Health and Insurance Law and collect and document insurance information in NYEIS. Service Coordinators must also update insurance information, as needed, but no less than every six months with review of the IFSP.

**Creating Child Commercial Insurance Coverage**

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>While this feature is more commonly managed by the child’s Service Coordinator, these same functions can also be performed by select Municipal Staff. The following information below can also be found in <em>Unit 10 – Municipal Administration</em>.</td>
</tr>
<tr>
<td>If the Child’s plan is Medicaid Managed Care, this information still must be captured in NYEIS by adding the Managed Care as Commercial Insurance Coverage and selecting <strong>Yes</strong> in the field <strong>Plan Medicaid Managed Care?</strong> However, the User must first enter the Child’s Medicaid information either by processing the CIN Results Task or by manually entering this information. See <em>Creating Child Medicaid Coverage</em> for further instruction.</td>
</tr>
</tbody>
</table>

1. Search for the Child using the NYEIS search functionality. See *Unit 1: Getting Started, Searching* for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **New Commercial Coverage** button. **Search Insurance Provider** page displays. Enter search criteria for desired Insurance Company and click **Search** button. See **Unit 1: Getting Started, Searching** for search instructions and tips.

   Click the **Select** link in the **Action** column of the Insurance Company to be added.

5. **Create Commercial Insurance Coverage** page displays. The following sections display: **Commercial Insurance Details, Policy Holder Details, Policy Holder Address, Employer Details, Comments and Prior Authorization Notes**. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.
6. Navigate from field-to-field in **Create Commercial Insurance Coverage** page using **Tab** key to enter information. *Date fields must be formatted as mm/dd/yyyy format.*

**Commercial Insurance Details** section:

- To select an **Insurance Company Address**, click **Search** icon. **Address List** page displays all addresses associated with the company. Click **Select** link under **Action** column next to the correct address. Insurance Company address displays.

- **Insurance Sequence Number** is captured to direct NYEIS in which order claiming is to occur. For example, if a Child has two Commercial Insurance policies, one policy *must* be claimed to (primary or 1) before the other (secondary or 2). Commercial Insurance *must* always be claimed to first. When editing Third Party Insurance, it is important to remember to change the sequence as needed to ensure appropriate claiming.

- **Plan Regulated by New York State** field –select **Yes** if the Insurance Plan is regulated by NYS Law. If **No** is selected, Claims will not be sent unless the **Parental Consent to Bill** field is **Yes**.

- If the plan is not regulated by NYS law, and the parent has given consent to bill (they have been advised that payments for services could be applied towards annual and lifetime caps), select **Yes in the If not regulated by NYS Law or self-funded, does parent give consent to bill?** field. Parental consent only applies if Plan is not regulated by NYS.

- **Is Plan Child Health Plus?** and **Is Plan Medicaid Managed Care?** fields are required and defaulted to **No**.
Policy Holder Details section:

- **Policy Number for Billing, Group Number, Relationship to Policy Holder**, and **Effective Date From** must always be entered.

- If **Relationship to Policy Holder** is not “Self”, then the **Policyholder’s Name, Child’s ID Number, Policy Holder Date of Birth, Policy Holder Gender**, and **Policy Holder Address** must be entered.

Policy Holder Address section:

- **Address** must be entered when the **If Relationship to Policy Holder** field is not “Self”.

Employer Details section:

- If the insurance policy is through an employer, **Employer Name, Employer Phone Number** and **Employer Address** must be entered.

Comments section:

- Additional details can be captured on a Child’s insurance coverage.

Prior Authorization Notes section:

- Notes on any known information regarding Prior Authorization (if it’s needed, when it was requested, if it was approved or denied) can be entered. Prior Authorization Details are also captured for Child’s Insurance Coverage in the Prior Authorization/Referral pages.

7. Click **Search** icon to enter **Policy Holder Address** and **Employer Address**. **Address Validation** page displays.

Use the **Tab** key to navigate from field-to-field to fill in information. **City, State, County and Zip** are required fields. **Census Tract** field will not be used at this time. Click **Submit** button. **Validation of address takes place**
immediately upon submission. The lower section of the page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click Select link under Action column. Address displays.

8. Click Save button. View Commercial Insurance Coverage page displays.

OR

Click Save & New button to add additional coverage.
Creating Child Medicaid Coverage

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


4. Click New Medicaid Coverage button. Create Medicaid Coverage page displays with the following sections: Medicaid Coverage Details and Comments.
5. Enter all known information. Medicaid CIN and Effective From Date and must be entered.

6. Click Save button. View Medicaid Coverage page displays.

OR

Click Save & New button to add additional coverage.

7. Click Close button. Commercial Insurance Coverage page displays.

**Important Information**

If a Child has Medicaid Managed Care, the Medicaid information needs to be recorded first as outlined in this section. Next, the Managed Care information MUST still be entered as Commercial Insurance Coverage. See Creating Child Commercial Insurance Coverage for further instruction.

**Checking Medicaid Eligibility – (Currently inactive)**

NYEIS automatically submits a request to Office of Temporary and Disability Assistance (OTDA) when an EIO/D is assigned. For children with Medicaid coverage, a CIN request is sent automatically every 6 months. For children with no Medicaid coverage, a CIN request is sent automatically every month. Users are informed of system-initiated CIN search results via a Task that is created in the <Municipality>_MedicaidCIN work queue.

A user can also initiate a check for Medicaid CIN information at any time. Search results are communicated via a Task that is created in the user’s Assigned Tasks inbox. See Viewing/Selecting Medicaid Eligibility Request Results for more information about viewing the search results when the search is user initiated and system initiated.
Check Medicaid Eligibility button generates an electronic request to the NYS Office of Temporary and Disability Assistance (OTDA) to check if the Child has or had Medicaid Coverage. If the Child has or had Medicaid, the request in return provides the Child’s Medicaid CIN and effective from/to dates to the initiator of the request.

1. Search for the Child using the NYEIS search functionality.  ⚪️  See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


4. Click Check Medicaid Eligibility button. Submit Medicaid CIN Request page displays with the message Are you sure you want to submit a Medicaid CIN Request?
5. Click **Yes** button. The System creates a request for Medicaid Eligibility to OTDA. **Commercial Insurance Coverage** page displays. The request is sent electronically. The response will not be immediate; OTDA will check if the Child requested has a CIN. If the Child does have a CIN, a response record will be returned. The User that initiated the request will receive a task to validate the eligibility response for the Child.

6. Click **Home** from the Menu Bar. User Home Page displays.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>This feature has been temporarily disabled and is not currently operational</td>
</tr>
</tbody>
</table>

**Viewing/Selecting Medicaid Eligibility Request Results**

The system automatically searches the Office of Temporary and Disability Assistance (OTDA) Welfare Management System database when the child’s Integrated Case is opened. If Medicaid Coverage is found, a task is created to the Municipality’s MedicaidCIN work queue that directs the user (such as the EIO/D) to view and select the Medicaid Coverage results, and add it to the Child’s Insurance Coverage.

The Medicaid Coverage results will contain the Child’s name and Date of Birth. This is to help the user validate that this is the correct Medicaid CIN for the Child. The user will review the results and select if any Medicaid Coverage should be added.

1. Log in to NYEIS. User Home Page displays.

2. When the Medicaid CIN requests is system initiated, click **Inbox** on the Navigation Bar. Click the **Work Queues** button. The **My Work Queues** page displays. Select the **View** link next to the <Municipality>_Medicaid CIN work queue.

   OR

   When the Medicaid CIN requests is user initiated, click **Inbox** on the Navigation Bar. Click the **Assigned Tasks Inbox** button.

3. Navigate to the task **The CIN results have been received for <child name>**. Select the **Reserve** link under the **Action** column. Click the **Reserve & View** button to reserve the task. The **Task Home** page displays.
4. Click **Review OTDA CIN Results** link under the **Primary Action** Column. Medicaid Eligibility Results List page displays. Results of the request are listed in the **Results** section.

5. The user should sort by the **Medicaid CIN** column in the **Results** cluster first as there may be more than one Child returned in the results depending on the search criteria that was entered. Because there may be more than one Medicaid eligibility period, the User should select the checkbox next to each eligibility period that does not already exist for the Child in NYEIS. Click the **Register** button to add the coverage to the Coverage List.
6. Click the **Complete Registration** button to end the task. **Complete OTDA Results Review** page displays. Click **Yes** button to close the task or click the **No** button to continue with the task.

**Important Information**

Existing CIN results tasks can be used to add/update Medicaid policy information; however, for new Medicaid CIN results, this feature has been temporarily disabled and is not currently operational.

If, when attempting to add CIN results for a child, you receive a message that the CIN is already in use, that means another child registered in NYEIS has been assigned the CIN you are trying to add. Please call the NYEIS Help Desk for assistance in identifying and resolving the conflict.
Viewing Child Insurance Coverage

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


4. Click View link under Action column for specific Insurance. If a Commercial Insurance is selected, the View Commercial Insurance Coverage page displays. If Medicaid Coverage is selected, View Medicaid Coverage page displays.

5. Click Close button when finished viewing information. Commercial Insurance Coverage page displays.

6. Click Home from the Navigation Bar. Child Homepage displays.
Editing Child Insurance Coverage

1. Search for the Child using the NYEIS search functionality.  
   See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


4. Click Edit link under Action column for specific Insurance to edit.

   If Commercial Insurance coverage is selected, the Modify Child Commercial Insurance Coverage page displays. Apply necessary changes. Click Save button. Commercial Insurance Coverage page displays.

   OR

   If Medicaid Coverage is selected, the Modify Medicaid Coverage page displays. Apply necessary changes. Click Save button. Commercial Insurance Coverage page displays.

5. Click Home from the Navigation Bar. Child Homepage displays.
Important Information

If claiming to the insurance provider has occurred, it is suggested that the existing insurance record be end dated, and the changes made in a new insurance record for the child.

Deleting Child Insurance Coverage

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


4. Click View link under Action column for specific Insurance. If a Commercial Insurance is selected, the View Commercial Insurance...
Coverage page displays. If Medicaid Coverage is selected, View Medicaid Coverage page displays.

5. Click Delete button. Delete Medicaid/Commercial Insurance Policy page displays the message *Are you sure you want to delete this policy and all related information (prior authorizations, service not covered, PCDP Referrals)?* Click Yes button. Commercial Insurance Coverage page displays.

6. Click Home from the Navigation Bar. Child Homepage displays.

**Important Information**

If claiming to the insurance provider has occurred, it is suggested that the existing insurance record be end dated, and the changes made in a new insurance record for the child.

**Creating Services Not Covered**

Some EI services will not be covered at all by certain insurance companies or only a specific number of visits will be covered before the maximum benefit coverage has been reached. In these cases, a User can create a Service Not Covered in NYEIS. These services will not be claimed for payment to the insurance company.

**Commercial Insurance Coverage**


2. Click Services Not Covered from the Navigation Bar. Insurance Services Not Covered page displays.
3. Click **New** button. **Create Insurance Service Not Covered** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. **Start Date** is required.*

   ![Create Insurance Service Not Covered](image1)

4. Enter data as appropriate

5. Click **Save** button. **Insurance Services Not Covered** page displays.

6. Click **Save & New** button to add additional Services Not Covered.

---

**Important Information**

Services Not Covered is corrected by entering the same date in the Effective From and To Date fields.

The services of Service Coordination, Special Instruction, Respite and Transportation do not need to be entered into NYEIS as “Services Not Covered”.

---
Viewing Services Not Covered

Commercial Insurance Coverage

1. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

2. Click **Services Not Covered** from the Navigation Bar. **Insurance Services Not Covered** page displays.

3. Click **View** link under **Action** column. **View Insurance Service Not Covered** page displays.

4. Click **Close** button. **Insurance Services Not Covered** page displays.
Editing Services Not Covered

Commercial Insurance Coverage


2. Click Services Not Covered from the Navigation Bar. Insurance Services Not Covered page displays.

3. Click View link under Action column. View Insurance Service Not Covered page displays.

4. Click Edit button. Modify Insurance Service Not Covered page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.
5. Apply necessary changes.

6. Click **Save** button. **View Insurance Service Not Covered** page displays.

7. Click **Close** button. **Insurance Services Not Covered** page displays.

### Creating Prior Authorization/Referrals

The Municipality should enter any information into NYEIS regarding known requirements to ensure coverage of the service (e.g., an insurance company requires prior authorization, and/or a script for a service type or a Referral before agreeing to cover). When this information is entered as required by the insurance company to ensure coverage, in order for NYEIS to begin billing for the service, the required Prior Authorization/Referral and/or Script must be documented as received in NYEIS.

### Commercial Insurance Coverage – Prior Authorizations/Referral Required

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.
6. Click New button. **Create PA / PCP Referral / Script Required** page displays.

7. Enter data as appropriate.

8. Click Save button. **Prior Authorizations/Referrals** page displays.

   OR

   Click Save & New button to enter additional PA / PCP Referral / Script Required.

**Commercial Insurance Coverage – Create Prior Authorization**

If the need for a Prior Authorization for a service has been entered into NYEIS and a Service Authorization is created that requires a request for Prior Authorization from Commercial Insurance, the EIO/D receives notification through a task to request Prior Authorization for the Child and may forward this task to the service coordinator to document the prior authorization as received.

**Important Information**

The Prior Authorization workflow task, called Prior Authorization, is directed to the EIO/D.  ☞ See Appendix H for further information about the workflow.
1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.

   ![Child Homepage](image)

   - **Child information**
     - First Name: Kevin
     - Last Name: Bondman
     - Date of Birth: 12/19/1980

   - **Contact**
     - Address: 80 Broadway, Albany, NY 12206
     - Phone Number: 518-303-6000

   - **Child Information**
     - Child's Reference Date: 12/19/1980
     - Birth of Birth: 12/19/1980
     - Calendar Age of Child: 0 Years, 0 Months
     - Ethnic Origin: Not Hispanic or Latino
     - Child’s Case Status: Male
     - Child’s Initial Language: English
     - Child’s Living Arrangement: Child’s Home
     - Child’s School District: Academy
     - Caregiver’s Name: (First Name Last Name)
     - Date of Birth: 12/19/1980

   - **American Indian or Alaskan Native**
     - **Family Information**
       - Mother’s First Name: Jil
       - Mother’s Last Name: Bondman
       - Mother’s Date of Birth: 12/19/1980

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

   ![Commercial Insurance Coverage](image)

   - **Coverage List**
     - Coverage: Commercial Insurance Coverage
     - Issuer: Adria Health
     - Policy Number: 0904043
     - Effective From Date: 1/1/2018
     - Effective To Date: 12/31/2018
     - Third Party Sequence: 1

   - **Municipality**
     - Mary of Fiscal Responsibility: Albany
     - Medicaid CN: 5094043
     - Placement Date: 12/31/2018
     - Removal Date: 12/31/2018

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

6. Click New Prior Authorization button. Create Prior Authorization page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

Prior Authorization Number must be entered after the request has been made and the Authorization Number is issued. A Municipality may not have this information while initially entering data in this page.

To select a Service Authorization Number, click Search icon. Select Service Authorization Number page displays. Click Select link under Action column for correct Service Authorization

Prior Authorization Certification Type field indicates if the Prior Authorization request is Initial, Renewal or Revised.

Related Prior Authorization Number field captures any previously issued Authorization Number that may be useful when requesting additional authorization.
**Number of Authorized Visits** field should be used to capture the total number of visits authorized by Commercial Insurance, not the total number of authorized visits on the Service Authorization.

**Important Information**

- If a prior authorization is submitted and denied, the service should be recorded as a “service not covered”. See *Services Not Covered* for further information.
- User subscribed to the Muni_FiscalManager work queue will receive a Notification when the number of Authorized Visits minus the number of claimed visits reaches 3.

**Delay Reason** field captures the reason there was a delay in processing by Commercial Insurance.

**Denial Reason** field captures the denial if the Prior Authorization request is denied.

**Important Information**

If a Prior Authorization is required and submitted for and then denied, the service should then be entered under ‘Services Not Covered’.

Click **Save** button. **Prior Authorizations/Referrals** page displays.

OR

Click **Save & New** button to enter additional Prior Authorizations.

**Commercial Insurance Coverage – Create 278 Request**

**Important Information**

This feature has been temporarily disabled and is not currently operational.
Commercial Insurance Coverage – New Primary Care Physician Referral

Once a service has been agreed to as appropriate for a child/family and the resulting Service Authorization is issued, the Municipality should enter any information into NYEIS regarding specific requirements to ensure coverage of services (e.g., an insurance company requires prior authorization or a Referral before they will agree to cover a service).

If the need for a New Primary Care Physician Referral for a service has been entered into NYEIS and a Service Authorization is created that requires a request for a Primary Care Physician Referral, the child’s Service Coordinator receives notification through a Task to request PCP Referral for the Child.

### Important Information

The Primary Care Physician Referral workflow task, called PCP Referral, is directed to the child’s Service Coordinator. See Appendix H for further information about the workflow.

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

![Insurance Coverage List](image)

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

![View Commercial Insurance Coverage](image)

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

![Prior Authorizations/Referrals](image)

6. Click **New Primary Care Physician Referral** button. **Create Primary Care Physician Referral** page displays. **SA Number** and **PCP Referral Number** are **required** fields. **PCP Referral Number** may be the referring physicians NPI number.
7. To select an SA Number, click Search icon. Select Service Authorization Number page displays. Click Select link under Action column for correct Service Authorization Number. Create Primary Care Physician Referral page displays.

8. Click Save button. Prior Authorizations/Referrals page displays.

### Viewing Prior Authorization / Referrals

#### Commercial Insurance Coverage – View Service Details

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **View** link under **Action** column for **Service Details**. **View PA / PCP Referral / Script Required** page displays.

7. Click **Close** button. **Prior Authorizations/Referrals** page displays.

8. Click **Home** from the Menu Bar. User Home Page displays.

### Commercial Insurance Coverage – View Prior Authorization

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **View** link under **Action** column for specific Prior Authorizations. **View Prior Authorization** page displays.
7. Click Close button. Prior Authorizations/Referrals page displays.

Editing Prior Authorization / Referrals

Commercial Insurance Coverage – Edit Service Details

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

![Prior Authorizations/Referrals](screen1.png)

6. Click **Edit** link under **Action** column for specific **Service Details**. **Modify PA / PCP Referral / Script Required** page displays.

![Modify PA / PCP Referral / Script Required](screen2.png)

7. Apply necessary changes.

8. Click **Save** button. **Prior Authorizations/Referrals** page displays.

**Commercial Insurance Coverage – Edit Prior Authorization**

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

![Commercial Insurance Coverage](screen3.png)
4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **Edit** link under **Action** column for specific **Prior Authorizations**. **Modify Prior Authorization** page displays.

7. Apply necessary changes.

8. Click **Save** button. **Prior Authorizations/Referrals** page displays.
Important Information
If claiming to the insurer has occurred, and the Prior Authorization information has changed, it is recommended that the existing prior Authorization record be end-dated and new Prior Authorization information is added.

Deleting Prior Authorization / Referrals

Commercial Insurance Coverage – Delete Service Details Required

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


6. Click View link under Action column for specific Service Details. View PA / PCP Referral / Script Required page displays.

7. Click Delete button. Confirm Delete that PA / PCP Referral / Script is Required page displays with the message Are you sure you want to delete this indicator that either a PA, PCP Referral or Prescription is required for this Child’s Insurance Coverage?

8. Click Yes button. Prior Authorizations/Referrals page displays.

**Commercial Insurance Coverage – Delete Prior Authorization**

1. Log in to NYEIS. User Home Page displays.

2. Click Child link in Search section. Child Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. To search again, click Reset button.
4. Click **Reference Number** link for appropriate Child. **Child Homepage** displays.

5. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

6. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

7. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

8. Click **View** link under **Action** column for specific **Prior Authorizations**. **View Prior Authorization** page displays.
9. Click **Delete** button. **Delete Prior Authorization** page displays with the message *Are you sure you want to delete this prior authorization?*

![Delete Prior Authorization](image)

10. Click **Yes** button. **Prior Authorizations/Referrals** page displays.

> **Important Information**
> If claiming to the insurer has occurred, and the Prior Authorization information has changed, it is recommended that the existing Prior Authorization record be end-dated and new Prior Authorization information is added.

**Commercial Insurance Coverage – Delete Primary Care Physician Referral**

1. Log in to NYEIS. User Home Page displays.

2. Click **Child** link in **Search** section. **Child Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.*

4. Click **Reference Number** link for appropriate Child. **Child Homepage** displays.

5. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.
6. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

7. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

8. Click **Delete** link under **Action** column for specific **Primary Care Physician Referrals**. **Delete PCP Referral** page displays with the message *Are you sure you want to delete this Primary Care Physician Referral?*

9. Click **Yes** button. **Prior Authorizations/Referrals** page displays.
Note:

- Primary Care Physician Referrals cannot be edited. They can only be deleted once created.

Generating Subrogation Letters

Important Information
This feature is no longer active in NYEIS

Viewing and Printing Subrogation Letters

Important Information
This feature is no longer active in NYEIS

SURVEYS

This feature can be used to complete certain State Surveys in NYEIS. Surveys are associated with each Child’s Integrated Case. Instead of paper surveys, NYEIS Users may respond to a State Survey for all or a sample of children using NYEIS. Surveys are posted to NYEIS by the State Administrator. When the feature is being used to conduct a survey or collect needed data, a link from the Child’s Integrated Case will take the User to a page with the survey or list of surveys. If the feature is not in use, no surveys will be posted on the page.

Important Information
This feature is currently not being used for Child and Family outcomes.

Taking Surveys

1. Display Child Home Page. Refer to Unit 1: Getting Started, Displaying Child Home Page for further information.
2. Click **Surveys** from the Navigation Bar. **Surveys** page displays.

3. Click **View** link under **Action** column for Survey to complete from **Available Surveys** section. **View Survey Definition** page displays.

4. Click **Current Survey** link from **Survey Details** section. **File Download** dialog box displays.
5. Click **Open** button. Survey opens in Adobe Reader or Adobe Acrobat.


**Important Information**

Surveys can only be completed once. Surveys cannot be deleted or edited once a Survey is submitted.

After completing, do not select **File, Save As** to save on local drive. Surveys must be saved to the NYEIS database both for the State to use the results and to ensure confidentiality of the Child data within a secure location.
7. Click **Submit** button. **Submit successful** message displays.

8. **Close** message dialog box. **Close** Adobe Reader or Adobe Acrobat. Survey displays under **Completed Surveys** section on **Surveys** page.
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### Document Revision History

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| 11/22/2010 | 1.1     | • **Unit Overview** section – added reference to Initial and Ongoing evaluations.  
• **Agency Evaluator Assignment** section – added reference to Initial and Ongoing evaluations.  
• **Accept / Reject Evaluator Assignment** section - added reference to evaluation type and new screen shot.  
• **Adding/Editing Developmental Domain Results Developmental Assessment** section – added guidance concerning new Communication only regulations and associated system changes.  
• **Adding Diagnostic Test Administered Developmental Assessment** section – new Add Diagnostic Test Administered screen shot and instructions added.  
• **Entering/Editing Supplemental Evaluations** section - added guidance concerning new Communication only regulations and associated system changes.  
• **Adding Diagnostic Test Administered Supplemental**                                                                                                                                                                                                                                                                                                                                 |
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• Edited **Address Validation** screen shots and guidance to reflect new required search fields: City, State and Zip.  
• Amended **Agency Evaluator Assignment** section with information about assignment statuses.  
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• Moved **Health Assessments** topic to Unit 4 Case Management.                                                                                                                                                                                                                                                                                           |
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• Added a note that **Submitted / Approved MDE** can not be cancelled.  
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### Evaluations

- **Evaluations** – new Add Diagnostic Test Administered screen shot and instructions added.
- **Supplemental Evaluations Authorized as a Result of an IFSP section** – guidance concerning new Communication only regulations and associated system changes.

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Evaluation

Unit Overview

This section contains information to guide Users through the data entry into NYEIS for the Multi-Disciplinary Evaluation (MDE). All children with a suspected developmental delay or a diagnosed condition with a high probability of developmental delay must have a Multi-Disciplinary Evaluation. The MDE is used to determine eligibility (based on the NYS definition) for the Early Intervention Program or confirm diagnosed condition and identify current areas of developmental concern. NYEIS allows for the capture of data for an Initial MDE to determine a child’s eligibility and for an Ongoing MDE if a child’s eligibility has been questioned and needs to be reestablished.

For additional information on NYS regulatory requirements of the MDE, reference 10NYCRR §69-4.8, Title 10 §69-4.30-Computation of Rates for Early Intervention Services and NYS DOH Memorandum 2005-2 Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility Requirements and Determination Under the Early Intervention Program.

Important Information

Provider must be subscribed to the Agency’s Evaluations Work Queue in order to view and action the system-generated tasks associated with the Evaluation process. Normally, a Provider is subscribed to their Agency’s Work Queues when their NYEIS user account is created. However, a Provider can also be subscribed to a Work Queue by the Municipal Administrator.

On each display page, the underlined heading description is used to change the sort order. To sort data in ascending order, click once (A to Z or 1 to 9). To sort in descending order, click twice (Z to A or 9 to 1). (e.g., Date Assigned, Qualified Personnel, Rendering Provider, Date)
This page intentionally left blank.
MULTI-DISCIPLINARY EVALUATION

All children with a suspected developmental delay or a diagnosed condition with a high probability of developmental delay must have a Multi-Disciplinary Evaluation. The MDE is used to determine eligibility (based on the NYS definition) for the Early Intervention Program or confirm diagnosed condition and identify current areas of developmental concern. NYEIS allows for the capture of data for an Initial MDE to determine a child’s eligibility and for an Ongoing MDE if a child’s eligibility has been questioned and needs to be reestablished.

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Multi-Disciplinary Evaluation Page

1. **Menu Bar** – allows User to access frequently used shortcuts.

   - **Home** – returns User to personal Home Page (first page a User comes to when logged in to NYEIS).
   - **Inbox** – navigates User to a page containing personal tasks.
   - **My Calendar** - displays a list of events as links that will navigate the User to the event.
   - **My Cases** – navigates Service Coordinators and EIO/Ds to assigned Cases.
   - **Search** – displays a search page. *Use the % /wildcard symbol in any of the search fields if the information to search for is unknown (e.g., if the first two letters of the individual’s last name start with "SM", enter sm% and view results).*
Unit 5: Evaluation

About - displays NYEIS release version.
Log Out – exits New York Early Intervention System.

2 Navigation Bar – directs User to different areas of the Application. The buttons or links will be different depending on the displayed page or User role. The lower portion of the Navigation Bar contains a section called Recent Items section – displays the name of recently visited: Children, Providers, Vendors, etc. as a link.

Important Information
Be aware that clicking the Back icon of Internet Browser during the creation of a function may cause the System to not capture the data properly and display an Error on the page.

Printing Screens
Any page within the Multi-Disciplinary Evaluation (MDE) can be printed. Print Screen is helpful in printing completed sections of the MDE for future reference.

1. Display Page to print.

2. Click drop down of Print button on the Internet Browser toolbar. If Print button is directly clicked, page prints automatically to the default printer.

3. Click Print. Print dialog box displays.

4. Select Printer. Select any additional print options.
5. Click **Print** button. Page prints.

**Note:**
- Click drop down of the **Print** button on the Internet Browser toolbar. *If Print button is directly clicked, page prints automatically to the default printer.* To see the page prior to printing, click **Print Preview**.

**ASSIGNING A MULTI-DISCIPLINARY EVALUATION**

The EIO/D is responsible for assigning an Agency the responsibility for completing the Child’s Evaluation. When a Service Coordinator assists the parent in selecting an Evaluator and assigns the Evaluator to complete the MDE in NYEIS, the Service Coordinator should notify the EIO/D of the selection.

The EIO/D may also check the Evaluator that was assigned to complete the Child’s MDE by viewing the **Agency Evaluator Assignment** page from the **Assign Evaluator for MDE** link on the Child’s Integrated Case Home Page. See **Viewing Agency Evaluator Assignment** for further information.

The Provider Agency who is assigned the MDE is given five days to accept or reject the assignment via the **Accept / Reject MDE Assignment** task that is created in their **Evaluations** work queue. If after five days the Provider Agency has not responded (i.e., accepted/rejected the Task), a Notification is created by the system and sent to the EIO/D. The User receiving the task then has the responsibility for contacting the Provider Agency and reminding them that the **Accept / Reject MDE Assignment** task is overdue, or canceling the assignment and reassigning the MDE to a different agency. The EIO/D can opt to forward the Task to the assigned Service Coordinator to conduct the follow up. See **Unit 1: Getting Started, Tasks** for further information about forwarding a task.

**Agency Evaluator Assignment**

2. Click **Assign Evaluator for MDE** from the Navigation Bar. **View Agency Evaluator Assignments** page displays.

3. Click **New** button. **Assign Evaluator For MDE** page displays.

4. Click **Search** icon to identify **Agency Name**. **Search Evaluator Agency For Assignment** page displays.

Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset button**. Click **Select** link under **Action** column to identify Evaluator Agency Name. **Assign Evaluator For MDE** page displays.
5. Type **Evaluation Due By** field. *Date fields must be formatted as mm/dd/yyyy format.* Type **Comments** *(Optional).*

The **Evaluation Due By** field may be entered by the Municipality. Contractual requirements may be reflected with Agency Evaluators to have the completed MDE to the Municipality within a required time frame. This ensures the initial IFSP will be completed within 45-days of the Child’s Referral (e.g., completed MDE **must** be back to the Municipality within 30 days of assignment).

Select **Type** field and designate if the Evaluation is an **Initial** or an **Ongoing** MDE.

**Important Information**

If there is an observable change in the child’s developmental status that indicates a potential change in eligibility, the EIO or any member of the IFSP team may request a determination to be made of whether the child continues to be eligible for the EIP. Continuing eligibility for the EIP must be established by a Multidisciplinary Evaluation (MDE). When ongoing eligibility has been questioned, the **Ongoing** type should be selected. Please reference 10 NYCRR §69-4.23(b) for additional information on establishing ongoing eligibility for the EIP.

6. Click **Save** button. **View Agency Evaluator Assignments** page displays.

**Notes:**

- When performing an **Agency Name** search, the results will **only** display agencies contracted with the User's Municipality providing Evaluation services.

- When the Service Coordinator or EIO/D assigns an evaluating Agency to complete the MDE in NYEIS, workflow is created that will result in a Task labeled **Accept / Reject MDE Assignment** appearing in the Agency’s **Evaluations** work queue. See **Reserving a MDE** for further information.

**Viewing Agency Evaluator Assignment**

**View** function provides access to the **Cancel Assignment** and **Edit** options.

2. Click **Assign Evaluator for MDE** from the Navigation Bar. **View Agency Evaluator Assignments** page displays.

The Status Column displays the current status of the MDE Assignment:
- **Assigned** – either the 1) EIO/D has either assigned the MDE to the Agency, or 2) the Agency has accepted the assignment.
- **MDE Submitted** – the assigned Provider has submitted the Evaluation for review.
- **MDE Accepted** – the EIO/D has accepted the submitted evaluation.
- **MDE Rejected** – the submitted Evaluation was rejected by the EIO/D.
- **Rejected** – the Agency has rejected the MDE Assignment. The EIO/D receives a task in their Assigned Tasks Inbox to re-assign the MDE to a different Agency.
- **Canceled** – the EIO/D has canceled the MDE Assignment.

3. Click **View** link under **Action** column. **View Agency Evaluator Assignment** page displays.

4. Click **Close** button to return to the **View Agency Evaluator Assignments** page.

**Note:**
- To cancel an Agency Evaluator assignment, **See Canceling Agency Evaluator Assignment** for further information.

**Editing Agency Evaluator Assignment**

The **only** data that can be edited is the **Evaluation Due Date** and **Comments**.
To edit **Evaluator Agency** data or assign a new Evaluator Agency, you **must** cancel the current assignment first.  See **Canceling Agency Evaluator Assignment** for further information.


2. Click **Assign Evaluator for MDE** from the Navigation Bar.  **View Agency Evaluator Assignments** page displays.

3. Click **Edit** link under **Action** column.  **Modify Agency Evaluator Assignment** page displays.

4. Edit **Date**.  *Date fields must be formatted as mm/dd/yyyy format.*  Edit **Comments** as needed.

5. Click **Save** button.  **View Agency Evaluator Assignments** page displays with date the information changed.

### Canceling Agency Evaluator Assignment

The EIO/D or SC have the option of canceling the MDE Assignment. If the MDE Assignment has been not yet been accepted by the Agency, the Cancel action will remove the Accept / Reject MDE Assignment task from the Agency Evaluations work queue.

If an Agency has rejected the MDE Assignment, the EIO/D must action the task to reassign a new Agency.

If the Agency has accepted the assignment, the Cancel action will remove the task with the Manage MDE primary action from the Agency’s Evaluations work queue, or the Reserved Tasks Inbox of the Agency user who reserved it.
If the Agency has accepted the assignment and begun data entry of the MDE, the Cancel action will remove the task with the Manage MDE primary action from the Agency’s Evaluations work queue, or the Reserved Tasks Inbox of the Agency user who reserved it, and erase any data entry that has occurred to date.


2. Click Assign Evaluator for MDE from the Navigation Bar. View Agency Evaluator Assignments page displays.

3. Click View link under Action column. View Agency Evaluator Assignment page displays.

4. Click Cancel Assignment button. Cancel Evaluator Assignment page displays with the message Are you sure you want to cancel the assignment of this evaluator?

5. Click Yes button. View Agency Evaluator Assignments page displays. Status displays Canceled.

MANAGING THE MULTI-DISCIPLINARY EVALUATION

The Evaluation process is managed in NYEIS through system-generated tasks. After the MDE Assignment is made by the Child’s EIO/D, the assigned agency must first process a task to accept the MDE assignment. Once accepted,
system automatically generates a new task that gives the Agency access to the sections of the MDE that must be data entered and submitted for approval.

Once the MDE is approved by the Child’s assigned EIO/D, the system generates the Service Authorizations for the portions of the MDE that the Agency completed such as the Screening or Developmental Assessment.

**Important Information**

 Nome Provider must be subscribed to the Agency’s Evaluations Work Queue in order to view and action the system-generated tasks associated with the Evaluation process. Normally, a Provider is subscribed to their Agency’s Work Queues when their NYEIS user account is created. However, a Provider can also be subscribed to a Work Queue by the Municipal Administrator.

 Nome If a Provider Agency does not have at least one User subscribed to the Agency’s Evaluations work queue, the system automatically directs tasks associated with the Evaluation process to the Child’s assigned EIO/D. The task is placed in the EIO/D’s Assigned Tasks Inbox. The EIO/D should address completion of the MDE with the Agency in the same manner as their current MDE process.

 Nome If the Provider Agency does not have any staff with NYEIS User Accounts in a user role that will provide access to the Agency’s Evaluations work queue, the system automatically directs tasks associated with the Evaluation process to the Child’s assigned EIO/D. The task is directed to the EIO/D’s Assigned Tasks Inbox. The EIO/D should work with the Agency and Municipality to ensure that a Provider Agency staff person is assigned to the appropriate role which will allow them to access the Evaluations work queue. See Appendix I: Work Queues by User Role for further guidance.

**Accepting/Rejecting the MDE Assignment**

Agency Evaluators must accept or reject a MDE assigned to them by processing a task labeled Accept/Reject MDE Assignment.

1. Display the Inbox.

2. Click Work Queue from the Navigation Bar. My Work Queues page displays.
3. Click the **View** link for the Evaluations Work Queue. Work Queue Tasks page displays.

Click the **Task ID number** listed in the **Task ID** column. (Using this method will allow the task to remain in the Evaluations work queue for other users to access.)

**OR**

Click **Reserve** Link for the Accept/Reject MDE Assignment for <child name> task. Clicking Reserve moves the task to the user’s Reserved Tasks Inbox. When reserved, the task cannot be accessed by any other user. See Unit 1: Getting Started, Working with Tasks for information about what happens with a task when it is Reserved by a user.

The Task Home page displays. Click the Accept/Reject MDE link in the Primary Action cluster. The Manage Agency Evaluator Assignment page displays.

**Important Information**

The Supporting Information section of the Task Homepage provides a link to the Child’s Homepage. The Evaluator should access the Child’s Homepage for additional child and family information that may be useful in scheduling / completing the evaluation.
The **Agency Name**, **Evaluation Due By** date (if previously entered) and evaluation **Type** are displayed. Users can do one of three things:

- **Accept** – Accepts the MDE Assignment. A new task is created in the Provider’s **Evaluations** work queue labeled **A Multidisciplinary Evaluation has been assigned to <Agency> for <Child Name>** to complete the MDE. *See Completing an MDE* in this unit for more information.

- **Reject** – Rejects the assignment. A task is created in the Child's EIO/D **Assigned Tasks** Inbox that the Agency has rejected the assignment of the MDE and a new Agency must be assigned to complete the child's MDE. *See Agency Evaluator Assignment* in this unit for more information.

- **Close** – Close the page and leaves the **Accept/Reject MDE** Task unchanged.

### Completing an MDE

If a MDE has been assigned to an Agency and the Agency has accepted the assignment, the system creates a task called **A Multidisciplinary Evaluation has been assigned to <Agency> for <Child Name>** in the Agency’s **Evaluations** Work Queue. This task is used to data enter the MDE results.

On the **Task Homepage** in the **Supporting Information** cluster, there is a link to the **Child’s Homepage**. Evaluators can access the child’s Homepage for additional child and family information that may be useful in scheduling / completing the evaluation.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.
2. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

![My Work Queues](Image)

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Subscription Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>All Families First_Evaluations</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>All Families First_Financials</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>All Families First_General</td>
</tr>
<tr>
<td>View</td>
<td>Reserve Next Task</td>
<td>All Families First_ServiceAuthorities</td>
</tr>
</tbody>
</table>

3. Click **View** link under **Action** column for the **Evaluations** work queue. **Work Queue Tasks** page displays.

![Work Queue Tasks](Image)

Click the **Task ID number** listed in the **Task ID** column next to the **A Multidisciplinary Evaluation has been assigned to <Agency> for <Child Name>** task. The **Task Home** page displays. (Using this method will allow the task to remain in the **Evaluations** work queue for other users to access.)

**OR**

Click **Reserve** Link for the **A Multidisciplinary Evaluation has been assigned to <Agency> for <Child Name>** task. Clicking Reserve moves the task to the user’s **Reserved Tasks** Inbox. When reserved, the task cannot be accessed by any other user. See **Unit 1: Getting Started, Working with Tasks** for information about what happens with a task when it is Reserved by a user.
Task Home: Manage MDE - 75816

**Manage**
- Add Comment
- Reserve
- Forward
- Restart
- Close
- Un-Reserve
- Delf

**Subject**
A Multidisciplinary Evaluation has been assigned to Fellowship Provider Services for Jonathan Olsen

**Details**
- Task ID: 75816
- Status: Open
- Priority:
- Reserved By:
- Last Assigned: 5/12/2010 10:58
- Deadline:
- Time Worked: 00:00

**Primary Action**
- Manage MDE

**Supporting Information**
- Child’s Homepage

Click the **Manage MDE** link in the **Primary Action** cluster. The Create MDE Home page displays.

---

**Important Information**

The **Supporting Information** section of the Task Homepage provides a link to the **Child’s Homepage**. The Evaluator should access the Child’s Homepage for additional child and family information that may be useful in scheduling/completing the evaluation.

See **Screening, Developmental Assessment, Family Assessment, Supplemental Evaluations, External Evaluations**, and **MDE Summary** sections for information about completing each of the sections on the Create MDE page.

---

**Notes:**

- **Once an MDE is submitted or approved, it can not be cancelled.**

- The Evaluation team may only partially complete data entry of an MDE and save it prior to completing the MDE and submitting it for approval. The user can re-open the MDE by accessing the **A Multidisciplinary Evaluation has been assigned to <Agency> for <Child Name>** task, complete the data entry and then submit for approval.

- To add information in any section of the MDE, first navigate to the section by clicking the link on the Create MDE Home page Navigation Bar. Next, click the **New** button to create a record.

- To edit information already entered in any section of the MDE, first navigate to the section by clicking the link on the Create MDE Home page Navigation Bar. Next, click the **View** link in the **Action** column next to the existing record. Next, click the **Edit** button.
• Additional documentation for the MDE can be uploaded to NYEIS by using the Attachment function from the Create MDE Home page Navigation Bar. See Creating MDE Attachments for further information.

SCREENING

The Evaluator is responsible for obtaining parental consent to perform the screening and/or Evaluation prior to initiating Evaluation procedures. The Evaluator may, with parent consent, screen the Child to determine what type of Evaluation, if any, is necessary unless the Child has a Confirmed Diagnosis with a high probability of resulting in developmental delay. When a Child has a Confirmed Diagnosis or a condition with a high probability of resulting in developmental delay (e.g., Down Syndrome), the Child will be eligible and a Screening is not permitted.

For additional information on NYS regulatory requirements of a screening the User should reference 10NYCRR §69-4.8, Title 10 §69-4.30-Computation of Rates for Early Intervention Services, and NYS DOH Memorandum 2005-2 Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility Requirements and Determination Under the Early Intervention Program.

Important Information

⇒ The MDE Navigation Bar contains the following sections that require data to be entered in NYEIS: Screening, Developmental Assessment and Family Assessment. In addition, two sections that may require data entry: Supplemental Evaluations and External Evaluations.

⇒ NYEIS requires names of Qualified Personnel responsible for the data. As required by regulation, two Qualified Personnel must be assigned to complete the Developmental Assessment section of the MDE. These Qualified Personnel must be an employee or contractor with the agency that was assigned to complete the MDE. See Unit 9: Provider Management, Employees and Contractor for additional information.

⇒ For sections of the MDE where Qualified Personnel are required to complete the MDE, the Agency assigned to complete the MDE must identify the Qualified Personnel that have been assigned as Rendering Providers to complete each section of the MDE. However, identifying the Rendering Provider in NYEIS does not require that the Rendering Provider actually data enter the information in to NYEIS. MDE data entry may be completed by another authorized User.

⇒ If the Child was referred to EI with an EI Eligible Diagnosed Condition, a Screening cannot be completed.
A Screening should not be completed for an Ongoing Evaluation. If the evaluator submits an Ongoing Evaluation with a Screening entered, the EIO/D must "reject" the MDE. Subsequently the evaluator will need to delete the screening and re-submit to the EIO/D for acceptance. See Reviewing Submitted MDE for more information.

### Entering Screening Evaluation Data

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section.  **Create MDE** page displays.

5. Click **Screening** from the Navigation Bar.

6. Click **New** button.  **Screening Necessary** page displays.

7. Click the **Was a screening deemed necessary?** field drop down.  Select **No**, **Yes** or **No - Child w/Diagnosed Condition**.  Click **Save** button.

   If **No** or **No - Child w/ Diagnosed Condition** is selected, the **Completed Sections** cluster on the **Create MDE** page will display “**No Screening Necessary**”.  Proceed to complete other sections of the MDE.

   If **Yes** is selected, the **Modify Screening** page displays with the following sections:  **Child Details**, **Evaluator Agency Details**, **Evaluator Details**, **Screening Necessary**, **Screening Location**, **Screen Domains**, **Concern**
8. Enter appropriate information in each of the sections. Click Save button. View Screening page displays.
9. Click **Change / Assign Rendering Provider** button below the **Evaluator Agency Details** section to search and select the QP that completed the Screening. **Search Evaluator For Assignment** page displays.

<table>
<thead>
<tr>
<th>Search Criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Contractor Name:</td>
<td>Employee/Contractor FEIN/SSN:</td>
</tr>
<tr>
<td>Employee/Contractor NP:</td>
<td>License/Certification Number:</td>
</tr>
<tr>
<td>Employee/Contractor State ID:</td>
<td>Qualified Personnel:</td>
</tr>
</tbody>
</table>

10. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. Providers employed or contracted with the assigned Agency to complete the MDE are the **only** Providers that display in the **Search Results**.

   **To search again, click Reset button.** Click **Select** link under **Action** column to identify Employee / Contractor Name. **View Screening** page displays with the name and other details about the selected Provider in the **Evaluator Details** cluster.

11. Click **Close** button. **Create MDE** page displays.

**Notes:**

- Each Service Authorization date is generated by the **date completed** fields in NYEIS. For example, if the Screening was completed on 10/2/2011, this is the date that should be entered in the **Date Screening Completed** field. NYEIS will generate the Service Authorization based on this date.

- *All* MDE validation rules are processed when the entire MDE is submitted. If any validation errors are detected concerning the Screening, they will be displayed in the MDE Validation Error page after the user clicks the Submit button. ☑ [See Submitting an MDE](#) for further information.

- ☑ [See Screening-Only MDE](#) if the Child passes the Screening and a Developmental Assessment is not needed.

- If a different Rendering Provider needs to be assigned, click **Change/Assign Rendering Provider** button. Select new Provider.
The Screening may require editing prior to the MDE being submitted for approval. If required, access the Screening from the Create MDE Navigation Bar. Select the View link under Action column of the Screening Home page. View Screening page displays. Click Edit button to edit the Screening.

When editing a Screening, the user will first be asked to indicate if the Screening was necessary or not necessary. If at this point the user selects the No Screening Was Necessary option, all screening data that was previously recorded and saved will be deleted. This provides the user the opportunity to essentially cancel the Screening if it was created in error.

If at any time the Screening is saved but a date in the Date Screening Completed or Decision Not to Screen field has not been recorded, the Completed Sections cluster on the Create MDE page lists the Screening as In Progress. Once the Date Screening Completed or Decision Not to Screen field is recorded and the Screening saved, the Completed Sections cluster on the Create MDE Home page will list the Screening as Completed.

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE Home** page displays.

5. Click **Screening** from the Navigation Bar. **Screening** page displays. Click **View** link under **Action** column. **View Screening** page displays.
6. Select Edit button to enter/edit information on the Screening. Screening Necessary page displays. Click the Was a screening deemed necessary? drop-down field. Select Yes. Click Save button.

7. Modify Screening page displays with the following sections: Child Details, Evaluator Agency Details, Evaluator Details, Screening Location, Screen Domains, Concern About Specific Domains, Reason for Screen, Parent Informed and Screening Details. Enter appropriate information in each of the sections.

8. The Screening Location cluster is required. If the user selects any Location Type field option other than the Child's Home, she/he must record the address in the Location Address field. If the Location Type field option selected is Agency Provider Site, the user must record the address in the Provider Location field.

To record a Location Address, click the Search icon. The Address Validation page displays.
Use the Tab key to move from field-to-field to fill in information. City, State, County and Zip are required fields. Census Tract field will not be used at this time. Click Submit button. Validation of address takes place immediately upon submission. Lower section of page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click Select link under Action column. Address displays in the field.

To record a Provider Location, click the Search icon. The User is presented a list of locations that are recorded in the system for the Agency Provider. Select the appropriate location.

9. Record Screen Domains and Concern About Specific Domains data by click individual checkboxes or click the checkbox next to Domain link to select all. Screen Domains Cluster should indicate the developmental domains that were assessed during the screening process. Concern About Specific Domains cluster should indicate if there was a concern about specific developmental domain(s) indicated by the referral source, parent or evaluator. A Screening can be completed in up to five domains and these can be individually selected or click checkbox next to Domain link to select all.

Remaining fields can be entered by selecting data from drop down. Enter information in the appropriate date fields. Date fields must be formatted as mm/dd/yyyy format.

Click Save button. View Screening page displays. Click Close button to return to Create MDE page.
Notes:

- The Date Screening Completed or Decision Not to Screen field located in the Screening Details cluster must be recorded before the MDE is to be submitted for approval. Otherwise, an error will be received when attempting to submit the MDE.

- See Screening-Only MDE if the Child passes the Screening and a Developmental Assessment is not needed.

**DEVELOPMENTAL ASSESSMENT**

**Important Information**

- The MDE Navigation Bar contains the following sections that require data to be entered in NYEIS: Screening, Developmental Assessment and Family Assessment. In addition, two sections that may require data entry: Supplemental Evaluations and External Evaluations.

- NYEIS requires names of Qualified Personnel responsible for the data. As required by regulation, two Qualified Personnel must be assigned to complete the Developmental Assessment section of the MDE. These Qualified Personnel must be an employee or contractor with the agency that was assigned to complete the MDE. See Unit 9: Provider Management, Employees and Contractor for additional information.

- For sections of the MDE where Qualified Personnel are required to complete the MDE, the Agency assigned to complete the MDE must identify the Qualified Personnel that have been assigned as Rendering Providers to complete each section of the MDE. However, identifying the Rendering Provider in NYEIS does not require that the Rendering Provider actually data enter the information in to NYEIS. MDE data entry may be completed by another authorized User.

- Each service authorization date is generated by the date completed fields in NYEIS. For example, if the Developmental Assessment (Core Evaluation) was completed on 10/2/2011, this is the date that should be entered in the date Developmental Assessment completed field. NYEIS will generate the service authorization based on this date.

- Please Note: If the Developmental Assessment is completed on more than one day, the last date of any portion of the assessment should be entered as the date the Developmental Assessment was completed.

**Entering a Developmental Assessment**
1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. **View Developmental Assessment** page displays with the following sections: Child Details, Evaluator Agency Details, Qualified Personnel Involved, Developmental Domain Results, Location, Evaluation Diagnosis Results, Evaluation Methods, Diagnostic Tests Administered, General Evaluation Comments and Parent Caregiver Report/Comments.
Before any data can be entered into the Developmental Assessment section of the MDE, two Qualified Personnel must be assigned in the Qualified Personnel Involved section. These Qualified Personnel must be an employee or contractor with the agency that was assigned to complete the MDE. \textit{See Unit 9: Provider Management, Employees and Contractor} for additional information.

7. Click \textbf{New} button in the Qualified Personnel Involved section to add at least two Qualified Personnel. \textbf{Search Evaluator For Assignment} page displays. Type all known information in \textbf{Search Criteria} section. Click \textbf{Search} button. Records matching display in \textbf{Search Results} section. To search again, click \textbf{Reset} button. Click \textbf{Select} link under \textbf{Action} column to identify \textbf{Employee/Contractor Name}. \textbf{View Developmental Assessment} page displays.
8. Repeat Step 7 to add the second Qualified Personnel.

9. Click View link for each of the domains in the Developmental Domain Results section to add Developmental Domain data. See Adding/Editing Developmental Domain Results - Developmental Assessment for further information.

### Adding/Editing Developmental Domain Results – Developmental Assessment

The Developmental Domain Details must be completed for all five Developmental Domain Results: Adaptive, Cognitive, Communication, Physical and Social/Emotional. One Rendering Provider may have assessed more than one developmental domain.

NYS EIP Regulations 69-4.3 (a)(2)(iv) require that for children who have been found to have a delay only in the communication domain, delay shall be defined as a score of 2.0 standard deviations below the mean in the area of communication; or, 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.

NYS EIP Regulations 69 4.8 (4)(i)(a)(1) require that the evaluation of a Child’s physical development include a health assessment including a physical examination routine vision and hearing screening and, where appropriate, a
neurological assessment, except when a physical examination has occurred within sufficient recency.

The MDE team is responsible for documenting that a health assessment has been completed within sufficient recency and therefore can be reviewed by the MDE team and does not need to be completed in order to assess the Child’s physical development as part of the MDE. The **External Evaluation** section of the MDE is one area in which this information can be captured. If an external evaluation is not completed with this information, it **must** be documented in the comments section of the Physical Domain field in the **Developmental Assessment** section of the MDE or in the scanned copy of the completed MDE report that should be attached to the MDE in NYEIS.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.
5. Click Developmental Assessment from the Navigation Bar. View Developmental Assessment page displays.

6. Click View link under Action column for one of the 5 Developmental Domains.

7. Continue to click View link for each of the 5 domains in the Developmental Domain Results section to add Developmental Domain data. Select Qualified Personnel for Developmental Domain page displays with the names of at least 2 QP that were assigned.

```
Select Qualified Personnel for Developmental Domain: Walter Webster - 302

Qualified Personnel Involved

<table>
<thead>
<tr>
<th>Action</th>
<th>Referring Provider</th>
<th>Qualified Personnel</th>
<th>Date Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Leo Alkhan</td>
<td>Occupational Therapist</td>
<td>10/9/2009</td>
</tr>
<tr>
<td>Select</td>
<td>Ann Berry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

**Important Information**

It is not necessary to select the Qualified Personnel that assessed the Developmental Domain when editing the Developmental Domain details. If Qualified Personnel needs to be edited see Canceling Qualified Personnel in this unit.

8. Click Select link under Action column to identify Qualified Personnel that assessed that developmental domain. View Developmental Domain Details page displays with the following sections: Child Details, Evaluator Agency Details, Evaluator Details, Developmental Domain Details and Comments.
Important Information
Only one QP may be selected as having assessed the developmental domain. If more than one QP assessed a domain the user should select the primary QP associated with the assessment of the domain and additional information on the additional QP can be recorded in the comments section.

9. Click **Edit** button. **Modify Developmental Domain Details** page displays.

10. Navigate from field-to-field using **Tab** key to fill in information. **Date fields must be formatted as mm/dd/yyyy format.**

    You must complete a developmental domain details page for the five developmental domains that were evaluated. Select one developmental domain at a time. Select the Qualified Personnel who completed the
assessment and enter appropriate Developmental Domain Details. This must be done for each of the five Developmental Domains: Adaptive, Cognitive, Communication, Physical and Social/Emotional). One Rendering Provider may have assessed more than one developmental domain. (Eg., Special Educator assessed Cognitive and Social Emotional Domain)

**Important Information**

- Regulations require that for children who have been found to have a delay only in the communication domain, delay shall be defined as a score of 2.0 standard deviations below the mean in the area of communication; or, 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. To accommodate this requirement, two additional options are available in the Communication Domain Status drop-down field labeled “No Standardized test Available” and “Test Inadequately Represents Child’s Developmental Level”.

- If the evaluation is the Initial MDE, neither the option “1.0 Standard deviation or more below the mean” nor “Outside expected range’ can be selected.

- When completing an Ongoing MDE to establish a child’s continued eligibility for the EIP either the option “1.0 Standard deviation or more below the mean” or “Outside expected range’ must be selected in the Developmental Domain Details section.

- NYS EIP Regulations 69-4.3(b) require continuing eligibility to be based on: a delay consistent with the criteria established for initial eligibility; or, a delay in one or more domains, such that child’s development is not within the normal range expected for his or her chronological age, as documented using clinical procedures, observations, assessments, and informed clinical opinion; or, a score of 1.0 standard deviation or greater below the mean in one or more developmental domains; or, the continuing presence of a diagnosed physical or mental condition with a high probability of resulting in a developmental delay.
**Important Information**

If either “No Standardized Test Available” or “Test Inadequately Represents Child’s Developmental Level” is selected for the Communication (only) Domain Status, at least one supporting criteria must be selected in either the **Child younger than 18 months of age** column or the **Child 18 months of age or older** (depending on the age of the child being evaluated) column found in the Evidence Based Criteria cluster. Failure to check at least one of the criteria options will result in an error when saving the Communication Developmental Domain Details page.

<table>
<thead>
<tr>
<th>Evidence-Based Criteria</th>
<th>Child younger than 18 months of age</th>
<th>Child 18 months of age or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0 SD or more below the mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 SD or more below the mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0 SD or more below the mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.50 or more delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22% or more delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27% or more delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Standardized Test Appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Inadequately Represents Child’s Developmental Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0 SD or more below the mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside Expected Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 CHAMCs 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Click **Save** button. **View Developmental Domain Details** page displays.
12. Click Close button. View Developmental Assessment page displays.

13. Remember you must continue through the Developmental Domain Results section to complete each developmental domain. Use Step 6 through Step 12 as a guide.

**Notes:**

- Date Completed must be entered for each developmental domain details page before the Evaluation will be able to be submitted.

- An attachment can also be applied. See Creating MDE Attachments for Providers for further information.

**Editing a Developmental Assessment**

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.

4. Click Manage MDE link from the Primary Action section. Create MDE page displays.
5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under Action column for specific Developmental Assessment. **View Developmental Assessment** page displays with the following sections: Child Details, Evaluator Agency Details, Qualified Personnel Involved, Developmental Domain Results, Location, Evaluation Diagnosis Results, Evaluation Methods, Diagnostic Tests Administered, General Evaluation Comments and Parent Caregiver Report/Comments.

7. Click **Edit** button. **Modify Developmental Assessment** page displays.
Important Information
Individual Developmental Domain data cannot be edited from this page. See Adding/Editing Developmental Domain Results in this unit for further information.

If the Location section requires editing, be aware of the following items:

If Location Type is the Child’s Home, then Location Address and Provider Location are *not* required.

If Location Type is Agency Provider Site, you *must* search and select the correct Location Address and establish a Provider Location.

Important Information
If the Developmental Assessment is completed in more than one location, the evaluator should select the location where the majority of the developmental assessment was completed and enter information on the additional location in the “general evaluation comments” section. If portions of the MDE were equally completed in two locations, the evaluator should choose one location to list in the location cluster and note the additional location in the “general evaluation comments” section.

8. Data can be edited for EI Eligibility Diagnosis Code (ICD) by selecting the Search icon. ICD Diagnosis page displays.

Click Select link under Action column for the ICD Diagnosis. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.
If there has been a diagnosis established while assessing all of the five developmental domains, two methods are available for entering information. [Use the EI Eligible ICD Codes (codes that make a Child eligible for the Early Intervention Program) or Other Eligible Diagnosis Code and a justification must be entered.]

9. To add data for the Other Eligible Diagnosis Code field, select the Search icon. Search ICD page displays.

Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. This is any other ICD Code, including unspecified developmental delay, which makes the Child eligible for the Early Intervention Program. If selecting Other Eligible ICD code, the Justification field must be completed. To search again, click Reset button. Click Select link under Action column to identify ICD Code. Modify Developmental Assessment page displays.

10. Type information in the appropriate date fields. Date fields must be formatted as mm/dd/yyyy format.
11. Click the **Bilingual Evaluation** drop down. **Yes** or **No must be selected.** If **Yes**, select the language the Evaluation was completed in from the **If Yes, language** drop down. *This Bilingual Evaluation designation will initiate payment for a bilingual Evaluation upon acceptance of the MDE.*

12. To complete **Evaluation Methods** data, click individual checkboxes or click the checkbox next to the **Evaluation Method** description which selects all Methods. At least one Evaluation Method **must** be selected. *Depending on the Evaluation Method used to assess a domain, completion of diagnostic test information should be included.* See **Adding Diagnostic Test Administered – Developmental Assessment** section for further information.

---

**Important Information**

Select each Evaluation method used in the assessment of each Developmental Domain completed.

---

13. Type any appropriate comments in the **General Evaluation Comments** and **Parent Caregiver Report/Comments** sections.

14. Click **Save** button. View Developmental Assessment page displays.

---

**Notes:**

- If at any time the Developmental Assessment is saved but no date Developmental Assessment completed is entered, the Developmental Assessment displays **In Progress** under in the **Completed Sections** section on the **Create MDE** page.

- Each service authorization date is generated by the **date completed** fields in NYEIS. For example, if the developmental assessment (core evaluation) was completed on 10/2/2011, this is the date that should be entered in the **developmental assessment completed** field. NYEIS will generate the service authorization based on this date.

- **Please Note:** If the developmental assessment is completed on more than one day, the last date of any portion of the assessment should be entered as the date the developmental assessment was completed.

- If saved developmental domain information needs to be edited prior to submission, see **Adding/Editing Developmental Domain Results** section in this unit.
When the dates completed are entered for all five developmental domains, the Developmental Assessment will show as **Completed** in the **Completed Sections** section on the **Create MDE** page.

### Canceling a Developmental Domain Results – Developmental Assessment

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.
5. Click Developmental Assessment from the Navigation Bar. Developmental Assessment page displays.

6. Click View link under Action column for specific Developmental Assessment. View Developmental Assessment page displays.

7. To cancel a specific developmental domain, scroll to the Developmental Domain Results section. Click Cancel link under Action column for the selected domain. Cancel Developmental Domain Results page displays.
8. Click **Yes** button. **View Developmental Assessment** page displays. Any entries appearing previously are now cleared in the **Developmental Domain Results** section.

### Adding Diagnostic Test Administered – Developmental Assessment

Information for all five developmental domains should be completed before the User adds information about the diagnostic tests (*used when evaluating all five domains*). If the Evaluation Method selected was either Clinical Assessment, Standardized Test or Criterion Referenced Test completion of diagnostic test information must be included.

NYS EIP Regulations 69-4.8 (6)(i) require evaluators, in conjunction with informed clinical opinion, to utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations (see Appendix K). If the evaluator does not utilize an instrument approved by the Department as part of the multidisciplinary evaluation of a child the evaluator must provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child.

Qualified Personnel are responsible to know which standardized tests require the use and documentation of Sub-Scores.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.
7. Click **New** button above the Diagnostic Tests Administered section. Add Diagnostic Test Administered page displays.

8. Enter data in the **Diagnostic Test Details** section. If a diagnostic test is entered, then the appropriate fields should be entered (Standard Deviation, Percentile Rank, Mean, T-Score or Z-Score). If the name of the test does not appear in the **Test Name** field drop-down menu, enter the name of the test in the **If Other, enter test name** field and record a justification for using the test in the **Justification why other test used** field.

**Important Information**

- The tests listed in the Test Name field drop-down are the full Interim List of Developmental Assessment Instruments. EIP Regulations require evaluators to provide written justification within the evaluation summary, and report when an instrument is used that is not on the list.
- If an evaluator is using the most recent version of a test that has not yet been updated in the available List of Developmental Assessment Instruments, they
should include the name of the test in the “If Other, enter test name” field and enter “updated version of approved assessment instrument” in the “Justification why other test used” field.

Click **Save** button. **View Developmental Assessment** page displays.

Or

Click **Save & Add Subscore** button to enter Sub-Score Details. To add Sub-Scores, [See Adding Diagnostic Test Sub-Scores – Developmental Assessment](#) for further information. To edit Sub-Scores, [See Editing Diagnostic Test Sub-Scores – Developmental Assessment](#) for further information.

**Notes:**

- More than one diagnostic test may have been used in the process of assessing the 5 developmental domains.
- Additional **Diagnostic Tests** and **Sub-Score Details** can be added and edited by cycling through the **Add**, **View** and **Edit** options.

### Viewing Diagnostic Test Administered – Developmental Assessment

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click Manage MDE link from the Primary Action section. Create MDE page displays.

5. Click Developmental Assessment from the Navigation Bar. Developmental Assessment page displays.

6. Click View link under Action column for specific Development Assessment. View Developmental Assessment page displays.

7. Click View link under Action column from the Diagnostic Tests Administered section for specific test. View Diagnostic Test Administered page displays.

8. Click Close button. View Developmental Assessment page displays.

**Editing Diagnostic Test Administered – Developmental Assessment**

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Reserved Tasks from the Navigation Bar. Reserved Tasks page displays.

3. Click View link under Action column. Task Home page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **Edit** link under **Action** column from the Diagnostic Tests Administered section for specific test. **Modify Diagnostic Test Administered** page displays.

8. Edit data in the **Diagnostic Test Details** section.

9. Click **Save** button. **View Developmental Assessment** page displays.

---

**Deleting Diagnostic Test Administered – Developmental Assessment**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **Delete** button. **Confirm Delete** page displays with the message *Are you sure you want to remove this diagnostic test?*

9. Click **Yes** button. **View Developmental Assessment** page displays with the Diagnostic Test Administered removed.

**Adding Diagnostic Test Sub-Scores – Developmental Assessment**

Qualified Personnel are responsible to know which standardized tests require the use and documentation of Sub-Scores.
1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.
8. Click New above the Sub-Score Details section. Create Standardized Test Sub-Score page displays with the following sections: Sub-Score Details and Sub-Score Comments.

9. Enter data in the Sub-Score Details section. Sub-Score Type should correspond to the developmental domain that the diagnostic test was administered. Sub Score Name should be entered based on the assessment instrument used. Not all assessment instruments provide specific sub score names. If the assessment instrument used does not provide a specific sub score name, the evaluator should enter an appropriate sub score name describing the area of development assessed.

10. Type Sub-Score Comments (Optional).

11. Click Save button to return to View Diagnostic Test Administered page. Or Click Save & Add Subscore button to enter additional Sub-Score Test Details for this diagnostic test.

Viewing Diagnostic Test Sub-Scores – Developmental Assessment

1. Click Inbox from the Navigation Bar. My Workspace page displays.
2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

<table>
<thead>
<tr>
<th>Task ID</th>
<th>Task ID</th>
<th>Submission Date</th>
<th>Assignee</th>
<th>Municipality</th>
<th>Assignee Source</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.
8. Click **View** link under **Action** column of the **Sub-Score Details** section for Sub-Score details. **View Standardized Test Sub-Score** page displays.

![View Standardized Test Sub-Score](image)

9. Click **Close** button. **View Diagnostic Test Administered** page displays.

### Editing Diagnostic Test Sub-Scores – Developmental Assessment

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

![Work Queue Tasks](image)

3. Click **Task ID** link next to the task. **Task Home** page displays.

![Task Home](image)

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.
5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **Edit** link under **Action** column of the Sub-Score Details section for Sub-Score details. **Modify Standardized Test Sub-Score** page displays.

9. Apply necessary adjustments.

10. Click **Save** button. **View Diagnostic Test Administered** page displays.

**Deleting Diagnostic Test Sub-Score – Developmental Assessment**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.
3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Developmental Assessment** from the Navigation Bar. **Developmental Assessment** page displays.

6. Click **View** link under **Action** column for specific Developmental Assessment. **View Developmental Assessment** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **View** link under **Action** column of the **Sub-Score Details** section for Sub-Score details. **View Standardized Test Sub-Score** page displays.
9. Click Delete button. Confirm Delete page displays with the message Are you sure you want to delete the Standardized Test Sub-Score? Click Yes button. View Diagnostic Test Administered page displays with the Diagnostic Test Sub-Score removed.

**FAMILY ASSESSMENT**

**Entering/Editing a Family Assessment**

For additional information on NYS regulatory requirements of the Family Assessment, the User should reference 10NYCRR §69-4.8(a)(8) and NYS DOH Memorandum 2005-2 Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility Requirements and Determination Under the Early Intervention Program.

Before any data can be entered into the Family Assessment section of the MDE, a Rendering Provider must be assigned to this section.

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Family Assessment** from the Navigation Bar. **Family Assessment** page displays.

   If the family has been offered Family Assessment and refused, click **Assessment Offered and Refused** button. Confirm Family Assessment Refused page displays with the message *Please confirm that a Family Assessment has been offered to the family and has been refused.* Click **Yes** button. **Create MDE** page displays.

   **No further data entry is required in the Family Assessment section.** The Family Assessment displays as Offered and Refused in the completed sections on the **Create MDE** page. If the family has refused to participate in the
Family Assessment, written documentation of the refusal must be kept in the Child’s record.

Or

To complete Family Assessment, click New button. Search Evaluator For Assignment page displays.

<table>
<thead>
<tr>
<th>Search Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Contractor Name:</td>
</tr>
<tr>
<td>Employee/Contractor NPI:</td>
</tr>
<tr>
<td>Employee/Contractor State ID:</td>
</tr>
</tbody>
</table>

Search Results

| Action | Employee/Contractor Name | Employee/Contractor NPI | Employee/Contractor State ID | Qualified Personnel | Search Criteria | Reset | Cancel |

Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. To search again, click Reset button. Click Select link under Action column to identify Employee/Contractor Name. View Family Assessment page displays with the following sections Child Details, Evaluator Agency Details, Evaluator Details, Methods Used to Conduct Family Assessment, Family Participants, I want to know more about, I want help for my family in the following areas, Comments and Evaluation Details.

Providers employed or contracted with the assigned Agency to complete the MDE are the only Providers that display in the Search Results. See Unit 9: Provider Management, Employees and Contractor for additional information.

6. To add Family Participants, click New button in the Family Participants section. Create Family Participants page displays.

<table>
<thead>
<tr>
<th>Family Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
</tbody>
</table>

Name and Relationship are required fields. Type data into the Name field and select Relationship from the drop down. Click Save & New button to enter an additional Family Participant or click Save button to return to the View Family Assessment page.

7. To complete Methods Used to Complete Family Assessment, I want to know more about, I want help for my family in the following areas,
Comments, and Evaluation Details sections, first click Edit button. Modify Family Assessment page displays.

- For I want to know more about and I want help for my family in the following areas sections, click individual checkboxes for the information the Family has requested. To select all, click the checkbox next to Select Area description.
- For Methods Used to Complete Family Assessment section if a Family Assessment Tool is used, must enter the Tool Name. If Other Method is used, must describe Other Method used.

8. Type Comments (Optional).

9. Enter Evaluation Details. Date fields must be formatted as mm/dd/yyyy format.

10. Click Save button. View Family Assessment page displays. To enter Methods Used To Conduct Family Assessment needs, click Edit button. Modify Family Assessment page displays.

11. Click Save button if editing. View Family Assessment page displays. Click Close button. Create MDE page displays.

Notes:

- A family assessment can be completed by any member of the evaluation team that is properly trained in family assessment.

- If Assessment Offered and Refused was originally selected and the family changes their mind prior to the MDE being accepted, the information can be changed by canceling the original family refusal. Click Cancel link from Action column on the Family Assessment page.
• **Date Completed** must be completed before the Evaluation will be able to be submitted.

• Attachment can also be applied. See **Creating MDE Attachments for Providers** for further information.

• To delete a Family Participant, display the View Family Assessment page. Click Delete link under Action column from the Family Participants section. Confirm Delete page displays with the message *Are you sure you want to delete this Family Participant?* Click Yes button. View Family Assessment page displays with the Family Participant removed.

• If at any time the Family Assessment is saved but no date Family Assessment completed is entered, the Family Assessment displays as *In Progress* under in the **Completed Sections** section on the Create MDE page.

• If saved Family Assessment information needs to be edited prior to submission, it can be accessed by selecting **Family Assessment** from the Create MDE Navigation Bar. Select the View link under Action column for the Qualified Personnel involved in completing the Family Assessment. Click Edit button.

• When the **Date Completed** is entered, the Family Assessment displays **Completed** in the **Completed Sections** section on the **Create MDE** page.

---

**SUPPLEMENTAL EVALUATIONS**

For additional information on NYS regulatory requirements of supplemental Evaluations and the MDE, the User should reference 10NYCRR §69-4.8, Title 10 §69-4.30-Computation of Rates for Early Intervention Services, and NYS DOH Memorandum 2005-2 Standards and Procedures for Evaluations, Evaluation Reimbursement and Eligibility Requirements and Determination Under the Early Intervention Program.

The MDE may or may not include a Supplemental Evaluation. If a Supplemental is not conducted, a Rendering Provider does not need to be assigned. No data needs to be entered into the Supplemental Evaluation.

**Entering/Editing Supplemental Evaluations**

1. Click **Inbox** from the Navigation Bar. My Workspace page displays.
2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the Evaluations work queue. **Work Queue Tasks: Evaluations** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Initial Date</th>
<th>Referral Source</th>
<th>Agency Name</th>
<th>Service Coordinator</th>
<th>Assessment Date</th>
<th>Municipality</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess</td>
<td>105125</td>
<td>A Multidisciplinary Evaluation has been assigned to Hope Inc. for Provider Restrictions</td>
<td>7/1/2011</td>
<td>Employee/Contractor Ref: 2011/1</td>
<td>Hope Inc.</td>
<td>Michael Jones</td>
<td>8/18/2011</td>
<td>Albany</td>
<td></td>
</tr>
</tbody>
</table>

3. Click **Task ID** link next to the task. **Task Home** page displays.

<table>
<thead>
<tr>
<th>Task Home: Manage MDE - 10449</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage</td>
</tr>
<tr>
<td>Add Comment</td>
</tr>
<tr>
<td>Close</td>
</tr>
<tr>
<td>Close</td>
</tr>
<tr>
<td>Task ID: 10449</td>
</tr>
<tr>
<td>Provider:</td>
</tr>
<tr>
<td>Reserved By: Lynda Sando</td>
</tr>
</tbody>
</table>

4. Click **Manage MDE** link from the Primary Action section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **New** button. **Select Supplemental Evaluation Type** page displays. Select the Supplemental Evaluation Type form the drop down list.

7. Click **Search** button to search for and select the rendering provider that performed the evaluation. **Search Evaluator for Assignment** page displays. Click **Cancel** button to cancel action.

8. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset button**.

---

**Important Information**

Providers currently employed or contracted with the assigned Agency are the only providers that display in the Search Results. See Unit 9.
Provider Management, Employees and Contractor for additional information.

- Only providers with an approved and active QP that is authorized to conduct the Supplemental Evaluation type selected in the previous step will display in the search results.
- Only providers whose License is active (i.e., not expired) will display in the search results.

Click Select link under Action column to identify Employee/Contractor Name.

9. View Supplemental Evaluation page displays with the following sections: Child Details, Evaluator Agency Details, Evaluator Details, Type of Evaluation, Developmental Domain Results, Location, Evaluation Diagnosis Results, Evaluation Methods, Diagnostic Tests Administered, General Evaluation Comments and Parent Caregiver Report/Comments.

Note that the selected Supplemental Evaluation Type is recorded in the Evaluation Diagnosis Results section Supplemental Evaluation Type field.
10. Click New button in the Developmental Domain Results section to add Developmental Domain data. Select Developmental Domain page displays.

11. Select the Developmental Domain that the Supplemental Evaluation is recorded for and click the Save button. Add New Developmental Domain Details page displays.

12. Enter information in the Developmental Domain Details section. Note that the Discipline/QP of the selected rendering provider is recorded in the Developmental Domain Results section Discipline/QP field.
Important Information

 Regulations require that for children who have been found to have a delay only in the communication domain, delay shall be defined as a score of 2.0 standard deviations below the mean in the area of communication; or, 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. To accommodate this requirement, two additional options are available in the Communication Domain Status drop-down field labeled “No Standardized test Available” and “Test Inadequately Represents Child’s Developmental Level”.

 If the evaluation is the Initial MDE, neither the option “1.0 Standard deviation or more below the mean” nor “Outside expected range” can be selected.

13. Click Save button. View Supplemental Evaluation page displays.


Modify Supplemental Evaluation: Fred Peabody - 14813

Child Details
Name: Fred Peabody  (518) 1111111
Primary Phone Number: One Ptyalway Ave
Primary Address: Troy (Rensselaer)
New York 12180
Date of Birth: 1/1/2010
Evaluation Due By: 9/17/2010
Evaluator Details
Agency Name: Early Nutrition Care
Evaluator Note: 12012
Reviewer Name: Early Nutrition Care
Evaluator Details
Evaluator Name: Adam Oakley
Evaluator Note: Teacher of Speech and Language Disabilities
Date Assigned: 9/10/2010
Date Completed:

Type of Evaluation:
In Depth Assessment - Developmental Domain
Dissociative Evaluation - General Area

Developmental Domain Results

<table>
<thead>
<tr>
<th>Domain</th>
<th>Developmental Status</th>
<th>Qualified Personnel</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>No Standardized Test</td>
<td>Teacher of Speech and Language Disabilities</td>
<td></td>
</tr>
</tbody>
</table>

Location
If selected location is other than “Child’s Home”, must enter “Location Address”. If location is at a provider’s site, must select the “Provider Location”.

Location Address: Provider Location:

15. Complete the Type of Evaluation section to explain the purpose for the Supplemental Evaluation. If an in-depth assessment for a developmental domain was needed, select the domain the Supplemental Evaluation is completed in.

OR
Unit 5: Evaluation

If there was an area of general concern, such as hearing or vision, select the Diagnostic Evaluation – General Area.

**Important Information**
A User should only select one Type of Evaluation.

16. Click **Search** icon to identify Location Address or Provider Location data. If selected location is other than Child's Home, a Location Address must be entered. If the location is at a Provider's Site, an address must be entered in the Provider Location field.

If the Location section requires editing, be aware of the following items:

- If Location Type is the Child’s Home, then Location Address and Provider Location are not required.
- If Location Type is Agency Provider Site, you must search and select the correct Location Address and establish a Provider Location.

17. Data can be edited for EI Eligibility Diagnosis Code (ICD) by selecting the Search icon. ICD Diagnosis page displays.

Click **Select** link under Action column for the ICD Diagnosis. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Diagnosis</strong></td>
</tr>
<tr>
<td>Select</td>
<td>772.10 - Intraventricular Hemorrhage (grade IV)</td>
</tr>
<tr>
<td>Select</td>
<td>774.70 - Hemorrhage</td>
</tr>
<tr>
<td>Select</td>
<td>389.00 - Conductive Hearing Loss (Nos.)</td>
</tr>
<tr>
<td>Select</td>
<td>389.10 - Sensorineural Hearing Loss (Nos.)</td>
</tr>
<tr>
<td>Select</td>
<td>389.20 - Mixed Conductive and Sensorineural Hearing Loss</td>
</tr>
<tr>
<td>Select</td>
<td>759.70 - CHARGE Association (multiple anomalies)</td>
</tr>
<tr>
<td>Select</td>
<td>759.81 - Prader-Willi Syndrome</td>
</tr>
<tr>
<td>Select</td>
<td>759.83 - Fragile X Syndrome</td>
</tr>
<tr>
<td>Select</td>
<td>759.89 - Angleman's Syndrome (syndromes affecting multiple systems)</td>
</tr>
<tr>
<td>Select</td>
<td>760.71 - Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>Select</td>
<td>765.01 - Extreme Prematurity Less than 500 grams</td>
</tr>
</tbody>
</table>

**Important Information**
If there has been a diagnosis established while completing the supplemental evaluation, two methods are available for entering information. Use the EI Eligible ICD Codes (codes that make a Child eligible for the Early Intervention Program) or Other Eligible Diagnosis Code. Justification must be entered.
18. To add data for the Other Eligible Diagnosis Code field, select the Search icon. Search ICD page displays.

Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. This is any other ICD Code, including unspecified developmental delay, which makes the Child eligible for the Early Intervention Program. To search again, click Reset button. Click Select link under Action column to identify ICD Code. Modify Supplemental Evaluation page displays. If selecting Other Eligible Diagnosis Code, the If other ICD Code, justification field must be completed.

Important Information
EI Eligible Diagnosis Code and Other Eligible Diagnosis Code fields are not required for Supplemental Evaluations but should be entered if a diagnosis is determined in the Evaluation process.

19. To complete Evaluation Methods data, click individual checkboxes. To select all Methods, click checkbox next to the Evaluation Method description.

20. Type any appropriate comments in the General Evaluation Comments and Parent Caregiver Report/Comments (Optional) sections.


Notes:

- If a supplemental evaluation is completed, Date Completed must be entered before the MDE will be able to be submitted.

- A service authorization for the supplemental will be generated based on the date entered in the date supplemental completed field.
Attachment can also be applied. See Creating MDE Attachments for Providers for further information.

If at any time the Supplemental Evaluation is saved and Date Supplemental Completed was not filled in, the Supplemental Evaluation displays as # of # Completed.

Select Supplemental Evaluation from the Create MDE Navigation Bar if Supplemental Evaluation needs to be edited. Select the View link under Action column for the Qualified Personnel involved in completing the Supplemental Evaluation. Click Edit button.

To enter up to four supplemental evaluations as part of the MDE, click Supplemental Evaluation from the Navigation Bar. Click New button on the Supplemental Evaluation page.

Editing Developmental Domain Results – Supplemental Evaluations

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **Edit** link under **Action** column of the **Developmental Domain Results** section. **Modify Developmental Domain Details** page displays.

8. Make necessary changes. Click **Save** button. **View Supplemental Evaluation** page displays.

9. Click **Close** button. **Create MDE** page displays.

### Adding Diagnostic Test Administered – Supplemental Evaluations

Information for a developmental domain *must* be completed before the User can add information about the diagnostic tests that were used when evaluating that developmental domain. Completion of diagnostic test information should be included, depending on the Evaluation method used to assess a domain.

Qualified Personnel are responsible to know which standardized tests require the use and documentation of Sub-Scores.

NYS EIP Regulations 69-4.8 (6)(i) require evaluators, in conjunction with informed clinical opinion, to utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations (see Appendix K). If the evaluator does not utilize an instrument approved by the Department as part of the multidisciplinary evaluation of a child...
the evaluator must provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the Evaluations work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the Primary Action section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **New** button above the **Diagnostic Tests Administered** section. **Add Diagnostic Test Administered** page displays.
8. Enter information in the **Diagnostic Test Details** section. If the name of the test does not appear in the **Test Name** field drop-down menu, enter the name of the test in the **If Other, enter test name** field and record a justification for using the test in the **Justification why other test used** field.

9. **Click Save** button. **View Supplemental Evaluation** page displays.

Or

**Click Save & Add Subscore** button to enter Sub-Score Details. To add Sub-Scores, see **Adding Diagnostic Test Sub-Scores – Supplemental Evaluation** for further information. To edit Sub-Scores, see **Editing Diagnostic Test Sub-Scores – Supplemental Evaluation** for further information.

---

**Viewing Diagnostic Test Administered – Supplemental Evaluations**

1. **Click Inbox** from the Navigation Bar. **My Workspace** page displays.

2. **Click Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. **Click View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. **Click Task ID link next to the task. Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **View** link under **Action** column from the Diagnostic Tests Administered section. **View Diagnostic Tests Administered** page displays.

8. Click **Close** button. **View Supplemental Evaluation** page displays.

---

**Editing Diagnostic Test Administered – Supplemental Evaluations**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.
3. **Click** Task ID link next to the task. **Task Home** page displays.

4. **Click** Reserved Tasks from the Navigation Bar. **Reserved Tasks** page displays.

5. **Click** View link under Action column. **Task Home** page displays.

6. **Click** Manage MDE link from the Primary Action section. **Create MDE** page displays.

7. **Click** Supplemental Evaluations from the Navigation Bar. **Supplemental Evaluation** page displays.

8. **Click** View link under Action column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

9. **Click** Edit link under Action column from the Diagnostic Tests Administered section for specific test. **Modify Diagnostic Test Administered** page displays.
10. Edit data in the **Diagnostic Test Details** section.

11. Click **Save** button. **View Supplemental Evaluation** page displays.

---

**Deleting Diagnostic Test Administered – Supplemental Evaluations**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.
5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **View** link under **Action** column from the Diagnostic Tests Administered section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **Delete** button. **Confirm Delete** page displays with the message *Are you sure you want to remove this diagnostic test?*

9. Click **Yes** button. **View Supplemental Evaluation** page displays with the Diagnostic Test Administered removed.

### Adding Diagnostic Test Sub-Scores – Supplemental Evaluations

Qualified Personnel are responsible to know which standardized tests require the use and documentation of Sub-Scores.

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluations. **View Supplemental Evaluation** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **New** above the **Sub-Score Details** section. **Create Standardized Test Sub-Score** page displays with the following sections: Sub-Score Details and Sub-Score Comments.
9. Enter data in the Sub-Score Details section. Sub-Score Type should correspond to the developmental domain that the diagnostic test was administered. Sub-Score Name should be entered based on the assessment instrument used. Not all assessment instruments provide specific sub score names. If the assessment instrument used does not provide a specific sub score name, the evaluator should enter an appropriate sub score name describing the area of development assessed.

10. Type Sub-Score Comments (Optional).

11. Click Save button to return to View Diagnostic Test Administered page.

   Or

   Click Save & Add Subscore button to enter additional Sub-Score Test Details for this diagnostic test.

### Viewing Diagnostic Test Sub-Scores – Supplemental Evaluations

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.

8. Click **View** link under **Action** column of the **Sub-Score Details** section for the specific **Sub-Score**. **View Standardized Test Sub-Score** page displays.

9. Click **Close** button. **View Diagnostic Test Administered** page displays.
Editing Diagnostic Test Sub-Scores – Supplemental Evaluations

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. **Supplemental Evaluation** page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. **View Supplemental Evaluation** page displays.

7. Click **View** link under **Action** column from the **Diagnostic Tests Administered** section for specific test. **View Diagnostic Test Administered** page displays.
8. Click **Edit** link under **Action** column of the **Sub-Score Details** section for the specific **Sub-Score**. **Modify Standardized Test Sub-Score** page displays.

9. Apply necessary adjustments.

10. Click **Save** button. **View Diagnostic Test Administered** page displays.

---

**Deleting Diagnostic Test Sub-Score – Supplemental Evaluations**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.
3. Click **Task ID** link next to the task. Task Home page displays.

4. Click **Manage MDE** link from the Primary Action section. Create MDE page displays.

5. Click **Supplemental Evaluations** from the Navigation Bar. Supplemental Evaluation page displays.

6. Click **View** link under **Action** column for specific Supplemental Evaluation. View Supplemental Evaluation page displays.

7. Click **View** link under **Action** column from the Diagnostic Tests Administered section for specific test. View Diagnostic Test Administered page displays.

8. Click **View** link under **Action** column of the Sub-Score Details section for the specific Sub-Score. View Standardized Test Sub-Score page displays.
Click **Delete** button. **Confirm Delete** page displays with the message *Are you sure you want to delete the Standardized Test Sub-Score?* Click **Yes** button. **View Diagnostic Test Administered** page displays with the Diagnostic Tests Sub-Score removed.

**EXTERNAL EVALUATIONS**

An External Evaluation is an Evaluation/assessment performed by qualified professional outside of the Early Intervention Program and Multidisciplinary Evaluation. Documentation from these Evaluations may be considered and used by the MDE team to augment/supplement and inform the eligibility determination. The External Evaluation should only be entered into NYEIS if the Evaluation procedures were performed in a manner consistent with Federal and State Laws and regulations that relate to the MDE. See Appendix E for additional information about the use of External Evaluations.

The External Evaluation section of the MDE is not required to be entered in NYEIS. However NYS EIP Regulations 69 4.8 (4)(i)(a)(1) require that the evaluation of a Child’s physical development include a health assessment including a physical examination routine vision and hearing screening and, where appropriate, a neurological assessment, except when a physical examination has occurred within sufficient recency.

The MDE team is responsible for documenting that a health assessment has been completed within sufficient recency and therefore can be reviewed by the MDE team and does not need to be completed in order to assess the Child’s physical development as part of the MDE. The **External Evaluation** section of the MDE is one area in which this information can be captured. If an External Evaluation is not completed with this information, it *must* be documented in the comments section of the **Physical Domain** field in the **Developmental Assessment** section of the MDE or in the scanned copy of the completed MDE report that should be attached to the MDE in NYEIS.

**Entering/Editing External Evaluations**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.
3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **External Evaluations** from the Navigation Bar. **External Evaluation** page displays.

6. Click **New** button. **Create External Evaluation** page displays with the following sections: **Child Details**, **Evaluator Agency Details**, **Evaluator Details**, **Please Check All That Apply**, **Type of Evaluation**, **Approved Evaluator Team Must Certify That**, **Health Assessment**, **General Health Status/Health Concerns**, **Evaluation Diagnosis Result**, **Evaluation Methods** and **General Evaluation Comments**.
7. Complete the **Evaluator Details** section. Fields in the **Evaluator Details** section are *required*. Navigate from field-to-field using **Tab** key to fill in information.

   **Date Evaluation Conducted** should reflect the date the External Evaluation was completed.

   **Evaluator Name** is the name of the licensed/certified individual that completed the Evaluation. Be sure to enter the **Agency Affiliation Name** (e.g., hospital, therapeutic group) and profession of the licensed/certified individual that completed the External Evaluation. *Date fields must be formatted as mm/dd/yyyy format.*

8. Select from the **Please Check All That Apply** section using the checkboxes.

9. Complete the **Type of Evaluation** section to explain the purpose for the External Evaluation. If an in-depth assessment for a developmental domain was needed, select the domain the External Evaluation is completed in.

   OR

   If there was an area of general concern, such as hearing or vision, select the **Diagnostic Evaluation – General Area**.

   **Important Information**
   A User should only select one **Type of Evaluation**.

10. Complete the **Approved Evaluator Team Must Certify That** section.

    Evaluators must select “Yes” to these three certifications statements in order to indicate that the results of the external evaluation were used consistent with Early Intervention Program regulations.

11. Complete the **Health Assessment** and the **General Health Status/Health Concerns** sections.

    When using the External Evaluation pages in NYEIS to capture the results of the regulatory required review of the child’s recent health’s assessment, the evaluator must certify that the health assessment was performed within sufficient recent that an additional health assessment is not required.

    In addition, when documenting the required review of the health assessment as an External Evaluation, text must be entered in the **General Health Status/Health Concerns** section. This text may indicate to “See attached” for a copy of the Health Assessment that was attached to the MDE using the
12. Data can be entered for **Other Diagnosis Code** by selecting the **Search** icon. **Search ICD** page displays.

Click **Select** link under **Action** column for the ICD Diagnosis. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.

**Search ICD**

<table>
<thead>
<tr>
<th>Search Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD Code:</td>
</tr>
<tr>
<td>ICD Category:</td>
</tr>
<tr>
<td>ICD Description:</td>
</tr>
<tr>
<td>EI Eligible ICD?:</td>
</tr>
</tbody>
</table>

**Search Results**

<table>
<thead>
<tr>
<th>Action</th>
<th>ICD Code</th>
<th>ICD Description</th>
<th>Start Date</th>
<th>EI Eligible ICD?</th>
</tr>
</thead>
</table>

11. To add data for additional **Other Diagnosis Code** field, select the **Search** icon. **Search ICD** page displays.

Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. This is *any other* ICD Code, including unspecified developmental delay, which may have resulted from the completion of the external evaluation. Click **Select** link under **Action** column to identify ICD Code. To search again, click **Reset** button.

**Important Information**

- **Other Diagnosis Code** field is not required for External Evaluations but should be entered if a diagnosis is determined in the Evaluation process.
- Although the recording of an external evaluation is not required, it is highly recommended. In addition, in order for an ICD code identified during an external evaluation to be available on the MDE summary, an external evaluation and ICD code must be recorded in NYEIS.

12. To complete **Evaluation Methods** data, click individual checkboxes or click the checkbox next to the **Evaluation Method** description which selects all Methods. At least one Evaluation Method must be selected.

13. Type **General Evaluation Comments** *(Optional).*

14. Click **Save** button. **View External Evaluation** page displays.
15. Click **New** button in the Developmental Domain Results section to add Developmental Domain data. **Add New Developmental Domain Details** page displays.

16. Enter information in the **Developmental Domain Details** section.

17. Click **Save** button. **View External Evaluation** page displays.

18. Click **New** button above the Diagnostic Tests Administered section. **Add Diagnostic Test Administered** page displays.

19. Enter information in the **Diagnostic Test Details** section.

20. Click **Save** button. **View External Evaluation** page displays.

Or

Click **Save & Add Subscore** button to enter Sub-Score Details. To add Sub-Scores, *See Adding Diagnostic Test Sub-Scores – Supplemental Evaluation* for further information in this unit. To edit Sub-Scores, *See Editing Diagnostic Test Sub-Scores – Supplemental Evaluation* for further information in this unit.

**Notes:**

- If an External Evaluation was completed, **Date Completed** must be entered for the **External Evaluation** section prior to an MDE submission.

- Attachment can also be applied. *See Creating MDE Attachments for Providers* for further information.

- Select **External Evaluation** from the Create MDE Navigation Bar if External Evaluation needs to be edited. Select the **View** link under the Action column. Click **Edit** button.
MDE SUMMARY

The Evaluator determines the Child’s eligibility. Before the MDE is submitted, eligibility data is entered using the MDE Summary Details section. MDE Summary displays pre-populated data for review. To edit limited MDE Summary information, see Editing MDE Summary Details for further information.

Creating MDE Summary Details

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.

4. Click Manage MDE link from the Primary Action section. Create MDE page displays.
5. Click View button in the MDE Summary Details section. View MDE Summary page displays.

6. Click Edit button. Modify MDE Summary page displays.
7. Navigate from field-to-field using Tab key to fill in information. Date fields must be formatted as mm/dd/yyyy format.

8. Complete the Eligibility section.

Understand these system rules while completing the Eligibility and Diagnosis Details sections:

- If Eligibility Status option Eligible – Developmental Delay is selected, the system is expecting a Other Eligible Diagnosis Code to be selected in the Diagnosis Details section.

- If Eligibility Status option Eligible – Diagnosed Condition is selected, the system is expecting an EI Eligible Diagnosis Code to be selected in the Diagnosis Details section.

**Important Information**

All data in the Eligibility section must be entered before submitting MDE if the child is Eligible. Date Eligibility Determined, Date Full MDE Completed, and answers to all Parent questions must be provided before
submitting. Parents received summary of MDE? Must be Yes (required by regulation) and Parents received summary of MDE in their dominant language must be Yes.

An Eligibility Statement must be entered before submitting MDE.

9. Complete the Diagnosis Details section if Child is eligible based on the diagnosed condition.

Important Information
- Every Child must have an ICD (diagnosis) code entered, even when the child is determined Ineligible.

- If there has been a diagnosis established while assessing all of the five developmental domains, two methods are available for entering information. Use the EI Eligible ICD Codes (codes that make a Child eligible for the Early Intervention Program) or Other Eligible Diagnosis Code. Justification must be entered when using Other Eligible Diagnosis Code.

An ICD code can be selected and recorded in several different parts of the Multidisciplinary Developmental Evaluation. These sections include the:
- Developmental Assessment
- Supplemental Evaluation
- External Evaluation

EI Eligibility Diagnosis Code
An EI Eligibility Diagnosis Code (ICD) that was recorded in the Developmental Assessment and/or a Supplemental Evaluation will be displayed and selectable when the user clicks the Search icon next to the EI Eligibility Diagnosis Code (ICD) field. Select Eligible Diagnosis page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Diagnosis Code</th>
<th>Diagnosis Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>760.71</td>
<td>Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>Select</td>
<td>765.02</td>
<td>Extreme Prematurity 500-749 grams</td>
</tr>
</tbody>
</table>

Click Select link under Action column for the ICD Diagnosis. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.

Other Eligible Diagnosis Code
An Other Eligible Diagnosis Code that was recorded in the Developmental Assessment and/or Supplement Evaluation, and an Other Diagnosis Code that was recorded in the External Evaluation, will be displayed and selectable when the user clicks the Search icon next to the Other Eligible Diagnosis Code field. The Select Other Eligible Diagnosis pop-up page displays.

The system will always display the default option 315.9 – Developmental delay NOS which can be selected when other Diagnosis Codes do not apply to the child’s situation. Click Select link under Action column to identify ICD Code. Modify MDE Summary page displays.

When selecting Other Eligible Diagnosis code, the If Other ICD Code, Justification field must be completed.

Other Diagnosis not related to Eligibility
A User can choose to display additional Diagnosis Codes that were identified and recorded in the Developmental Assessment, Supplement Evaluation, and/or the External Evaluation in these fields. These codes are not used for determining eligibility. Rather, these codes provide additional information about the child’s developmental evaluation. All codes identified in the Developmental Assessment and Supplement Evaluation (recorded in the Other Eligible Diagnosis code field) and the External Evaluation (recorded in the Other Diagnosis Code fields) will be displayed and selectable when the user clicks the Search icon next to the Other Diagnosis not related to eligibility field. The Select Other Diagnosis Not Related to Eligibility pop-up page displays.
Click **Select** link under **Action** column to identify **ICD Code**. **Modify MDE Summary** page displays.

**Important Information**

If additional ICD codes need be entered that were the result of other portions of the MDE and were unable to be recorded and therefore are not available in the “Other Diagnosis not Related to Eligibility” field, these should be entered in the MDE Summary Comments section. In addition, the provider should work with the municipality to place these ICDs on the child’s case using the “Health Assessments” link off the child’s integrated case. See **Unit 4: Case Management, Health Assessments** for further information.

10. Enter information into the following sections: **Eligibility Statement** and **Child Transportation Needs**. Transportation needs **must** be documented as directed by regulation. Documentation of **Child Transportation Needs** should be used as part of the discussion for appropriate services at the IFSP meeting.

11. Click **Save** button. **View MDE Summary** page displays.

12. Click **Edit** button to edit data or **Close** button to return to **Create MDE** page.

**Viewing MDE Summary Details**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.
4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **View** button from the **MDE Summary Details** section. **View MDE Summary** page displays.

6. Click **Close** button. **Create MDE** page displays.
Editing MDE Summary Details

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.
5. Click View button from the MDE Summary Details section. View MDE Summary page displays.

6. Click Edit button. Modify MDE Summary page displays.

7. Apply necessary changes. Date fields must be formatted as mm/dd/yyyy format.

Data can be edited for Eligibility Diagnosis Code (ICD) by selecting the Search icon. Select Eligible Diagnosis page displays.
Every Child *must* have an ICD (diagnosis) code entered. Only ICD codes that have been entered during the completion of the MDE (Dev. Assessment, any Supplemental Evaluations, or External Evaluation) will show up on search.

Click **Select** link under **Action** column for the ICD Diagnosis. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.

If there has been a diagnosis established while assessing all of the five developmental domains, two methods are available for entering information. Use the **EI Eligible ICD Codes** (codes that make a Child eligible for the Early Intervention Program) or **Other Eligible Diagnosis Code**. Justification *must* be entered.

To add data for the **Other Eligible Diagnosis Code** field, select the Search icon. **Select Other Eligible Diagnosis** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Diagnosis Code</th>
<th>Diagnosis Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>288.59</td>
<td>288.59 - Decreased WBC count NEC</td>
</tr>
</tbody>
</table>

If additional ICD codes need be entered that were the result of other portions of the MDE and were unable to be recorded and therefore are not available in the “Other Diagnosis not Related to Eligibility” field, these should be entered in the MDE Summary Comments section. In addition, the provider should work with the municipality to place these ICDs on the child’s case using the “Health Assessments” link off the child’s integrated case (insert UM reference to where this can be found).

Click **Select** link under **Action** column to identify **ICD Code**. **Modify MDE Summary** page displays. If selecting **Other Eligible Diagnosis Code**, the **If Other ICD Code, Justification** field *must* be completed.

8. Click **Save** button. **View MDE Summary** page displays.

9. Click **Close** button. **Create MDE** page displays.
Note:

- Attachment can also be applied. See Creating MDE Attachments for Providers for further information.

MDE ATTACHMENTS

The attachment link is available from the MDE Navigation Bar and is used to attach documents that provide additional information regarding the Child in NYEIS.

Any file type may be attached depending on the Users software installed on their Personal Computer. Sample file types are (but not limited to): Word, Excel, PDF and JPG.

Adding MDE Attachments

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.

4. Click Manage MDE link from the Primary Action section. Create MDE page displays.
5. Click **MDE Attachments** from the Navigation Bar. **View MDE Attachments** page displays.

![View MDE Attachments](image)

6. Click **New** button. **Submit Full Evaluation** page displays.

![Submit Full Evaluation](image)

7. **See Unit 1: Getting Started, ***Attaching Files to a Case*** for further instruction regarding attaching a file if needed.

**Viewing MDE Attachments**

1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

![Inbox](image)
2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

5. Click **MDE Attachments** from the Navigation Bar. **View MDE Attachments** page displays.
6. See Unit 1: Getting Started, Viewing Attachments for further instruction if needed.

Editing MDE Attachments

1. Click Inbox from the Navigation Bar. My Workspace page displays.

2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays. Click View next to the Evaluations work queue. Work Queue Tasks: Evaluations page displays.

3. Click Task ID link next to the task. Task Home page displays.

4. Click Manage MDE link from the Primary Action section. Create MDE page displays.
5. Click MDE Attachments from the Navigation Bar. View MDE Attachments page displays.

6. Click View link under Action column. View Attachment page displays.

7. See Unit 1: Getting Started, Editing/Replacing Attachments or Deleting Attachments for further instruction if needed.

SUBMITTING AN MDE

Prior to submitting an MDE, be sure that eligibility information has been entered. See Creating MDE Summary Details for further information. When the User submits the MDE the system reviews the data entered and validates that the entries correspond to Evaluation rules. The system identifies any violation of the rules in the MDE Validation Errors section. See Appendix N – MDE Errors by Section for the complete list of potential MDE errors.
1. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

2. Click **Work Queues** from the Navigation Bar. **My Work Queues Home** page displays. Click **View** next to the **Evaluations** work queue. **Work Queue Tasks: Evaluations** page displays.

3. Click **Task ID** link next to the task. **Task Home** page displays.

4. Click **Manage MDE** link from the **Primary Action** section. **Create MDE** page displays.

On **Create MDE** page, click **Submit** button. The **Confirm MDE Submission** page displays with the message **Are you sure you want to submit this MDE?** Click **Yes** button.
Errors or additional information required displays. Errors will be listed and separated for each section of the MDE. These errors must be corrected before proceeding with submission process. Once the MDE is submitted and has errors in need of correction, the list of Validation Errors can be viewed by clicking **MDE Validation Errors** from the Navigation Bar. To fix errors, use the Create MDE page to navigate to the section(s) the error(s) are describing. See Appendix N – MDE Errors by Section for the complete list of potential MDE errors.

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Validation Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screening</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Concern about child's hearing&quot; is mandatory.</td>
</tr>
<tr>
<td>3</td>
<td>&quot;Concern about child’s vision&quot; is mandatory.</td>
</tr>
<tr>
<td>4</td>
<td>Development</td>
</tr>
<tr>
<td>5</td>
<td>Only 5 different domains may be completed for a Developmental Assessment and each must have a Date Completed.</td>
</tr>
<tr>
<td>6</td>
<td>If &quot;Other Eligible Diagnosis Code&quot; is entered, then &quot;If Other ICD Code, Justification&quot; must be entered.</td>
</tr>
<tr>
<td>7</td>
<td>If a Developmental Assessment contains an evaluation method of either Standardized Test or Criterion Referenced Test, at least must be entered.</td>
</tr>
<tr>
<td>8</td>
<td>Family Assessment</td>
</tr>
<tr>
<td>9</td>
<td>Supplemental</td>
</tr>
<tr>
<td>10</td>
<td>Only one &quot;Type of Evaluation&quot; may be entered.</td>
</tr>
<tr>
<td>11</td>
<td>If &quot;Other Eligible Diagnosis Code&quot; is entered, then &quot;If Other ICD Code, Justification&quot; must be entered.</td>
</tr>
<tr>
<td>12</td>
<td>External</td>
</tr>
<tr>
<td>13</td>
<td>MDE Summary</td>
</tr>
<tr>
<td>14</td>
<td>If &quot;Other Eligible Diagnosis Code&quot; is entered, then &quot;If Other ICD code, justification&quot; must be entered.</td>
</tr>
</tbody>
</table>

5. To print errors, click **Print** button on the Internet Browser toolbar. *If Print button is directly clicked, page prints automatically to the default printer.*

6. When MDE is submitted successfully, message displays **The MDE was submitted successfully** and **Manage MDE Task** is closed and *no longer accessible.* Click **Close** button and **My Workspace** page displays.

**Notes:**

- Users may print the list of MDE errors to assist in correction.

- When an error is corrected, it is not removed from the list of errors unless the MDE is re-submitted.

- When an MDE is submitted successfully, workflow is created for the Early Intervention Official/Designee (EIO/D) to review the MDE for completeness and all regulatory requirements. See **Reviewing Submitted MDE** for further information.
REVIEWING A SUBMITTED MDE

Activities in this section are performed only by an EIO/D after an MDE has been submitted.

1. Navigate to Inbox. Click Assigned Tasks from the Navigation Bar. Assigned Tasks page displays.

2. Click Reserve and return to Assigned Tasks or Reserve and View to view the task.

   Note:
   • Once a task is Reserved it may be accessed by clicking the Reserved Tasks link from a user’s Inbox.

3. From Reserved Tasks click View link under Action column to select the Submitted Provider Evaluation. Task Home page displays.

4. Click Manage Submitted MDE link in Primary Action section. View Submitted MDE page displays.
5. To see further details about the MDE, use the Navigation Bar to review each submitted section.

6. Each Submitted MDE has three options available from the View Submitted MDE page.

The EIO/D reviews all the sections of the MDE to ensure completion per regulatory requirements. The EIO/D should also view any attachments from the attachment button on the navigation bar. The EIO/D applies one of the following options:

**Option 1**
If MDE is complete and meets all regulatory requirements, click *Accept* button. **Evaluation Acceptance Confirmation** page displays with the message *Are you sure you want to accept this evaluation?*  

<table>
<thead>
<tr>
<th>Evaluation Acceptance Confirmation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you sure you want to accept this evaluation?</td>
</tr>
<tr>
<td>[Yes] [No]</td>
</tr>
</tbody>
</table>

Click *Yes* button. Task is removed from the EIO/D Reserved Task list. Workflow creates Service Authorizations for the accepted MDE based on the submitted components. Notifications and Service Authorizations are sent to the Provider indicating that the Evaluation has been accepted.

**Important Information**
Notifications are not sent to ISC. ISC should keep contact with the evaluator and EIO/D to ensure the evaluation is being completed and know the results of the MDE.
Option 2
If MDE is not complete and/or does not meet regulatory requirements, click Reject button. Evaluation Rejection Confirmation page displays.

A Rejection Reason Code must be selected from the drop down. Add Comments, if appropriate. Click Save button. A Task for the Provider goes to the Provider’s Evaluations Work Queue to review reject reason and to make appropriate changes to the MDE. Once changes are made, the MDE is re-submitted and a task is generated to the assigned EIO/D to manage/review the resubmitted MDE.

Important Information
Comments for a rejected MDE should be as comprehensive as possible. EIO/Ds should provide specific information on the reason the MDE is being rejected and references to the portion of the MDE that is need of additional information / corrections. If needed, text from the evaluation section of the MDE in need of clarification/correction can be copied in to the comments section for reference.

Option 3
If there is a decision to delay review of MDE, click Pend button. MDE remains in the EIO/D Reserved Tasks list.

MDEs should not be pended unless there are extraordinary circumstances. The review of the submitted MDE by the EIO/D needs to take place in a timely manner so that any corrections can be made and the initial IFSP meeting can be held within 45 days of Referral.

Note:
• To print the MDE, click Print MDE button from the View Submitted MDE page.

VIEWING AN ACCEPTED EVALUATION

A Provider associated with a Child or User with assigned access rights is able to view information on Completed MDEs listed in the System.

2. Click **Child’s Completed Evaluations** from the Navigation Bar. **View Accepted Evaluations** page displays.

3. Click **View** link under **Action** column for specific Evaluation. **View Completed MDE** page displays. All data on this page is read-only.

   To view data for each section of the MDE, click links on left-hand navigation bar.

4. Click **View** button under the **MDE Summary Details** section. **View MDE Summary** page displays. All data on this page is read-only.
5. Click Close button to return to the View Completed MDE page.

6. Click Close button to return to the View Accepted Evaluations page.

Note:
- To print the MDE, click Print MDE button from the View Completed MDE page.

**EDITING AN ACCEPTED EVALUATION**

An MDE that has been submitted and accepted by the Municipality can be reopened and edited. When the Evaluation is reopened, it enables the evaluator to correct data entry errors, add evaluations or screenings that were not previously recorded, or to remove screening or evaluations recorded in error.

Reopening the MDE causes all existing MDE Service Authorizations that were created after the original MDE was accepted to be deleted. Because of that, the assigned evaluating agency is required to void all claims submitted against the MDE Service Authorizations prior to the EIOD reopening the Evaluation for correction.

The evaluator makes the necessary edits to the MDE and resubmits it using the same steps as when the MDE was originally submitted. The same system rules are applied against the submitted Evaluation as described in Submitting and MDE.

To initiate an MDE correction, the evaluating agency is required to contact the child’s EIOD and explain why the Evaluation should be reopened. It is up to the discretion of the EIOD to approve or deny the request. If approved, the EIOD follows the process described below.

The system will create a task for the Bureau of Early Intervention to review the case and authorize the MDE to be edited if the child’s eligibility determination date is 90 days or greater from the date of the modification request.


2. Click Childs Completed Evaluations from the Navigation Bar. View Accepted Evaluations page displays.
3. Click the **View** link in the **Action** column next to the Evaluation to reopen. **View Completed MDE** page displays.

Note the **MDE Modification Request History** section at the bottom of the page. The system records all requests and decisions concerning requests to reopen an MDE.

4. EIOD clicks the **Modify Approved MDE** button to initiate the MDE reopening. The **Confirm That MDE should be reopened** confirmation page displays.

The EIOD clicks the **No** button to cancel the reopen MDE process, or clicks the **Yes** button to reopen the MDE.

If the EIOD clicks **Yes**, and the child’s Eligibility Determination Date is 90 days or greater, a second confirmation page displays indicating that request will be reviewed and decided by the Bureau of Early Intervention.
If the EIOD clicks the Cancel button, the reopen MDE process is canceled. If the EIOD clicks the Continue button, the system creates a task for the Bureau of Early Intervention to review the request and approve or deny it.

5. The system records the MDE reopen action in the **MDE Modification Request History** section of the View Completed MDE page.

![MDE Modification Request History Table]

The record indicates the date the request was approved or submitted if BEI is required to review it, the decision, the reason the request was denied if BEI does not allow the MDE to be reopened, and the name of the user associated with the action.

6. If the request occurs less than 90 days after the child’s eligibility determination date and the EIOD reopens the MDE, the system creates a task in the assigned evaluating agency’s Evaluations work queue.

![Work Queue Tasks: 259_Evaluations]

If the request occurs 90 days or more after the child’s eligibility determination date and the EIOD reopens the MDE, the system creates a task in the Statewide_BEIReview work queue.

![Work Queue Tasks: Statewide_BEIReview]

If BEI denies the request, the decision is recorded in the **MDE Modification Request History** and a Notice is sent to the EIOD informing of the decision. The EIOD contacts the evaluating agency and informs them of the decision.

If BEI approves the request, the decision is recorded in the **MDE Modification Request History** and the task described in step 6 is created in the evaluating agency’s Evaluations work queue.

8. The assigned evaluator actions the task in the same manner as described earlier in the section **Completing an MDE**.

9. The EIOD reviews the submitted MDE in the same manner as described earlier in the section **Reviewing Submitted MDE**.
10. When the MDE is approved by the EIOD, the system creates a new set of Service Authorizations as prescribed by the parts of the MDE completed. The evaluating agency can then submit their claims.

**VIEWING ELIGIBILITY**

A Provider associated with the Child or other User with assigned access rights is able to view information on Eligibility listed in the System.


12. Click **Eligibility** from the Navigation Bar. **Eligibility Determination** page displays.

13. Click **View MDE Summary** link under **Action** column. **View MDE Summary** page displays. All data on this page is read-only.

14. Click **Close** button to return to the **Eligibility Determination** page.
SCREENING-ONLY MDE

1. Accept the MDE Assignment and open the MDE. See Manage the Multi-Disciplinary Evaluation for information.

2. Create the Screening record. See Screening for information about creating and editing a Screening.

   **Important Information**
   The Evaluator can select any of the options in the Screening Results field of the Screening Details cluster.

3. Click the Save button after completing the Screening. View Screening page displays. Assign the Rendering Provider. See Screening for information about Assigning a Rendering Provider to the Screening. Click Close button. Create MDE Home page displays.

4. **Do not complete any additional sections of the MDE.** The system will generate a Validation Error when submitting the MDE for approval if other sections are completed.

5. Click the View button below the MDE Summary Details cluster on the Create MDE page. View MDE Summary page displays. Click Edit button. Modify MDE Summary page displays.
6. In order to qualify as a Screening-Only MDE, the user is limited to data entry in two fields: **Eligibility Status** and **Screening-Only Diagnosis Code**. Data recorded in any additional field in the Eligibility, Diagnosis Details, Evaluation Methods Used, Eligibility Statement, or Child Transportation Needs clusters will result in a Validation Error when the user submits the MDE for approval.

7. Select the **No MDE – Screening Only** option in the **Eligibility Status** field of the Eligibility cluster. Click the **Search icon** in the **Screening Only Diagnosis Code** field of the Diagnosis Details cluster to search for and select the appropriate screening-only diagnosis code.

8. Click the **Save** button. The **View MDE Summary** page displays. Click the **Close** button. The **Create MDE** page displays.

9. Click the **Submit** button to submit the Screening-Only MDE to the Child’s EIOD for review and approval. See Submitting an MDE for more information.

**SUPPLEMENTAL EVALUATIONS AUTHORIZED AS A RESULT OF AN IFSP**

Supplemental Evaluations may be authorized as a result of an IFSP. If the EIO/D and parent agree that there is a need for a Supplemental Evaluation in a specific developmental domain, a Service Authorization is created associated with the IFSP. See Unit 6: IFSP and Service Authorizations, Creating a Supplemental Evaluation Service Authorization.
Unit 6: Individualized Family Service Plan & Service Authorization

Version 4.01
## Document Revision History

<table>
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<th>Description</th>
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<tr>
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<td>4.01</td>
<td>• Updated document thru revision 4.01</td>
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<tr>
<td></td>
<td>1.6</td>
<td>• Updated the <strong>Modifying (Amending) a Service Authorization</strong> topic adding discussion of the new Effective Decision Date.</td>
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<td>• Updated the <strong>Extending an Individualized Family Service Plan</strong> topic to clarify guidance regarding Transition scenarios.</td>
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<td></td>
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<td>• Updated <strong>Mobile IFSP</strong> topic to include mobile application screen shots and data entry steps.</td>
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<td>• Updated <strong>Interim IFSP</strong> subtopic to indicate that they cannot be cloned.</td>
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<td>• Updated <strong>Extending an Individualized Family Service Plan</strong> subtopic to include guidance when extending a child’s IFSP when they are eligible for CPSE.</td>
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<td></td>
<td></td>
<td>• Added new subtopic <strong>Managing a Individualized Family Service Plan for a Transferred or Re-Opened Integrated Case.</strong></td>
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<tr>
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<td>1.3</td>
<td>• Updated <strong>Closing a Service Authorization section.</strong></td>
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<td>• Updated <strong>Modifying (Amending) a Service Authorization section.</strong></td>
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<td>• Added <strong>IFSP History</strong> subtopic</td>
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<td>1/31/2011</td>
<td>1.2</td>
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<td>• <strong>Extending and IFSP</strong> section – System generates a Notification to the Service Coordinator when the IFP extension is approved / rejected.</td>
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<tr>
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<td>• <strong>Service Authorizations General Category</strong> section – added information regarding Service Intervention Methodology field.</td>
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<tr>
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<td>• Added new section labeled <strong>Service Authorizations</strong></td>
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### ABA Aide Services Category.

- **Service Authorization Acceptance Request** section – relabeled section name to **Accept / Reject Service Authorization** and added information about rejecting an SA.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Event</th>
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<tr>
<td>10/1/2010</td>
<td>1.0</td>
<td>October 2010 NYEIS launch.</td>
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Individualized Family Service Plan & Service Authorization

Unit Overview

The Individualized Family Service Plan section of NYEIS records the IFSP decisions for an eligible Child that will apply for the next six month IFSP period. This includes the Child’s Level of functioning in all five developmental domains, functional outcomes, any updates for the Child/Family demographics and service details (e.g., Frequency, Type, Duration, Location, Co-Visits and Make-Up Visits) which are captured on Service Authorizations (SAs) associated with the IFSP. In accordance with EI regulations, the NYEIS IFSP workflow also allows the EIO/D to approve waivers for services that potentially will break EI billing rules.

The IFSP Demographics sections include Details, Parental Consent, Outcomes, IFSP Delay Reason, Clinically Appropriate Visits, Natural Environments, Transition, and Late Services. These IFSP sections are completed prior to creation of the Service Authorizations.

As the IFSP/SA workflow proceeds in NYEIS, the Status field will indicate where in the process the IFSP or SAs are for Users.

The status of an IFSP may be any of the following: Draft, Delayed Processing Pending, Submitted, EIOD Review Required, Approved, Active, Extended, Pending Closure and Closed. The status of the IFSP is covered in this document.

The status of a Service Authorization may be any of the following: Draft, Delayed Processing Pending, Submitted, EIOD Review Required, Awaiting Provider Assignment, Approved, Active, Suspended, Pending Closure and Closed. The status of Service Authorizations is covered in this document.
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INDIVIDUALIZED FAMILY SERVICE PLAN PAGE REVIEW

Each IFSP has its own Home Page and associated Navigation Bar.

**Individualized Family Service Plan Page Navigation Bar**

1. **Navigation** section – displays all the different areas that can be reviewed, added or updated for an IFSP.

2. **Recent Items** section – displays the name of recently visited: Children, Providers, Vendors, etc. as a link.

**Individualized Family Service Plan Home Page**

1. **Tab Bar** – displays multiple tabs when several items are open for a Child’s Case. The Tab does not display Child’s Name only unique case number.

2. **Header Bar** – displays page name and IFSP Reference Number (unique identifier).
Sections – displays areas of information related to the Child and the Child's IFSP.

Important Information
Be aware that clicking the Back icon of Internet Browser during the creation of a function may cause the System to not capture the data properly and display an Error on the page.

WORKING WITH AN INDIVIDUALIZED FAMILY SERVICE PLAN

Creating an Interim or Initial Individualized Family Service Plan

Before creating an Initial Individualized Family Service Plan, a Child must have a NYEIS Integrated Case and Eligibility determined through the MDE process. If the MDE and Case Eligibility has not yet been determined, an Interim IFSP can be created in NYEIS.

An Interim IFSP is a temporary plan developed with parental consent for a child with a known developmental delay or disability who has apparent immediate needs to enable early intervention service delivery between initial identification of the child's needs and the completion of the Multi-Disciplinary Evaluation. Interim IFSP’s cannot be cloned.

See Unit 4: Case Management for more information on Integrated Cases and Unit 5: Evaluation for more information on the MDE process.

2. Click IFSP’s from the Navigation Bar. IFSP’s page displays.

If an IFSP is listed, you can not create an initial or interim IFSP.  See Editing an Individualized Family Service Plan for more information.

If an IFSP is listed and Status is Active, User can make changes to the IFSP and associated SAs using the amendment process (See Amending an Individualized Family Service Plan or Modifying (Amending) a Service Authorization for further information) or the User can clone the IFSP (with the exception of an Interim IFSP) to create the next IFSP (See Cloning an Individualized Family Service Plan for further information). Closed IFSPs can also be ‘Reactivated’ and subsequently edited. (See Unit 10: Municipal Administration- Case Reactivation)

If an IFSP is not listed, this means an Interim or Initial IFSP needs to be created for the Child/Family. To create an initial Individualized Family Service Plan, a Child must have a NYEIS Integrated Case and Eligibility determined through the MDE process. To create an interim Individualized Family Service Plan, a Child must have a NYEIS Integrated Case. Click New button. Select IFSP Type page displays. Proceed with Step 3.
3. Select **an Interim IFSP** or **an Initial IFSP**. Create IFSP page displays.

### Important Information

- **An Interim** IFSP is temporary and is in place only until the **Initial** IFSP meeting occurs which *must* occur within 45 days of the Referral. **Interim** IFSP is active for a maximum of 45 days. **Interim** IFSP may be extended past the 45 days with EIO/D approval. [See Extending an IFSP](#) for additional information.

- **The Initial** IFSP meeting date triggers NYEIS to assign future six month IFSP periods for the Child/Family.

4. Navigate from field-to-field using **Tab** key. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Scroll down to view and enter data in all appropriate fields. Date fields must be formatted as **mm/dd/yyyy** format.*

   In the **IFSP Details** section, the selection for **Meeting (check if yes)** and **Other (check if yes)** fields *must* be **Yes**, for an Initial or Interim IFSP and any annual IFSP Evaluation. **The No** option may be used for six month reviews of the IFSP. [See Cloning an Individualized Family Service Plan](#) for further information and **Appendix A** for additional guidance on methods for holding the IFSP meeting.
The selection for **Parental consent obtained?** must be **Yes** in order for the IFSP to be submitted and for Child’s record to be available to Users in NYEIS. Responding “yes” in the **parental consent obtained** field indicates that signed consent has been obtained from the parent indicating agreement with the contents of the IFSP, consent for services in the IFSP and for sharing information with all of the IFSP team members. The signed consent must be kept in the child’s record. The service coordinator is responsible for ensuring that all service providers are aware of the IFSP in NYEIS and if access to NYEIS is not available, for ensuring that a hard copy of the IFSP is distributed.

An **IFSP Delay Reason** is required when the initial IFSP meeting was held more than 45 days from the Child’s date of Referral to EI (Referral Date). See Appendix B for additional information on use of these delay reasons.

The value for **Clinically Appropriate visits per day must not exceed** field should be reflective of the discussion at the IFSP meeting and should indicate the maximum visits per day appropriate for the Child. For example it may be appropriate for a child with a diagnosis of autism to receive multiple visits per day whereas it may only be appropriate for a child who is medically frail to receive one visit per day. If the IFSP team agrees/recommends it is clinically appropriate for the Child to receive more than 3 basic and extended visits combined on a single day, the EIO/D will need to approve this during the Upfront Waiver process. See Upfront Waiver for further information.

A statement of the Child’s current Level of functioning must be entered for each developmental domain.

**Parental Consent** must be entered prior to entering **Family Strengths, Priorities** and **Concerns and Resources**. This information is not required, however, Early Intervention Program (EIP) regulations state that the IFSP includes, with parental consent, a statement of the family’s strengths, priorities and concerns that relate to enhancing the development of the child. The NYEIS IFSP captures that this consent has been obtained and the related **family strengths** cluster captures the information on the family’s strengths, priorities, and concerns. The information written into this section of the IFSP may be obtained from the family assessment, but may also be obtained from other sources, including a discussion with the service coordinator, EIO/D, or other service provider, either prior to or during the IFSP meeting. The EIO/D should obtain the parent’s verbal consent for inclusion of this information in the IFSP. The parent’s signature on the IFSP then confirms in writing the parent’s agreement with the contents of the IFSP.
Outcomes section should include a list of specific goals for the Child and family as well as methods to measure improvement or success.

ABA Services section should be completed if the child’s plan will include the provision of ABA services. Record if the services will be provided by Qualified Personnel only, or by Qualified Personnel with an ABA Aide. Include Comments associated with the ABA services.

The values regarding what service settings are considered natural environments are to be completed in the Natural Environments section. See Appendix C for further information.

The Transition Services section captures details regarding required transition steps and services for the Child and family. Detail must be captured as a result of the IFSP meeting in which Transition (either to the Committee on Preschool Special Education (CPSE) or to other programs and services) is discussed with the family. See Unit 7: Transitions and Transfers for additional information on transition.

In the Late Services section of the IFSP, the Delay Status must be completed when the IFSP team knows in advance if some or all services will be delayed beyond 30 days after the start date of the six month IFSP period (if the service is a new service for this IFSP period). If so, the User must enter a Delay Reason Code. If an individual service is delayed unexpectedly greater than 30 days from the Authorizing IFSP, a task is generated to the providers Service Authorization Work Queue to supply a late reason. See Appendix D for a listing of late reasons.

5. Click Save button to continue after completing the IFSP Demographic sections. Errors or additional information required will display at the top of Create Initial IFSP page. Correct data. Click Save button. Individualized Family Service Plan Home page displays. IFSP Status is set to Draft.
Important Information:

- After the IFSP is saved and is in Draft status, the User may want to return to the Draft IFSP to change or add additional information. See Editing an Individualized Family Service Plan or Service Authorizations for further information.

- Save often! While your IFSP is in ‘Draft’ status, you should save your work periodically to ensure no loss of work in the event of an unexpected time-out or network outage.

The User should NOT submit the Demographic section of the IFSP without first adding or amending associated Service Authorizations. Service Authorizations are required prior to executing the remaining IFSP sections. See Service Authorizations section for further information.

Notes:

- **Draft Status** is assigned when the IFSP has been created and data entry is still in process.

- **Delayed Processing Pending Status** indicates that the System is busy performing processes. It allows the User to continue working in the System during this time and this status will resolve to one of the other statuses when finished.
The System automatically populates data already entered into NYEIS for Child’s Name, EIO/D and Currently Assigned Service Coordinator fields. EIO/D and currently assigned Service Coordinator cannot be edited on IFSP pages, but have to be changed through Integrated Case User Roles in the case of an EIO/d modification (See Unit 10: Municipal Administration – User Roles for further information), or the Service Coordination SA in the case of a modification to the assigned Service Coordinator. (See Viewing/Editing Service Authorization - SERVICE COORDINATION of this chapter for details on modifying (Amending) the currently assigned Service Coordinator)

- Parental consent must be obtained and indicated in NYEIS before the IFSP can be submitted for approval. Therefore, if consent is not entered during initial data entry, this field must be indicated later using the Edit function. See Editing an IFSP for further information.

- Individualized Family Service Plan Home page displays Tab Folders at top of page. A User navigates to another Tab by clicking on Tab name.

**Important Information**
For the initial IFSP six month period, the Effective Start Date is calculated as one day after the initial IFSP Meeting Date and the End Date is calculated as six months after the IFSP Meeting Date. The start date of the next six month IFSP period is calculated as one day after the End Date of the previous IFSP period.

**Viewing an Individualized Family Service Plan and Associated Service Authorizations**

Existing IFSPs display on the Child’s Integrated Case Home Page.


2. Click IFSP’s from the Navigation Bar. IFSP’s page displays.

3. Click View link to display the IFSP. Individualized Family Service Plan Home page displays.
Unit 6: IFSP & Service Authorization

Editing/Amending an IFSP or Service Authorization

IFSPs and SAs are changed via separate processes*

Edits to Draft IFSP’s or SA’s are referred to simply as ‘edits’. Once an IFSP and its associated SA’s have been submitted and approved, or become ‘closed’ changes to an IFSP and its associated SA’s are called ‘Amendments’.

*With the exception of extending an IFSP, which also extends the end date of any applicable Service Authorizations within the IFSP. See Unit 6 - Extending an Individualized Family Service Plan for more information.

Editing an Individualized Family Service Plan

The following steps detail the method for editing a ‘Draft’ IFSP. (See Amending an Individualized Family Service Plan for information on amending an IFSP that has been approved. See Unit 10- Case Reactivation for information on amending an IFSP that has reached a ‘Closed’ status.)


2. Click Edit link from Manage section. Modify IFSP page displays. The title of the Modify page will display the IFSP type selected (e.g., initial).
Important Information

- Data entry errors: IFSP can only be edited (a change is made to the data entered) prior to the IFSP being submitted for approval. After an IFSP has been submitted for approval, changes that are related to data entry errors or that require a change to a service authorization (e.g., frequency, duration, new provider of record, etc.), must be made by initiating an Amendment to the IFSP. The User should select the appropriate Reason for the change (Amendment or Data Entry Error) to distinguish between a true IFSP Amendment (e.g., to services, Provider) or data entry error correction.

- If an IFSP has been submitted, it can not be modified without approval by the EIO/D. If a change is required, the Provider needs to initiate an IFSP Amendment which subsequently creates a task for the EIO/D to review and approve the amendment. \( \text{See Amending an IFSP or Modifying (Amending) a Service Authorization} \) for further information.

- Adding a Rendering Provider to an SA does not require an amendment. \( \text{See Amending an IFSP or Modifying (Amending) a Service Authorization} \) for further information.

3. Apply necessary changes.

4. Click Save button. Individualized Family Service Plan Home page displays.

Notes:

- Child data can not be edited through the IFSP Amendment process. The ability to change Child information on the Child Home Page is limited to certain User roles in NYEIS. If a User is not authorized to edit Child information, they must submit a data change request. \( \text{See Unit 4:} \)
Case Management for additional information on editing the Child Home Page and data change requests.

- Service Authorizations cannot be edited through the edit IFSP process. See Viewing/Editing Service Authorization sections for further information.

Attachments

The attachment link is available from the IFSP Navigation Bar and is used to attach documents that provide additional information related to the Child’s IFSP in NYEIS.

Any file type may be attached depending on the Users software installed on their Personal Computer. Sample file types are (but not limited to): Word, Excel, PDF and JPG.

When an Attachment is created in a specific area of a Case, the new Attachment will be found in the location where the attachment was generated (e.g. Child, Integrated Case, IFSP, SA).

Attaching Files


2. Click Attachments from the Navigation Bar. Attachments page displays.

3. Click New button. Create Attachment page displays.
4. See Unit 1: Getting Started, Attaching Files to a Case for further instruction regarding attaching a file if needed.

**Viewing Attachments**

Attachments can only be viewed by a User with assigned access rights.


2. Click Attachments from the Navigation Bar. Attachments page displays with a list of attachments.

3. Click View link under Action column for the attachment to display. View Attachment page displays.
4. Click See Unit 1: Getting Started, Viewing Attachments for further instruction if needed.

**Editing/Replacing Attachments**

Attachments can only be edited / replaced by a User with assigned access rights.


2. Click Attachments from the Navigation Bar. Attachments page displays with a list of attachments.

3. Click Edit link under Action column for the attachment to change. Modify Attachment page displays.

4. See Unit 1: Getting Started, Editing/Replacing Attachments for further instruction if needed.

**Deleting Attachments**

Attachments can only be deleted by Users with assigned access rights.

2. Click Attachments from the Navigation Bar. Attachments page displays with a list of attachments.

3. Click View link under Action column for the attachment to display. View Attachment page displays.

   See Unit 1: Getting Started, Deleting Attachments for further instruction if needed.

Communications

Communications are records of correspondence between Case Participants that are recorded in NYEIS. Communications may be paper, telephone or Word Templates (available only to Municipal Users). See Unit 4: Case Management for additional information on Communications and Case Participants.

Communications from the IFSP Home Page function in the same way as other Communications. However, if created from this button the Communication is not viewable from any other Communications button (e.g., Child’s Integrated Case). Communications created from the IFSP Home Page should be relevant to the IFSP. See Unit 4: Case Management for additional information on Communications.
**Important Information - Sensitive Information/Information Extraneous to Early Intervention**

It is important to remember that NYEIS information is subject to all Early Intervention Program (EIP) confidentiality requirements. Users *must* recognize that there may be sensitive or extraneous information communicated or in documents in children’s early intervention records that does not directly relate to the EIP. Early Intervention Officials and Early Intervention Providers are responsible for being aware of and adhering to other EIP confidentiality requirements that may apply to and restrict the information that should be included in children’s early intervention records.

When disclosing or re-disclosing any information, including Communication information in NYEIS, the Early Intervention Official or Early Intervention Provider *must* review the information and determine whether disclosure is necessary for the provision of early intervention services to the Child and/or family by the receiving party. For example, a physician’s report or social services report may not be necessary or appropriate to share with other early intervention Providers, and in these circumstances, would not be appropriate to record as Communication in NYEIS.

**Recording Communication**

This feature is used to record any type of Communications related to a Child's Case (e.g., phone call, letter received).

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Communications** from the Navigation Bar. **Communications** page displays.

3. Click **Record Communication** button. **Record Communication** page displays.
4. Define correspondent by selecting one of the following items from the Record Communication page:

- If correspondent is already a Case Participant, click **Case Participant** drop down. Select Participant (e.g., Child, Physician, Committee on Preschool Special Education (CPSE) chairperson).

- If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click **Participant** drop down. **This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User.** Select Participant Type. Click **Search** icon. **Search** page displays. Type known information in **Search Criteria.** Click **Search** button. **Search Results** display. Click **Select** link under **Action** column to select correspondent. **Record Communication** page displays with correspondent name. Click **Clear** icon to clear selected name.

- If correspondent is not registered in the System, type **Correspondent Name.** **Correspondent** is automatically registered as a participant associated with the case. **Correspondent** does not display in a search.

5. Click **Next** button. Next **Record Communication** page displays.

6. Enter appropriate information in **Communication Details** section using **Tab** key to navigate from field-to-field. Be sure to select accurately from **Communication Type** drop down.

**Important Information**
Pro-Forma Type is not a **required** field but may be used by the User to track and identify a type of form used.
7. Enter appropriate information in Communication Text section. Be sure to type Subject.

8. Enter appropriate information in Correspondent Details section. If address is not in the System, No Address Available will be printed. An Address is not required.

9. Continue to go through and enter appropriate information in the following sections: Protected Information Related Request Details, Protected Information Disclosure Details, Disclosure Purpose (multiple selections can be made), Other Required or Permitted Disclosure Purpose (multiple selections can be made), Associated Files and Comments.

The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization must be captured in NYEIS. See Unit 4: Case Management, Protected Health Information Authorizations for additional information.

Protected Information Related Request Details section – Select the type of request from the drop down.

Protected Information Disclosure Details section – complete check boxes as appropriate and select Disclosure Type from the drop down (enter additional disclosure details as appropriate).

Information may involve the Child’s HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. See Unit 4: Case Management, Protected Health Information Restrictions and Protected Health Information Authorizations for additional information.

10. Click Save button. The status of the communication logged is automatically updated depending on the type of communication. Incoming logged communications show a Status of Received, outgoing logged communication show a Status of Sent. Errors or additional information required will display at the top of the page if Communication is not completed. Apply changes. You must save again. Communications page displays with Communication item added to list.
Creating MS Word Communication

NYEIS has templates that can be used to create letters and notices related to a Child. In addition saved Communications (e.g., letters) that NYEIS has provided are available.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click Create MS Word button. Create MS Word Communication page displays.

4. Define correspondent by selecting one of the following items from the Create MS Word Communication page:

   ✜ If correspondent is already a Case Participant, click Case Participant drop down. Select Participant (e.g., Child, Physician, Committee on Preschool Special Education (CPSE) chairperson).

   ✜ If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click Participant drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User. Select Participant Type. Click Search icon. Search page displays. Type known information in Search Criteria. Click Search button. Search Results display. Click Select link under Action column to select correspondent. Record Communication page displays with correspondent name. Click Clear icon to clear selected name.

   ✜ If correspondent is not registered in the System, type Correspondent Name. Correspondent is automatically registered as a participant associated with the case. Correspondent does not display in a search.
5. Click Next button. The next Create MS Word Communication page displays.

![Create MS Word Communication](image)

**Correspondent Details**
- **Subject:**
- **Address:**
- **Correspondent Name:** Joan Martin
- **Correspondent Type:** Anonymous

**Protected Information Related Request Details**
- **Request Type:**

**Protected Information Disclosure Details**
- **Disclosure:**
- **Minimum Necessary Information Certification:**
- **Disclosure Type:**
- **Additional Disclosure Details:**

6. Enter appropriate information in the following sections: **Correspondent Details** (Click Search icon to locate valid address if correspondent is already registered in the System), **Protected Information Related Request Details**, **Protected Information Disclosure Details**, **Disclosure Purpose** (multiple selections can be made), **Other Required or Permitted Disclosure Purpose** (multiple selections can be made) and **Associated Files**.

The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization must be captured in NYEIS. See Unit 4: Case Management, Protected Health Information Authorizations for additional information.

**Protected Information Related Request Details** section – Select the type of request from the drop down.

**Protected Information Disclosure Details** section – complete check boxes as appropriate and select **Disclosure Type** from the drop down (enter additional disclosure details as appropriate).

This information may involve the Child's HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. See Unit 4: Case Management, Protected Health Information Restrictions and Protected Health Information Authorizations for additional information.

7. Click Search icon in **Template Name** field under **Template** section. Case MS Word Templates page displays.
8. Click **Select** link under **Action** column for desired template. Template displays in the **Template Name** field. Many types of templates have been developed and are available for use in NYEIS. Examples include: assignment of initial service coordinator, eligibility/ineligibility notification to parents, scheduling of IFSP meetings and transition letters.

9. Click **Save** button. *Errors or additional information required will display at the top of the page if Communication is not completed. Correct errors. You must Save again.* Selected template displays.

10. Apply changes.

11. Close file. **Exit** Application. Click **Yes** button to save changes. **Communications** page displays. The **Status** of the Communication logged is automatically updated depending on the type of Communication. Incoming logged Communication show a **Status** of **Received**, outgoing logged Communication show a **Status** of **Sent**.

---

### Important Information

- Always save changed templates that contain Child information into NYEIS. Information from the NYEIS database should not be saved to local drives unless the User can guarantee the security of the drive. NYEIS’ secure location and database maintains the confidentiality of the Child data.
- NYEIS templates can be edited by the Municipality and downloaded to the network or Personal Computer without Child-specific information. Then, data can be entered.

### Notes:

- When a template displays, some fields will automatically populate (e.g., Name, Address, Phone Number).
- Selected fields can be edited when using templates.
Viewing Communications

The information below outlines the general steps for viewing any type of Communication (recording/MS Word). The title of the page reflects the type of Communication being viewed.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click View link under Action column for Communication to display. View Communication page displays.

4. Review information.

   If the communication is the type that could be sent (e.g., a letter), click on the Mark as Sent link. The message Are you sure you want to mark this communication as sent? displays. Select Yes. Communication Status updates with Sent.

   If the communication is MS Word communication, the Communication Status displays as Draft unless the User indicates it has been sent using the Mark as Sent feature. When viewing an MS Word Communication,
Communication Status displays as Draft. Click Mark as Sent link from Communication Status field. Confirmation page displays with the message Are you sure you want to mark this communication as sent? Click Yes button. Communication Status displays as Sent.

5. Click Close button. Communications page displays.

### Editing Communications

The information below outlines the general steps for editing any type of Communication (Recording/MS Word). The title of the page reflects the type of Communication being edited.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click Edit link under Action column for Communication to display. Modify Recorded Communication page displays.

4. Apply necessary changes.

5. Click Save button. Communications page displays.
Deleting Communications

The information below outlines the general steps for deleting an MS Word type of Communication. MS Word Communications can only be deleted when in Draft status. A non-MS Word Communication can not be deleted.

Important Information
If a MS Word Communication is marked as “Sent”, it cannot be deleted. In addition, because only a MS Word Communication with a status set to “Draft” can be deleted, the regular (non MS Word Communication) can NEVER be deleted. It always has a Status of “Received” or “Sent” based on if the record of the communication was incoming or outgoing.


2. Click Communications from the Navigation Bar. Communications page displays.

3. Click View link under Action column for Communication to delete. View Communication page displays.

4. Click Delete button. Delete Communication page displays the message Are you sure you want to delete this communication?
5. Click Yes button. View Communication page displays. Notice the Status field displays Canceled.

6. Click Close button. Communications page displays.

Events

The Calendar Application is used when a User needs to record and share important Events or milestones for an IFSP. Events are placed on the Child’s Integrated Case and will display on the common Child Calendar. The Calendar is accessible to Users with assigned access rights.

If User needs to record important events or milestones to track and remember, the My Calendar function from personal Home Page is used. Events will be placed on the User’s Personal Calendar. See Unit 1: Getting Started for further detail on displaying the User calendar.

Calendar Views


2. Click Events from the Navigation Bar. Events page displays in a Month view with current day in a different color.
3. Use the Tabs above the Calendar to switch to one of the following views: go to today, day, week, month or go to date.

Creating a New Activity

Activities can be created by a User to invite other Case Participants. For example, an EIO/D can schedule a conference call to discuss information about a Child’s services with an ongoing Service Coordinator and a Service Provider.


2. Click Events from the Navigation Bar. Events page displays in a Month view with current day in a different color.

3. Click New Activity button. Create Activity page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details, Time, Concerning (displays a selection of Case Participants) and Comments. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

5. Click Save button to save activity and return to Events page. Activity displays on specified date.
Or

Click **Save & New** button to save activity and create an additional activity.

Or

Click **Save & Invite** button to invite Attendees.  

See Inviting Attendees for further information.

---

**Inviting Attendees**

1. Display the Individualized Family Service Plan Home page.  

See Viewing an Individualized Family Service Plan for further information.

2. Click **Events** from the Navigation Bar.  

Events page displays in a Month view with current day in a different color.

3. Click **New Activity** button.  

Create Activity page displays.

4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: **Details, Time, Concerning** (displays a selection of Case Participants) and **Comments**.  

Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not
have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

5. Click Save & Invite button. Invite Attendee page displays.

6. Select Attendee type from drop down in Details section. Only Users on the system can be invited to an event/activity.

7. Click Search icon for Attendee field. Search page for specified User displays.

8. Type all known information in Search Criteria section. When searching be sure to enter as much detail as possible to narrow down search results. The search results are not limited to the Child’s Case that is currently open.

9. Click Search button. Records matching display in Search Results section. To search again, click Reset button.

10. Click Select link under Action column to select individual. Invite Attendee page redisplay with Attendee populated.

11. Click Save & New button to save Attendee. Search to invite another Attendee. Repeat Steps 6 through 10.
Or

Click **Save** button to save activity and return to **Events** page. Activity displays on specified date. An invite has been sent to the User’s Inbox to accept or reject.

**Note:**
- To remove an Attendee from list, click Event from Calendar view. **View Activity Details** page displays. Click **Remove** link under **Action** column in **Attendees** section to remove individual. **Remove Attendee** page displays with the message *Are you sure you want to remove this attendee?* Click **Yes** button. If the Attendee has accepted the invitation, the individual is removed from **Attendees** section and Event is removed from their calendar. Click **Close** button.

### Creating Recurring Meeting Activity

The Recurring Events function in NYEIS is useful to record Events that occur on the same schedule for a period of time. A good example would be recording the schedule for multiple services a Child receives in NYEIS. If set up on the Child’s Calendar, other authorized Service Providers, the Service Coordinator and the EIO/D can view details (e.g., PT every Tuesday and Thursday from 10:00 A.M. - 10:30 A.M.).

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with current day in a different color.

3. Click **New Recurring Activity** button. **Create Recurring Activity** page displays.
4. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Details, Time and Concerning (displays a selection of Case Participants). Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

5. To select a frequency pattern, click Frequency Pattern button from Frequency field. Select a Frequency Pattern window displays.

6. Select details for the recurring activity. Click OK. Create Recurring Activity page displays with Frequency field populated.
7. Specify the **Number of Occurrences** for the Event or define a **To Date** in **Recurrence Duration** section.

8. Type **Comments (Optional)**.

9. Click **Save** button to save activity and return to **Events** page. Activity displays on specified date.

Or

Click **Save & New** button to save activity and create an additional activity.

Or

Click **Save & Invite** button to invite Attendees. *See Inviting Attendees* for further information.

### Responding to an Invite

1. Display User Home Page. **Click Home from Menu Bar.** **My Calendar** section displays Invites.
2. Click **Subject** link for invite to display. **View Activities Detail** page displays.

<table>
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<th>Details</th>
<th>Accept</th>
<th>Reject</th>
<th>Close</th>
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<td>Priority</td>
<td>Medium</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td>Status</td>
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<table>
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<td>End</td>
<td>4/7/2009 09:00</td>
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<td>Show As</td>
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<td>All Day</td>
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<td>Client</td>
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<td>Case Reference</td>
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<table>
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<td>Frequency</td>
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<td>Add</td>
<td>FINANCIAL USER</td>
<td>Provisional</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
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<tbody>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. Click **Accept** button to accept meeting. **Accept Invitation** page displays with the message *Are you sure you want to accept this invitation?* Click **Yes** button. **View Activities Detail** page displays. **Status** under the **Attendees** section is changed to **Accepted**.

Or

Click **Reject** button to reject meeting. **Reject Invitation** page displays with the message *Are you sure you want to reject this invitation?* Click **Yes** button. **My Calendar** page displays with invite removed.

**Editing Activities**

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Events** from the Navigation Bar. **Events** page displays in a **Month** view with current day in a different color.

3. Locate activity to edit. Click link. **View Activity Details** page displays.
4. Click **Edit** button. **Modify Activity** page displays.

5. Apply necessary changes.

6. Click **Save** button. Changes are saved. **Events** page displays.

   Or

   Click **Save & Invite** button to invite additional Attendees to Activity.

**Notes:**

- Any change made to an Event is automatically updated by NYEIS and placed on the User’s Calendar for an Activity that has already been accepted. *Users will not be notified by NYEIS that a change has been made.*

- The NYEIS user that creates an event on a child’s calendar also has that event populated on their own personal calendar.

- Any User that has access rights to a Child’s Case may edit the Child’s Calendar. A User may not edit a Calendar Event on another User’s Calendar.
Deleting Activities


2. Click Events from the Navigation Bar. Events page displays in a Month view with current day in a different color.

3. Locate activity to delete. Click link. View Activity Details page displays.

4. Click Delete button. Delete Activity page displays with message Are you sure you want to delete this activity?

5. Click Yes button. Events page displays and Activity is removed.

Important Information
Be sure to check your Calendar on a regular basis for deleted Activities. Deleted activities are automatically removed from a User's Calendar without system notification.

Notes:

- Any change made to an Event is automatically updated by NYEIS and placed on the User’s Calendar for an Activity that has already been accepted. Users will not be notified by NYEIS that a change has been made.

- Any User that has access rights to a Child’s Case may edit the Child’s Calendar. A User may not edit a Calendar Event on another User’s Calendar.

- To create an IFSP Review See Creating (Scheduling) Individualized Family Service Plan Meeting for further information.
IFSP History

NYEIS offers the User a view of the IFSP history in terms of initial submission and subsequent amendments.


2. Click Events from the Navigation Bar. Events page displays in a Month view with current day in a different color.

3. Click the View List button. Events page displays.
4. The Events page list each event associated with the selected IFSP including the date that the IFSP is first approved and activated, and all subsequent Amendments.

5. Click **View** in the Action column next to a specific event to See details about the IFSP event.*

*Not all Events listed in ‘Events’ have a corresponding detail page seen when ‘view’ is clicked*
6. Click the **Close** button to return to the **Events** page.

---

**Notes**

Notes are used to provide additional information regarding the Case. Notes are viewed by Users that have assigned access rights to the Case. Notes should be used as a common area to record information about the Child’s Case that all Users responsible for the Child/Family view. When a Note is created using the Notes feature within the IFSP Home Page, the Note is not viewable from other Notes sections (e.g., Integrated Case or Child Homepage). Information placed in Notes section from the IFSP Home Page should be relevant to the IFSP.

Notes are not meant to be an area for Users to record their Case Notes.

---

**Important Information - Sensitive Information/Information Extraneous to Early Intervention**

It is important to recognize when adding Notes to a Child’s Case that there may be sensitive or extraneous information communicated or known about the Child that does not directly relate to the Early Intervention Program. Early Intervention Officials and Early Intervention Providers are responsible for being aware of and adhering to other confidentiality requirements that may apply to information included in children’s early intervention records.

When disclosing or re-disclosing any information, including entering Notes in NYEIS, the Early Intervention Official or Early Intervention Provider must consider whether disclosure is necessary for the provision of early intervention services to the Child and/or family by the receiving party. For example, certain types of protected health information or family circumstances may not be necessary or appropriate to share with other Early Intervention Providers, and in these circumstances, would not be appropriate to record notes in NYEIS.

---

**Creating Notes**

A Note cannot be edited once it is created. If a change needs to be made to an original Note, the new note text is added at the end. Notes are viewed by everyone that has access rights to the Case.


2. Click [Notes](#) from the Navigation Bar. Notes page displays.
3. Click **New** button. **Create Note** page displays.

4. Type **Text** in **Note Text** section.

5. Click **Save** button to save Note and return to **Notes** page with new Note listed.

   Or

   Click **Save & New** button to save Note and create a new Note.

### Viewing Notes

1. Display the **Individualized Family Service Plan Home** page.  
   See  
   Viewing an Individualized Family Service Plan for further information.

2. Click **Notes** from the Navigation Bar. **Notes** page displays.

3. Click **View** link under **Action** column for Note to display. **View Note** page displays.
4. Review information.

5. Click Close button. Notes page displays.

**Editing Notes**

The text for Notes can not be edited. New text is appended (added to the bottom) and original text is set to the **History Note** section.


2. Click Notes from the Navigation Bar. Notes page displays.

3. Click Edit link under Action column for Note to change. Modify Note page displays with original Note listed under Note History section.

4. Apply necessary changes to Details section. Type new Text in Note Text section.
5. Click **Save** button. Note is saved. **Notes** page displays.

6. Click **View** link under **Action** column to display the updated note.

---

**Deleting Notes**

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Notes** from the Navigation Bar. **Notes** page displays.

3. Click **View** link under **Action** column for Note to delete. **View Note** page displays.

4. Click **Delete** button. **Delete Note** page displays with the message *Are you sure you want to delete this note?*
5. Click **Yes** button. **Notes** page displays with Note deleted.

**Important Note:**
When a Note is deleted the entire Note with its history is removed from the Live System. Notes will be stored in the NYEIS database and can be retrieved by the State Administrators. Only certain Users with access rights may delete Notes.

**Exception**
Currently not available to all NYEIS User roles.

### Tasks

Provides an alternate way to create a Task. Tasks can also be created from the Users Inbox. Tasks created from the IFSP homepage should be relevant to the IFSP. Creating a task from the IFSP Home Page will only display the task in the IFSP section and in the assigned tasks of the user it was created for. All Users with appropriate User rights will have access to the Task. See **Unit 1: Getting Started** for further information on Tasks.

### Adding Tasks

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Tasks** from the Navigation Bar. **Tasks** page displays.

3. Click **New** button. **Create User Task** page displays the sections **Task Details**, **Assignment Details** and **Comments**.
4. Fill in information as necessary. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.*

**Important Information**

A Task is assigned to a User. Click **Reserve to Me** from the **Assignment Details** section to assign a Task to yourself. Municipal users only may assign a task to another user. Select the appropriate assignee type from the **Assign To** field prior to initiating the search. The **Search** page varies depending on the option selected in the **Assign To** field.

5. Click **Search** icon. A search page or a list of choices displays.

   If a search page displays, enter **Search Criteria**. Click **Search** button. **Search Results** display. Click **Select** link under **Action** column. **Assign To** field is populated.

   If a list of options display, click **Select** link under **Action** column to select appropriate data. **Assign To** field is populated. **Create User Task** page displays with selected data displayed.

6. Click **Save** button to save current Task and return to the **Tasks** page.

   Or

   Click **Save & New** button to continue adding Tasks.
Viewing Tasks


2. Click Tasks from the Navigation Bar. Tasks page displays.

3. Click Task ID link from Tasks page. Task Home page displays.

Or

Click Inbox from Menu Bar. My Workspace page displays. Click Find Task link under Shortcuts section to search for a Task. Open Tasks also display under My Tasks section of My Workspace page.

Notes:

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- Recent Items section – displays the name of recently visited: Children, Providers, Vendors, etc. as a link

User Roles

The User Roles navigation bar item allows authorized users to view information on the history and current EIO/D and Service Coordinator assignments as they relate to the IFSP. This page is informational only, and cannot be edited. See Unit 4- Case Management, page 44 for information on changing thechilds assigned EIOD.
Waivers

For EIOD’s or Municipal Staff with sufficient privileges, any previously generated waivers can be accessed via this link to either review or modify.

**See Upfront Waiver section of this chapter for more information on checking for and/or managing waivers.**

**Modification History**

Reactivation and/or subsequent editing of Closed IFSPs will be reflected in the Modification History section of the IFSP. Any users with sufficient privileges to access IFSP Events can access IFSP Modification History.

The Modification History will provide detail on the reference number, case type, change date, Enacting User, Enacting User’s NYEIS Login ID, reason for editing, reason for modification, and any user supplied comments as it relates to the IFSP that underwent reactivation/modification.

Additionally, any reactivated Service Authorizations residing within the IFSP that were edited will be reflected as a single line in the IFSP Modification History to account for the edit performed:

**Important Note:** For more information on the functions that result in entries to the IFSP Modification History: See Unit 11- Municipal Administration for detailed information on reactivating and/or editing an IFSP that has reached a ‘Closed’ status.
Submitting an Individualized Family Service Plan

The User should NOT submit the Demographic section of the IFSP without first adding or amending associated Service Authorizations. Service Authorizations are required prior to executing the remaining IFSP sections. See Service Authorizations section for further information.

Important Information

- Check Upfront Waiver Rules must run prior to EIO/D approving the Case. If following submission, any billing waivers are outstanding, the IFSP will remain in ‘Submitted’ status until the waivers are managed. See Upfront Waiver for further information.
- Parental Consent must be obtained prior to submitting an IFSP for approval.
- Submitted Status is assigned when the IFSP has been submitted to the EIO/D for review and approval.
- Approved Status is assigned when the IFSP has been reviewed by the EIO/D and has been approved.
- IFSPs can be submitted without Providers identified for all SAs. If an SA does not have a Provider identified, the status for that SA will be Awaiting Provider/Vendor Assignment.
- If a Service Coordinator submits the IFSP, workflow is created for EIO/D to review for completeness and required regulatory components as well as approve to IFSP.
- If the Service Coordinator is also the EIO/D submitting the IFSP, the IFSP does not need to be approved by the EIOD/SC. The EIOD/SC simply submits the IFSP.
- Approved Status is assigned when the IFSP has been reviewed by the EIO/D and has been approved. The IFSP does not need to be approved by the EIOD/SC. The EIOD/SC simply submits the IFSP.
- All Service Authorizations with Providers are submitted at time of IFSP submission. They will be approved if billing rules have passed and EIO/D has approved. If Service Coordinator submits, Service Authorizations display as Submitted. Then, the IFSP is sent to EIO/D to review and approve.

2. Click **Submit** link from **Manage** section. **Submit IFSP For Approval** page displays with the message **Are you sure you want to submit this IFSP for approval?**

**Submit IFSP For Approval:** Initial - 59392

Are you sure you want to submit this IFSP for approval?  

- **Yes**  
- **No**

3. Click **Yes** button. **Errors or additional information required, such as unmanaged billing violations, will display. These errors must be corrected before proceeding with submission process.** **Individualized Family Service Plan Home** page displays. If the IFSP has been submitted by a user other than the EIO/D, a task is created for the EIO/D to review the IFSP and the **Status** is set to **Submitted**. If the EIO/D is the User that Submitted the IFSP, then the IFSP and all associated Service Authorizations will update to **Approved** status automatically.

---

**Important Information**

If a Provider has not been assigned to a Service Authorization, the **Status** of the SA will update to **Awaiting Provider/Vendor Assignment**. The SA will not have a **Status** of **Approved** or **Active** until a Provider has been assigned. See **Viewing/Editing Service Authorizations - Category** for further information.
Important Information

Status for IFSP displays Delayed Processing Pending while the System confirms the User has permission to submit. After the process runs, Status will show Submitted if a Service Coordinator executes the submit or will show Approved if an EIO/D executes the submit.

Upfront Waiver

Early Intervention regulations at NYCRR §69-4.30 contain billing rules that restrict payment for early intervention services based on the quantity of services delivered to a Child on a given day. Some eligible EI children with complex needs may require a combination of services that exceed amounts allowed under these EI billing rules. It is the responsibility of the EIO/D to issue a Waiver for such necessary services prior to the delivery of those services when it is known the service will violate any EI billing rule. The EIO/D will issue necessary Waivers using NYEIS during creation and approval of an IFSP and its associated Service Authorizations. NYEIS will advise a User of the potential for EI billing rules to be violated based on the individual service package submitted. (Co-visits or Makeup visits agreed to by the EIO/D and specified on Service Authorizations are excluded from the waiver process and are assessed separately by NYEIS during the Provider invoicing process).

The EIO/D, after viewing the services that have the potential to violate billing rules, can issue a Waiver or decline issuing a Waiver. If the Waiver is issued, any claims submitted that would violate the identified billing rule will bypass certain NYEIS edits that check the Claim against the appropriate regulatory billing rule(s). If waiver is rejected, the Service Authorization can still be billed against, however the claims may be subject to NYEIS edits and Providers may have to submit individual claim justifications to the EIOD in the form of individual waiver requests before claim becomes approved.
Process flow for Upfront Waivers:

- Prior to approving an IFSP and associated SAs, the EIO/D will select **Check Upfront Waiver Rules** link from **Individualized Family Service Plan Home** page.

- EIO/D will be presented with **Run Upfront Waiver Rules**. Select **Yes** button. The System will run Billing Violations and determine if any violations could potentially occur.

- EIO/D must **Manage** each potential billing violation by reviewing the details and approve or reject the Upfront Waiver. If a waiver is not granted, the EIO/D will include a reason. To view information about any waivers on an IFSP, a User can access the **Waiver** button from the Navigation Bar on the **IFSP Homepage**.

Upfront Waiver Rules can **only** be executed if the IFSP is in one of the following statuses: **Draft, Submitted or Delayed Processing Pending**.

Upfront Waiver Rules **must** run prior to having the EIO/D approve the IFSP.

1. Display the **Individualized Family Service Plan Home** page.  See **Viewing an Individualized Family Service Plan** for further information.

2. Click **Check Upfront Waiver Rules** link from **Manage** section. **Run Upfront Waiver Rules** page displays with the message **Select Yes to run Upfront Waiver Rules on this IFSP**. Click **Yes** button. **Upfront Waivers** page displays.

3. View the **Billing Rule Violations** section. Click **Manage** link under **Action** column for each rule in this section. Each of the rules **must** be evaluated for approval. **Review Upfront Waiver** page displays.
4. Click **Approve** button. **Confirm Upfront Waiver Approval** page displays with the message: *Affirmation: I prior approve this billing rule exception based on the child’s clinical need.*

Comments explaining the rule exception are required. Click **Yes** button. The status of the specific **Billing Rule Violation** is **Approved**.

Or

Click **Reject** button. **Confirm Upfront Waiver Rejection** page displays with the message: *Prior approval is denied since scheduling and providing visits for this child, which exceeded the daily limits established in EIP regulations, is not clinically appropriate.*

Comments explaining the rule rejection are required. Click **Yes** button. **Upfront Waivers** page displays. The status of the specific **Billing Rule Violation** is **Rejected**.

**Note:**

- Changes, such as approvals and rejections, can be made any time to Waiver Billing Violations.
Amending an Individualized Family Service Plan

As mentioned earlier in this chapter, once an IFSP has been submitted and approved, changes to an IFSP are referred to as ‘Amendments’. Provided the IFSP has not yet reached a ‘Closed’ status, Any user authorized on the childs case to perform edits may submit an Amendment to an IFSP or to associated Service Authorizations.* The EIO/D will review and approve these changes.

* See Unit 10- Case Reactivation for steps that detail amending an IFSP that has reached a ‘Closed’ status

Important Information
 Child Information, Address, Contact Information can not be changed in the IFSP. Changes needs to be done from the Child Homepage. See Unit 4: Case Management for further information.

 If a Service Coordinator or Provider with assigned access initiates a change either to the IFSP Demographic section or the Service Authorization section, workflow is created for EIO/D to approve the change.

 Two separate areas are used to change/amend information in the IFSP: Demographic section and Service Authorization section. Services are changed by amending/changing Service Authorization(s) associated with the IFSP. See Modifying (Amending) a Service Authorization for further information.

 Amendment Submitted Status is assigned when an amendment to an Approved or Active IFSP has been submitted to the EIO/D for review and approval.

 If EIO/D submits the IFSP (Demographic) Amendment, additional approvals are not needed. The changes are approved when the EIO/D submits.


2. Click Edit link from Manage section. Create Request to Amend IFSP page displays.
3. Select **Reason. Reason field is required.** The User will select either **Amendment** for a true change to the terms of the IFSP or **Data Entry Error** if the User is correcting data errors.

4. Navigate from field-to-field using the **Tab** key to edit data.

5. Click **Submit** button. **Individualized Family Service Plan Home** page displays. If EIO/D submits, **Status** displays as **Approved**. If Service Coordinator submits, the **Status** displays ‘EIOD Review Required’. EIO/D must then approve or reject with reason.

### Extending an Individualized Family Service Plan

IFSP meetings should be scheduled prior to the end date of the current IFSP period. If this is not possible, the EIO/D and parent 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 so services can continue without interruption. In these Cases, the next IFSP period will be diminished by the amount of the Extension.

#### Important Information

- An IFSP and associated SAs may be extended for 30 days the first time, and 30 days at a time thereafter.

- When the IFSP is extended, the visits are updated proportionally for that extension period and all associated Service Authorizations are automatically extended. An exception to this unit increase is seen with Service Coordination SA’s – where the units are set at the time of SA creation - and SA’s with unit distribution frequencies set to ‘Per IFSP period’. If additional units are needed for SA’s as described above, the SA must be amended. **See Modifying (Amending) a Service Authorization**
If the child will be eligible for CPSE and the User wishes to extend the current IFSP past the child’s 3rd birth date, the User must first record the CPSE eligibility in the Transition record prior to extending the IFSP. See Unit 7: Transfers and Transitions for instructions.

If, at the time of the IFSP creation, the child’s CPSE eligibility is unknown and not entered into the transition record, once the child’s CPSE eligibility has been entered into the Transition record, the User may proceed to extend the IFSP. If the child's last EI eligible date is within 60 days of what would have been the end of the existing 6 month IFSP period, the User may continue to extend the existing IFSP by 30 day increments for up to 60 additional days until the child’s last eligible date is reached. The IFSP MAY NOT be extended more than 60 days to reach the child's last eligible date. If the IFSP needs to be extended more than 60 days, an IFSP review must be completed.

If an IFSP and associated SAs requiring extension are not extended before the IFSP and associated SAs reach their end date and become ‘Closed’, the IFSP and associated SAs will need to first be reactivated. See Unit 10- Municipal Administration for information about reactivating and extending a Closed IFSP.


2. Click Extend link from Manage section. Extend IFSP page displays.

3. Select Reason for Extension in Details section.

4. Click Save button. Individualized Family Service Plan Home page displays. IFSP Status displays Extended.

Note:

- Extended is assigned to the IFSP and SA status fields when the end date on the IFSP has been extended.
- If an EIO/D initiates an extension, additional approvals are not needed.
- If a Service Coordinator requests an Extension, then workflow is created for EIO/D to grant/reject the request. The assigned Service Coordinator is subsequently alerted in their Notifications when the IFSP is extended. See Appendix H for more information concerning Tasks and Notifications associated with IFSP extensions.
Closing an Individualized Family Service Plan

The IFSP will be closed when the Child’s Integrated Case is closed and the Child will no longer be in EI. If an IFSP is closed, all SAs associated with that IFSP will be automatically closed by NYEIS.

If the Municipality receives word that a Child is moving to another county, a Transfer would normally be initiated. If the child’s parents do not give consent to notify or transfer records to the new Municipality, the Child’s Integrated Case must be closed resulting in the closure of the active IFSP and associated SA’s. See Unit 7: Transfers and Transitions for guidance about the Transfer process.

When cloning an IFSP to begin a new IFSP period, do not close the existing IFSP. NYEIS will automatically close the existing IFSP and all the SAs attached to that IFSP when the end date of the existing IFSP is reached. See Cloning an Individualized Family Service Plan for further information.

Important Information

 kart Only an authorized Municipality User may close an IFSP. If someone other than the EIO/D initiates a Close, then workflow is created for EIO/D to approve the closure. Once approved, the IFSP and all associated SAs will be closed.
 kart If an EIO/D initiates a Close, additional approvals are not needed.


2. Click Close link from Manage section. Close IFSP page displays.
3. Enter information for **IFSP Closure Details**, **Outcomes** and **Comments** sections.

4. Click **Save** button. **IFSP Status** is changed to **Closed**.

**Notes:**

- **Closed Status** is assigned when the current date is 10 days past the displayed IFSP end date. See Unit 6 - *Grace Period* for more information on the IFSP remaining in an editable status beyond its displayed end date.

- **Pending Closure Status can be assigned to an individual SA and** is assigned when either the individual SA has been closed as of a future date. When that date is reached, the SA Status changes to **Closed** automatically. Once and IFSP or SA is set to ‘Pending Closure’, the only modification the system will allow is revising the closure date via the ‘**Change Closure Details**’ link seen in the IFSP ‘Manage’ cluster (see below for more information).

- Only an authorized Municipality User may close an IFSP. If an EIO/D initiates a Close, additional approvals are not needed. If someone other than the EIO/D initiates a Close, then workflow is created for EIO/D to approve the closure.

### Changing Closure Details for an IFSP

If an IFSP is set to be closed as of a future end date, its status is set to ‘Pending Closure’. The expected closure date can be modified by clicking ‘Change Closure Details’ in the IFSP ‘Manage’ cluster.

- Display the **Individualized Family Service Plan Home** page. See Viewing an Individualized Family Service Plan for further information.

4. Click **Change Closure Details** link from Manage section. **Modify Case Closure: IFSP Type** page displays.
5. Navigate from field-to-field using **Tab** key to enter data.

6. Click **Save** button. Individualized Family Service Plan Home page displays. Closure Details for IFSP are updated.

**Important Notes:**

- ‘Change Closure Details’ can only be used to modify the end date of an IFSP in ‘Pending Closure’ status.
- If the closure date is changed to being the current date or earlier, the IFSP will immediately be set to ‘Closed’.

**Grace Period**

If not manually closing the IFSP as of a specific end-date as outlined above IFSP’s that reach their end dates will also be set to ‘Closed’ status. However, despite the IFSP end date having been reached, the system leaves the IFSP in its current status for 10 days past the displayed end date, so that the IFSP can still be extended if needed. This period of time is referred to as the ‘**Grace Period**’. Extending is the only allowable edit that can be performed during the grace period. If the end date of the IFSP is extended such that the IFSP is again ‘current’ (its end date is a future end date from the date the record is being viewed), the IFSP is treated like any current IFSP. (See Extending an Individualized Family Service Plan).

**Important Note:**

When considering whether or not to extend an IFSP that is in its Grace Period, if the next IFSP for the child has already been created and has a start date that immediately follows the end date of the IFSP in the grace period, you should **NOT** extend the IFSP that is in its grace period. Instead, proceed to work with the next IFSP in the child’s cycle.
Cloning an Individualized Family Service Plan

Cloning allows the User to create a copy of an active IFSP. The cloned IFSP will have a start date set to the day after the end date of the active IFSP that is being cloned. The user can change information in the cloned IFSP as appropriate for the next IFSP period. It is anticipated, for many children, the IFSPs will only require modest changes.

Interim IFSP’s cannot be cloned.

Be aware that cloning an IFSP brings ALL data from the previous IFSP into the cloned IFSP. Every field within the cloned IFSP needs to be reviewed and discussed with the IFSP team to ensure the information continues to be accurate.

**Important Information**
- Editing the content of a cloned IFSP is allowed.
- The newly cloned IFSP will start on the day after original IFSP period ended.
- Each SA that is cloned gets the **Start** and **End Date** of the new IFSP.
- When creating a cloned IFSP, the next IFSP type, in sequence, gets applied to the cloned IFSP.
- DO NOT Clone a Child’s IFSP if the child has transferred and the IFSP originated from a different county.


2. Click **Clone** link from Manage section. Select Service Authorizations to Copy page displays with a list of SAs.

3. Click the checkbox for each Service Authorization to clone. To select all Service Authorizations, click checkbox next to Service Authorization Reference.

4. Click **Copy** button. Individualized Family Service Plan Home page of the cloned IFSP displays with an IFSP Status of Draft. Displayed at top of page is the new IFSP’s unique identifier.
5. If a new SA for a service the Child is not currently receiving has to be added to the cloned IFSP, See Creating Service Authorizations for more information on how to add a SA to an IFSP.

If the cloned SAs needs to be edited (e.g., Frequency, Duration, Service Provider), See Viewing/Editing Service Authorization for more information on how to edit Service Authorizations on an IFSP.

Note:

- **Integrated Case Home** page will list all IFSPs for Case including cloned IFSPs which will have a status of Draft.

- An IFSP should not be cloned until approximately 30 days prior to the end of the current IFSP period or until relatively certain that the current IFSP will not need to be extended. Once the current IFSP is cloned, it will have a start date immediately subsequent to the end date of the current IFSP and therefore the current IFSP must not be extended or the IFSPs and SA will overlap.

**Creating (Scheduling) an Individualized Family Service Plan Meeting**

Scheduling meetings and inviting Attendees to IFSP meetings, in the NYEIS, is similar to calendar functions used in email Applications such as Outlook.


2. Click Events from the Navigation Bar. Events page displays in a Month view with current day in a different color.
3. Click **Create IFSP Review** button. **Create IFSP Review** page displays.

4. Enter information for **Details, Time, Notify** and **Comments** sections. **Fields** requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. **Date fields must be formatted as mm/dd/yyyy format.**

The **Reason for Review** (IFSP Type) field is required. If the IFSP Review event is created when the user actions the **Schedule IFSP Review Meeting** task, the **Reason for Review** field value will be recorded by the system when the user actions the Task.

To specify a meeting that will last all day, click **All Day** checkbox. Specific times are not required. To select a meeting time of 2 P.M., type 14 in hour clock. The meeting clock is based on a 24-hour clock.
5. Click **Search** icon for **Location** field in **Details** section to locate a meeting place. **Locations** page displays with list of possible locations. Click **Select** link under **Action** column for location. **Create IFSP Review** page displays.

6. Click **Ignore all conflicts** to eliminate the System check of calendars for meeting Participants.

7. Click **Save** button to complete data entry. **Events** page displays with meeting information on the calendar.

Or

Click **Save & New** button to create another meeting.

Or

Click **Save & Invite** button to invite Attendees.  

See **Unit 4: Case Management, Inviting Attendees** for further information.

### Important Note:

IFSP review tasks generate on a periodic basis to the EIOD to remind that the next IFSP is coming due. The completion of an IFSP review task does not update the IFSP calendar.

### Activating an Individualized Family Service Plan

After the EIO/D submits the IFSP, it must be activated in order for the IFSP to be available to all NYEIS Users. NYEIS functionality allows for all IFSPs in the **Approved** status to automatically be activated overnight.

There may be instances where an authorized User may have an **exceptional need** to activate an IFSP immediately, prior to the automatic nightly batch process.

1. Display the **Individualized Family Service Plan Home** page.  

See **Viewing an Individualized Family Service Plan** for further information.
2. Click **Activate Online** from **Manage** section. **Activate IFSP** page displays with message *Are you sure you want to activate this IFSP?*

### Activate IFSP: 1st Review - 59396

Are you sure you want to activate this IFSP?

[Yes] [No]

3. Click **Yes** button. **Individualized Family Service Plan Home** page displays. **IFSP Status** is changed to **Active**.

---

**Important Information:**

- **Active Status** indicates that the start date for the IFSP has been reached. The System runs a process each night to check for Approved IFSPs and will automatically change their **Status** to **Active**. An authorized User (EIO/D) may also set the status of an IFSP to Active manually by clicking the **Activate Online** link in the **Manage** section of the IFSP.

- Activation of the IFSP allows the service coordinator to access the child’s case via “my cases”. An IFSP cannot be activated if any of the service authorizations are in “Awaiting Provider/Vendor Assignment” status. Therefore, until the IFSP is **Active**, the service coordinator will have to access the child’s case by completing a child search.

---

**Managing the Individualized Family Service Plan for a Transferred or Re-Opened Integrated Case**

A Municipal User may receive an Integrated Case through a Transfer, or Re-open an IC that was previously closed.

When the Transfer is accepted by the Receiving Municipality, the Child’s active IFSP and associated SAs (created by the Transferring Municipality) are automatically closed by the system.

Choose the appropriate guidelines below depending on your scenario.

**Municipality Accepts a Transferred Integrated Case in Draft (Open) Status**

The User can confirm that the Integrated Case was not closed by the Transferring Municipality by checking the **Status History** page.

The User creates a new IFSP. See *Creating an Interim or Initial Individualized Family Service Plan*. The Effective Date of the new IFSP must be
set to a date that occurs on or after the End Date of the last active IFSP in the Transferring County. The End Date is visible on the IFSP’s page.

The system will automatically set the IFSP end date to the last active IFSP’s original end date.

Municipality Accepts a Transferred Integrated Case That was Closed by the Transferring Municipality

The User can confirm that the Integrated Case was closed by the Transferring Municipality by checking the Status History page.

Accepting a Transfer when the Integrated Case has been closed (by the Transferring Municipality) restarts the case as if it were a New Referral. However, the history associated with the closed Integrated Case is still visible. For example, existing MDE’s or IFSP’s that were created at the time the Integrated Case was closed are viewable when the case is re-opened.
The User creates a new IFSP after the MDE is completed and eligibility is established / re-established. See *Creating an Interim or Initial Individualized Family Service Plan*. The system automatically sets the new IFSP Type and End Date by referencing the Initial IFSP dates and calculating the appropriate Type and End Date based on the current date.

Note:
- If there is an immediate need for EI services, the User may create a new IFSP prior to the MDE being completed and eligibility being determined. The IFSP type will default to an *Interim* IFSP.

**Municipality Re-Opens an Integrated Case They Previously Closed**

When a Municipality re-opens an Integrated Case that they previously closed, the re-open restarts the case as if it were a New Referral. However, all history
associated with the closed Integrated Case is still visible. For example, existing MDE’s or IFSP’s that were created at the time the Integrated Case was closed are viewable when the case is re-opened.

The User creates a new IFSP after the MDE is completed and eligibility is established / re-established. See *Creating an Interim or Initial Individualized Family Service Plan.* The system automatically sets the new IFSP Type and End Date by referencing the Initial IFSP dates and calculating the appropriate Type and End Date based on the current date.

**Note:**
- If there is an immediate need for EI services, the User may create a new IFSP prior to the MDE being completed and eligibility being determined / re-established. The IFSP type will default to an *Interim* IFSP.
**ADDING SERVICE AUTHORIZATIONS TO INDIVIDUALIZED FAMILY SERVICE PLANS**

Service Authorizations are associated with and made part of an IFSP. In order for an IFSP to contain information about the services the Child/Family will receive, associated Service Authorizations must be created and appended to the Child’s relevant IFSP.

SAs can be created for the following six SA categories:

- General Service SAs (e.g., OT, PT, Special Instruction)
- ABA Aide Services SAs
- ATD (Assistive Technology Device) SAs
- Respite SAs
- Service Coordination SAs
- Supplemental Evaluation (physician or non-physician) SAs
- Transportation SAs.

Service Authorizations are typically added to Individualized Family Service Plans (IFSPs) using two different procedures described below. The procedures are based on whether the IFSP is in Draft or Approved status. (See Unit 10 Municipal Administration for information on adding a Service Authorization to a ‘Closed’ IFSP.)

- For an IFSP in Draft status, an SA or multiple SAs are created and added to an IFSP prior to submission. The SAs are submitted and approved by the EIO/D as part of the IFSP submission and approval process.

- For an IFSP that has already been Approved, and the IFSP team determined to add a new service, and parent and EIO/D agree to terms of new service, an SA may be added. The SA is submitted for approval through the IFSP Amendment process.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>When creating a new SA within an approved IFSP, the start date of the SA will automatically populate with the start date of the IFSP. If a new SA is added to an approved IFSP the user should ensure to change the start date of the new SA to accurately reflect the date that new service will begin.</td>
</tr>
</tbody>
</table>

Once a Service Authorization is created, its service type/method cannot be changed. If the SA has been billed, service information in the SA cannot be changed. SAs can be deleted only while in ‘Draft’ or ‘Submitted’ status. When in an ‘Approved’ status, the SA can be amended, suspended, unsuspended or
closed.   See Viewing/Editing Service Authorization – Type and Modifying (Amending) a Service Authorization

<table>
<thead>
<tr>
<th>Important Information for all Service Authorizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Add Service Authorization feature functions in a wizard mode. Previous and Next buttons display to move between data entry windows. Clicking Previous will navigate to a prior window. Data entry on current window will be lost. Click Exit button closes the Add Service Authorization feature and any data that has been entered will not be saved.</td>
</tr>
<tr>
<td>Data validation will take place after Continue is clicked on each page. Errors or additional information required will display at the top of page. Click Save button to continue after correcting errors.</td>
</tr>
<tr>
<td>Each of the six SA Categories and the corresponding Service Types &amp; Methods selected will require different data entry sections.</td>
</tr>
<tr>
<td>Navigate from field-to-field using Tab key. When doing a search, the Reset button clears all data entry from the search section allowing new search criteria. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.</td>
</tr>
<tr>
<td> See Unit 10- Case Reactivation if you need to add a Service Authorization to a ‘Closed’ IFSP.</td>
</tr>
</tbody>
</table>

Adding Service Authorizations to an Individualized Family Service Plan in Draft Mode

Below outlines the process to take when adding SAs to an IFSP in Draft status:

- Seven categories are available to select from to add to the IFSP.  See Service Authorizations - Category. Continue to add SAs until complete.
- All Service Authorizations can be edited.  See Viewing/Editing Service Authorizations - Category.
- After all SAs are complete, the Upfront Waiver process needs to be executed.  See Upfront Waiver for more information.
- IFSP will be submitted for approval, with all attached SAs.  See Submitting Individualized Family Service Plan.
- Awaiting Provider/Vendor Assignment Status is assigned when the SA is part of an IFSP that has been approved but has been created without a Provider of record assigned. When an authorized User assigns the
Provider of record, the Status on the SA will change to match the Status of the associated IFSP.

- IFSPs can be submitted without Providers identified for all SAs. If an SA does not have a Provider identified, the status for that SA will be **Awaiting Provider/Vendor Assignment**. The SA will not have a Status of **Active** until a Provider has been assigned. See Viewing/Editing Service Authorizations - Category.

### Adding Service Authorizations to an Approved Individualized Family Service Plan through Amendment Feature

Below outlines the process to take when adding SAs to an Approved IFSP:

- Seven categories are available to select from to add to the IFSP. See Service Authorizations - Category. Continue to add SAs until complete.
- All Service Authorizations can be edited. See Viewing/Editing Service Authorizations - Category.
- An IFSP will be submitted for approval, with all attached SAs. See Submitting Individualized Family Service Plan.
- Depending on the user creating the SA, changes may or may not immediately be seen. SA’s added by the EIOD or higher municipal role will result in the SA’s immediately issuing in the same status as the IFSP. SA’s added by Provider Service Coordinators result in the IFSP going to ‘EIOD Review Required’ status and and amendment approval task generates for the assigned EIOD to approve. Until the amendment request is approved, the SA will not be seen in the IFSP.

**Useful Tip for Provider Service Coordinators:**

Since the addition of a new SA requires EIOD approval via amendment approval task and the SA will not be seen until the request is approved, it is sometimes confusing for Service Coordinators to know that they successfully submitted their request. An indication that the IFSP has a pending amendment request is if the IFSP is in ‘EIOD Review Required’ status.

**Important Information**

When creating a new SA within an approved IFSP, the start date of the SA will automatically populate with the start date of the IFSP. If a new SA is added to an approved IFSP the user should ensure to change the start date of the new SA to accurately reflect the date that new service will begin.
Notes:

- **Awaiting Provider/Vendor Assignment Status** is assigned when the SA is part of an IFSP that has been approved but has been created without a Provider of record assigned. When an authorized User assigns the Provider of record, the Status on the SA will change to match the Status of the associated IFSP.

- An SA can be created without a Provider when an IFSP is Active. The SA **Status** will be set to **Awaiting Provider Assignment**. The SA will not have a **Status** of **Active** until a Provider has been assigned. **See Viewing/Editing Service Authorizations - Category.**

- Adding a SA to an approved IFSP may cause new upfront waivers, which will need to be managed. NYEIS does not generate a Notification of these new waivers. After approving the addition of an SA to an approved IFSP, a cluster labeled IFSP Notification(s) will appear on the IFSP homepage if the SA requires an Upfront Waiver.

The EIO/D MUST go to the Waivers link from the IFSP homepage. Waivers that need to be managed will be listed. The EIO/D must manage each waiver. **See Upfront Waiver** for more information.

**General Category Service Authorizations**

**Creating a Service Authorization - GENERAL**

1. Display IFSP. **See Viewing an Individualized Family Service Plan** for more information. Click **Add Service Authorization** link from Manage section. **Select Service Type & Method** page displays.
2. Select **General** from **Category** drop down in **Selection Criteria** section. Click **Search** button. **Select Service Type & Method** listing displays. Scroll through list to locate specific Service Type & Method combination. Click **Select** link under **Action** column to add item. **Select Delivery Details** page displays.

3. Enter information for **Delivery Details** section. **Qualified Personnel** (QP) allows multiple selections. Some EI services can be delivered by different Qualified Personnel (e.g. special instruction). To select more than one Qualified Personnel, hold **Ctrl** key and click each Qualified Personnel role to add to record. Select **Location Type** from the drop down menu and if other than Home or Provider Location, address must be entered. If services will be provided in a Group setting, indicate the **Group Type**. Indicate the **Service Intervention Methodology** (ABA or other).

**Important Information**
ABA should be indicated if the child will receive ABA services by qualified personnel. ABA services that will be delivered by an ABA Aide require the creation of a separate type of service authorization.

4. Click **Next** button. **Select Provider & Location** page displays.
5. Type all known information for Provider in **Search Criteria** section. Click **Search** button. Providers with current approval in the child’s catchment area for the Service Type & Method specified for the SA display. If the Provider has multiple locations for a specific Service Type & Method, all available locations for the child are displayed in **Search Results** section. Click **Select** link under **Action** column for Provider. **Create General Service Authorization Details** page displays.

Or

Click **Continue** button to enter Provider information at a later time. **Create General Service Authorization Details** page displays. A Service Authorization may be submitted to the EIO/D without the Service Provider being identified and the status of the SA will be **Awaiting Provider Assignment**. Once a Provider has been added to the Service Authorization, the status of the SA will automatically update to the status of the associated IFSP.

Before these EI services can begin, a script is required by a physician, physician’s assistant or nurse practitioner for OT, PT, nursing and
health related services. An order or Referral from licensed speech language pathologist is required for speech language pathology services. Check the script recommendation on file if script has been obtained. The script/order must be kept on file in the Child’s record and can be attached to the Child’s record in NYEIS using the attachment feature. See Unit 4: Case Management, Attachments for further information. The script must match the services as listed on the IFSP and must cover the IFSP dates of service. Script details are viewable on the Service Authorization Home Page and may be edited.

Important Information
If the script, order or referral has not been obtained at the time the SA is created, the information must be entered when it received. The information is recorded by creating an SA amendment and selecting the Data Entry Error reason. This action will not result in the system closing the existing SA. But it creates a Task for the EIO/D to review and approve the amendment, and informs the EIO/D that the script has been received.

6. Navigate from field-to-field using Tab key to fill in all known information for Service Authorizations Details, Frequency & Duration and Comments sections. Click Next button to save data.  Create Service Authorization Prior Approval page displays.

Important Information
On Service Authorization Details page, the Start Date and End Date fields must be within the associated IFSP date range. The SA start date can begin after the IFSP period start date, and the SA end date can end before the IFSP
period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider cannot be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range. Also, if one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

7. Navigate from field-to-field using Tab key to fill in all known information in Authorized Visits, Make-Up Visits, Co-Visits and Qualified Personnel for Co-Visits sections.

**Authorized Visits Section**

- **Child shall receive no more than x number of all types of service in one day** field is pre-populated from demographic data entered on IFSP Home Page which reflect the decisions made by the IFSP team.

- User completes the **Visits per day clinically appropriate per day must not exceed** field with information reflecting the decisions made by the IFSP team regarding the intensity for that service that is clinically appropriate in one day for Child. If the number of visits in field for service is exceeded in one day, excess Claims received will not immediately be approved and will instead go to a ‘Pending’ status. The Provider will receive a task to provide justification and request a waiver from the EIO/D.

**Make-Up Visits Section**

- If appropriate, click **Make-Up Visits Allowed** checkbox to allow the Child/Family to receive a specific number of Make-Up Visits for a specific service, if visits are missed during the IFSP period. Enter the number of make-up visits allowed per IFSP period, month, or week.

**Important Information**

- By allowing Make-Up Visits, the EIO/D is acknowledging that the Make-Up Visits may occur on the same day with other EI services and/or that the Make-Up Visit may be delivered as a 2nd visit for the same service on the same day, thus breaking one or more EI billing rules. As long as the Provider indicates at the time of invoicing the Claim is for a Make-Up...
Visit, NYEIS will allow the Claim to pass fiscal edits. See Unit 12: Municipal Financial for further information.

- Make-Up Visits *must* be discussed with the IFSP team. Information to be discussed and deliberated includes therapist and family vacations or chronic illnesses. The number of Make-Up Visits allowed and when they will be delivered *must* also be discussed. Local Municipal policies and procedures regarding Make-Up Visits that are consistent with EI regulations remain in effect.

### Co-Visits Section

- On Create Service Authorization Prior Approval page, click Co-Visits Allowed checkbox to allow Child to have more than one Provider participate in a session. Enter the number of co-visits allowed per IFSP period, month, or week. *If Co-Visits Allowed is selected, then Qualified Personnel for Co-Visits must be selected.*

- If Co-Visits are determined to be appropriate, enter into NYEIS the number allowed, when they will be delivered, and the Qualified Personnel involved in the visits.

- **Qualified Personnel** (QP) allows multiple selections. Some EI services can be delivered by different Qualified Personnel (e.g. special instruction). To select more than one Qualified Personnel, hold Ctrl key and click each Qualified Personnel role to add to record.

**Important Information**

Similar to Make-Up Visits, details about Co-Visits *must* also be discussed at IFSP meetings. See Appendix G for SDOH guidance regarding Co-Visits. By approving Co-Visits, the EIO/D is acknowledging that Co-Visits may break one or more EI billing rules. As long as the Provider indicates at the time of invoicing that the Claim is for a Co-Visit, NYEIS will allow the Claim to pass fiscal edits. See Unit 12: Municipal Financial for further information.

8. Click Create Service Authorization button to save record. Service Authorization Home page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the Tab are the Child's Integrated Case and IFSP.
See Viewing/Editing Service Authorization – General for more information on how to edit an SA.

Notes:

- Providers who have a NYEIS user account and appropriate role that permits access to the agency’s Service Authorizations work queue will receive an Accept / Reject Service Authorization task after the EIO/D approves the IFSP or SA. Subsequent to accepting the SA, the Provider can assign the Rendering Provider if the EIO/D has not already done so. See Service Authorization Acceptance Request for more information.

- If the Provider of Record who has been assigned to the Service Authorization does not have a user with NYEIS user account in a role that permits access to the agency’s Service Authorization work queue, the Accept / Reject Service Authorization task will be forwarded to the EIO/D to accept the task and assign the rendering provider.

- Diagnosis Codes that have been entered previously in the Child’s case will appear on the service authorization in the Child Diagnosis Codes cluster.

- If Location Type is not Child’s Home or Agency Provider Site, then an address must be entered in record.

- On Service Authorization Details page, Start Date and End Date fields must be within related IFSP date range.

- Total Visits is calculated by: the Number of Visits/Units multiplied by the SA Period (End Date minus the Start Date divided by either Weekly/Monthly visits). In the case of regular visit units, units round up for partial weeks and months. CoVisit and Make Up Visit units do NOT
round up for partial weeks and months. You cannot assign Co Visit or Make up units in excess of the total regular units assigned to the SA.

- **Service Authorization Service Delivery Details** (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the **Service Authorization Homepage** Navigation Bar. See **Service delivery Details for Service Authorizations** for further information.

### Viewing/Editing Service Authorization - GENERAL

If the SA is part of an approved IFSP, a Service Authorization *can not* be edited, without an amendment to the IFSP (either amended to change the terms of the SA or to correct data errors).

It is important to understand the difference between editing and amending. An IFSP and Service Authorization can be edited only prior to the IFSP being submitted for approval. After an IFSP has been submitted for approval, any changes, *even data entry errors*, must be made by submitting an amendment. See **Amending an Individualized Family Service Plan** or **Modifying (Amending) a Service Authorization** for further information.

Different fields within **General Service Authorizations** are edited using one of the following methods:

- **Service Authorization Home General Category** page: Provider & Location Details, Rendering Provider, Qualified Personnel and Qualified Personnel for Co-Visits can be edited as outlined in Step 3 through Step 6.

- Remaining SA data is edited using the detail from Step 7 through Step 9.

1. **Display the Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. **Scroll to Service Authorizations List** section.

3. **Click Service Authorization Reference** link. **Service Authorization Home** page displays.
4. To edit Provider and Location data, click Change/Assign Provider and Location button above Provider & Location Details section. Select Provider & Location page displays.

Type known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click Select link for Provider or click Cancel button to return to previous page.

5. To edit Rendering Provider data, click Change/Assign Rendering Provider button above Rendering Provider Details section. List Agency Provider Employees page displays.
Click **Select** link for the Agency Provider Employee/Contractor.

### Important Information

This page will only show a list of Rendering Providers that are employees/individual contractors of the Agency Provider described in Step 3. See **Unit 9: Provider Management, Employees and Contractors** for additional guidance.

6. Click **Add** button above **Qualified Personnel List** section. Add QP page displays.

   Select **Qualified Personnel** from drop down list. To add multiple **Qualified Personnel**, press and hold Ctrl key while clicking additional Personnel. Click **Save** button to add information to Service Authorization.

   Or

   To delete **Qualified Personnel**, click **Remove** link. Remove QP Confirmation page displays with the message *Are you sure you want to remove this QP from the Service Authorization?* Click **Yes** button.

7. Click **Add** button above **Qualified Personnel List for Co-Visits** section. Add Co-visit QP page displays. Select **Qualified Personnel** from drop down list. To add multiple **Qualified Personnel**, press and hold Ctrl key while clicking additional Personnel. Click **Save** button to add information to Service Authorization.
Or

To delete specific Qualified Personnel for Co-Visits, click Remove link. Remove Co Visit QP Confirmation page displays with the message Are you sure you want to remove this Co-Visits QP from the Service Authorization? Click Yes button.

Important Information
- A User cannot edit the Qualified Personnel for Co-Visit for an SA if they did not initially create the Co-Visit as a reflection of the decision(s) that was made during the IFSP process. If the SA was created with Co-Visits not allowed as part of the IFSP for a specific Service Authorization, then the Add Co-Visit QP Not Allowed page displays.
- If Co-Visits are necessary, and should have been created for a specific SA on the Child’s IFSP to reflect the decision(s) made at the IFSP meeting, then the User may add Co-Visits to the Service Authorization using the Edit function.

8. Click Edit link under Manage section from Service Authorization Home page. Modify Service Authorization page displays.

9. Navigate from field-to-field using Tab key to edit data. Some fields will be read-only. Date fields must be formatted as mm/dd/yyyy format. Type Comments (Optional).

Important Information
Once the Service Type and Method have been created, they can not be edited. Only the SA details can be edited. If the Service Type and Method were entered incorrectly, the SA must be deleted and a new one created.

10. Click Save button. Service Authorization Home page displays.
Note:

- Child data can only be edited from the Child Home Page. See Unit 4 Case Management for more information.

Amending Service Authorization - GENERAL

See Modifying (Amending) a Service Authorization for more information on how to amend a General SA.

ABA Aide Services Category Service Authorizations

Creating a Service Authorization – ABA Aide SERVICES

1. Display IFSP. See Viewing an Individualized Family Service Plan for more information. Click Add Service Authorization link from Manage section. Select Service Type & Method page displays.

2. Select ABA Aide Services from Category drop down in Selection Criteria section. Click Search button. Select Service Type & Method listing displays. Click Select link under Action column to add item. Select Delivery Details page displays.
3. Enter information for Delivery Details section. Select Location Type from the drop down menu and if other than Home or Provider Location, address must be entered. Select Group Type from drop down menu.

4. Click Next button. Select Provider & Location page displays.

5. Type all known information for Provider in Search Criteria section. Click Search button. Providers with current approval for the Service Type & Method specified for the SA display. If the Provider has multiple locations, for a specific Service Type & Method, then all appropriate locations are displayed in Search Results section. Click Select link under Action column for Provider. Create ABA Service Authorization Details page displays.

Or

Click Continue button to enter Provider information at a later time. Create ABA Aide Service Authorization Details page displays. A Service Authorization may be submitted to the EIO/D without the Service Provider being identified and the status of the SA will be Awaiting Provider Assignment. Once a Provider has been added to the Service Authorization, the status of the SA will automatically update to ’Approved’.
6. Navigate from field-to-field using Tab key to fill in all known information for Frequency & Duration and Comments sections. Click Next button to save data. Create Service Authorization Prior Approval page displays.

**Important Information**

- On Service Authorization Details page, the Start Date and End Date fields must be within the associated IFSP date range.
- The SA start date can begin after the IFSP period start date, and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found.
- If the parent and EIO/D do not agree on a service, and/or a Provider cannot be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range. Also, if one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

7. Navigate from field-to-field using Tab key to fill in all known information in Make-Up Visits and Co-Visits clusters.
Make-Up Visits Section

If appropriate, click Make-Up Visits Allowed checkbox to allow the Child/Family to receive a specific number of Make-Up Visits for a specific service, if visits are missed during the IFSP period. Enter the number of make-up visits allowed per IFSP period, month, or week.

Important Information

• By allowing Make-Up Visits, the EIO/D is acknowledging that the Make-Up Visits may occur on the same day with other EI services and/or that the Make-Up Visit may be delivered as a 2nd visit for the same service on the same day, thus breaking one or more EI billing rules. As long as the Provider indicates at the time of invoicing the Claim is for a Make-Up Visit, NYEIS will allow the Claim to pass fiscal edits. See Unit 12: Municipal Financial for further information.
• Make-Up Visits must be discussed with the IFSP team. Information to be discussed and deliberated includes therapist and family vacations or chronic illnesses. The number of Make-Up Visits allowed and when they will be delivered must also be discussed. Local Municipal policies and procedures regarding Make-Up Visits that are consistent with EI regulations remain in effect.

Co-Visits Section

On Create Service Authorization Prior Approval page, click Co-Visits Allowed checkbox to allow Child to have more than one Provider participate in a session. Enter the number of co-visits allowed per IFSP period, month, or week. If Co-Visits Allowed is selected, then Qualified Personnel for Co-Visits must be selected.

If Co-Visits are determined to be appropriate, enter into NYEIS the number allowed, when they will be delivered, and the Qualified Personnel involved in the visits.

Important Information

Similar to Make-Up Visits, details about Co-Visits must also be discussed at IFSP meetings. See Appendix G for SDOH guidance regarding Co-Visits. By approving Co-Visits, the EIO/D is acknowledging that Co-Visits may break one or more EI billing rules. As long as the Provider indicates at the time of invoicing that the Claim is for a Co-Visit, NYEIS will allow the Claim to pass fiscal edits. See Unit 12: Municipal Financial for further information.
8. Click **Create Service Authorization** button to save record. **IFSP Home** page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the Tab are the Child’s Integrated Case and IFSP.

9. To select the **ABA Service Supervisor**, click the **Service Authorization number** of the applicable SA in the **Service Authorizations List** cluster on the **IFSP Home** page. The **Service Authorizations Home** page displays. Click the **Add Supervisor** button above the **ABA Supervisor** cluster. **Select ABA Supervisor** page displays with a list of authorized Supervisors employed by the agency.

   **Service Authorization Home: ABA Aide Services - 7273B**

   ![Service Authorization Home](image)

   **Manage**

   - Form fields for managing service authorization

   **Service Authorization Details**

   - Service Authorization Reference: 7273B
   - Service Coordinator: John Bobek
   - Status: Draft

   **Child Details**

   - Child’s Name: Patrick Decker
   - Child’s Reference Number: 1473
   - Legal Guardian (Female): Jennifer
   - Legal Guardian’s Name: One Galline Ave
   - Child’s Address: Albany (Albany)
   - New York. 12211
   - Child’s Phone: 518 4541122

   **Provider & Location Details**

   - Provider of Record: Many ABA Aides Inc.
   - State ID: 376532
   - Provider Location Address: 3 Main St
   - Albany (Albany)
   - New Jersey 44444

   **Change/Assign Provider and Location**

   **Add Supervisor**

   Click the **Select** link under the **Action** column next to the name of the Supervisor to assign to the service. The **Service Authorization Home** page displays with the name of the selected Supervisor.

   **Select ABA Supervisor: ABA Aide Services - 7273B**

   ![Select ABA Supervisor](image)

   **Manage**

   - Form fields for managing supervisor selection

   **Add Rendering Provider** button located above the **Rendering Provider Details** cluster on the **Service Authorization Home** page. The **Select ABA Aide** page displays.

10. To add ABA Aides, click the **Add Rendering Provider** button located above the **Rendering Provider Details** cluster on the **Service Authorization Home** page. The **Select ABA Aide** page displays.
11. Click the **Select** link under the **Action** column next to the name of the ABA Aide to assign to the service.

The **Service Authorization Home** page displays with the name of the selected ABA Aide.

**See Viewing/Editing Service Authorization – ABA AIDE SERVICES** for more information on how to edit an SA.

**Notes:**
Providers who have a NYEIS user account and appropriate role that permits access to the agency’s Service Authorizations work queue will receive an Accept / Reject Service Authorization task after the EIO/D approves the IFSP or SA. Subsequent to accepting the SA, the Provider can assign the Supervisor and ABA Aides if the EIO/D has not already done so. See Service Authorization Acceptance Request for more information.

If the Provider of Record who has been assigned to the Service Authorization does not have a user with NYEIS user account in a role that permits access to the agency’s Service Authorization work queue, the Accept / Reject Service Authorization task will be forwarded to the EIO/D to accept the task and assign the Supervisor and ABA Aides.

Diagnosis Codes that have been entered previously in the Child’s case will appear on the service authorization in the Child Diagnosis Codes cluster.

If Location Type is not Child’s Home or Agency Provider Site, then an address must be entered in record.

On Service Authorization Details page, Start Date and End Date fields must be within related IFSP date range.

Total Visits is calculated by: the Number of Visits/Units multiplied by the SA Period (End Date minus the Start Date divided by either Weekly/Monthly visits). In the case of regular visit units, units round up for partial weeks and months. CoVisit and Make Up Visit units do NOT round up for partial weeks and months. You cannot assign Co Visit or Make up units in excess of the total regular units assigned to the SA.

Service Authorization Service Delivery Details (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the Service Authorization Homepage Navigation Bar. See Service delivery Details for Service Authorizations for further information.

Viewing/Editing Service Authorization – ABA AIDE SERVICES

If the SA is part of an approved IFSP, a Service Authorization can not be edited, without an amendment to the IFSP (either amended to change the terms of the SA or to correct data errors).

It is important to understand the difference between editing and amending. An IFSP and Service Authorization can be edited only prior to the IFSP being
submitted for approval. After an IFSP has been submitted for approval, any changes, **even data entry errors**, **must** be made by submitting an amendment. See Amending an Individualized Family Service Plan or Modifying (Amending) a Service Authorization for further information.

Different fields within **ABA Aide Service Authorizations** are edited using one of the following methods:

- **Service Authorization Home General Category** page: **Provider & Location Details** and **Rendering Provider** can be edited as outlined in Step 4 through Step 5, and Step 10 through Step 11 above respectively.

Remaining SA data is edited using the detail from **Step 7**.


2. Scroll to Service Authorizations List section.

3. Click **Service Authorization Reference** link. Service Authorization Home page displays.

4. To edit **Provider and Location** data, click Change/Assign Provider and Location button above Provider & Location Details section. Select Provider & Location page displays.
Type known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click **Select** link for Provider or click **Previous** button to return to previous page.

5. To add/change Supervisor data, click Add Supervisor button above the ABA Supervisor cluster. Select ABA Supervisor page displays.

Click **Select** link for the Supervisor.

6. To add/change **Rendering Provider** data, click Add Rendering Provider button above **Rendering Provider Details** cluster. **Select ABA Aide** page displays.

Click **Select** link for the ABA Aide.
Important Information
This page will only show a list of ABA Aides that are employees of the Agency Provider described in Step 4. See Unit 9: Provider Management, Employees and Contractors for additional guidance.

7. To remove Rendering Provider data, click the Remove link under the Action column next to the name of the ABA Aide listed in the Rendering Provider Details section.

Remove ABA Aide Confirmation page displays with the message Are you sure you want to remove the ABA Aide? Click Yes button.

8. To edit other SA fields, Click Edit link under Manage section from Service Authorization Home page. Request Amendment to Service Authorization page displays.

9. Navigate from field-to-field using Tab key to edit data. Some fields will be read-only. Date fields must be formatted as mm/dd/yyyy format. Type Comments (Optional).
Important Information

- Only Service Authorizations which were created allowing Co-Visits will have co-visits that can be edited. If an error occurred and Co-Visits are necessary, and should have been created for a specific SA on the Child’s IFSP to reflect the decision(s) made at the IFSP meeting, then the User may add Co-Visits to the Service Authorization using the Edit function.
- Once the Service Type and Method have been created, they can not be edited. Only the SA details can be edited. If the Service Type and Method were entered incorrectly, the SA must be deleted and a new one created.

10. Click Submit button. Service Authorization Home page displays. A workflow is created for the EIO/D to approve the Amendment.

Note:
Child data can only be edited from the Child Home Page. See Unit 4 Case Management for more information.

Amending Service Authorization – ABA AIDE SERVICES

See Modifying (Amending) a Service Authorization for more information on how to amend an ABA Aide Services SA.

Assistive Technology Device Category Service Authorizations

Creating a Service Authorization - ASSISTIVE TECHNOLOGY DEVICE

There are two types of Assistive Technology Devices: Durable Medical Equipment (DME) and Non DME Devices. The EIP must be consistent with the NYS Medicaid program in many areas, including assistive technology devices. Many EI ATD are found on the Medicaid DME list and are eligible for Medicaid reimbursement. It is a policy of the EIP that for those children that are enrolled in Medicaid, all EI ATD on the Medicaid DME list will be reimbursed at the rates set by the NYS Medicaid program. Children that are not enrolled in Medicaid should still receive equipment from the Medicaid DME list if it will meet the needs of the child. This equipment may be purchased from a non-Medicaid vendor at a non-Medicaid rate. Children that are not enrolled in Medicaid should not receive equipment that is not from the Medicaid list unless the need for the equipment is clearly justified as required to meet the child’s needs.
In NYEIS, ATD Providers are called Vendors. A small number of EI Providers are also EI ATD Vendors. Other outside Vendors may also provide EI ATDs. NYS Medicaid has its own process to approve ATD Vendors to provide ATDs for Medicaid eligible individuals, and some of the Medicaid ATD Vendors are also EI ATD Vendors. If an EI Child has Medicaid, the EIO/D must ensure the Child with Medicaid receives their EI ATD through a NYS Medicaid-approved ATD Vendor. In addition, commercial insurance companies also contract with certain providers for the delivery of ATD that will be covered by insurance. If a child has commercial insurance coverage for ATD, the EIO/D must ensure that whenever possible, the child receives their EI ATD through a participating provider. If a participating ATD provider cannot be located, this information should be documented in the child’s file and the ATD may be provided from a non-participating provider.

An ATD Vendor must be in the System prior to assigning it to a Service Authorization. If an AT Vendor is not located in the System after a search, they must be registered. See Unit 10: Municipal Administration, Registering Vendors for more information.


2. Select ATD from Category drop down in Selection Criteria section. Click Search button. Select Service Type & Method listing displays. Click Select under Action column. (Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a Vendor to provide an ATD device). Vendor Search page displays.
3. Type all known information in **Search Criteria** section.

4. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.*

5. Click **Select** link under **Action** column for Vendor of choice. **Create AT Device Service Authorization** page displays.

6. Navigate from field-to-field using **Tab** key to fill in all known information in **AT Device Details** and **Indicate need/use of AT Device** sections. **Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.**

**Important Information**
- If a DME Code (Durable Medical Equipment) is selected, the rate associated with the DME Code is auto-populated in the Service Authorization.
- If a DME Code is not entered, then information for non-DME device must be filled in. DME Code information can be located through a search by clicking Search icon. Search can be completed by DME.
If the DME code rate populated is incorrect, the non-DME device information can be completed with the correct rate information and the DME code noted in the comments section.

7. Click Create Service Authorization button. AT Device Service Authorization Home page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.

See Viewing/Editing Service Authorization – Assistive Technology Device for more information on how to edit an SA.

Important Information
- On Service Authorization Details page, the Start Date and End Date fields must be within the associated IFSP date range. The SA start date can begin after the IFSP period start date and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider can not be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.
- If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

Note:
- Diagnosis Codes that have been entered previously in the Child’s case will appear on the service authorization in the Child Diagnosis Codes cluster.
**Viewing/Editing Service Authorization - ASSISTIVE TECHNOLOGY DEVICE**

A Service Authorization *cannot* be edited once it is part of an approved IFSP.


2. Scroll to Service Authorizations List.

<table>
<thead>
<tr>
<th>Service Authorization</th>
<th>Service Type/Method</th>
<th>Start Date</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>2345678</td>
<td>Service Coordination</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345679</td>
<td>Special Instruction - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345680</td>
<td>PT - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345681</td>
<td>OT - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345682</td>
<td>Speech Language - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345683</td>
<td>ATD</td>
<td>4/23/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
</tbody>
</table>

3. Click the Service Authorization Reference link next to Service/Type Method ATD. AT Device Service Authorization Home page displays.

4. Click Edit link from Manage section. Modify AT Device Service Authorization page displays.
5. Navigate from field-to-field using Tab key to edit data. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. Start Date and End Date fields must be within related IFSP date range.*

Type comments in Indicate need/use of AT Device section.

6. Click Save button. AT Device Service Authorization Home page displays.

**Note:**

- Service Authorization Service Delivery Details (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the Service Authorization Homepage Navigation Bar. See Service Delivery Details for Service Authorizations for further information.

- Child data can only be edited from the Child Home Page. See Unit 4 Case Management for further information.

### Amending Service Authorization - ASSISTIVE TECHNOLOGY DEVICE

See Modifying (Amending) a Service Authorization for more information on how to amend an ATD SA.

### Respite Category Service Authorizations

In NYEIS, Respite Providers are called Vendors. A small number of EI Providers are also EI Respite Vendors. Other outside Vendors may also provide EI respite services and parents may be reimbursed for arranging for respite services.
If the IFSP team recommends respite services for a family, local Municipality respite requirements *must* still be met as long as they are consistent with EI regulations.

**Creating a Service Authorization - RESpite - Parent Arranging Respite**

A Respite Vendor *must* be in the System prior to assigning it to a Service Authorization. If a Respite Vendor is not located in the System after a search, they *must* be registered. If the Respite is being provided by the family, then the family member *must* be registered as a Vendor of type Family Provider and will not be displayed in a Vendor search that is performed in any other Municipality. [See Unit 10: Municipal Administration, Registering Vendors] for more information.


2. Select Respite from Category drop down in Selection Criteria section. Click Search button.

3. Click Select link under Action column next to Respite Care under Service Type/Method. Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a Vendor to provide the Respite service. The Select Respite Type screen displays.

4. Click Parent Will Arrange Respite link. Vendor Search page displays.
5. Type all known information in **Search Criteria** section.

6. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.*

   If Vendor is not found, see **Unit 10: Municipal Administration, Registering Vendors** for more information.

7. Click **Select** link under **Action** column for Vendor of choice. **Create Respite Service Authorization Details** page displays.

8. Navigate from field-to-field using **Tab** key to fill in all known information in **Respite Details, Parent Arrangement, Respite Giver Address, Respite Giver Contact Details** and **Comments** sections. *Date fields must be formatted as mm/dd/yyyy format. **Start Date** and **End Date** must be within related IFSP date range.*
Parent Arrangement and Respite Giver Contact Details should be entered.

9. Click Create Service Authorization button. Respite Service Authorization Home page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.

10. Click Print button of web browser. SA must be printed. Mail or directly hand the SA form to the parent.

See Viewing/Editing Service Authorization – Respite for more information on how to edit an SA.

Important Information

- The Parent should see the SA number when submitting for payment for Respite services. The Municipality will be responsible for creating the invoice for the parent reimbursed respite in NYEIS. See Unit 8: Provider - Invoicing, Invoices for details.
- On Service Authorization Details page, the Start Date and End Date fields must be within the associated IFSP date range. The SA start date can begin after the IFSP period start date and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider can not be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.
- If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

Creating a Service Authorization - RESPITE - Respite Provider
A Respite Vendor must be in the System prior to assigning it to a Service Authorization. If a respite Vendor is not located in the System after a search, they must be registered. See Unit 10: Municipal Administration, Registering Vendors for more information.


2. Select Respite from Category drop down in Selection Criteria section. Click Search button.

3. Click Select link under Action column next to Respite Care under Service Type/Method. Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a Vendor to provide the Respite service. The Select Respite Type screen displays.

4. Click Respite Provider link. Vendor Search page displays.

5. Type all known information in Search Criteria section.
6. Click Search button. Records matching criteria display in Search Results section. *To search again, click Reset button.*

If Vendor is not found, [See Unit 10: Municipal Administration, Registering Vendors for more information.]

7. Click Select link under Action column for Vendor of choice. *Create Respite Service Authorization Details* page displays.

8. Navigate from field-to-field using Tab key to fill in all known information in Respite Details, Parent Arrangement (*field is not applicable for respite Provider*), Respite Giver Address, Respite Giver Contact Details and Comments sections. *Date fields must be formatted as mm/dd/yyyy format. Start Date and End Date must be within related IFSP date range.*

9. Click Create Service Authorization button. *Respite Service Authorization Home* page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the Tab are the Child’s Integrated Case and IFSP.
**Important Information**

- **On Service Authorization Details** page, the **Start Date** and **End Date** fields must be within the associated IFSP date range. The SA start date can begin after the IFSP period start date. The SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider can not be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.

- If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

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**Viewing/Editing Service Authorization - RESPITE**

A Service Authorization can not be edited once it is part of an approved IFSP.

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Scroll to **Service Authorizations List**.
3. Click the Service Authorization Reference link next to Service/Type Method Respite Care. Respite Service Authorization Home page displays.

4. Click Edit link from Manage section. Modify Respite Service Authorization Home page displays.

5. Navigate from field-to-field using Tab key to edit data. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic.
that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. Start Date and End Date fields must be within related IFSP date range. Type Comments (Optional).

6. Click Save button. Respite Service Authorization Home page displays.

Note:

- Service Authorization Service Delivery Details (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the Service Authorization Homepage Navigation Bar. See Service Delivery Details for Service Authorizations for further information.

- Child data can only be edited from the Child Home Page. See Unit 4 Case Management for further information.

Amending Service Authorization - RESpite

See Modifying (Amending) a Service Authorization for more information on how to amend a Respite SA.

Service Coordination Category Service Authorizations

Creating a Service Authorization - SERVICE COORDINATION


2. Select Service Coordination from Category drop down in Selection Criteria section. Click Search button.
3. Click Select link under Action column next to Service Coordination under Service Type/Method. It should be noted that this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a service coordinator to provide the ongoing service coordination. Select Provider and Location page displays.

4. Type all known information in Search Criteria section.

5. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.
6. Click Select link under Action column for Agency or Individual Service Coordination Provider of choice. Create Service Coordination Service Authorization page displays.

7. Navigate from field-to-field using Tab key to fill in all known information in Service Coordinator Details, Frequency & Duration Details and Comments sections. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. Start Date and End Date fields must be within related IFSP date range.

8. Click Search icon to the right of Name field in Service Coordinator Details section. Service Coordinator Search page displays with all possible Coordinators. It is not necessary to enter a Service Coordinator at this time. A Service Coordinator must be entered before submitting the Service Authorization for approval. See Modifying (Amending) a Service Authorization for further information.

9. Type Number of Units anticipated for Service Coordinator in the Frequency and Duration Details section.
Note:

- Default list of possible Service Coordinators is based on the following criteria: current caseload, special populations served, serving known siblings in the program and languages spoken that match the referred Child’s primary language. Additional criteria included in default search: Service Coordinator must be approved to deliver the service within the Child’s catchment area and must be available for assignment.

- If the Service Coordinator that the family has selected is not available to select, click Show Search Criteria button. Type known information in Search Criteria section. Use the % in any of the fields to display all Service Coordinators. Click Search button. Records of matching Service Coordinators display in Search Results section. To search again, click Reset button. Click Select under Action column for the appropriate Service Coordinator.

- Service Coordinator Search page displays four column headings: Action, Name, Agency Name, and Caseload.

- Caseload - Number of children in Service Coordinator caseload. This is the total number of cases including if the Service Coordinator provides service coordination services for multiple agencies.

10. Click Create Service Authorization button. Service Authorization Home page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.

See Editing a Service Authorization – Service Coordination for more information on how to edit an SA.

Note:

- A Service Coordinator does not have to be entered during initial data entry. The status for that SA will be Awaiting Provider/Vendor Assignment. The SA will not have a Status of Active until a Service Coordinator has been assigned. See Viewing/Editing Service
Authorizations - Category This data is required prior to submitting the IFSP for approval.

Viewing/Editing Service Authorization - SERVICE COORDINATION

A Service Authorization can not be edited once it is part of an IFSP that has been Approved.


2. Scroll to Service Authorizations List.

3. Click the Service Authorization Reference link next to Service/Type Method Service Coordination. Service Coordination Service Authorization Home page displays.

4. Click Edit link from Manage section. Modify Service Authorization page displays.
5. Navigate from field-to-field using Tab key to edit data. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. Type Comments (Optional).

6. Click Save button. Service Authorization Home page displays.

Note:

- The Service Coordinator can be edited by clicking the Change/Assign Service Coordination Provider button and following the same process as Assigning a Service Coordinator when creating the Service Authorization.

- Service Authorization Service Delivery Details (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the Service Authorization Homepage Navigation Bar. See Service Delivery Details for Service Authorizations for further information.

- Child data can only be edited from the Child Home Page. See Unit 4 Case Management for further information.

Amending Service Authorization - SERVICE COORDINATION

See Modifying (Amending) a Service Authorization for more information on how to amend a Service Coordination SA.
Supplemental Evaluation Category Service Authorizations

Creating a Service Authorization – SUPPLEMENTAL EVALUATION

Creating a Supplemental Evaluation is necessary as part of the IFSP process and will be authorized as part of an IFSP. (This is separate from the MDE Process of determining if a Child is eligible for EI services.) The MDE process and the Systematic generation of SAs for evaluations are reviewed in Unit 5: Evaluation. The following steps create a Supplemental Evaluation Service Authorization as part of the IFSP.


2. Select Supplemental Evaluation from Category drop down in Selection Criteria section. Click Search button. Select Service Type & Method listing displays. Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a type of supplemental evaluation to be competed. Scroll through list to locate specific Service Type & Method. Click Select link under Action column to add item. Select Delivery Details page displays.
3. Enter or select information for **Delivery Details** section. *Group Type is not applicable for supplemental evaluations.* Click **Next** button. **Select Provider & Location** page displays.

4. Type all known information for a Provider in **Search Criteria** section. Click **Search** button. Approved Providers for the Service Type & Method specified for the SA display. Both Provider and location are specified in the search results. If the Provider has multiple locations for a specific Service Type & Method, then all appropriate locations are returned for the User to select. Records matching criteria display in **Search Results** section. Click **Select** link under **Action** column for Provider. **Create Evaluation Details** page displays.

Or

Click **Continue** to go to next page without selecting a Provider. **Create Evaluation Details** page displays. **Service Provider must** be added to record prior to activating a Service Authorization.

5. Enter information for **Evaluation Details** and **Comments** sections. **Date fields must be formatted as mm/dd/yyyy format. Change End Date to reflect a**
date the evaluation is to be completed by. **End Date must be within the current IFSP dates.**

**Evaluation Due Date** may be either the date an Evaluator **must** have the evaluation completed for review by the Agency employed or contracted with or is the date the evaluation is due to the Municipality.

### Important Information
- Municipalities are encouraged to use NYEIS functionality to control and monitor the completion of Supplemental Evaluations in a timely manner by setting an end date for the Supplemental Evaluation SA.
- If the Supplemental Evaluation is not completed, data entered, and accepted by the EIO/D by the end date, the system prevents data entry of the evaluation information as the SA is in Closed status. This can jeopardize payment to the provider because the data for the completed evaluation was not entered into NYEIS and/or the evaluation was not accepted by the EIO/D.

6. Click **Create Service Authorization** button to save data. **Evaluation Service Authorization Home** page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.

   ![NYEIS Integrated Case](image1.png)

   **Evaluation Service Authorization Home:** Non-physician Supplemental Eval - OT - 59409

   **Service Authorization Details:**
   - Service Authorization Reference: 59409
   - Child’s Name: Tiffany Martin
   - Status: Draft
   - Location Type: Child’s Home
   - Service Location Address: Add

   **Qualified Personnel List**
   - Action: Qualified Personnel
   - Reference: Occupational Therapist
   - Change/Assign Provider and Location

   **Provider & Location Details**

   ![Completed Service Authorization Home](image2.png)

   **See Viewing/Editing Service Authorization – Supplemental Evaluation** for more information on how to edit an SA.

**Note:**

- **Diagnosis Codes** that have been entered previously in the Child’s case will appear on the service authorization in the **Child Diagnosis Codes** cluster.
• If **Location Type** is not Child’s Home or Agency Provider Site, then an address *must* be entered in record.

### Important Information

- On **Service Authorization Details** page, the **Start Date** and **End Date** fields *must* be within the associated IFSP date range. The SA start date can begin after the IFSP period start date and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider cannot be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.
- If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.
- Supplemental evaluations should be completed as per discussions at the IFSP meeting. It is not always appropriate for the end date to reflect the end of the current IFSP period. The end date should be changed to reflect the date that the IFSP team agrees that the supplemental evaluation should be completed by.

### Viewing/Editing Service Authorization - SUPPLEMENTAL EVALUATION

A Service Authorization *can not* be edited once it is part of an approved IFSP.

Different aspects of **Supplemental Evaluation Service Authorizations** are edited using one of the following methods.

- **Evaluation Service Authorization Home** page: Service Coordinator, Qualified Personnel, Provider & Location Details and Rendering Provider can be edited as outlined in **Step 3 through Step 6**.

Remaining SA data is edited using the details from **Step 7 through Step 9**.


2. Scroll to **Service Authorizations List**.
3. Click the Service Authorization Reference link next to Service/Type Method Type of supplemental evaluation (e.g., Non-physician Supplemental Eval - Speech). Evaluation Service Authorization Home page displays.

4. Click Add button above Qualified Personnel List section. Add QP page displays.

Select Qualified Personnel from drop down list. To add multiple Qualified Personnel, press and hold Ctrl key while clicking additional Personnel.
Click **Save** button to add information to Service Authorization.

Or

To delete **Qualified Personnel**, click **Remove** link under **Action** column. **Remove QP Confirmation** page displays with the message *Are you sure you want to remove this QP from the Service Authorization?* Click **Yes** button.

5. To edit Provider and Location data, click **Change/Assign Provider and Location** button above **Provider & Location Details** section. **Select Provider & Location** page displays.

Type known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **Select** link for Provider or click **Cancel** button to return to previous page.

6. To edit Rendering Provider data, click **Change/Assign Rendering Provider** button above **Rendering Provider Details** section. **List Agency Provider Employees** page displays with a list of agency QP able to complete the type of evaluation displayed.
Click **Select** link for Agency Provider Employee/Contractor.

**Important Information**
This page will only show a list of Rendering Providers that are employees/contractors of the Agency Provider defined. If an Agency Provider is not selected, an error message displays. See Unit 9: Provider Management, Employees and Contractors for additional guidance.

7. Click **Edit** link from Manage section. **Modify Evaluation Service Authorization** page displays.

8. Change **End Date** to reflect a date the evaluation is to be completed by. End Date *must* be within the current IFSP dates.

   **Evaluation Due Date** is either the date an Evaluator *must* have the evaluation completed for review by the Agency employed or contracted with or is the date the evaluation is due to the Municipality.

9. Type **Comments (Optional)**.

10. Click **Save** button. **Evaluation Service Authorization Home** page displays.

**Note:**

- **Service Authorization Service Delivery Details** (e.g., Remaining Units, Units Authorized) can be viewed from the **Service Authorization Homepage** Navigation Bar. See Service Delivery Details for Service Authorizations for further information.
Child data can only be edited from the Child Home Page. See Unit 4 Case Management for further information.

Amending Service Authorization - SUPPLEMENTAL EVALUATION

See Modifying (Amending) a Service Authorization for more information on how to amend a Supplemental Evaluation SA.

Entering/Editing Evaluation Results – SUPPLEMENTAL EVALUATION

After the Supplemental Evaluation SA is accepted by the provider, the system creates a Task in the provider’s Evaluations work queue to record the results of the evaluation. The provider records the results and submits the evaluation for review. The system creates a Task for the child’s EIO/D to review the evaluation, and reject or accept. If rejected, the system marks the evaluation ‘Rejected’ and creates a new Task in the provider’s Evaluations work queue to edit the Evaluation based on the EIO/D’s comments and resubmit. If the Supplemental Evaluation is bilingual, the User records the Bi-Lingual details in the evaluation. After the evaluation is accepted by the EIO/D, the system creates the Bi-Lingual Add-On Service Authorization and adds it to the associated IFSP. The provider subsequently references the new Bi-Lingual Add-On SA to submit a claim for the Bi-Lingual evaluation.

Important Note:

If a Supplemental Evaluation is NOT indicated as having been conducted bilingual, upon acceptance of the submitted evaluation the bilingual add-on Service Authorization will not generate.

1. Click Inbox from the Navigation Bar. My Workspace page displays.
2. Click Work Queues from the Navigation Bar. My Work Queues Home page displays.
3. Click View link under Action column next to Evaluations work queue. Task Home page displays.
4. Click **Task ID** link next to the Task. **Task Home** page displays.

5. Click **Record Supplemental Evaluation results** link in the **Primary Action** section. **View Supplemental Evaluation** page displays.

The **View Supplemental Evaluation** page includes the following sections: **Child Details**, **Evaluator Agency Details**, **Evaluator Details**, **Type of Evaluation**, **Developmental Domain Results**, **Location**, **Evaluation Diagnosis Results**, **Evaluation Methods**, **Diagnostic Tests Administered**, **General Evaluation Comments** and **Parent Caregiver Report/Comments**.

Note that the **Evaluation Status** field value in the **Evaluator Agency Details** section is ‘Draft’. This indicates that the evaluation has not been submitted to the EIO/D for review.

The four Evaluation Statuses are:

- **Draft** – default status when the Supplemental Evaluation SA is created.
- **Submitted** – indicates that the provider has submitted the evaluation to the EIO/D for review.
- **Rejected** – indicates that the EIO/D has reviewed the evaluation and rejected it. EIO/D records comments indicating why the evaluation was rejected. System creates a new Task in the provider’s Evaluations work queue to access, edit evaluation based on EIO/D’s comments, and resubmit.
- **Accepted** – indicates that the EIO/D has accepted the evaluation. Enables provider to submit a claim for the supplemental evaluation. If provider indicated that the evaluation was bilingual, the system creates the Bi-lingual Add On service authorization.
6. Click New Button in Developmental Domain Results section. Select Developmental Domain page displays.

Select the applicable domain option from the drop-down and select Save button. Add Developmental Domain Results page displays.
Record the results of the evaluation in the Developmental Domain Details section. Record Comments as needed.

**Important Information**
- For a supplemental evaluation as a result of an IFSP, neither the option “1.0 Standard deviation or more below the mean” nor “Outside expected range” can be selected.

Click the Save button. View Supplemental Evaluation page displays with Developmental Domain Results section recorded.

7. Click Edit button. Modify Supplemental Evaluation page displays.
Navigate from section to section recording information as dictated by the evaluation results.

**Important Information**
Select and define only one of the two fields in the **Type of Evaluation** cluster.

8. Click **Search** icon to identify **Location Address** or **Provider Location** data. If selected location is other than **Child's Home**, a **Location Address** **must** be entered. If the location is at a **Provider's Site**, an address **must** be
entered in the **Provider Location** field.

If the **Location** section requires editing, be aware of the following items:

If **Location Type** is the Child’s Home, then **Location Address** and **Provider Location** are not required.

If **Location Type** is Agency Provider Site, you *must* search and select the correct **Location Address** and establish a **Provider Location**.

9. Data can be edited for **EI Eligibility Diagnosis Code (ICD)** by selecting the **Search** icon. **ICD Diagnosis** page displays.

   Click **Select** link under **Action** column for the **ICD Diagnosis**. This list is the EI Eligible ICD Codes that make the Child eligible for the Early Intervention Program.

   ![](image)

   **Important Information**
   If there has been a diagnosis established while completing the supplemental evaluation, two methods are available for entering information. Use the **EI Eligible ICD Codes** (codes that make a Child eligible for the Early Intervention Program) or **Other Eligible Diagnosis Code**. Justification *must* be entered.

10. To add data for the **Other Eligible Diagnosis Code** field, select the **Search** icon. **Search ICD** page displays.
Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. This is *any other* ICD Code, including unspecified developmental delay, which makes the Child eligible for the Early Intervention Program. *To search again, click Reset button.* Click **Select** link under **Action** column to identify **ICD Code**. **Modify Supplemental Evaluation** page displays. If selecting **Other Eligible Diagnosis Code**, the **If other ICD Code, justification** field *must* be completed.

### Important Information
An ICD code must be recorded for the supplemental evaluation for purposes of billing. A user may use an existing ICD code or may enter a new EI Eligible Diagnosis Code or Other Eligible Diagnosis Code if relevant.

11. If the evaluation is bilingual, select ‘Yes’ in the **Bilingual Evaluation?** field drop-down in the **Evaluation Diagnosis Results** section. After the evaluation is submitted to and accepted by the EIO/D, the system will automatically create the Bi-Lingual Add On Service Authorization that the provider can use to claim for the bilingual evaluation.

### Important Information
Failure to select ‘Yes’ in the **Bilingual Evaluation?** field will prevent the provider from being able to claim for a Bi-Lingual Add On.

12. Click **Save** button when data entry is complete. **View Supplemental Evaluation** page displays.
13. If the evaluation included the use of a Standardized Test, click New button above the Diagnostic Tests Administered section of the View Supplemental Evaluation page. Add Diagnostic Test Administered page displays.

NYS EIP Regulations 69-4.8 (6)(i) require evaluators, in conjunction with informed clinical opinion, to utilize a standardized instrument or instruments approved by the Department to be used when conducting multidisciplinary evaluations (Refer to Appendix K). If the evaluator does not utilize an instrument approved by the Department as part of the multidisciplinary evaluation of a child the evaluator must provide written justification in the evaluation report why such instrument or instruments are not appropriate or if an instrument is not available for the child.
Enter data in the **Diagnostic Test Details** section. If a diagnostic test is entered, then the appropriate fields should be entered (Standard Deviation, Percentile Rank, Mean, T-Score or Z-Score). If the name of the test does not appear in the **Test Name** field drop-down menu, enter the name of the test in the **If Other, enter test name** field and record a justification for using the test in the **Justification why other test used** field.

Click **Save** button. **View Developmental Assessment** page displays.

Or

Click **Save & Add Subscore** button to enter Sub-Score Details. To add Sub-Scores, **See Unit 5 – Evaluations, Adding Diagnostic Test Sub-Scores – Developmental Assessment** for further information. To edit Sub-Scores, **See Unit 5 – Evaluations, Editing Diagnostic Test Sub-Scores – Developmental Assessment** for further information.

**View Supplemental Evaluations** page displays.

14. Click **Submit** button if data entry is completed and ready for EIO/D review.

OR

Click **Close** button to close the evaluation but not submit for review.

15. Once submitted, the **Evaluation Status** is marked as ‘Submitted’. A Task is created in the child’s EIO/D **Assigned Tasks** inbox to review and accept / reject the evaluation.

**Notes:**

- **Date Completed** must be entered.
Transportation Category Service Authorizations

Creating a Service Authorization - TRANSPORTATION VENDOR

A Transportation Vendor must be in the System prior to assigning it to a Service Authorization.  See Unit 10: Municipal Administration, Registering Vendors for more information.


2. Select Transportation from Category drop down in Selection Criteria section. Click Search button. Select Service Type & Method listing displays. Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a transportation Vendor to provide transportation. Click Select link under Action next to Transportation (EI) column to add item. Select Transportation Type page displays.

3. Click Transportation Vendor link. Select Transportation Vendor page displays.
4. Type all known information in **Search Criteria** section.

5. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

6. Click **Select** link for selected Vendor. **Create Transportation Details** page displays.

7. Enter appropriate information. *Date fields must be formatted as mm/dd/yyyy format.* Dates must be within related IFSP range. **Total Authorized Amount** and **Payment Type** fields are required.

8. Click **Create Service Authorization** button. **Vendor Transportation Service Authorization Home** page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.
See Viewing/Editing Service Authorization – Transportation for more information on how to edit an SA.

Notes:

- If Vendor Transportation SA is selected, the total authorized amount is calculated by multiplying the contracted rate of reimbursement by the total one-way or round-trips.

- The Days Per Week field is used to identify the days of the week transportation is needed (e.g., Monday, Wednesday, Friday or Monday through Friday). Total Days Per Week is the total number of days the Child will be transported (e.g., 3 or 5). To calculate the Number of Units (roundtrips), the Total Days Per Week is multiplied by the Total Weeks in the SA period.

- If Vendor method is selected for transportation services, then pickup, drop-off, return pickup and return drop-off times are entered into the Create Transportation Details page. These do not need to be exact times for actual pick-up and drop-off. Start and End times for the program the Child is attending are entered in these fields.
Important Information

- **On Service Authorization Details page, the Start Date, End Date and Companion Date fields must be within the associated IFSP date range.**
  The SA start date can begin after the IFSP period start date and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider cannot be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.

- **If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.**

Creating a Service Authorization - TRANSPORTATION
PARENT/CAREGIVER

A Transportation Vendor **must** be in the System prior to assigning it to a Service Authorization. **See Unit 10: Municipal Administration, Registering Vendors** for more information.

   - Click **Add Service Authorization** link from Manage section. **Select Service Type & Method** page displays.

2. Select **Transportation** from Category drop down in **Selection Criteria** section. Click **Search** button. **Select Service Type & Method** listing displays. **Note: this is not a true service type/method, but rather the way NYEIS allows a User to access a search for a transportation Vendor to provide transportation.** Click **Select** link under Action column next to Transportation (Caregiver) to add item. **Select Transportation Type** page displays.
3. Click **Parent/Caregiver** link. **Select Transportation Vendor** (transportation caregiver) page displays.

4. Type all known information in **Search Criteria** section.

5. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.*

6. Click **Select** link for selected Vendor. **Create Caregiver Transportation Details** page displays.
7. Enter appropriate information. *Date fields must be formatted as mm/dd/yyyy format.* Date fields *must* be within related IFSP range. The Caregiver Transport Method, Total Days per Week, and Total Weeks fields are required.

Transportation Rate section details are required based upon the Caregiver Transport Method option selected. For example, if the transport method selected is Caregiver – private car, the Fixed Roundtrip Rate or the For private car, estimated mileage and Private Car Mileage Rate values need to be recorded.

8. Click Create Service Authorization button. Caregiver Transportation Service Authorization Home page displays with several Tab Folders along the top of the page. Navigate to another Tab by clicking on Tab name. Located on the tab are the Child’s Integrated Case and IFSP.

9. Click Print button of web browser. SA *must* be printed. Mail or directly hand the SA form to the parent.

See Viewing/Editing Service Authorization – Transportation for more information on how to edit an SA.

**Important Information**
The Parent should see the SA number when submitting for payment for Transportation services. The Municipality will be responsible for creating the invoice for the parent reimbursed transportation in NYEIS. See Unit 8: Provider - Invoicing, Invoices for details.

**Notes:**
The **Days Per Week** field is used to identify the days of the week transportation is needed (e.g., Monday, Wednesday, Friday or Monday through Friday). **Total Days Per Week** is the total number of days the Child will be transported (e.g., 3 or 5). To calculate the **Number of Units** (roundtrips), the **Total Days Per Week** is multiplied by the **Total Weeks** in the SA period.

**Pick-up, Drop-off** and **Return Pick-up** fields are not applicable for Caregiver Transportation.

If Caregiver Transportation SA with **Transport Method** is **Private Car**, then **Total Mileage** (mileage to and from authorized location), **Mileage Rate** (determined by the Municipality) and **Fixed Rate** fields must be completed. (e.g., Mileage Rate = Medicaid transportation rate or Federal mileage reimbursement rate)

If Caregiver Transportation SA with **Transport Method** is **Public**, then **Total Amount Authorized for Public Transportation** (e.g., bus fare, subway fare, taxi fare) field must be completed.

### Important Information

- **On Service Authorization Details** page, the **Start Date, End Date** and **Companion Date** fields must be within the associated IFSP date range. The SA start date can begin after the IFSP period start date and the SA end date can end before the IFSP period end date. This allows for the IFSP to be activated with services in place and SAs created for services that have been agreed to by the EIO/D and the parent, and for which Service Providers have been found. If the parent and EIO/D do not agree on a service, and/or a Provider cannot be located, the SA can have a different start date from the IFSP period as long as it is within the IFSP date range.
- If one service will be amended or discontinued, the SA can have an end date different from the IFSP period as long as it is within the IFSP date range.

### Viewing/Editing Service Authorization - TRANSPORTATION

A Service Authorization can not be edited once it is part of an IFSP that has been Approved.

1. Display the **Individualized Family Service Plan Home** page.  

   ![Viewing an Individualized Family Service Plan](image)

2. Scroll to **Service Authorizations List**.
3. Click the Service Authorization Reference link next to Service Type/Method (e.g., Vendor or Caregiver). Appropriate Type of Transportation Service Authorization Home page displays.

4. Click Edit link from Manage section. Modify Category Transportation Service Authorization page displays.

5. Navigate from field-to-field using Tab key to edit data. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format. Type Comments (Optional).

6. Click Save button. Category Transportation Service Authorization Home page displays.

Note:

- Service Authorization Service Delivery Details (e.g., Remaining Units, Units Authorized) can be viewed by authorized users from the Service Authorization Homepage Navigation Bar. See Service Delivery Details for Service Authorizations for further information.
- Child data can only be edited from the Child Home Page. See Unit 4 Case Management for further information

Amending Service Authorization - TRANSPORTATION

See Modifying (Amending) a Service Authorization for more information on how to amend a Transportation SA.

Deleting a Service Authorization

The delete feature is used when the wrong Service Type and Method is selected for the SA. All other data entry errors can be edited. See the editing sections of Service Authorization.

Service Authorizations can be deleted by non-EIO/D users when in Draft status only. A Service Authorization that is in Submitted status can only be deleted by the EIO/D and only if there has been a data entry error in the Service Type and Method. Service Authorizations that are Approved, Active or Extended cannot be deleted. If there is an error found that would warrant a deletion (e.g., wrong Service Type and Method), but the Service Authorization cannot be deleted, the user should End Date it as of its start date and create a new service authorization for the correct Service Type.

Important Information

See Editing an Individualized Family Service Plan or Amending an Individualized Family Service Plan to end date a Service Authorization in an approved IFSP.


2. Scroll to Service Authorizations List section.
3. Identify SA for deletion. Click **Service Authorization Reference** link for specific SA to be deleted. **Service Authorization Home** page displays.

4. Click **Delete** link in the **Manage** section. **Delete Service Authorization Confirmation** page displays with the message **Deleting a Service Authorization is final and cannot be undone. Are you sure you want to delete the Service Authorization?** Click **Yes** button. SA is removed.

---

### Modifying (Amending) a Service Authorization

Service Authorization modifications are processed after the IFSP has been submitted and approved. IFSPs and SAs that are in Draft status can be edited without having to use the modification/amendment process.

Edit functions normally available for non-closed IFSPs or SAs are not allowed for Closed status. Under certain circumstances, a closed IFSP or SA’s can be “reactivated” and then subsequently modified. **See Unit 10- Municipal Administration** for information about reactivating and editing a closed IFSP or SA.

The **Service Type & Method** of an Approved/Active/Extended Service Authorization can never be modified. Rather, the SA must be closed as of its start
date and a new one added to the IFSP for the desired Service Type and Method.  
See Closing a Service Authorization for more information about closing an SA.

1. Display the Individualized Family Service Plan Home page.  
See Viewing an Individualized Family Service Plan for further information.

2. Scroll to Service Authorizations List section.


4. Click Edit link in the Manage section. An editable version of the Service Authorization page displays. The page includes a new section labeled Amendment Request Details.
5. First select the appropriate **Reason for Modification** field drop-down option in the **Amendment Request Details** section.
   - Options listed include …
     i. **ABA Aide Modification** – select when changing the approved ABA Aide assigned in the SA.
     ii. **ABA Aide Supervisor Modification** – select when changing the approved ABA Aide Supervisor identified in the SA.
     iii. **Amendment to Add Service Authorization** – do not select. This reason is selected only when adding a Service Authorization to an approved IFSP.
     iv. **Data Entry Error** – select when adding or changing Script information, Service Details, Frequency and Duration Details, Make-Up Visits, Co-Visits, Respite Details, Parents Arrangements, ATD Details, Delivery Details, Evaluation Details, and Transportation Details.
     v. **Provider / Vendor Modification** – do not select. This reason is automatically assigned by the system when the user changes the Provider of Record on the Service Authorization Home page.
     vi. **Service Authorization Amendment** – should always be selected when adding or changing SA information after a claim on the SA has been submitted and approved. Other circumstances that would require this option to be selected vary. Please see Important Information box below.
Important Information

- Modifications to an Approved/Active/Extended Service Authorization that are classified as a Service Authorization Amendment will cause the SA to be closed and a new SA with the specified changes to be created. The Start Date of the new SA is set to the Decision Effective Date designated by the EIO/D. The End Date of the original SA is set to one day prior to the Decision Effective Date.
- Modifications to an Approved/Active/Extended Service Authorization that are classified as Data Entry Error do not cause the current Service Authorization to be closed or a new SA to be created.
- Service Authorizations that have claims on record cannot be edited with reason 'Data Entry Error', even if claims have been voided.

6. If the EIO/D is submitting the modification and it is classified as a Service Authorization Amendment, they determine the decision effective date and record it in the Decision Effective Date field.

If a non-EIO/D user is submitting the modification and it is classified as a Service Authorization Amendment, they record a suggested effective date in the Comments field located at the bottom of the page. The EIO/D will see the suggested date when processing the SA Amendment Approval Activity task and record a Decision Effective Date.

7. Navigate from field-to-field using Tab key to edit data. See Creating and Viewing/Editing Service Authorization - Category to review information on fields specific to the SA Category being amended.

8. Click Submit button to save revised data for SA. Service Authorization Home page displays.

- If a non-EIO/D user submits the modification request, the Service Authorization Status field displays EIOD Review Required. The system initiates workflow and allocates the SA Amendment Approval Activity task in the EIO/D’s Assigned Tasks inbox to review the modification request and approve or reject it.

  i. If approved, and the reason for modification is Service Authorization Amendment, the current Service Authorization will be closed with an end date one day prior to the Decision Effective Date. A new Service Authorization with the changes will be created effective the date of the Decision Effective Date. The Service Authorization status is changed to Approved. The new Service Authorization can be viewed by
clicking the **IFSP Home** page and navigating to the **Service Authorizations List** cluster.

ii. If approved, and the reason for modification is **Data Entry Error**, the changes will be made to the current Service Authorization. The Service Authorization status is changed to **Approved**.

- **If the EIO/D submits the modification, the change is processed immediately.** The current Service Authorization is updated or Closed depending on whether the reason for modification is **Data Entry Error** or **Service Authorization** as described above. The new Service Authorization can be viewed by clicking the **IFSP Home** page and navigating to the **Service Authorizations List** cluster.

9. The EIO/D actions the **SA Amendment Approval Activity** task, and makes a decision regarding the listed modifications.

To approve some or all of the modifications, the EIO/D clicks the check box next to each item that is approved. If one or more modifications are approved and classified as a **Service Authorization Amendment**, the EIO/D also records the **Decision Effective Date**, which must be a date within the Service Authorization time period. Finally, the EIO/D clicks the **Save** button.
To reject all modifications, the EIO/D clicks all of the check boxes and selects the **Reject All** button. A confirmation page displays that requires the EIO/D to record the reason for the rejection.

10. Modifying (Amending) an IFSP Service Authorization may trigger new billing rule violations (i.e., Upfront Waivers). Any new and/or unmanaged billing violations will be referenced in the 'Notifications' cluster of the IFSP 'Home' Page. After approving a modification (SA Amendment or Data Entry Error), the EIO/D **must** navigate to the Waiver link on the Left-Side Navigation bar of the IFSP Home page and process all Billing Rule Violations that are listed. [See Upfront Waiver](#) for more information. After approving a modification (SA Amendment or Data Entry Error), the EIO/D **must** navigate to the Waiver link on the Left-Side Navigation bar of the IFSP Home page and process all Billing Rule Violations that are listed. [See Upfront Waiver](#) for more information.

**Notes:**

- Notifications are sent to the SA Provider of Record of a closed SA due to a modification and a new SA created as a result.

- SA modifications that are approved by the EIO/D and cause a new SA to be created for the same provider of record are not required to be accepted by the SA Provider of Record.

**Closing a Service Authorization**

When a Service Coordinator initiates the action to Close a Service Authorization, the system initiates workflow for the child’s EIO/D to approve the closure. If the child’s EIO/D initiates the action to Close the Service Authorization, the system automatically sets the SA status to ‘Closed’.

1. Display the **Individualized Family Service Plan Home** page. [See Viewing an Individualized Family Service Plan](#) for further information.

2. Scroll to **Service Authorizations List** section.
3. Click **Service Authorization Reference** link next to the Service Authorization that will be closed. Appropriate **Service Authorization Home** page displays.

4. Click **Close** link from Manage section. **Close Service Authorization Category** page displays.

5. Enter information for **Details** and **Comments** sections.

6. Click **Save** button. **Service Authorization Home** page displays. **SA Status** is changed to **Closed** or **Pending Closure**, if future date was selected.

**Notes:**

- **Pending Closure Status** is assigned when either the individual SA OR the associated IFSP has been closed as of a future date. In either case, when that date is reached, the SA Status changes to **Closed** automatically.
- **Closed Status** is assigned when either the individual SA or the associated IFSP has been closed.
Changing Closure Details for a Service Authorization


- Scroll to Service Authorizations List section.

- Click Service Authorization Reference link next to the Service Authorization that will be changed. Appropriate Service Authorization Home page displays.

7. Click Change Closure Details link from Manage section. Modify Service Authorization Closure: category page displays.

8. Navigate from field-to-field using Tab key to enter data.
9. Click Save button. **Service Authorization Home** page displays. Closure Details for SA are updated.

### Suspending a Service Authorization

Each Service Authorization *must* be suspended separately. If a Service Coordinator submits the Suspend, then workflow is created for EIO/D to approve the suspension. If EIO/D submits the Suspend, additional approvals are *not* needed.

**Important Information**

- It is appropriate to suspend a service authorization if a child is going to be away on vacation or in the hospital for a significant period of time. It is recommended that the service coordination service authorization remain open during the time that other services are suspended. This allows the service coordinator access to the child’s case to communicate with the family and to un-suspend services when appropriate to do so.

1. Display the **Individualized Family Service Plan Home** page. See **Viewing an Individualized Family Service Plan** for further information.

2. Scroll to **Service Authorizations List** section.

   ![Service Authorizations List Table]

<table>
<thead>
<tr>
<th>Service Authorization Reference</th>
<th>Service Type/Method</th>
<th>Start Date</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>23456178</td>
<td>Service Coordination</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345679</td>
<td>Special Instruction - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345680</td>
<td>PT - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>51789</td>
<td>OT - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
<tr>
<td>2345882</td>
<td>Speech Language - Basic</td>
<td>4/25/2014</td>
<td>Approved</td>
<td>Original</td>
</tr>
</tbody>
</table>

3. Click **Service Authorization Reference** link next to the Service Authorization that will be suspended. Appropriate **Service Authorization Home** page displays.
4. Click **Suspend** link from **Manage** section. **Suspend Service Authorization:** *category* page displays.

5. Complete **Reason** field. Type **Comments** *(Optional).*

6. Click **Save** button. **Service Authorization Home** page displays. *If EIO/D submits, Status displays as Suspended.* *If Service Coordinator Suspends, the Status displays Amendment Submitted.* *EIO/D must then approve or reject.***

**Note:**

- **Suspended Status** is assigned when the SA is inactivated or suspended and services can not be delivered during this time period. Suspended SA's can be reactivated.

### Unsuspending a Service Authorization

Each Service Authorization *must* be unsuspended separately. If a Service Coordinator submits the Unsuspend, then workflow is created for EIO/D to approve the unsuspension. *If EIO/D submits the Unsuspend, additional approvals are *not* needed.*

2. Scroll to Service Authorizations List section.

3. Click Service Authorization Reference link next to the Service Authorization that will be unsuspended. Appropriate Service Authorization Home page displays.

4. Click Unsuspend link from Manage section. Unsuspend Service Authorization: category page displays.

5. Complete Reason field. Type Comments (Optional).

6. Click Save button. Service Authorization Home page displays. If EIO/D submits, Status displays Approved. If Service Coordinator Unsuspends, the Status displays Amendment Submitted. EIO/D must then approve or reject.
Service Delivery Details for Service Authorizations

This section displays detailed information related to a specific Service Authorization. Authorized Users that have access to the Child's IFSP will have access to view the Service Delivery Details. Information provided in the service delivery details of each SA will be helpful to users upon invoicing.


2. Scroll to Service Authorizations List section.

<table>
<thead>
<tr>
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4. Select from the following items on the Navigation Bar:

   - **Attachments** – displays Attachments page. Lists additional attachments for the SA. Attachments should be relevant to the SA.  See Unit 4: Case Management, Attachments for further information.
Communication – displays Communications page. Lists communication that has occurred for the SA. Communications should be relevant to the SA. See Unit 4: Case Management, Communications for further information.


Invoice List – displays Provider Claim Status History page. Lists Claims that are specific to the SA being viewed. See Unit 8: Provider - Invoicing for further information on invoicing.

Nominees – not currently used.

Notes – displays Notes page. Lists notes attached to the SA. Notes should be relevant to the SA. See Unit 4: Case Management, Notes for further information.

Service Delivery Summary – displays Service Delivery Summary page. Data displayed is collected from activities relating to the specific Service Authorization being examined, such as Units, Costs and Provider Claim information. This page is read-only.

Status History – displays SA Case Status History page. Lists history of SA. Click View link under Action column to display a specific item. View Case Status History page displays. Information on the specific item is viewed in the details section. This page is read-only. Click Close to return to Case Status History page.

Tasks – displays tasks or creates tasks for the SA. Tasks should be relevant to the SA. See Unit 1: Getting Started for further information.

Modification History – displays a list of changes made to the SA if SA was previously closed and subsequently reactivated and edited. See Unit 11- Municipal Administration for more information on reactivation and editing of IFSPs/SAs in ‘Closed’ status.

Accept / Reject Service Authorization

Any activated IFSPs and associated Service Authorizations with a Provider assigned, initiates workflow to the assigned Provider Agency’s or individual Rendering Provider’s Service Authorization work queue. The task requires the Provider to indicate acceptance or rejection of the Service Authorization. If
accepted, the Provider is required to enter a Rendering Provider if one has not already been entered. In the case of ABA Aide services, the supervisor and the rendering provider (ABA Aide) should be entered or changed (if entered) upon acceptance. In the Case where the Provider is not a NYEIS User, the workflow is sent to the EIO/Ds assigned tasks.

**Important Information**
It is important that the provider thoroughly review the SA PRIOR to accepting it to ensure that the SA reflects the services that will be delivered to the child. If a provider identifies an error in the SA, the SA should be rejected and the provider should contact the EIO/D or SC to initiate needed changes.

If the Provider rejects the Service Authorization, the EIO/D receives a task that the SA was rejected and to assign a new Provider.

1. Display Provider User Home Page.

2. Click **Inbox** from the Menu Bar. **My Workspace** page displays.

3. Click **Work Queues** button on Left Navigation Bar. Click **View** under **Action** column for Service Authorizations work queue. **Work Queue Tasks** page displays with a list of **Service Authorizations**.
4. Click **Reserve** under **Action** column. Then click **Reserve** to move task to your **Reserved Tasks** or click **Reserve and View** button to reserve task and view **Task Homepage**.

Note:

- Under **Supporting Information** click **Service Authorization Homepage** link to view detailed SA information.

5. Click **Accept/Reject Service Authorization** link under **Primary Action** section. **List Agency Provider Employees** page displays. If a Rendering Provider has been assigned when the SA was created, the Provider will be listed.

6. Select from one of the following actions:
Click **Accept** button to leave the assigned **Rendering Provider** and accept the SA.

Or

Click **Choose Rendering Provider** button to assign a different **Rendering Provider**. **List Agency Provider Employees** page displays with a list of Providers for the **SA Type**. Click **Select** under **Action** column next to **Rendering Provider** of choice. **List Agency Provider Employees** page displays with selected Rendering Provider populated. Click **Accept** button to accept SA. **Service Authorization Home** page displays with selected Rendering Provider. Or click **Choose Rendering Provider** button to choose a different Rendering Provider.

Or

Click **Reject** button to reject the Service Authorization. **Reject Provider Assignment** page displays. Type **Rejection Reason** (optional). Click **Reject** button. **My Workspace** page displays.

Or

Click **Cancel** button to close. **Task Home** page displays.

**Notes:**

- For **Service Coordination Service Authorizations** click **Use Currently Assigned Service Coordinator** button to accept **Service Authorization** with assigned Service Coordinator. Or enter search criteria to search for and select another desired Service Coordinator in that Agency.

- The EIO/D will receive a task in their Assigned inbox that the Provider has rejected the Service Authorization for a child. The EIO/D closes the task by clicking the **Service Authorization Home Page** link in the **Primary Action** cluster of the **Task Home** page. The **Service**
Authorization Home page displays and the EIO/D re-assigns the SA using the Change/Assign Provider and Location button.

MOBILE IFSP

The Mobile (laptop) IFSP feature allows authorized NYEIS Users to create an initial IFSP or download single or multiple IFSPs from NYEIS to the laptop computer. This provides the opportunity to complete data entry outside of the online NYEIS environment (e.g., at a family’s home for an IFSP meeting).

After data entry is completed, the IFSP is uploaded back into NYEIS. The IFSP can then be edited and Service Providers assigned to SAs. The Mobile (laptop) IFSP requires an executable program to be loaded onto a User’s computer. The executable program, which will be available for download from cma.com, provides the User with the ability to load the Mobile (laptop) IFSP. The download and upload of IFSPs is secure through the use of passwords and an encryption process ensuring data protection.

Directions for Loading the Executable NYEIS Laptop Application

1. Download the MobileIFSPSetup.zip file to your laptop. The file is located at http://cma.com/Solutions/NYEIS/About.php

2. Save the MobileIFSPSetup.zip file to your laptop Desktop area.

3. Open zip file by right-clicking on the file. Click ‘Extract All’ option. The Welcome to the Compressed (zipped) Folder Extraction Wizard displays.
4. Click the **Next** button to begin the unzipping and loading of the files onto your laptop. The **Selection a Destination** page displays. Select your ‘Desktop’.

5. Click **Next** button. The **Extraction Complete** page displays. Make sure that the ‘Show extracted files’ checkbox is checked.
6. Click **Finish** button. The MobileIFSPSetup file folder displays. Open the file folder.

7. The Setup file folder displays. Open the file folder.
8. Double click **Setup.exe** file..
9. Setup Wizard window displays. Click ‘Next’ button to begin software installation.

10. Click OK to extract all files and run the setup.exe program. Mobile IFSP - Welcome to the Mobile IFSP Setup Wizard window displays.

11. Click Next button to continue with installation. Mobile IFSP - Select Installation Folder window displays. Be sure settings match the screen shot below.
12. Click **Next** button. **Mobile IFSP - Confirm Installation** window displays.

13. Click **Next** button to start installation. Installation completes and installs a shortcut to the Mobile IFSP application on the Desktop. Click the **Close** button.
14. Click the Mobile IFSP shortcut on the Desktop to open the Mobile IFSP application.
Exporting IFSPs Using the Mobile (Laptop) IFSP Application

This feature is accessible only by authorized municipal users.

1. Login to NYEIS

2. Click Export IFSP data link from My Shortcuts section. IFSP Data Export Credentials page displays. File Password and Confirm Password are required fields.
Important Information
Follow these requirements when creating your password:
- Minimum of 8 characters
- No whitespaces allowed
- At least 3 of the following must be included in the password:
  * at least one (1) number
  * at least one (1) special character (e.g., #, $, %, etc.)
  * at least one (1) uppercase letter (e.g., ‘K’)
  * at least one (1) lowercase letter (e.g., ‘k’)
- No character sequences (e.g., ‘aaaa’ or ‘1111’)

3. Type **File Password**. Type **Confirm Password**.

4. Click **Next** button. **IFSP Data Export** page displays.

5. Click **Add Child** button. **Add Child** pages displays with the sections **Search Criteria** and **Search Results**.

6. Type all known information for the first Child. Click the **Search** button. **Search Results** section displays matching results. *You will be selecting a Child to copy onto your laptop to work remotely with selected IFSPs.*
7. Click Select link from Action column. IFSP Data Export page displays. The selected Child IFSP appears in the Export IFSP Data For section.

8. To create a file consisting of the selected child’s IFSP, click the Extract button. Download IFSP Data Export File page displays.

9. Download IFSP Data Export File page displays. Click the Click Here to Download the XML Export File link.

10. The message Do you want to save this file, or find a program online to open it? displays. Click Save button.
11. **Save As** dialog box displays with the name of the file that will be exported in the **File name** box.

12. To change the location where the exported file will be saved, find the folder where you would like the file saved. Double click the folder.

13. To rename the file, type the new name in the **File name** box. *Do not change the Save as type.*

14. Click **Save** button. **Export** dialog box displays while saving the file to the C: drive. After the file is saved, the Download **IFSP Data Export File** page displays.
Accessing the Exported IFSP File

1. Click File, Open from the menu bar of the Mobile IFSP Application.

2. Locate and select the exported data file.

3. Password dialog box displays.
4. Type **Password** created during the export process. Click **OK**. **Child List** opens with the exported child.

5. Select the Child. Click **Edit IFSP** button, **IFSP** screen displays.
6. Click on the tabs across the top to select the different sections of the IFSP.

7. Make all necessary changes to each IFSP.

   After the first set of changes take place to an IFSP, proceed to save the file using the **Save** button. The Mobile IFSP will ask you to name the file. Select the same file name as you loaded or create a new name. As you continue saving the file, the file name is retained and data is saved. When the **Service Authorization** tab is selected, existing Service Authorizations can be edited or deleted. New Service Authorizations can also be created.

   **Important Information**
   Providers cannot be assigned in the Mobile (laptop) IFSP Application. This must be done after the IFSP is imported into NYEIS.

8. **Save** all changes to the IFSP.

9. When an IFSP meeting is completed, click **Close** button to exit.

**Uploading the File back into NYEIS**

1. Login to NYEIS
2. Click Import IFSP Data link from My Shortcuts section. IFSP Data Import page displays.

3. Click Browse button. Locate the file to import. Click the file name.

4. Click Open button. IFSP Data Import page displays with the name of the file selected in the File field.

5. Type File Password.

6. Click Import button. If there are errors on the Mobile IFSP, Mobile IFSP Import Errors page displays. The User must correct the data on the laptop IFSP and Import the file again.

7. When the file uploads, the Mobile IFSP Import Success page displays with the message The import process from the mobile IFSP applications was
successful. A draft IFSP is created for the IFSPs. Dates for the next IFSP period are included.

8. Proceed to edit the IFSP and/or SAs as needed. (See Editing an Individualized Family Service Plan or Viewing/Editing Service Authorization - Category for further information).
Unit 7: Transfers & Transitions

Version 1.6
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### Document Revision History

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<tr>
<td>6/4/2012</td>
<td>1.6</td>
<td>• Updated the <strong>Creating a NYS Municipality Transfer for a Child when Parental Consent is Given</strong> topic.</td>
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<tr>
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<td>1.4</td>
<td>• Replaced ‘My Cases’ screen shots.</td>
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<td>• Updated <strong>Creating Municipality Transfers</strong> subtopic</td>
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<td>11/2/2010</td>
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<td>• <strong>Creating a NYS Municipality Transfer for a Child</strong> – added instructions for completing a transfer when the parent / guardian objects to notification to the receiving municipality.</td>
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<td>• <strong>Creating a Committee on Preschool Special Education Transition for a Child</strong> – added reference to Appendix L New York State EIP Opt-Out Procedures.</td>
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Transfers & Transitions

Unit Overview

This unit covers children leaving the Early Intervention Program (EIP) either Transferring to another Municipality or Transitioning out of the EIP.

Transfers

NYEIS has the ability to assist Municipalities in transferring a Child’s information when the Child moves to another Municipality. If a Child will be moving, the current Municipality can initiate a Transfer through NYEIS and inform the new Municipality of the Child’s expected move date (only minimal information is exchanged). The Child’s entire record can be shared with the new Municipality when parental consent is obtained. If consent is obtained, the former Municipality must close all Open Tasks, and then initiates the Transfer using functionality on the Integrated Case home page. The Child’s Integrated Case must be left in the Open status in order for the new Municipality to access the Child’s records.

If the parent does not consent to transfer the records, the former Municipality records the Transfer in the Child’s IFSP, and the system automatically creates a Task for the Child’s EIO/D to close the child’s Integrated Case with reason of Municipality Transfer. The new Municipality subsequently enters the Child as a New Referral. The new Municipality will be able to search for and select the child during the registration process. See Unit 2: Referral & Intake, Creating a Municipal Referral for further information.

If the EIO/D in the new Municipality and the family agree to continue the current service package, a new IFSP will be created by the new Municipality; the IFSP type will be an additional IFSP of the same type in the new municipality.

PLEASE NOTE: If the the new IFSP in the new municipality is an initial IFSP, NYEIS looks to the child’s initial referral date when determining if the initial IFSP is past the 45 day timeline and requires entry of a late reason. In these transfer instances the new municipality MUST enter the 45 day late reason as “Family unresponsive/moved” in order to submit the new initial IFSP.

If the parents consented to the child’s record being shared with the new Municipality, the new additional IFSP will be created with a new effective date from the date the new additional IFSP is created. Subsequent IFSP periods will have the same end date as that which was established in the IFSP created by the former Municipality. If the EIO/D and family agree that changes need to be made to the IFSP from the transferring municipality, the new additional IFSP can be created to include the new services agreed upon. This can include supplemental evaluations if the parent and EIO/D feel that additional evaluations are needed.
If a Municipality receives a Referral and discovers that the Child is _active_ in another Municipality, the new Municipality should contact the former Municipality and coordinate a Transfer of the Child’s Integrated Case.

**Transitions**

Early Intervention Program regulations require that every Child leaving the EIP have a Transition plan to programs under Section 4410 of Education Law (Committee on Preschool Special Education (CPSE)) or to other early childhood services. NYEIS captures the Transition plan in the IFSP and Transition data required for federal reporting purposes on the Child’s Integrated Case.

The **Transition Services** section of the IFSP captures details regarding required transition steps and services for the Child and family. Detail _must_ be captured as a result of the IFSP meeting(s) in which Transition (either to the Committee on Preschool Special Education (CPSE) or to other programs and services) is discussed with the family.

On the Child’s Integrated Case, the **Transition to CPSE** _must_ be completed whether or not the Child is thought to be eligible for CPSE services. If the Child is not thought to be eligible (no notification or subsequent Referral to the CPSE will be made), the first field **I CHILD POTENTIALLY ELIGIBLE FOR CPSE SERVICES?** should be entered as **No** and a **Transition to Other Program** should be completed.

For a Child thought eligible for CPSE, a **Transition to CPSE** _must_ be completed. The first field **IS CHILD POTENTIALLY ELIGIBLE FOR CPSE SERVICES?** should be entered as **Yes** and all the remaining fields on the page _must_ be completed.

**Important Information**

If the Child is thought to be eligible for CPSE, User _must_ enter all Transition information at the end of the process. User should have all information available for dates of CPSE notification, Referral, Transition Conference and CPSE Eligibility Determination.
TRANSFERS

Transfers occur when a Child is transferring from one Municipality to another. A Child’s Integrated Case can be transferred regardless of whether the IC is currently in Draft (Open) status, or in Closed status.

If the Child’s Integrated Case is in Draft status at the time of the transfer, the active IFSP and associated SAs are automatically closed during the transfer process as long as all open Tasks associated with the IFSP/SAs are closed.

After the Transfer is completed, the transferring municipality will continue to have access to all Service Authorizations associated with the transferred child that were created by the municipality. The municipality accesses these SAs using the Service Authorizations search feature, searching on the child’s name or the SA number.

Claims for SAs created by the transferring municipality can be processed after the transfer has been completed.

Important Information

- The transferring municipality loses all access to the Child Home page, Integrated Case Home page, and all IFSPs they created after the Transfer is completed.
- The transferring municipality must record the transfer details in the Transfer section of the active IFSP prior to initiating the transfer.

Transfers Page Review
Transfers button – displays on the Navigation Bar of an Integrated Case Home page. Click Transfer button to access Transfers page.

New button – displays on Transfers page. Allows User to create a new Transfer.

Body – displays a list of Transfers that can be viewed or updated.

Creating a NYS Municipality Transfer for a Child when Parental Consent is Given

When the Parent gives consent to the Transferring Municipality to notify the Receiving Municipality of the transfer and to transfer the Child’s records, the Transferring Municipality User will follow the steps below to process the Transfer.

Important Information

- Before creating and saving the Transfer record, the User should first record the transfer information in the Transfer section of the Child’s IFSP if one is active. The IFSP cannot be edited after the Transfer is initiated following these steps. See Unit 6: IFSP and SAs, Editing an IFSP section for further information.

- All open Task(s) associated with the active IFSP and associated SAs must be actioned (closed). See Unit 1: Getting Started, Working with Tasks section and Unit 4: Case Management, Tasks (Open Tasks Summary) section for further information.

- If the Municipality Transfers an Integrated Case that is currently in ‘Closed’ status, the IFSPs or SAs associated with the IC would also be in ‘Closed’ status. Therefore, steps 3 through 7 would not be required.

- After the transfer is initiated and the receiving county accepts the transfer, no MDE’s that were completed in the child’s former county can be reopened / corrected.

1. Click My Cases from the Menu Bar. My Cases page displays with a list of Child Cases.
2. Click Child **Case Reference** link number. **Integrated Case Home** page for the Child displays.

3. Click the **Tasks** link on the Navigation Bar. The **Open Task Summary** page displays.

If Tasks are listed, each one must be actioned (Closed) prior to the Transfer. See **Unit 4: Case Management, Tasks (Open Tasks Summary)** section to learn how to determine who currently owns the Task so that you can contact the agency or person and ask them to complete the Task.

4. After every Task is actioned, the **Open Task Summary** page will not display any tasks. You can then proceed with the Transfer.
5. Open the **Integrated Case Home** page for the Child to be Transferred. Click the **Transfers** option on the left navigation menu.

6. The **Transfers** page displays.

7. Select **New** button. **Create NYS Municipality Transfer** page displays with the following sections: **Child Details**, **Municipality Receiving Transfer** and **Comments**.
8. Complete all of the fields in the **Municipality Receiving Transfer** section. Navigate from field-to-field using Tab key to enter information. *Date fields must be formatted as mm/dd/yyyy format.*

9. In order to Transfer the child’s Integrated Case to the Receiving Municipality selected in the **Municipality** field, the following conditions must be met:

   - The ‘Has parent/legal guardian objected to notification to the receiving municipality?’ field must be ‘No’
   - The ‘Parental Consent to Transfer Child’s Records’ field must be ‘Yes’

**Important Information**

Any other combination of responses in the ‘Has parent/legal guardian objected to notification to the receiving municipality?’ field and the ‘Parental Consent to Transfer Child’s Records’ field will prevent the Child’s Integrated Case record from being transferred to the designated municipality. In addition, the system will automatically initiate a Close Case Task when the Transfer record is Saved. [See Creating a NYS Municipality Transfer for a Child when Parental Consent is Not Given](#) for further information.

Record the date that you received notice from the parent that the child is being relocated to the new Municipality in the **Notification Date** field.

Record a date in the **Transfer Date** field that reflects the date that the child relocated to the new Municipality. This date will be displayed in the Task created for the Receiving Municipality. The receiving municipality will have be able to enter the actual date of transfer if it is different than the date that was entered.
Important Information

The **Transfer Date** cannot be future dated. The Transfer Date field represents the confirmed date that the child relocated out of the municipality. If the date cannot be confirmed, it should be approximated based on the notification received from the family or by the receiving municipality.

10. Click the **Save** button. The Transfers list page displays with the new Transfer record.

<table>
<thead>
<tr>
<th>Transfers: NYEIS Integrated Case - 5632</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>View Edit</td>
</tr>
</tbody>
</table>

The **Parental Objection?** field displays ‘No’ to indicate that the parents have not objected to the notification to the new Municipality and to the transfer of records. The **Notification Status** field displays ‘Pending’ to indicate that a Transfer was initiated but that the Receiving Municipality has not accepted the Transfer. The **Transfer Date** field reflects the date recorded in the Transfer record.

11. The system automatically creates a Task in the Receiving Municipality’s EIO/D Work Queue to review and accept the Transfer.

12. The Transfer record is updated based on the Receiving Municipality’s response:

- If the Transfer is accepted, the **Notification Status** field will display ‘Accepted’, and the Child’s record will no longer display in the EIO/D’s **My Cases** page.

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</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>View Edit</td>
</tr>
</tbody>
</table>

- If the Transfer is rejected, the **Notification Status** field will display ‘Rejected’. In addition, the Child’s record will continue to be listed in the EIO/D’s **My Cases** page.
Important Information
If the Receiving Municipality should Reject the Transfer, the system will not close the active IFSP and associated SAs.

Notes:
- The saved Create NYS Municipality Transfer page initiates a Task to the receiving municipality’s EIO/D Work Queue where a user assigned to this work queue views the transfer details and accepts or rejects the transfer. See Receiving a NYS Municipality Transfer for a Child Transfers section for further information. Accepting the transfer causes a new Task to be created in the Municipality’s New Case work queue to initiate the assignment of an EIO/D and Initial Service Coordinator. See Unit 2: Referral and Intake for further information about new case Intake.
- The Integrated Case home page Transfers section displays a list of all Transfers in a Child’s history.
- Transfers can be edited prior to being accepted by the Receiving Municipality by clicking the Edit button from the view page or the Edit link on Transfers page. See Editing Transfers section for further information.
- Transfers can be “cancelled” prior to being accepted by the Receiving Municipality by clicking on the Edit button from the view page or the Edit link on the Transfers page and editing information related to parental objection to notification and parental consent to transferring records. Editing this information to indicate that the parent objected to the notification and that the parent did not consent to the transfer of records will in essence, “cancel” the transfer and remove the Transfer Acceptance Task from the EIO/D work queue in the receiving municipality. See Editing Transfers section for further information.

Creating a NYS Municipality Transfer for a Child when Parental Consent is Not Given

When the Parent does not consent to the Transferring Municipality notifying the Receiving Municipality of the transfer and/or to transfer the Child’s records, the Transferring Municipality User will follow the steps below to record the Transfer. After the Transfer record is saved the system will automatically initiates
workflow creating a Task to close the Child’s Integrated Case, and all active IFSP’s and SA’s,

1. Click **My Cases** from the Menu Bar. **My Cases** page displays with a list of Child Cases.

2. Click Child **Case Reference** link number. **Integrated Case Home** page for the Child displays.

3. Click **Transfers** from the Navigation Bar. **Transfers** page displays.

4. Select **New** button. **Create NYS Municipality Transfer** page displays with the following sections: **Child Details, Municipality Receiving Transfer** and **Comments**.
5. Complete all of the fields in the **Municipality Receiving Transfer** section. Navigate from field-to-field using **Tab** key to enter information. **Date fields must be formatted as mm/dd/yyyy format.**

6. Select the **Municipality** that the parent has indicated that they are moving to. Complete the ‘Has parent/legal guardian objected to notification to the receiving municipality?’ field and the ‘Parental Consent to Transfer Child’s Records’ field.

   **Important Information**
   
   If the ‘Has parent/legal guardian objected to notification to the receiving municipality?’ field is ‘No’ and the ‘Parental Consent to Transfer Child’s Records’ field is ‘Yes’, it indicates that the Parent has consented to Transfer the Child’s records. This process should not be used. Rather, See **Creating a NYS Municipality Transfer for a Child when Parental Consent is Given** for processing steps.

   Record the date that you received notice from the parent that the child is being relocated to the new Municipality in the **Notification Date** field.

   **DO NOT** record a date in the **Transfer Date** field because the parent has not consented to Notify the new Municipality and/or Transfer the Child’s records.

7. Click the **Save** button. The Transfers list page displays with the new Transfer record.

   **Transfers: NYEIS Integrated Case - 5632**

<table>
<thead>
<tr>
<th>Action</th>
<th>Transferring Municipality</th>
<th>Receiving Municipality</th>
<th>Transfer Date</th>
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<th>Parental Objection?</th>
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<tbody>
<tr>
<td>View</td>
<td>Albany</td>
<td>Rensselaer</td>
<td></td>
<td>No Transfer</td>
<td>Yes</td>
</tr>
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</table>

   The **Parental Objection?** field displays ‘Yes’ to indicate that the parents have objected to the notification to the new Municipality and/or transfer of records. The **Notification Status** field displays ‘No Transfer’ to indicate that a Transfer was not initiated.
8. The system automatically creates a ‘Close Case’ Task in the EIO/D’s Assigned Task inbox to close the child’s Integrated Case.

Notes:

- The Integrated Case home page Transfers section displays a list of all Transfers in a Child’s history.
- Transfers can be edited prior to the Integrated Case being closed by clicking the Edit button from the view page or the Edit link on Transfers page. See Editing Transfers section for further information.
- Transfers can be “cancelled” prior to being accepted by the Receiving Municipality by clicking on the Edit button from the view page or the Edit link on the Transfers page and editing information related to parental objection to notification and parental consent to transferring records. Editing this information to indicate that the parent objected to the notification and that the parent did not consent to the transfer of records will in essence, “cancel” the transfer and remove the Transfer Acceptance Task from the EIO/D work queue in the receiving municipality. See Editing Transfers section for further information.

Editing a Transfer

A Transfer record can be edited as long as the Transfer has not been accepted or rejected by the Receiving Municipality, or the Integrated Case has not been closed.

1. Click My Cases from the Menu Bar. My Cases page displays with a list of Child Cases.

2. Click Child Case Reference link number. Be sure to select NYEIS Integrated Case for Case Type. Integrated Case Home page for Child displays.

3. Click Transfers from the Navigation Bar. Transfers page displays.

4. Click Edit link under Action column for specific Transfer to change. Modify page displays.

A couple different scenarios are possible:

The Parents Initially Consented to the Transfer but now do not Consent

In this scenario the current Transfer record would indicate that parents did not object, and that the Notification Status is ‘Pending’. The Receiving
Municipality has received a Transfer Acceptance task in their EIO/D Work Queue.

Click the Edit button in the Action column next to the current record. The Modify NYS Municipality Transfer page displays.

Apply necessary changes to the Has parent/legal guardian objected to notification to the receiving municipality? field and/or the Parental Consent to Transfer Child’s Records field. Delete the date recorded in the Transfer Date field. Click the Save button. The Transfers page displays.

The system automatically changes the Parental Objection? Field to ‘Yes’, and the Notification Status field to ‘No Transfer’. The system also automatically closes the Accept Transfer task that was created in the Receiving Municipality’s EIO/D Work Queue in essence “cancelling” the transfer. The system also initiates the Case Close Task in the current Municipality’s EIO/D Work Queue to close the Child’s Integrated Case.
The Parents Initially did not Consent to the Transfer but now Consent

In this scenario the current Transfer record would indicate that parents did object, and that the Notification Status is ‘No Transfer’. The current Municipality has received a Close Case task in their EIO/D Work Queue.

Click the Edit button in the Action column next to the current record. The Modify NYS Municipality Transfer page displays.

Apply necessary changes to the Has parent/legal guardian objected to notification to the receiving municipality? field and/or the Parental Consent to Transfer Child’s Records field. Record the appropriate dates in the Notification Date field and the Transfer Date field. Click the Save button. The Transfers page displays.

The system automatically changes the Parental Objection? Field to ‘No’, and the Notification Status field to ‘Pending’. The system also automatically closes the Case Close Task in the current Municipality’s EIO/D Work Queue to close the Child’s Integrated Case. The system also initiates the Accept Transfer task that was created in the Receiving Municipality’s EIO/D Work Queue.
Receiving a NYS Municipality Transfer for a Child

The receiving Municipality checks their EIOD work queue and processes the Transfer Request task. Refer to Unit 1: Getting Started, Working with Tasks and Unit 4: Case Management, Tasks (Open Tasks Summary) for further information about Tasks and Work Queues.

<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Referral Date</th>
<th>Referral Source</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>30911</td>
<td>A transfer request for IFSP UM from Albany to Rensselaer has been requested.</td>
<td>5/1/2011</td>
<td>Toonces Academy</td>
<td></td>
</tr>
</tbody>
</table>

The date that the transfer is accepted is recorded in the Transfer Date field. Click the Accept button.

Transfer from NYS Municipality: NYSII Integrated Case - 27657

 Upon acceptance by the Receiving Municipality, a New Integrated Case Created for <child’s name> Task is created in the New Case work queue. The Municipality processes the task to assign the EIOD. See Unit 2: Referral & Intake, Managing the Referral for further information.

Important Information

Prior to the transfer, the Transferring Municipality is responsible for closing all open Tasks associated with the Child’s Integrated Case. If an error indicating that open Tasks is received by the Receiving Municipality when accepting the Transfer, the User should contact the Transferring Municipality and instruct them to close the open Tasks.
After a child has been transferred, accepted by the Receiving Municipality, and assigned an EIOD and Service Coordinator, a new IFSP needs to be created. See Unit 6 – IFSP’s and SA’s, Managing an Individualized Family Service Plan for a Transferred or Re-Opened Integrated Case for further information.

**Important Information**

- The receiving municipality should NOT clone the closed IFSP from the previous municipality. Cloning the closed IFSP will create the next IFSP in the IFSP cycle. Rather, the receiving municipality must create a “NEW” IFSP. The new IFSP will be a second IFSP of the same type and have a start date from the day after the meeting date entered and an end date equal to the end date of current 6 month IFSP cycle.

- In the event that the “new” IFSP created in the receiving municipality will be one month or less in duration until an IFSP review is required, if agreed to by the parent and IFSP team, two IFSPs may be created at the IFSP meeting. One IFSP will be for the remaining short IFSP period and one IFSP will be for the next full 6 month IFSP period. The service coordinator, EIO/D and providers should be aware of the two IFSPs and associated SAs and make sure they bill under the proper Service Authorization number based on the time period of the service.

- Prior to closing an Integrated Case or an IFSP, the municipality should contact all providers and inform them of the effective date of the Integrated Case, or IFSP closure. Services cannot be delivered after this date. However, services delivered prior to this date will continue to be able to be invoiced for even after the IFSP closure date. **PLEASE NOTE**: it is especially important to address all Supplemental Evaluation SAs and ensure the data for the Supplemental Evaluation has been entered into NYEIS and that the Supplemental has been submitted by the evaluator and accepted by the EIO/D prior to closing the Integrated Case and/or the IFSP.

- In the event that the child’s Integrated Case was closed prior to the transfer, and it is appropriate to use the child’s existing MDE and eligibility determination to continue with EI services (if eligibility was established or the last date of service delivery was within approximately the last 90 days) the new municipality must submit a data change request to “unexpire” the MDE in order to be able to create a “new” IFSP of the correct type.

**Note:**

- The Receiving Municipality should proceed to create a IFSP and associated Service Authorizations based upon the discussions with the parent. This may or may not include the same services the child was receiving previously. Information from the previous IFSP may be copied and pasted into fields in the new Initial IFSP as appropriate.
**TRANSITIONS**

Transitions occur when a Child is transitioning out of Early Intervention to Committee on Preschool Special Education (CPSE) or to other early childhood services.

**Important Information**

If a child’s next IFSP review period will encompass the day before a child turns 3 years old, NYEIS will automatically populate the **End Date** of the final IFSP period with the date of the child’s last eligibility for EIP services (the day before their third birthday).

In order for NYEIS to properly **End Date** the child’s final IFSP when the child is eligible for CPSE, the **Eligibility** cluster on the **Create CPSE Transition** page (which signals that the child has been determined eligible for CPSE services) MUST be completed 1) prior to the day before their third birthday, and 2) before the final IFSP is created.

**Transitions Page Review**

1. **Transitions** button – displays on the Navigation Bar of an **Integrated Case Home** page. Click button to access **Transitions** page.

2. **New** button – displays on **Transitions** page. Allows User to create a new Transition.

3. **Body** – displays a list of Transitions that can be viewed or updated.
Creating a Committee on Preschool Special Education Transition for a Child

Important Note: Even if a child is thought not to be eligible for CPSE, this must be documented in this section of the child’s case. Enter “No” in the first field * Is Child Potentially Eligible for CPSE Services, click save and proceed to create an “Other Transition”.

1. Click My Cases from the Menu Bar. My Cases page displays with a list of Child Cases.

2. Click Child Case Reference link number. Integrated Case Home page for the Child displays.

3. Click Transitions from the Navigation Bar. Transitions page displays.

4. Click New button. Select Transition Type page displays.
5. Select **Transition to CPSE** link. **Create CPSE Transition** page displays with the following sections: Child Details, Potential Eligibility for CPSE Services, Eligibility for CPSE Services and Comments.

6. Navigate from field-to-field using **Tab** key to enter information. **Fields** requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format. Refer to **Appendix F** for additional information on completing fields.

---

**Important Information**

For additional guidance on the parent choosing to “opt out” of the notification of potential eligibility to the school district, refer to **Appendix L New York State EIP Opt-Out Procedures** for additional information.

In the **Potential Eligibility for CPSE Services** cluster, multiple questions will require a date to be entered if the response to the question is **Yes**. The date field is positioned immediately below the question.

7. Click **Save** button. **Transitions** page displays. A Task is generated through workflow process to the Child’s Service Coordinator to send a letter to the school district notifying them of the Child’s potential eligibility.
template, Consent Form for Transition Notice is available in NYEIS (Refer to Unit 4: Case Management, Creating MS Word Communication). Errors or reasons display at the top. Save does not occur until all errors are corrected.

### Important Information

- **There is a Transition Services section** in the Child’s IFSP Home Page which captures information regarding required transition steps and services for the Child and family. This information must be captured as a result of the IFSP meeting(s) in which transition (either to the Committee on Preschool Special Education (CPSE) or to other programs and services) is discussed with the family.

- **If, at the time of the IFSP creation,** the child's CPSE eligibility is unknown and not entered into the transition record, once the child’s CPSE eligibility has been entered into the Transition record, the User may proceed to extend the IFSP. If the child's last EI eligible date is within 60 days of what would have been the end of the existing 6 month IFSP period, the User may continue to extend the existing IFSP by 30 day increments for up to 60 additional days until the child’s last eligible date is reached. The IFSP MAY NOT be extended more than 60 days to reach the child's last eligible date. If the IFSP needs to be extended more than 60 days, an IFSP review must be completed.

- **If a child is thought to be potentially eligible for CPSE but is ultimately determined to be not eligible this should be documented on both the “Create CPSE Transition” page with all information on the CPSE transition steps completed AND on the “Create Other Transition” page with the details of the transition plan.**

### Notes:

- **Transitions page** displays a list of all Transitions in a Child’s Case history.

- Transitions can be edited by clicking the Edit button from the view page or the Edit link on the Transitions page. Refer to Editing Transitions section for further information.

- To close a Case after a Child has transitioned, Refer to Unit 10: Municipal Administration, Closing an Integrated Case for further information.

- To leave current page and return to previous page, click Cancel button.

- The Date that a Child is first potentially eligible for CPSE services is displayed on the Transitions page. It will be populated based on Child’s date of birth.
Creating Transition to Other Program

Important Note: Even if a child is thought not to be eligible for CPSE, this must be documented as a Transition to CPSE. Enter “No” in the first field * Is Child Potentially Eligible for CPSE Services, click save and proceed to create an “Other Transition”.

1. Click My Cases from the Menu Bar. My Cases page displays with a list of Child Cases.

2. Click Child Case Reference link number. Be sure to select NYEIS Integrated Case for Case Type. Integrated Case Home page for the Child displays.

3. Click Transitions from the Navigation Bar. Transitions page displays.

4. Click New button. Select Transition Type page displays.

5. Select Other Transition link. Create Other Transition page displays with the following sections: Child Details, Transition Details, Identify Early Childhood Programs and Support Services needed after Transition and Comments/Discussion related to locating and accessing above services.
6. Navigate from field-to-field using Tab key to enter information. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. **Last Date for EI Services in Transition Details** section is expected Transition date. If Child is was not determined eligible for CPSE services, this date must be day before Child’s third birthday. Date fields must be formatted as mm/dd/yyyy format.

To select all options in the **Identify Early Childhood Programs and Support Services needed after Transition** cluster, click checkbox next to **Description** column heading. To select individual options, click the checkbox next to each item.

Type text into field labeled **Name of Early Childhood Programs and Support Services Not Listed** for additional program or service types when **Other (Manually Enter Below)** option is selected.

7. Click **Save** button. **Transitions** page displays a list of Transition information. A task is generated for Service Coordinator requesting the Child’s Case be closed. Refer to Unit 10: Municipal Administration, **Closing a Case** for further information.

---

**Important Information**

If a child is thought to be potentially eligible for CPSE but is ultimately determined to be not eligible this should be documented on both the “Create CPSE Transition” page with all information on the CPSE transition steps completed AND on the “Create Other Transition” page with the details of the transition plan.
Notes:

- **Transitions** page displays a list of all Transitions in a Child’s Case history.

- Transitions can be edited by clicking the **Edit** button from the view page or the **Edit** link on the **Transitions** page. Refer to **Editing Transitions** section for further information.

- To leave current page and return to previous page, click **Cancel** button.

### Editing Transitions

1. Click **My Cases** from the Menu Bar. **My Cases** page displays with a list of Child Cases.

2. Click Child **Case Reference** link number. Be sure to select **NYEIS Integrated Case for Case Type.** Integrated Case Home page for Child displays.

3. Click **Transitions** from the Navigation Bar. **Transitions** page displays.

4. Click **Edit** link under **Action** column for Transition to change. **Modify** page displays.
5. Apply necessary changes.

6. Click **Save** button. Changes are saved. **Transitions** page displays.
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## Document Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Release</th>
<th>Description</th>
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<tr>
<td>10/27/2015</td>
<td>4.4</td>
<td>- Updated Same SA/New Claim functionality relating to Referring Provider NPI. The Referring Provider NPI entered on a claim will pre-populate on a subsequent claim, when using the Same SA/New Claim button.</td>
</tr>
<tr>
<td>9/22/2015</td>
<td>4.3</td>
<td>- Updated ICD Diagnosis Code information throughout. ICD-10 Codes are required for claiming services provided on or after 10/1/2015.</td>
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| 7/2015     | 4.2     |  - To support the Ordering/Prescribing/Referring/Attending (OPRA) requirements, the Referring Provider NPI is now required to be submitted with all non-vendor based claims. Non-vendor based claims include General Service, Service Coordination, and Evaluation claims. For electronically submitted claims, the Referring Provider NPI should be recorded in loop 2310A (see the NYEIS Companion Guide for further details).  
  - Updated claim creation steps to account for new required Referring Provider NPI for General Service, Evaluation, and Service Coordination billing. Removed ABA Aide Services.  
  - Updated Upload 837 and Submit Invoice steps to account for new language on invoice submission pages  
  - Updated F-File “Pre-Invoice” Error Guidance to account for new rejections for missing and invalid referring provider NPI on submitted 837 files  
  - Removed all mention of HIPAA 4010 standard for 837 billing  
  - Removed Provider Notified of Rejected Claims |
| 11/4/2014  | 4.01    |  - No Changes                                                                                                                               |
| 1/16/2014  | 3.2.1   |  - No Changes                                                                                                                               |
| 4/15/2013  | 2.1     |  - Updated sections detailing claim statuses to reflect new Status of ‘System Approved’ for claims that pass NYEIS invoicing rules.  
  - Updated chapter to reflect further processing of post 4/1/13 submitted provider claims by SFA  
  - Removed the steps pertaining to Municipal Review process for Provider claims |
| 4/1/2013   | 2.0     |  - Based on changes to Public Health Law, a provider now enters into an Agreement with the Department in order to deliver and bill for services rendered.  
  - Provider claim rules were modified to account for contracts ending 3/31/2013 and Provider Agreements effective 4/1/2013.  
  - Multiple updates to this unit to reflect the differences in Provider/Vendor invoice/claim statuses and processing, |
depending on claim submission date
  o Updated 837 billing section with revised steps for obtaining an ETIN to a given county

<table>
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<td>1.6.2.1</td>
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<td>2/14/2013</td>
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<td>7/19/2012</td>
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<tr>
<td>6/5/2012</td>
<td>1.6</td>
<td>• Updated Creating Invoices Section.</td>
</tr>
<tr>
<td></td>
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<td>• Modified Provider 837 (Electronic) Claiming Section to include</td>
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<tr>
<td></td>
<td></td>
<td>information about the new HIPAA 5010 file format standards and</td>
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<tr>
<td></td>
<td></td>
<td>added references to documents on the NYEIS Webpage.</td>
</tr>
<tr>
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<td>• Modified F-File Error Guidance Section</td>
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<tr>
<td></td>
<td></td>
<td>• Added Tips for Reading the 999 Response File Section</td>
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<tr>
<td>10/21/2011</td>
<td>1.5</td>
<td>• Modified Submit Invoice Process</td>
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<tr>
<td></td>
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<td>• Added Muni Review Provider Invoice Section</td>
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<tr>
<td></td>
<td></td>
<td>• Added Provider Notified of Rejected Claims Section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhanced documentation for Provider 837 Invoicing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated Claims Homepage screen shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated statuses for Claims and Invoices</td>
</tr>
<tr>
<td>6/24/2011</td>
<td>1.4</td>
<td>• Corrected Service Coordination claiming minutes / units guide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Added Important Information box to Rendering Provider section in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Entering Invoices subtopic.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Updated General Services Create Claim page screen shots</td>
</tr>
<tr>
<td>3/31/2011</td>
<td>1.3</td>
<td>• Updated Service Coordination Claim Home page screen shots in the</td>
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<tr>
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<td>Creating Invoices, Invoice- SERVICE COORDINATION subtopics.</td>
</tr>
<tr>
<td>1/31/2011</td>
<td>1.2</td>
<td>• Added Provider Electronic (837) Claiming section.</td>
</tr>
<tr>
<td>11/22/2010</td>
<td>1.1</td>
<td>• Added Request Provider Recoupment section.</td>
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<tr>
<td>10/1/2010</td>
<td>1.0</td>
<td>• October 2010 NYEIS launch.</td>
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</table>
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Provider Invoicing

Unit Overview

This unit describes the process of creating Invoices. Within the invoice are claims that contain details for each date a service is provided, and within that claim are service lines which supply the details about the procedure(s) performed during the service delivered. Invoices are created for all authorized services, such as Physical Therapy, Special Instruction, Respite, Transportation, Service Coordination and Assistive Technology Devices. Users will learn how to create, submit and search for Invoices and Claims as well as how to review the status of each. In addition, users will learn how to edit, delete or void Invoices and Claims.
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**FINANCIAL HOME PAGE REVIEW**

**Menu Bar** - allows User to access frequently used shortcuts.

- **Home** - returns User to personal Home Page (the first page a User comes to when logged in to NYEIS).
- **Inbox** - navigates User to a page containing personal tasks.
- **My Calendar** - navigates User to calendar where new or recurring activities are entered.
- **My Cases** - navigates Service Coordinators and EIO/Ds to assigned Cases.
- **Search** - displays a search page. *Use the % symbol in any of the search fields if the information to search for is unknown (e.g., if the first two letters of the individual’s last name start with “SM”, enter sm% and view results).*
- **About** - displays NYEIS release version.
- **Log Out** - exits NYEIS.

**Navigation Bar** - directs User to different areas of the Application. The buttons or links will be different depending on the displayed page or the role of the User. The lower portion of the Navigation Bar contains a section called **Recent Items**. This section provides quick links to pages recently visited.

---

Revision Date: 10/27/2015

Page 9
Body - contains the following sections:

My Shortcuts - navigates User to different areas of the Application.

Search - navigates User to a specific Search page.

My Tasks - displays a list of the User’s Tasks as links that navigate the User to the Task specific page. Tasks are work activities that have to be completed.

My Calendar - displays a list of events as links that navigate the User to the event.
INVOICES

This subgroup describes the process of creating an Invoice. Invoices are defined as the master document in which claims are contained for submission and payment.

Invoice
Top Level of Invoice that is unique by Provider of Record. The Provider of Record is the Provider that is assigned the Service Authorization.

Provider Claim
The second Level of Invoicing is the Provider Claim. Each Invoice can contain one or many Provider Claims. The Provider Claim is where the Child, Rendering Provider, Service Authorization and Date of Service are captured. Provider Claims are at the Visit Level and only one visit per Provider Claim is allowed. All Provider Claims within an Invoice must belong to the same Provider of Record. However, Provider Claims can be for different Children, Services, dates of service, or Rendering Providers.

Service Line
The third Level of an Invoice is the Service Line. Procedure Codes (HCPS, CPT, etc.) and their corresponding Units are captured at this Level. Only one visit per Claim can be captured at the above Provider Claim Level in order to allow for reimbursement by Commercial Insurance at the Procedure Code Level.

The flow for creating an Invoice is the same for either a Provider entering an Invoice online or a Municipality Financial User entering an Invoice that was submitted by a provider into NYEIS. The one difference is the Provider entering an Invoice will have the Provider of Record defaulted to themselves.

Important Information
The unique Invoice types such as Respite, Transportation and AT Device are typically provided by Vendors and not Providers. Some vendors may also be state-approved providers. These providers will also need to be entered into NYEIS as Vendors in order to be available to select when creating a vendor invoice. Vendors who are not state-approved providers do not have access to NYEIS; therefore, the Municipality must enter their Invoices into NYEIS. See Unit 10: Municipal Administration, Registering Vendors for further information.

A Provider that is also registered as a Vendor can enter both provider claims (General Service, Evaluation, Service Coordination) and vendor claims (AT Device, Transportation, Respite) in one invoice.
Creating Invoices

This process is followed when creating an Invoice.

- Invoice data can only be edited if the Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice must be voided and a new one created. If an Invoice is voided, all Claims associated with that Invoice will also be voided.

- A Provider Claim for each Service Authorization visit is submitted separately within an Invoice.

- Be aware that clicking the Back icon of Internet Browser during the creation of an invoice may cause the System to not capture the data properly and display an Error on the page. If this happens, the User should search for the Invoice and then check to see if the current Claim being entered displays in the list. If not, then the User should reenter the Claim and continue data entry. If the current Claim is displayed on the list, then the User can continue entering the next Claim.

- Only Service Authorizations that have been accepted are available for claiming. See Unit 6: IFSP & SA, Accept/Reject Service Authorization for further information.

**Important Information**

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is important that the Municipality entered for an Invoice match that of the specific Child’s Municipality of Residence. Municipality must be selected.
1. Log in to NYEIS. User Home Page displays.

<table>
<thead>
<tr>
<th>My Shortcuts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
</tr>
<tr>
<td>Reports</td>
</tr>
<tr>
<td>Create Invoice</td>
</tr>
<tr>
<td>Submit Invoice</td>
</tr>
<tr>
<td>Receive Payment</td>
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<tr>
<td>Create Voucher</td>
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<tr>
<td>Unsolicited Adjustments</td>
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<tr>
<td>Financial Interfaces</td>
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<tr>
<td>Release Provider Claims</td>
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<tr>
<td>Request Provider Recoupment</td>
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<table>
<thead>
<tr>
<th>Search</th>
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</thead>
<tbody>
<tr>
<td>Child</td>
</tr>
<tr>
<td>Service Authorizations</td>
</tr>
<tr>
<td>Service Providers</td>
</tr>
<tr>
<td>Invoices</td>
</tr>
<tr>
<td>Payments Received</td>
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<tr>
<td>Payments Issued</td>
</tr>
<tr>
<td>Vouchers</td>
</tr>
<tr>
<td>Third Party Insurance</td>
</tr>
<tr>
<td>Vendors</td>
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<tr>
<td>Third Party Insurance Batch</td>
</tr>
<tr>
<td>Provider Claims</td>
</tr>
<tr>
<td>Suspended Accounts</td>
</tr>
<tr>
<td>Held Voucher Lists</td>
</tr>
</tbody>
</table>

2. Click **Create Invoice** link under **My Shortcuts** section. **Create Provider Invoice** page displays.

3. Select **Provider** from the **Provider of Record** drop down. *If Provider is creating the Invoice, some field information will automatically be populated and the Search step below is not required.*

   Click **Search** icon for **Provider of Record** to identify Provider. **Provider Search** page displays. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.* Click **Select** link under **Action** column for Provider. **Create Provider Invoice** page displays.

4. Type unique **Invoice Number**. Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. **Invoice number must be entered. Be sure to write down Invoice Number to search for at a later time. Municipality defaults if the user is the Municipality.*
Important Information

If the Invoice Number is unknown, the Provider name and the date the Invoice was created can be searched using the Invoice Search page. See Searching/Viewing Invoices for further information.

Invoice numbers are case sensitive. Be sure to note the upper and lowercase letters when documenting an invoice number.

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is important that the Municipality entered for an Invoice match that of the specific Child’s Municipality of Residence. Municipality must be selected.

5. Select the Municipality from the drop-down that is associated with the Child/Children that the service(s) was/were provided to.

Important Information

A separate Invoice needs to be created for each Municipality that the Provider intends to bill. The Invoice can only include claims for services provided to Children associated with the same Municipality.

If the invoice is being created by a Municipal user, the Municipality billed will be set to the Municipality associated with the user entering the invoice.

6. Type Invoice Date. Invoice Date must be entered. Date fields must be formatted as mm/dd/yyyy format.

7. Click Save button. Search Service Authorizations page displays with the following sections: Search Criteria and Search Results.

To search for a specific Service Authorization for invoicing, type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

To view a Service Authorization, click View link under Action column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click Close button. See Unit 6: IFSP & SA for further information regarding Service Authorizations.

To select a specific Service Authorization, click Select link under Action column for Service Authorization. Create Provider Claim page displays with
the following sections: Details, Referring Provider, Rendering Provider, Provider Claim Reference Numbers, ICD Codes, Location Information and Comments.

**In the Details section, the Child’s Full Name and Service Authorization Number selected displays. In the Rendering Provider section, the name of the Rendering Provider displays.**

8. Navigate from field-to-field in Create Provider Claim page using Tab key; enter information. *Date fields must be formatted as mm/dd/yyyy format.*

**Service Date, Service Time, Service End Time and Diagnosis (ICD) Code are required fields.**

**Details section:**
- **Service Date** is the date the service is delivered and is validated against the Service Authorization Start/End Date.
• **Service Start/End Time** are in 24 hour time format.

• **Visit Type** *must* be provided by the Provider to indicate type of service being billed. Options are: Regular (for any regularly scheduled visit), Co-Visit (if agreed to and authorized on the IFSP) or Makeup Visit (if agreed to and authorized on the IFSP). The number of visits is authorized on the Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.

• **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

**Referring Provider** section:

• **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

**Rendering Provider** section:

 **The Rendering Provider** is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

**Important Information**

 For Core Evaluation claims, the Rendering Provider field is auto-populated with the name of only one of the Rendering Providers that conducted the MDE.

**Provider Claim Reference Numbers** section:

• **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

• **Medical Record Number** can be used for the Provider’s internal use. It is not required.
ICD Codes section:

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child’s record) and one additional ICD Code (which may or may not have been previously entered on the child’s record).

- To add data for the **Diagnosis (ICD) Code 1** field, select the Search icon. Type all known information in Search Criteria section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered.

  Click **Select link under Action column to identify ICD Code. Create Provider Claim** page displays.

- To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.

- To add data for the **Diagnosis (ICD) Code 4** field, select the Search icon. Type all known information in Search Criteria section. (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

  Click **Select link under Action column to identify ICD Code. Create Provider Claim** page displays.

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**Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.
**Location Information** section:

*Location Information* currently displays the location defined from the Service Authorization. If services were performed in a location different than what was originally specified in the Service Authorization, select the location of services.

9. Click **Save** button. **Create Provider Service Line** page displays.

10. Select the **Procedure Code (HCPCS, CPT, etc.)** from the drop down and enter the number of **Units** for Service Line. The **Procedure Code (HCPCS, CPT, etc.)** field and **Units** field must be entered.

Some Procedure Codes (HCPCS, CPT, etc.) have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code must be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the Provider’s responsibility to enter the correct number of units for a claim.

**Important Information**

Claims that require a Procedure Code will be denied if they are submitted without a Procedure Code selected. See **Claims** for more information.
11. Click **Save** button. **Provider Claim Home** page displays. *Click **Save & New** button from the *Create Provider Service Line* page to add additional Procedure Codes.*

The following options are available for **Service Lines** section:

- Click **View** link under **Action** column. **View Provider Service Line** page displays. *This page also gives the capability to **Edit** or **Delete** a Provider Service Line.*

**View Provider Service Line**

- Click **Edit** link under **Action** column. **Modify Provider Service Line** page displays.

**Modify Provider Service Line**

Edit **Procedure Code (HCPCS, CPT, etc.)**. Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

OR

- Click **Delete** link under **Action** column. **Delete Provider Service Line** page displays the message *Are you sure you want to delete this provider service line?* Click **Yes** button. **Provider Claim Home** page displays.
Delete Provider Service Line:

Are you sure you want to delete this provider service line?

[Yes] [No]

**Important Information**
Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected.

**Notes:**

- **Rate Codes** and **Rate Amounts** are generated by NYEIS and are read-only.

- The **Claim Status** field is in Open status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.

- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.

- The **Claim Status** is set to **Pending** if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the provider to submit a justification. See **Waivers** for further information.

- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

- If a claim is submitted where the time overlaps with another claim from another provider by more than 9 minutes, the claim will be denied. Visits that will overlap for more than 9 minutes must be authorized on the SA as co-visits and claimed as co-visits. See Unit 6: IFSP & SA, Adding Service Authorizations to Individualized Family Service Plans for further information.

**Same SA/New Claim**

1. Click **Same SA/New Claim** button for another Claim visit with the same Service Authorization. Create Provider Claim page displays with the following sections: **Details**, **Referring Provider**, **Rendering Provider**, **Provider Claim Reference Numbers**, **ICD Codes**, **Location Information** and **Comments**.
2. Navigate from field-to-field using Tab key; enter information. Date fields must be formatted as mm/dd/yyyy format.

Child’s Full Name, Service Authorization Number, Referring Provider NPI, Rendering Provider, Diagnosis (ICD) Codes and Location Information are entered from the prior Claim. Referring Provider NPI, Rendering Provider, Diagnosis (ICD) Codes and Location Information may be edited.

- A Referring Provider NPI is required. Claims with missing or invalid referring provider NPI will not be allowed to save. The Referring Provider NPI pre-populated from the prior claim may be edited.

- To add data for the Diagnosis (ICD) Code 1 field, select the Search icon. Type all known information in Search Criteria section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered.
Click **Select** link under **Action** column to identify ICD Code. **Create Provider Claim** page displays.

- To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.

- To add data for the **Diagnosis (ICD) Code 4** field, select the **Search** icon. Type all known information in **Search Criteria** section. (**Diagnosis (ICD) Code 4** can be selected from the list of all available ICD Codes.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered. **To search again, click Reset button.**

**Important Information**
If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.

**Service Date, Service Time, Service End Time, Visit Type, Referring Provider NPI, Rendering Provider and Diagnosis (ICD) Code** are **required** fields.

3. **Click Save button. Create Provider Service Line** page displays.
4. Select the **Procedure Code** (HCPCS, CPT, etc.) and **Units** for Service Line. *The Procedure Code (HCPCS, CPT, etc.) field and Units field must be entered.*

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider’s responsibility to enter the correct number of units for a claim.

**Important Information**

Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected. See **Claims** for more information.

5. Click **Save** button. **Provider Claim Home** page displays with the Procedure Code previously entered automatically populated in the field. *Click Save & New button from the Create Provider Service Line page to add additional Procedure Codes (HCPCS, CPT, etc.).*

**New SA/New Claim**

1. Click **New SA/New Claim** button for a Claim visit with a new Service Authorization. **Search Service Authorizations** page displays with the following sections: **Search Criteria and Search Results**.

To search for a specific Service Authorization for invoicing, type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click **View** link under **Action** column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates, and availability of co-visits and/or make up visits, etc. After reviewing, click **Close** button. See **Unit 6: IFSP & SA** for further information regarding Service Authorizations.

To select a specific Service Authorization, click **Select** link under **Action** column for Service Authorization. **Create Provider Claim** page displays with the following sections: **Details, Referring Provider, Rendering Provider, Provider Claim Reference Numbers, ICD Codes, Location Information and Comments.**
In the Details section, the Child’s Full Name and Service Authorization Number selected displays.

2. Navigate from field-to-field in Create Provider Claim page using Tab key; enter information. Date fields must be formatted as mm/dd/yyyy format.

Service Date, Service Time, Service End Time, and Diagnosis (ICD) Code are required fields.

- Check Parent Signature check box to indicate parent signature is on file for the services as delivered. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

Details section:
- Service Date is the date the service is delivered and is validated against the Service Authorization Start/End Date.
• **Service Start/End Time** are in 24 hour time format.

• **Visit Type** must be provided by the Provider to indicate type of service being billed. Options are: **Regular** (for any regularly scheduled visit), **CoVisit** (if agreed to and authorized on the IFSP) or **Makeup Visit** (if agreed to and authorized on the IFSP). Number of visits is authorized on Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.

• **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

**Referring Provider** section:

• **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

**Rendering Provider** section:

• **The Rendering Provider** is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

**Provider Claim Reference Numbers** section:

• **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

• **Medical Record Number** can be used for the Provider’s internal use. It is not required.

**ICD Codes** section:

• **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child’s record) and one additional ICD Code (which may or may not have been previously entered on the child’s record).
• To add data for the **Diagnosis (ICD) Code 1** field, select the **Search** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered.

*Click **Select** link under **Action** column to identify ICD Code. Create Provider Claim page displays.*

• To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.

• To add data for the **Diagnosis (ICD) Code 4** field, select the **Search** icon. Type all known information in **Search Criteria** section. (**Diagnosis (ICD) Code 4** can be selected from the list of all available ICD Codes.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered. To search again, click **Reset button**.

*Click **Select** link under **Action** column to identify ICD Code. Create Provider Claim page displays.*

### Important Information

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.
Location Information section:

Location Information currently displays the location defined from the Service Authorization. If services were performed in a location different than what was originally specified in the Service Authorization, select the location of services.

3. Click Save button. Create Provider Service Line page displays.

4. Select the Procedure Code (HCPCS, CPT, etc.) from the drop down and Units for Service Line. The Procedure Code (HCPCS, CPT, etc.) field and Units field must be entered.

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code must be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider’s responsibility to enter the correct number of units for a claim.

Important Information
Claims that require a Procedure Code will be denied if they are submitted with no Procedure code selected. See Claims for more information.
5. Click **Save** button. **Provider Claim Home** page displays. *Click **Save & New** button from the **Create Provider Service Line** page to add additional Procedure Codes.*

The following options are available for **Service Lines** section:

- Click **View** link under **Action** column. **View Provider Service Line** page displays. *This page also gives the capability to **Edit** or **Delete** a Provider Service Line.*

OR

- Click **Edit** link under **Action** column. **Modify Provider Service Line** page displays.
Edit **Procedure Code** (HCPCS, CPT, etc.). Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

OR

مؤكّدًاً! **Click Delete** link under **Action** column. **Delete Provider Service Line** page displays the message *Are you sure you want to delete this provider service line?* Click Yes button. **Provider Claim Home** page displays.

**Delete Provider Service Line:**

*Are you sure you want to delete this provider service line?*  
[Yes No]

**Notes:**

- **Rate Codes** and **Rate Amounts** are generated by NYEIS and are *read-only*.

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.

- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.

- The **Claim Status** is set to **Pending** if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the provider to submit a justification.  
  [See Waivers](#) for further information.

- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

- If a claim is submitted where the time overlaps with another claim from another provider by more than 9 minutes, the claim will be denied. Visits that will overlap for more than 9 minutes must be authorized on the SA as co-visits and claimed as co-visits.  
  [See Unit 6: IFSP & SA, Adding Service Authorizations to Individualized Family Service Plans](#) for further information.
Invoice – SERVICE COORDINATION

A specific process is followed when creating an Invoice(s) for Service Coordination Claims.

Invoice data can only be edited if the Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice must be voided and a new one created.

1. Log in to NYEIS. User Home Page displays.

2. Click Create Invoice link under My Shortcuts section. Create Provider Invoice page displays.

3. Select Provider from the Provider of Record drop down. If Provider is creating the Invoice, some field information will automatically be populated and the Search step below is not required.

   Click Search icon for Provider of Record to identify Provider. Provider Search page displays. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click Select link under Action column for Provider. Create Provider Invoice page displays.

4. Type unique Invoice Number. Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. Invoice number must be entered. Be sure to write down Invoice Number to search for at a later time. Municipality defaults if the user is the Municipality.
Important Information
If the Invoice Number is unknown, the Provider name and the date the Invoice was created can be searched using the Invoice Search page. See Searching/Viewing Invoices for further information.

Invoice numbers are case sensitive. Be sure to note the upper and lowercase letters when documenting an invoice number.

A Provider may be eligible to submit Invoices for services rendered in multiple Municipalities. It is important that the Municipality entered for an Invoice match that of the specific Child’s Municipality of Residence. Municipality must be selected.

5. Select the Municipality from the drop-down that is associated with the Child/Children that the service(s) was/were provided to.

Important Information
A separate Invoice needs to be created for each Municipality that the Provider intends to bill. The Invoice can only include claims for services provided to Children associated with the same Municipality.

6. Type Invoice Date. Invoice Date must be entered. Date fields must be formatted as mm/dd/yyyy format.

7. Click Save button. Search Service Authorization Number page displays.

8. Review the list of Available Service Authorizations. Click Select link under Action column for the Service Authorization of choice. Create Provider Claim page displays.
To view a Service Authorization, click **View** link under **Action** column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click **Close** button. See **Unit 6: IFSP & SA** for further information regarding Service Authorizations.

9. Record the **Service Date** and **Provider Claim Number** in the Details cluster. Check Parent Signature check box to indicate parent signature is on file on the IFSP agreeing to the SC services as outlined. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

10. Enter **Referring Provider NPI Number**. The Referring Provider NPI is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.
11. ICD Codes

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child’s record) and one additional ICD Code (which may or may not have been previously entered on the child’s record).

- To add data for the **Diagnosis (ICD) Code 1** field, select the **Search** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered.

  *Click **Select** link under **Action** column to identify ICD Code. Create Provider Claim page displays.*

- To add data for the **Diagnosis (ICD) Codes 2 and 3** fields, repeat the above step.

- To add data for the **Diagnosis (ICD) Code 4** field, select the **Search** icon. Type all known information in **Search Criteria** section. (**Diagnosis (ICD) Code 4** can be selected from the list of all available ICD Codes.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered. To search again, click **Reset** button.

  *Click **Select** link under **Action** column to identify ICD Code. Create Provider Claim page displays.*

**Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the **Health Assessments** link found on the child's integrated case homepage.
12. Select/Enter the **Time In** and **Time Out** for the service. Click **Save** button. **Provider Claim Home** page displays.

At least one **Time In** and **Time Out** pair must be entered and the total time entered must be greater than or equal to 6 minutes. NYEIS calculates the number of units based on the total number of minutes for the service date. All of the service time for a day must be entered on one claim. An error will be presented if more than one claim is entered for the same date.

**Important Information**

If there is only one activity on a date and it does not exceed 5 minutes, it is not billable and should not be entered into NYEIS. However, if either one activity exceeds 5 minutes or all activities for one date exceed a total of 5 minutes, each activity must be entered individually and the total units are calculated by NYEIS and billable.
Please refer to the following chart for cross-reference from minutes to units.

<table>
<thead>
<tr>
<th>Minutes Range</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 5 minutes</td>
<td>0 units</td>
</tr>
<tr>
<td>6 -15 minutes</td>
<td>1 unit</td>
</tr>
<tr>
<td>16-30 minutes</td>
<td>2 units</td>
</tr>
<tr>
<td>31-45 minutes</td>
<td>3 units</td>
</tr>
<tr>
<td>46-60 minutes</td>
<td>4 units</td>
</tr>
<tr>
<td>61-75 minutes</td>
<td>5 units</td>
</tr>
</tbody>
</table>

13. Click **Save** button. **Provider Claim Home** page displays. The following additional functions for Provider Claims are available from the **Provider Claim Home** page: **Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Add More Time, Void Claim** and View Invoice. See Claims for further information.

**Notes:**

- To add more time for a service date click the **Add More Time** button and enter data for additional service time.

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.
• The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules.

• The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

• Overlap of Service Coordination claims with other types of claims does not cause claims to be denied.

### Invoice - ASSISTIVE TECHNOLOGY DEVICE (ATD)

During 2014 and early 2015, the New York State Department of Health (NYSDOH) and the State Fiscal Agent (SFA) began implementing a new process for the acquisition of Assistive Technology Devices (ATD). This new process was rolled out incrementally to all municipalities.

The new process affects all ATDs placed on a child’s Individualized Family Service Plan (IFSP) with an ATD Service Authorization start date on or after the date in which your region began this new ATD procurement process.

Therefore, there should be **no** ATD claims entered in NYEIS for ATD SAs with a start date on or after the date your region began the new ATD process. ATD claims for service authorizations with these dates are processed by the State Fiscal Agent (SFA). If claims are entered for SAs **after your region began the new ATD process**, the claim must be voided.

For more information on the ATD claiming process, contact the SFA.

A specific process is followed when creating an Invoice(s) for Assistive Technology Devices (ATD).

Invoice data can **only** be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice **must** be voided and a new one created. If an Invoice is voided, all Claims associated with that Invoice will also be voided.

A Claim for each AT Device **must** be separately submitted.

A Vendor, rather than a Provider, is entered for **Assistive Technology Device (ATD) Invoices**.
1. Log in to NYEIS. User Home Page displays.

2. Click **Create Invoice** link under **My Shortcuts** section. Select **Create Provider Invoice** page displays.

3. Select **Vendor** from the **Provider of Record** drop down.

4. Click **Search** icon for **Provider (Vendor) of Record** to identify Vendor. **Vendor Search** page displays. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. **To search again, click Reset button.** Click **Select** link under **Action** column for Vendor of choice. **Create Provider Invoice** page displays.

5. Type unique **Invoice Number**. Invoice numbers are alpha-numeric and case sensitive; duplicates not allowed. **Invoice Number** must be entered. Be sure to write down **Invoice Number** to search for at a later time. **Municipality** defaults if the user is the Municipality.

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**Important Information**

If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. **See Searching/Viewing Invoices** for further information.

**Invoice numbers are case sensitive.** Be sure to note the upper and lowercase letters when documenting an invoice number.
6. Type **Invoice Date**. *Invoice Date* must be entered. Date fields must be formatted as *mm/dd/yyyy* format.

7. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

8. Type all known information in **Search Criteria** section. Select **ATD** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click **View** link under **Action** column for Service Authorization. The Service Authorization can be reviewed to verify remaining units. Click on the **Service Delivery Summary** link from the left hand navigation bar after reviewing, click **Close** button. See Service Authorization Details/Unit 6 IFSP & SA for further information.

To select a specific Service Authorization, click **Select** link under **Action** column for Service Authorization. **Create Provider Claim - ATD** page displays with the following sections: **Service Authorization Details, Details, Provider Claim Reference Numbers, ICD Codes and Comments**.
9. Navigate from field-to-field in **Create Provider Claim - ATD** page using Tab key; enter information. *Date fields must be formatted as mm/dd/yyyy format.*

**Child’s Full Name** and **Service Authorization Number** are entered from the Service Authorization.

**Service Start Date** and **Diagnosis (ICD) Codes** are *required* fields.

**Details** section:

- **Service Start/End Date** are dates the service is delivered and are validated against the **Service Authorization Start/End Date**.

- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

**Provider Claim Reference Numbers** section:

- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

- **Medical Record Number** can be used for the Provider’s internal use. It is not required.

**ICD Codes** section:

- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child’s record) and one additional ICD Code (which may or may not have been previously entered on the child’s record).

- To add data for the **EI Eligible Diagnosis (ICD) Code 1** field, select the **Search** icon. Type all known information in **Search Criteria** section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click **Search** button. Records matching the search criteria display in **Search Results** section. If applicable, select the most appropriate code for the service delivered. Click **Select link under Action column to identify ICD Code.**

Create **Provider Claim** page displays.
• To add data for the Other Eligible Diagnosis (ICD) Codes 2 and 3 fields, repeat the above step.

• To add data for the Other Diagnosis (ICD) Code 4 field, select the Search icon. Type all known information in Search Criteria section. (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

Click Select link under Action column to identify ICD Code. Create Provider Claim page displays.

Important Information
If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the Health Assessments link found on the child's integrated case homepage.

10. Click Save button. Enter AT Device Claim COB Details page displays with the following sections: Service Authorization Details, Insurance ATD Details, Medicaid ATD Details and Comments.
### Important Information

If a Child has commercial insurance and Medicaid or Medicaid only, the vendor is responsible for claiming to commercial insurance and/or Medicaid and must seek payment and provide documentation to the municipality.

### Service Authorization Details section:
- This section is read-only and is pre-populated from the data from the Service Authorization.

### Insurance ATD Details section:
- Information in this section captures Commercial Insurance Details. The left column pertains to Prior Approval information for that Claim such as Prior Approval Number, Prior Approval Date Requested, Prior Approval Determination Date, Payor and Prior Approval Status. If a Prior Approval was captured for this Claim, enter data.
- The right column pertains to the Determination by the Payor on whether to pay or deny the Claim. If the Claim is paid, the Amount Paid and Date Paid should be entered. If the Claim is denied, the Determination Reason should be entered.

### Important Information

The ‘Payor’ is the Insurance Company that paid the Claim.
Medicaid ATD Details section:
- Information in this section captures Medicaid Details. Field definitions for this section are similar to details in the Insurance ATD Details section.

11. Navigate from field-to-field using Tab key; enter information. Date fields must be formatted as mm/dd/yyyy format.

12. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim and View Invoice. See Claims for further information.

**Notes:**
- The Claim Status field is in Open status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The Claim Status field is then updated.

- The Claim Status is set to System Approved if a claim is submitted and passes the billing rules. The status will then become Approved overnight. The municipality will then be able to release claim for vendor payment.

- The Claim Status is set to Denied if a Claim will not be paid due to a billing rule violation.

- Approved Amount is calculated based on the Rate associated with DME Amount on the Service Authorization less any amounts paid by 3rd Party Insurance.
Invoice - RESPITE

When creating an Invoice for Respite Claims, follow this process.

Invoice data can only be edited if the Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice must be voided and a new one created.

1. Log in to NYEIS. User Home Page displays.

2. Click Create Invoice link under My Shortcuts section. Create Provider Invoice page displays.

3. Select Vendor from the Provider of Record drop down.

4. Click Search icon for Provider (Vendor) of Record to identify Vendor. Vendor Search page displays.

Important Information
If the Parent is responsible for the Respite on the Service Authorization, the Parent is the Vendor.

Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click Select link under Action column for Vendor of choice. Create Provider Invoice page displays.
Important Information:

Respite includes the following types:

Family/Caregiver – A family member or designated caregiver provides the respite service. Before a family member or caregiver can be assigned as a provider, they must first be registered

See Unit 10 – Municipal Administration for more information on registering a Parent or caregiver for respite services.

Respite Provider – Respite services are performed by a providing agency

5. Type unique Invoice Number. Invoice numbers are alpha-numeric and case sensitive; duplicates are not allowed. Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time. Municipality defaults to Municipality of the User.

Important Information
If the Invoice Number is unknown, the Vendor name and the date the Invoice was created can be searched using the Invoice Search page. See Searching/Viewing Invoices for further information.

Invoice numbers are case sensitive. Be sure to note the upper and lowercase letters when documenting an invoice number.

6. Date. Invoice Date must be entered. Date fields must be formatted as mm/dd/yyyy format.

7. Click Save button. Search Service Authorizations page displays with the following sections: Search Criteria and Search Results.
8. Type all known information in Search Criteria section. Select Respite Care from Service Type field. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

To view a Service Authorization, click View link under Action column for Service Authorization. The Service Authorization can be reviewed. After reviewing, click Close button. See Unit 6: IFSP & SA for further information regarding Service Authorizations.

To select a specific Service Authorization, click Select link under Action column for Service Authorization. Create Provider Claim - Respite page displays with the following sections: Details, Respite Details and Comments.

Navigate from field-to-field using Tab key; enter information. Date fields must be formatted as mm/dd/yyyy format. Start Date, End Date and Number of Hours are required fields. Parent Signature box check is used to indicate that parent signature is on file for Respite services delivered.

Important Information
The System calculates the Claim Amount based on the Number of Hours multiplied by the Respite Cost Per Hour on the Service Authorization.

9. Click Save button. Provider Claim Home page displays. The following additional functions for Provider Claims are available from the Provider Claim Home page: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim and View Invoice. See Claims for further information.
Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.

- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.

- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.

**Invoice - TRANSPORTATION - CAREGIVER**

Caregivers do not have user access to NYEIS and therefore cannot create and submit an Invoice for services provided. Transportation – Caregiver claims are processed by the Municipality.

A specific process is followed when creating an Invoice for **Transportation – Caregiver** Claims.

Invoice data can *only* be edited if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice *must* be voided and a new one created.

A Vendor, rather than a Provider, is entered for **Transportation – Caregiver** type Invoices.

1. Log in to NYEIS. User Home Page displays.

2. Click **Create Invoice** link under **My Shortcuts** section. **Create Provider Invoice** page displays.
3. Select **Vendor** from the **Provider of Record** drop down.

4. Click **Search** icon for **Provider (Vendor) of Record** to identify Vendor. **Vendor Search** page displays.

   **Important Information**
   In NYEIS, the Caregiver providing the transportation is the **Vendor Name**.

5. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **Select** link under **Action** column for Vendor of choice. **Create Provider Invoice** page displays.

6. Type unique **Invoice Number**. Invoice numbers are alpha-numeric and case sensitive; duplicate vendor invoice numbers are not allowed. **Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time.** **Municipality** defaults to Municipality of the User.

   **Important Information**
   If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. See **Searching/Viewing Invoices** for further information.

   **Invoice numbers are case sensitive.** Be sure to note the upper and lowercase letters when documenting an invoice number.
7. Type **Invoice Date**. **Invoice Date must be entered. Date fields must be formatted as mm/dd/yyyy format.**

8. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

9. Type all known information in **Search Criteria** section. Select **Transportation** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click **View** link under **Action** column for Service Authorization. Review the Service Authorization. After reviewing, click **Close** button.

To select a specific Service Authorization, click **Select** link under **Action** column for Service Authorization. **Create Provider Claim – Caregiver Transportation** page displays with the following sections: **Details, Provider Claim Reference Numbers, Transportation Details, Public Details or Private Details and Comments**.

10. Navigate from field-to-field in **Create Provider Claim – Caregiver Transportation** page using **Tab** key; enter information. **Date fields must be formatted as mm/dd/yyyy format.**

    **Service Start Date** and **Service End Date** are **required** fields.
Details section:
- **Service Start/Service End Date** are dates the service is delivered and are validated against the **Service Authorization Start/End Date**.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

Provider Claim Reference Numbers section:
- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

Transportation Details section:
- This section is read-only. Fields are pre-populated based on data from the Service Authorization.

Public Details section:
- If **Public Transportation** is used, complete the **Public Details** section. The **Receipt Amount** is the amount paid if the Provider Claim is approved.

Private Details section:
- If **Private Transportation** is used, complete the **Private Details** section. These fields are used along with the associated Service Authorization fields (i.e., **Fixed Roundtrip Rate, Cost Per Mile**) to calculate the amount paid if the Provider Claim is approved.

11. Click **Save** button. **Provider Claim Home** page displays. The following additional functions for Provider Claims are available from the **Provider Claim Home** page: **Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Void Claim** and **View Invoice**. See **Claims** for further information.
Notes:

- The Claim Status field is in Open status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The Claim Status field is then updated.

- The Claim Status is set to System Approved if a claim is submitted and passes the billing rules. The status will then become Approved overnight. The municipality will then be able to release claim for vendor payment.

- The Claim Status is set to Denied if a Claim will not be paid due to a billing rule violation.

Invoice - TRANSPORTATION - VENDOR

A specific process is followed when creating an Invoice(s) for Transportation – Vendor Claims.

Invoice data can only be edited if the Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a change is needed after an Invoice is submitted, then the Invoice must be voided and a new one created.

A Vendor, rather than a Provider, is entered for Transportation – Vendor type Invoices.

1. Log in to NYEIS. User Home Page displays.
2. Click **Create Invoice** link under **My Shortcuts** section. **Create Provider Invoice** page displays.

3. Select **Vendor** from the **Provider of Record** drop down.

4. Click **Search** icon for **Provider (Vendor) of Record** to identify Vendor. **Vendor Search** page displays.

5. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. **To search again, click Reset button.** Click **Select** link under **Action** column for Vendor of choice. **Create Provider Invoice** page displays.

6. Type unique **Invoice Number**. Invoice numbers are alpha-numeric and case sensitive; duplicate vendor invoice numbers are not allowed. **Invoice Number must be entered. Be sure to write down Invoice Number to search for at a later time. Municipality** defaults to Municipality of the User.

   **Important Information**
   If the **Invoice Number** is unknown, the Vendor name and the date the Invoice was created can be searched using the **Invoice Search** page. **See Searching/Viewing Invoices** for further information.

   **Invoice numbers are case sensitive.** Be sure to note the upper and lowercase letters when documenting an invoice number.
7. Type **Invoice Date**. **Invoice Date** must be entered. Date fields must be formatted as *mm/dd/yyyy* format.

8. Click **Save** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

Type all known information in **Search Criteria** section. Select **Transportation** from **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To select a specific Service Authorization, click **Select** link under **Action** column for Service Authorization. **Create Provider Claim – Vendor Transportation** page displays with the following sections: **Details**, **Transportation Details** and **Comments**.

9. Navigate from field-to-field in **Create Provider Claim – Vendor Transportation** page using **Tab** key; enter information. *Date fields must be formatted as mm/dd/yyyy format.*

**Start Date, End Date** and **# of Trips** are *required* fields.

**Details** section:
- **Start/End Date** are dates the service is delivered and are validated against the **Service Authorization Start/End Date**.
- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. Transportation does not require the provider to maintain a parent signature; this box does not need to be checked.

- **Provider Claim Number** is the unique internal tracking number assigned to a Claim by the Provider of Record. If this number is not assigned by the Provider of Record, NYEIS will automatically generate a claim number.

**Transportation Details** section:

- **Payment Type** displays the information from the Service Authorization. User will enter the **# of Trips** for billing.

10. Click **Save** button. **Provider Claim Home** page displays. The following additional functions for Provider Claims are available from the **Provider Claim Home** page: **Same SA/New Claim**, **New SA/New Claim**, **Edit Claim**, **Delete Claim**, **Void Claim** and **View Invoice**. See **Claims** for further information.

### Provider Claim Home - 34368 - Children Bus Service for Tiffany Martin

<table>
<thead>
<tr>
<th>General Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider Name</td>
<td>Children Bus Service</td>
</tr>
<tr>
<td>Child's Full Name</td>
<td>Tiffany Martin</td>
</tr>
<tr>
<td>Start Date</td>
<td>10/12/2009</td>
</tr>
<tr>
<td>End Date</td>
<td>10/12/2009</td>
</tr>
<tr>
<td>Service Type/Method</td>
<td>Transportation (Vendor)</td>
</tr>
<tr>
<td>Parent Signature</td>
<td>No</td>
</tr>
<tr>
<td>Service Authorization Number</td>
<td>780</td>
</tr>
<tr>
<td>Date Created</td>
<td>10/14/2009</td>
</tr>
<tr>
<td>End Date</td>
<td>10/12/2009</td>
</tr>
<tr>
<td>Submitted Amount</td>
<td>56.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Details</th>
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</thead>
<tbody>
<tr>
<td># of Trips</td>
<td>3</td>
</tr>
<tr>
<td>Transportation Amount</td>
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</tbody>
</table>

<table>
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<th>Reference Numbers</th>
<th></th>
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<tbody>
<tr>
<td>NYEIS Provider Claim Number</td>
<td>34368</td>
</tr>
<tr>
<td>Provider Claim Number</td>
<td>222</td>
</tr>
<tr>
<td>Billing Agent Number</td>
<td></td>
</tr>
<tr>
<td>Invoice Number</td>
<td>123</td>
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<table>
<thead>
<tr>
<th>Claim Decision</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Claim Status</td>
<td>Open</td>
</tr>
<tr>
<td>Effective Date</td>
<td>10/14/2009</td>
</tr>
<tr>
<td>Amount Approved</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Notes:

- The **Claim Status** field is in **Open** status until the Invoice has been submitted and processed in the nightly batch. The system will determine if the claim passes the billing rules during the nightly batch. The **Claim Status** field is then updated.

- The **Claim Status** is set to **System Approved** if a claim is submitted and passes the billing rules. The status will then become **Approved** overnight. The municipality will then be able to release claim for vendor payment.

- The **Claim Status** is set to **Denied** if a Claim will not be paid due to a billing rule violation.
Searching/Viewing Invoices

1. Log in to NYEIS. User Home Page displays.

2. Click Invoices link under Search section. Invoice Search page displays.

3. Type all known information in Search Criteria section.

   The Invoice Number (written down prior) can now be used to search using the Invoice Number field.

   **Important Information**
   Invoice numbers are alpha-numeric and case sensitive.

   Every Invoice has an assigned status. Where an Invoice is in the process will determine the Status. Prior to being submitted, an Invoice is considered Draft, after submission it is considered Submitted and continues through the process.

   After the Invoice is submitted and processed overnight, the user can view the status for the Invoice which will display System Approved. Any claims in Pending status seen on the System Approved invoice are awaiting a waiver decision. See Waivers section later in this unit for further information.

   **Important Information**
   Invoices submitted prior to 4/1/2013 include the following invoice statuses:

   - **Fully Adjudicated** – This invoice status reflects an invoice where all claims on the invoice have been adjudicated, meaning a claim decision (approved/denied) is in place for all claims on the invoice

   - **Partially Adjudicated** – This invoice status indicates that one or more claims on the invoice are in Pending status, pending a waiver approval for the given claim(s). See Waivers section later in this unit for further information
Invoices that are voided are given a status of ‘Void’.

4. Click Search button. Records matching criteria display in Search Results section.

To search again, click Reset button. Click View link under Action column for Invoice of choice. View Invoice page displays. Click column heading to sort data in ascending or descending order.

5. The following additional functions are available when viewing an Invoice before it has been submitted Edit, Delete, Void, Add Claim and Close buttons. Once an Invoice is submitted, the Edit, Delete, and Add Claim functions are no longer available.

Editing Invoices

An Invoice can only be edited if the Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If an Invoice needs to be edited or deleted after an Invoice is submitted, then the Invoice must be voided and a new one created.

1. Log in to NYEIS. User Home Page displays.

2. Click Invoices link under Search section. Invoice Search page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click **View** link under **Action** column for Invoice of choice. **View Invoice** page displays.

**Important Information**

Invoice numbers are alpha-numeric and are case sensitive.

4. Click **Edit** button. **Modify Invoice** page displays.

5. Apply edits to the following fields: **Invoice Number**, **Billing Agent Reference Number**, **Billing Agent Name** or **Invoice Date**.

**Important Information**

The **Provider of Record** and **Municipality** *cannot* be edited. If either of the fields changes, the Invoice should be deleted.

6. Click **Save** button. **View Invoice** page displays.
Deleting Invoices

**Invoices** can only be deleted if the **Status** is **Draft**. Draft is defined as an Invoice that has not been submitted for approval into NYEIS. If a deletion is needed after an Invoice is submitted, then the Invoice must be voided and a new one created.

Be aware selecting **Delete Invoice** will delete the Invoice, including all Claims and Service Lines attached.

1. Log in to NYEIS. User Home Page displays.

2. Click **Invoices** link under **Search** section. **Invoice Search** page displays.

   ![Invoice Search](image)

   **Invoice Search**

   **Search Criteria**

<table>
<thead>
<tr>
<th>Provider of Record</th>
<th>Provider State ID</th>
<th>Invoice Number</th>
<th>Municipality</th>
<th>Invoice From Date</th>
<th>Invoice To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

   ![Search Results](image)

   **Search Results**

<table>
<thead>
<tr>
<th>Action</th>
<th>Invoice Number</th>
<th>Provider of Record</th>
<th>Provider State ID</th>
<th>Municipality</th>
<th>Invoice Date</th>
<th>Submitted Amount</th>
<th>Approval Amount</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

   ![View Invoice](image)

   **View Invoice**

   **Invoice Details**

   Provider of Record: Can's Taxi
   Billing Agent Reference Number: strane-01
   Date Created: 2/23/2015
   Municipality: Albany
   Status: Draft
   Invoice Number: 3232
   Billing Agent Name: Bob
   Invoice Date: 3/23/2015
   Submission Method: Manual
   Invoice Amount: 0.00

   ![Provider Claims List](image)

   **Provider Claims List**

<table>
<thead>
<tr>
<th>Action</th>
<th>Claim Name</th>
<th>Rendering Provider Name</th>
<th>Date of Service</th>
<th>Service Authorization Number</th>
<th>Service Type / Method</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **View** link under **Action** column for Invoice of choice. **View Invoice** page displays.

4. Click **Delete** button. **Confirm Provider Invoice Delete** page displays with the message *Are you sure you want to delete this Provider Invoice?*
5. Click **Yes** button to delete entire Invoice. User Home page displays.

### Adding Claims to Invoices

See **Claims, Adding Provider Claims** section for complete details.

### Submitting Invoices

1. Log in to NYEIS. User Home Page displays.

2. Click **Submit Invoice** under **My Shortcuts** section. **Submit Provider Invoice** page displays.

#### Submit Provider Invoice

<table>
<thead>
<tr>
<th>Provider Invoices to be Submitted</th>
<th>Invoice Number</th>
<th>Invoice Date</th>
<th>Number of Claims</th>
<th>Invoice Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Submit View</strong> Toot Vander</td>
<td>1</td>
<td>3/16/2009</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Albany Services</td>
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<tr>
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<tr>
<td><strong>Submit View</strong> Garrett Medical and Home Health Care</td>
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<td>2/24/2009</td>
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<tr>
<td><strong>Submit View</strong> Midday Training Services</td>
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<tr>
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<td><strong>Submit View</strong> Sam's Taxi</td>
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<td><strong>Submit View</strong> Midday Social Services</td>
<td>12345</td>
<td>4/15/2009</td>
<td>15</td>
<td>577.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Sam's Taxi</td>
<td>144</td>
<td>3/24/2009</td>
<td>1</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Albany Services</td>
<td>0763</td>
<td>4/15/2009</td>
<td>1</td>
<td>458.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Jim Smith</td>
<td>1</td>
<td>3/23/2009</td>
<td>1</td>
<td>13.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Sam's Taxi</td>
<td>10182721</td>
<td>2/26/2009</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Happy Transport</td>
<td>7075</td>
<td>4/15/2009</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Garrett Medical and Home Health Care</td>
<td>3</td>
<td>2/27/2009</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Garrett Medical and Home Health Care</td>
<td>54321</td>
<td>4/11/2009</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Submit View</strong> Midday Social Services</td>
<td>MaxM</td>
<td>1/8/2009</td>
<td>1</td>
<td>999.00</td>
</tr>
</tbody>
</table>

3. Identify Invoice for submission. Click **Submit** link under **Action** column. **Submit Invoice** page displays with the message:
Click **Submit – Nightly Batch** button. **Submit Provider Invoice** list page displays.

Using Submit- Nightly Batch will process the invoice overnight. All claims in the invoice will run through the NYEIS Invoice business rules to determine for each claim whether it passes the rules and is approved, fails the rules and is denied, or is pending indicating the claim violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider.

Following overnight processing, the user can view the status for the Invoice which will display **System Approved**. Individual Claims on the invoice will either be **Approved** (vendor claims only), **System Approved**, **Denied**, or **Pending** (i.e., violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider). See **Waivers** section later in this unit for further information.

**Important Information**

As part of a nightly batch process, if any approved **Claim** is determined to be the first service delivered on a service authorization and the date of service is greater than 30 days from the **Effective Start of the Authorizing IFSP**, a task is generated to the providers Service Authorization Work Queue to supply a late reason. See **Appendix D** for a listing of late reasons.

As part of NYEIS’s system batch processes the system checks if the date that the first service is delivered is later than 30 days after the date of the authorizing IFSP. When this occurs the **Provider** is assigned a **Task** in their **Service Authorization Work Queue** to provide a Late Reason. This information is then viewable on the **Service Authorization** Homepage.
Voiding Invoices

Invoices that are submitted and/or subsequently processed can be voided. As opposed to deleting an invoice, a voided invoice and its associated claims can continue to be viewed in the system. An Invoice cannot be voided if Status is Draft. Draft is defined as an Invoice that has not been submitted for approval into NYEIS.

Be aware selecting Void Invoice will void the Invoice, including all Claims and Service Lines attached.

Important Information
When an invoice is voided, each Claim within the Invoice is voided. The next payment batch to the Provider will be reduced by the amount of the Void. Payment reductions can be seen on the Payment Summary Detail List page with the amount in the Credit column.

For each Claim submitted prior to 4/1/2013 in an Invoice that is voided, the System checks if any 3rd Party Reimbursement has started. If a Void occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit is sent to the 3rd Party, if the 3rd Party pays the Claim. If the voided Claim is part of a State Voucher, a credit is created and goes into the next State Voucher. See Voiding Claims for further information on voiding individual Claims. Claims submitted and subsequently voided after 4/1/2013 are processed by the SFA.

1. Log in to NYEIS. User Home Page displays.

2. Click Invoices link under Search section. Invoice Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click View link under Action column for Invoice of choice. View Invoice page displays.
Important Information
Invoice numbers are alpha-numeric and case sensitive

4. Click **Void** button. **Void Invoice** page displays with the message *Are you sure you want to void this invoice and its provider claims?*

   **Void Invoice**  
   Are you sure you want to void this invoice and its provider claims?  
   Yes  No

5. Click **Yes** button to void entire Invoice. **View Invoice** page displays.

**Claims**

**Adding Provider Claims**

Claims can only be added to Invoices with a Status of Draft.

1. Log in to NYEIS. **User Home Page** displays.

2. Click **Invoices** link under **Search** section. **Invoice Search** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click **View** link under **Action** column for Invoice of choice. **View Invoice** page displays.

**Important Information**

Invoice numbers are alpha-numeric and case sensitive.

4. Click **Add Claim** button. **Search Service Authorizations** page displays with the following sections: **Search Criteria** and **Search Results**.

5. Type all known information in **Search Criteria** section. Select **Service Type** field. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

To view a Service Authorization, click **View** link under **Action** column for Service Authorization. The Service Authorization can be reviewed to verify remaining visits, effective dates and availability of co-visits and/or make up visits, etc. After reviewing, click **Close** button.

To select a specific Service Authorization, click **Select** link under **Action** column for Service Authorization. **Create Provider Claim** page displays.

6. Navigate from field-to-field in **Create Provider Claim** page using Tab key; enter information. *Date fields must be formatted as mm/dd/yyyy format.* Below are possible sections that will display.
Details section:
- **Service Start/End Date** are dates the service is delivered and are validated against the **Service Authorization Start/End Date**.

- **Service Start/End Time** are in 24 hour time format.

- **Visit Type** must be provided by the Provider to indicate type of service being billed. Options are: **Regular** (for any regularly scheduled visit), **CoVisit** (if agreed to and authorized on the IFSP) or **Makeup Visit** (if agreed to and authorized on the IFSP). Number of visits are authorized on Service Authorization. NYEIS will automatically reduce the total visits each time a visit is billed.

- **Parent Signature** checkbox indicates that a Parent Signature is on file with the Provider. The delivery of some EI services does not require a parent signature (for example Service Coordination). If the service delivered does not require the provider to maintain a parent signature, this box does not need to be checked.

Referring Provider section:
- **The Referring Provider NPI** is required for all General Service, Evaluation, and Service Coordination billing. A claim will not save with a missing or invalid referring provider NPI.

Rendering Provider section:
- **The Rendering Provider** is auto populated with the Rendering Provider assigned on the Service Authorization. If the Rendering Provider that delivered the service is different than the Rendering Provider assigned on the Service Authorization, the appropriate Rendering Provider should be selected on the claim.

Provider Claim Reference Numbers section:
- **Provider Claim Number** is a unique tracking number assigned to a Claim by the Provider of Record. If the Provider does not enter a Claim number, the system will automatically assign it when the Claim is created.

- **Medical Record Number** can be used for the Provider’s internal use. It is not required.

ICD Codes section:
- **ICD Codes** allows the Provider to enter three ICD Codes (which have previously been entered on the child’s record) and one additional ICD Code (which may or may not have been previously entered on the child’s record).
• To add data for the Diagnosis (ICD) Code 1 field, select the Search icon. Type all known information in Search Criteria section. (ICD Codes, if available, will be one or more previously documented ICD Codes in the child’s case.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered.

Click **Select** link under Action column to identify ICD Code. Create Provider Claim page displays.

• To add data for the Diagnosis (ICD) Codes 2 and 3 fields, repeat the above step.

• To add data for the Diagnosis (ICD) Code 4 field, select the Search icon. Type all known information in Search Criteria section. (Diagnosis (ICD) Code 4 can be selected from the list of all available ICD Codes.) Click Search button. Records matching the search criteria display in Search Results section. If applicable, select the most appropriate code for the service delivered. To search again, click Reset button.

Click **Select** link under Action column to identify ICD Code. Create Provider Claim page displays.

---

**Important Information**

If the EIP provider determines that there is no appropriate ICD code applicable to the service(s) being delivered in the child’s record (e.g., child’s health assessment or child’s multidisciplinary evaluation, prescriptions, written orders, written recommendations, or referrals), the EIP provider is responsible for securing and providing accurate and appropriate diagnosis codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration. Users with access rights can add these ICD codes to the child’s record in NYEIS via the Health Assessments link found on the child's integrated case homepage.

---

7. Click **Search** icon to identify Rendering Provider and Diagnosis (ICD) Codes for defined sections. Click **Select** link under Action column for record of choice. Create Provider Claim page displays. Be sure that the **Rendering Provider and Diagnosis (ICD) Codes** are selected.
8. Click **Save** button. **Create Provider Service Line** page displays.

9. Select the **Procedure Code** (HCPCS, CPT, etc.) from the drop down and **Units** for Service Line.

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider’s responsibility to enter the correct number of units for a claim.

**Important Information**

Claims that require a Procedure code will be denied if they are submitted without a Procedure Code selected. See **Claims** for more information on **Provider Claim Home** page.

10. Click **Save** button. **Provider Claim Home** page displays. Click **Save & New** button from the **Create Provider Service Line** page to add additional Procedure Codes.

The following options are available for **Service Lines** section:

Æ Click **View** link under **Action** column. **View Provider Service Line** page displays. This page also gives the capability to **Edit** or **Delete** a Provider Service Line.
Or

✦ Click **Edit** link under **Action** column. **Modify Provider Service Line** page displays.

 Modify Provider Service Line

<table>
<thead>
<tr>
<th>General Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Code (CPT)</td>
<td>90801 - Psychiatric diagnostic interview exam</td>
</tr>
<tr>
<td>Units</td>
<td>1</td>
</tr>
</tbody>
</table>

**Comments**

**Save**  **Cancel**

Edit **Procedure Code** (HCPCS, CPT, etc.). Edit **Comments** as needed. Click **Save** button. **Provider Claim Home** page displays.

Or

✦ Click **Delete** link under **Action** column. **Delete Provider Service Line** page displays the message *Are you sure you want to delete this provider service line?* Click **Yes** button. **Provider Claim Home** page displays.

✦

Deleting Provider Service Line:

Are you sure you want to delete this provider service line?

[Yes]  [No]

Searching/Viewing Claims

1. Log in to NYEIS. **User Home Page** displays.

2. Click **Provider Claims** link under **Search** section. **Provider Claim Search** page displays.

Provider Claim Search

<table>
<thead>
<tr>
<th>Search Criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Number</td>
<td>Child's Name</td>
</tr>
<tr>
<td>Provider of Record</td>
<td>Rendering Provider Name</td>
</tr>
<tr>
<td>Service Authorization Number</td>
<td>Provider Claim Number</td>
</tr>
<tr>
<td>Received From Date</td>
<td>Received To Date</td>
</tr>
<tr>
<td>Service Date</td>
<td>Service To Date</td>
</tr>
<tr>
<td>Status</td>
<td>Approved Amount</td>
</tr>
</tbody>
</table>

**Search**  **Reset**

Revision Date: 10/27/2015
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset button**. Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays. The following additional functions for Provider Claims are available from the **Provider Claim Home** page: **Same SA/New Claim, New SA/ New Claim, Edit Claim, Delete Claim, Add Service Line, Void Claim and View Invoice.** See sections below for further information.

---

**Important Information**

Provider Claims go through the following Status lifecycle. Users can search for Claims by **Status** on the **Provider Claim Search** page.

**Open**: Claim has not been submitted for approval and can be edited.

**Submitted**: Claim has been submitted for approval.

**System Approved**: Claim has been adjudicated by NYEIS and will move on for further processing.

**Approved**: Specific status for Vendor claims only (Transportation, Respite ATD) - Claim has passed the Invoice Rules.

**Denied**: Claim has failed one or more Invoice Rules or was rejected by the Municipality. A Denial Reason is added to the Claim and displays on the **Provider Claim Home** page.

**Pending**: Claim has violated a billing rule for which an upfront waiver has been denied and is awaiting the submission of a justification from the provider and Approval.

**HIPAA Reject**: Claims in ‘Pending’ status for greater than 28 days are automatically set to this status.

**County Provided Service**: Municipality was the Provider of Record for an approved Claim. A payment is not created for the Municipality. This Claim will...
not be included in the County Payment File (applicable to pre 4/1/2013 submitted claims only).

**Municipal Audit:** Claim has been recouped due to Municipal audit.

**Municipal Audit Processing:** Claim has been recouped due to Municipal audit and included on a payment file reducing a payment.

**Municipal Audit Recovered:** Claim has been recouped due to Municipal audit and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**Municipal Rejected:** Claim was reviewed by a Municipal Finance user and manually rejected (applicable to pre 4/1/2013 submitted claims only)

**SDOH Audit:** Claim has been recouped due to SDOH audit.

**SDOH Audit Processing:** Claim has been recouped due to SDOH audit and included on a payment file reducing a payment.

**SDOH Audit recovered:** Claim has been recouped due to SDOH audit and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**SDOH Unqualified Personnel:** Claim has been recouped; SDOH determined unqualified personnel on the claim.

**SDOH Unqualified Personnel Processing:** Claim has been recouped; SDOH determined Unqualified Personnel on a claim -- included on the payment file reducing the payment.

**SDOH Unqualified Personnel Recovered:** Claim has been recouped; SDOH determined Unqualified Personnel on a claim and the net of the provider payment is less than zero. This happens when the total of the provider claim released is less than the recouped claims.

**Released:** Municipality has released the approved Claim for Payment.

**Processing:** Claim has been included in the Municipal Payment File to Municipal Finance.

**Paid:** Claim has been paid to the Provider.

**Void:** Claim has been voided.

**Void Processing:** Claim has been voided and included on a Provider payment.

**Void Recovered:** Claim has been voided and the Payment containing the credit has been reconciled. Note: General Service Claims submitted after 4/1/2013 and subsequently voided will receive the status of Void Recovered in NYEIS; however, the processing and payment recovery of the voided claim is completed by the SFA.

**Retro/Retro Processing/Retro Paid:** Claim has been part of a retroactive rate reimbursement.
Editing Claims

Claim data attached to an Invoice can only be edited if the Status is Draft. If a deletion is needed after a Claim is submitted, then the Claim must be voided and if desired, the claim can be rebilled as a new claim on a new invoice.

1. Log in to NYEIS. User Home Page displays.

2. Click Provider Claims link under Search section. Provider Claim Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click View link under Action column for Claim of choice. Provider Claim Home page displays.
4. Click **Edit Claim** button. **Modify Provider Claim** page displays.

   **Modify Provider Claim**
   
   **Details**
   
<table>
<thead>
<tr>
<th>Provider of Record: Albany Therapies</th>
<th>Rendering Provider: Berry, Ann</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Full Name: Corey Clark</td>
<td>Service Authorization Number: 15362</td>
</tr>
<tr>
<td>Date Created: 6/22/2015</td>
<td>Visit Type: Regular</td>
</tr>
<tr>
<td>Service Date: 4/1/2015</td>
<td>Parent Signature:</td>
</tr>
<tr>
<td>Service Time: 09:00</td>
<td>Service End Time: 09:30</td>
</tr>
</tbody>
</table>

   **Referring Provider**
   
   Referring Provider NPI: 1234567890

   **Provider Claim Reference Numbers**
   
   | Provider Claim Number: 98765 | Medical Record Number: |

   **ICD Codes**
   
   | Diagnosis (ICD) Code 1: | |
   | Diagnosis (ICD) Code 2: | |
   | Diagnosis (ICD) Code 3: | 315.9 - Development delay NOS |
   | Diagnosis (ICD) Code 4: | |

   **Location Information**
   
   If the location is other than the child’s home or a provider location, please enter the address in the comments.

   | Location Type: Child’s Home |

   **Comments**
   
   
   Save  Cancel

5. Apply changes.

6. Click **Save** button. **Provider Claim Home** page displays.

## Deleting Claims

Claim data attached to an Invoice can only be deleted if the Status is Draft. If a deletion is needed after a Claim is submitted, then the Claim must be voided and if desired, the claim can be rebilled as a new claim on a new invoice.

Be aware selecting **Delete Claim** will delete the Claim and all attached Service Lines.

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under Search section. **Provider Claim Search** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays.

4. Click **Delete Claim** button. **Confirm Provider Claim Delete** page displays with the message *Are you sure you want to delete this Provider Claim?*

5. Click **Yes** button to delete entire Claim. **View Invoice** page displays.

6. Click **Close** button. **User Home Page** displays.
Adding Additional Service Lines to a Claim

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under **Search** section. **Provider Claim Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays.
4. Click Add Service Line button. Create Provider Service Line page displays.

Service Coordination, Special Instruction and Evaluations do not have Service Lines.
5. Select from the **Procedure Code** (HCPCS, CPT, etc.) drop down. Type **Units**. Type **Comments** *(Optional).*

Some Procedure Codes have a number of minutes associated with them. Based on the code reported by the Provider, the number of units billed for that Procedure Code *must* be indicated. For example, if a Provider uses a code with a 15 minute association, and the Provider worked with the Child for 30 minutes, the units on the Claim would be two. NYEIS does not validate whether the number of units entered for a Procedure Code is appropriate based on the length of the visit. It is the provider’s responsibility to enter the correct number of units for a claim.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims that require a Procedure code will be denied if they are submitted without a Procedure code selected. See <strong>Claims</strong> for more information on <strong>Provider Claim Home</strong> page.</td>
</tr>
</tbody>
</table>

6. Click **Save** button to save Service Line. **Provider Claim Home** page displays with Service Line(s).

Or

Click **Save & New** to save Service Line and create an additional Service Line.

7. Click **Home** from the Navigation Bar. **User Home Page** displays.

**Voiding Claims**

A Claim cannot be voided if **Status** is **Draft**. Claims that are in a **Submitted** or later statuses such as **Pending**, **System Approved**, and **Approved** can instead be voided.

Be aware selecting **Void Claim** will void the Claim and all Service Lines attached.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable to all pre 4/1/2013 submitted claims and all vendor claims:</td>
</tr>
<tr>
<td>- After a Claim is voided, the next payment batch to a Provider will be reduced by the amount of the Void. Payment reductions can be seen on the <strong>Payment Summary Detail List</strong> page with the amount in the <strong>Credit</strong> column.</td>
</tr>
</tbody>
</table>
• If a Void occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit gets sent to the 3rd Party if the 3rd Party pays the Claim. If the voided Claim is part of a State Voucher, a credit is created and goes into the next State Voucher.

• If a Claim is voided prior to being released for payment, the Claim will not be included in the list of Claims that can be released. The voided Claim will not be part of the County Payment File.

Claims submitted after 4/1/2013 that are subsequently voided will display a status of ‘Void Recovered’, however the processing and payment recovery of the voided claim is completed by the State Fiscal Agent.

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under **Search** section. **Provider Claim Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. **To search again, click Reset button**. Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays.
4. Click **Void Claim** button. **Void Provider Claim** page displays with the message *Are you sure you want to void this Provider Claim?*

5. Click **Yes** button to void entire Claim. **Provider Claim Home** page displays. **Claim Status** displays **Void**.

**Important Information**
If the State changes a provider’s approval status to Disqualified or Disapproved, the system will automatically void any claims with a status of Submitted, Processing, and Paid when the recorded claim service date falls on or after the effective date of the Provider’s status change.
WAIVERS

A Waiver is needed if a Claim is submitted and it violates a billing rule for which an upfront waiver has been denied and requires the submission of a justification from the provider. A Claim can violate one or more billing rules for which an upfront waiver has been denied and the Status of the Claim appears as Pending. For each Claim in Pending Status, a task is created for the Provider in the Financials Work Queue to provide a justification for each of the billing violations for which an upfront waiver has been denied on the Claim. If the provider is not online, the task goes to the Municipality’s Fiscal Staff Work Queue to obtain the justification from the provider.

1. From the provider Financial work queue, or the Municipality’s Fiscal Staff work queue if the provider is not on NYEIS, select Task Provide Justification for Billing Rule Violation.

2. Click on the Reserve link under the Action column. Click Reserve & View to display Task Home Page.

3. Select Create Justification for Billing Rule Violation under the Primary Action. Create Justification for Billing Rule Violation page displays with list of billing rule violations for the Claim.
4. Select **Enter Reason** under the Action Column to select justification reason for each violation. Click **Save**. After the Provider provides justification, the Early Intervention Official Designee (EIO/D) receives a task to review the Request for Waiver. The EIO/D can then approve or reject the request for Waiver.

If the Request for Waiver is approved, the claim becomes **Approved**. If the Request for Waiver is rejected, the Claim is denied.

---

**Important Information:**

The Approval status assigned and nature of further claim processing upon EIO/D approval of a waiver request will vary depending on the original provider claim submission date:

- If claim associated with the approved waiver request was submitted prior to 4/1/2013: The approval status is **‘Approved’**

- If claim associated with the approved waiver request was submitted on or after 4/1/2013: The approval status is **‘System Approved’**
The Provider can view the status of claims, either [Approved/System Approved] or Denied, by viewing the Claim Homepage. Providers with appropriate access to a child’s IFSP Homepage may also click the Waivers link off the navigation bar to view the status of any waivers for that IFSP.

Important Information
Waivers must be approved/rejected by an EIO/D. See EIO/D waiver approval/rejection steps for more information.

1. Log in to NYEIS. User Home Page displays.

2. Click Provider Claims link under Search section. Provider Claim Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click View link under Action column for Claim of choice.
4. **Provider Claim Home** page displays. Click **Waivers** from the Navigation Bar.

![Provider Claim Home](image)

5. **Waiver List** page displays. This page contains the list of billing violations that make up this waiver.

**Important Information**

This Waivers list does not include any Upfront waivers.

![Waiver List](image)

6. Click **View** link under **Action** column to display a specific billing violation. **View Waiver** page displays with the section listing the related claims that contributed to the Billing Rule Violation. The EIO/D has the opportunity to view the combination of claims to aide with their decision to approve or reject the waiver request.

![View Waiver](image)
7. Click Close button. **Waiver List** page displays.

8. Click Close button. **Provider Claim Home** page displays.

**EIO/D waiver approval/rejection steps:**

After the provider submits a waiver request for an individual claim, the child’s assigned EIO/D receives a task to approve or reject the waiver request. Approved waiver requests result in the claim becoming **System Approved** while rejected waiver requests result in the claim being **Denied**.

**Important Information**

Approval of a submitted waiver request is a **Municipal** function. If a waiver request is denied in error, the claim can only be resubmitted on a new invoice. No further action can be taken with a **Denied** claim.

1. Click Inbox on upper menu bar. **My Workspace** Page displays:

2. Click on **Assigned Tasks** in the left-hand Navigation Bar. **Assigned Tasks** page displays:
3. Look for a task with subject “Review Billing Waiver Request for Claim (Claim number)”. The claim number referenced in the subject will correspond to the claim in **Pending** status. Click on the Task ID number. **Task Home** page displays for selected task:

4. Follow Task’s **Primary Action**: Review Billing Violations. Alternatively, clicking on the link to the **Provider Claim Home** under the **Supporting Information** cluster will load the Provider Claim. Hit the **Back** button when review of claim is complete. After following the Tasks Primary Action, the **Waiver Requested For Following Violations** page displays:
5. **If Approving ALL associated Billing Violations with a given Claim**

In cases where multiple billing violations exist for a claim, click the Approve All button to approve all related billing waivers at once. The Confirm Billing Waiver Approval page displays:

![Confirm Billing Waiver Approval](image)

Click the Yes button to approve all associated waivers for the given claim. Waiver Requested For Following Violations page displays with an ‘Approved’ status assigned to all violations. Clicking No returns to the Waiver Requested For Following Violations, without any decisions recorded:

![Waiver Requested For Following Violations](image)

**If rejecting a submitted waiver request or to render a decision on an individual billing violation with a given claim:**

Click the Manage link to review corresponding to any individual violations cited. Approve Billing Waiver Request page displays:
If desired click the View link in the Related Claims That Caused Billing Violation cluster to view the claim. Click the Back button when review is complete:

a. To reject the request, record a rejection reason in the Reason Rejected field (optional), record any comments in Comments section (optional), then click the Reject button. Confirm Billing Waiver Rejection page displays. Click Yes to proceed with rejection or click No to return to previous page.

b. To approve the request, enter comments in the Comments section (optional), then click Approve. Confirm Billing Waiver Approval page displays. Click Yes to proceed with approval or click No to return to previous page.

6. Following the decision by the EIOD on the given claim, the Waiver Requested For Following Violations page displays. The Status column will reflect the most recent decision on the claim (‘Approved’ or ‘Rejected’):

Clicking Finished applies the decision to the claim. If Approved, the claim will status will reflect System Approved. If Rejected, the claim status will reflect Denied.
PROVIDER ELECTRONIC (837) CLAIMING

This section contains information to guide Users through the process of electronically submitting claims – to NYEIS. Only electronic claims adhering to the HIPAA 5010 transaction format can be accepted into NYEIS.

The following sections provide information about the pre-approval process for submitting electronic claims, and the subsequent general flow of events that occur when a provider submits (uploads) an electronic 837P claim file into NYEIS. Users are provided with feedback on each submissions status by way of ‘999’ and ‘F-File’ response files. Details on how to interpret this information is provided in this topic.

Getting Approved and Configured for Electronic Claiming

Before a provider is permitted to upload 837P transactions into NYEIS, they must complete the following steps:


2. On the “Request to Submit Electronic Claims to NYEIS (version 1-3)” request an ETIN for each municipality that is in your agency’s Catchment Area and that you want to submit electronic claims for.

3. Send completed form to NYEIS@health.ny.gov. ETINs will be generated and registered in the NYEIS Test System and Testing Instructions will be supplied to the provider.

4. Complete the EDI testing process.

During the EDI testing phase providers are supplied the documentation needed to successfully complete the process. Download the “837 Professional Companion Guide 1-11 (HIPAA 5010)” and the “Procedures for 5010 837P Claiming to NYEIS” from the NYEIS ‘Provider Electronic Billing’ section of the webpage.
Important Information
The provider’s EDI account will be configured in NYEIS after successfully completing the EDI testing process. This will enable the provider to successfully upload the 837P Claim file.

Uploading the 837P Claim File to NYEIS

All 837P electronic claim files must adhere to the HIPAA 5010A EDI transaction format in order to be successfully uploaded to NYEIS and processed. The file will be rejected if it does not adhere to the HIPAA 5010A standard.

Important Information
Once the 837P Invoice file has been uploaded to NYEIS it will take at a minimum 24 hours for the file to be fully processed. Processing involves three phases, or review steps.

1. To submit an 837P claim file to NYEIS, select the “Upload 837 Invoice” menu option.

2. A screen will display allowing you to browse your computer to find the 837P HIPAA claim file.
3. To upload claims select the Browse button.

4. Choose the file that is to be uploaded into NYEIS by either double clicking on the file name or clicking once on the file name, then clicking the Open button.

5. The file name will be placed in the file field on the Upload screen. Click Save to transmit the claim file into NYEIS:
6. A confirmation message stating that you have successfully uploaded your file 837P file will be displayed.

**Checking the 837P Claim File Status**

NYEIS processes the submitted 837P electronic claim file in three phases, or review steps.

**837P Processing Overview**

The 837P claim file is first reviewed to ensure it conforms to the HIPAA 5010 file format standard (Step 1). If the system detects any non-conformities in the file, the system provides feedback in the form a 999 Response file. The provider must review the 999 File, correct all errors listed in the 999, and resubmit the 837P. If no errors are detected, the 999 Response File provides notice that the submitted 837P file passed the HIPAA 5010 standards review.

**Important Information**

If the 837P file that is uploaded to NYEIS is not in a recognized format (e.g., a Word document is uploaded), the system will not generate a 999 Response File for files in the HIPAA 5010 file format standard. Rather, the uploaded file is placed into an “Invalid” file folder that is monitored daily by the CMA Operations team.

Once the 837P file passes the 5010 file format standards, the system next analyzes the file for proprietary “pre-invoice” errors (Step 2). All claims that pass the “pre-invoice” review are then analyzed to confirm that they pass all Early Intervention claiming rules (Step 3). Errors with the invoice or claims may be identified at each Step.

**Important Information**

An F-File Response will be created after Step 2 if the system identifies “pre-invoice” errors in 837P claim file. Step 2 is completed within one hour after the 837P passes the Step 1 review.
In addition, the claims that pass the Step 2 “pre-invoice” review are then processed in Step 3, the Early Intervention claiming rules review. If any of these claims are found to have claiming rule violations, the claim is visible within NYEIS as a denied claim. Step 3 is completed during a nightly batch process.

An F-File Response will only be generated and made available once all of the pre-invoice and claiming rules reviews have been completed and there are errors detected. If none of the claims in a submitted 837P file pass the “pre-invoice” review, then the F-File is immediately made available to the provider. Otherwise, providers should wait 24 hours to check for an F-File response in order to ensure that all of the claiming rules have been run against the file.

The 999 Response File

Step 1 of the process always results in the creation of the 999 Response file. The purpose of the 999 Response File is to acknowledge receipt of the 837P file and provide a status pertaining to each segment in the 837P EDI transaction. The file informs the user if the 837P file conforms to the mandatory HIPAA 5010 file format standard.

Important Information

Any errors detected in the 837P file during this Step are listed in the 999 Response File and must be corrected by the provider. The 837P file must then be resubmitted.

Tips for reading the results contained in the 999 file are provided. See Tips for Reading the 999 Response File below. Users can optionally purchase a guide to the 999 called ‘EDI 999 Transaction Functional Acknowledgement’. Use your preferred search engine to find vendors who sell the guide.

The F-File Response

If the submitted 837P file passes the HIPAA 5010 file format standard test, review Steps 2 and 3 are initiated. These Steps generally occur within 24 hours after the system generates an error-free 999 Response File.

During these Steps, the 837P data is reviewed for “pre-invoice” errors (Step 2) and Early Intervention claiming rule violations (Step 3). For example, in Step 2 the ETIN recorded in the 837P submitted file is checked for validity, and in Step 3 claiming rule violations are run against each claim. If errors are found, the system generates the F-File response to notify the provider of any errors that the system identified.
Important Information
An F-File will be created after Step 2 if the system identifies “pre-invoice” errors with 837P claim file. Step 2 is completed within one hour after the 837P passes the Step 1 review.

In addition, the claims that pass the Step 2 “pre-invoice” review are then processed in Step 3, the Early Intervention claiming rules review. If any of these claims are found to have claiming rule violations, the claim is visible within NYEIS as a denied claim. Step 3 is completed during a nightly batch process.

An F-File Response will only be generated and made available once all of the pre-invoice and claiming rules reviews have been completed…and there are errors detected. If none of the claims in a submitted 837P file pass the “pre-invoice” review, then the F-File is immediately made available to the provider. Otherwise, providers should wait 24 hours to check for an F-File response in order to ensure that all of the claiming rules have been run against the file.

The F-File is structured as a comma-delimited file that can be opened in any text editor or Microsoft Excel for review. Textual error messages are listed in the file (e.g. “Submitter ETIN Invalid”) along with additional information to describe the errors. Tips for reading the F-File are provided. See Tips for Reading the F-File Response below. Tips for reading the F-file can also be found in the “F-File Error Guidance” document in the NYEIS Targeted Resource section of the NYEIS webpage: http://cma.com/client-portals/new-york-early-intervention-system-nyeis/nyeis-guide/nyeis-targeted-resources/

Important Information
• An F-File will not be generated if no errors are detected during Step 2 “pre-invoice” review.
• If errors are detected, the provider will need to correct the error in their 837P file and resubmit it.
• If the detected error is at the claim level, such as an invalid Service Authorization number, then only the claims affected need to be submitted on a new 837P.
• If the detected error is at the header level, such as invalid ETIN, then the entire file typically needs to be resubmitted.

The last section of this document includes a table that explains each of the 837P pre-invoice review errors displayed in the F-File and notes what actions are taken if the error is encountered. See F-File “Pre-Invoice” Error Guidance.
Accessing the Response Files

1. To access and review the response files generated by NYEIS to check on the status of a submitted claim file, click on the **Download Response Files** link from your homepage or click on the **My Provider Homepage** link and then click on the **Response Files** link in the Navigation bar.

   Welcome to the New York Early Intervention System

<table>
<thead>
<tr>
<th>My Shortcuts</th>
<th>Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Referral</td>
<td>Child</td>
</tr>
<tr>
<td>Create Invoice</td>
<td>Service Authorization</td>
</tr>
<tr>
<td>Submit Invoice</td>
<td>Invoices</td>
</tr>
<tr>
<td>Upload 837 Invoice</td>
<td>Vendors</td>
</tr>
<tr>
<td>Download Response Files</td>
<td>Provider Claims</td>
</tr>
<tr>
<td>My Provider Homepage</td>
<td></td>
</tr>
</tbody>
</table>

2. The **Download HIPAA Transaction Responses** list page is displayed. This page lists the 999 Response file identifier (**Control Number** column), **Date Created**, file name (**Response File** column) and how many transactions in the 837P file were accepted or rejected based on the standard HIPAA 5010 file formatting rules.

   Note that the **Rejected Transactions** and **Accepted Transactions** columns are not intended to provide statistics concerning how many claims in your file have been accepted or rejected. They only indicate whether the transaction sets in your file adhere to standard HIPAA 5010 formatting guidelines.

3. Review the 999 Response File to obtain information related to any rejected claims. The **Control Number** column on this page represents segment ISA13 from the submitted 837P file. The **Response File** column label is the same as the name of the 837P file that was submitted.
4. To view the responses of a transmission, click on the **View** action link. A page displays with two sections: **File Details** and **F-File Details**. The **File Details** section displays the system generated 999 Response File. An F-File may also be displayed in the **F- File Details** section, but only if errors were detected during Step 2 and/or Step 3 of the process described previously. If there were no errors during this Step, the F-File will not be available for you to select from the screen.

![Image of File Details and F-File Details sections]

Click the link in **Response File** field for the 999 Response File, or the **Control Number** field for the F-File (if displayed), to open or save the file to your hard drive. [See **Tips for Reading the 997 Response File** or **Tips for Reading the F-File Response** when reviewing either file. Tips for reading the F-file can also be found in the “F-Filer Error Guidance” document in the NYEIS Targeted Resource section of the NYEIS webpage.

**Important Information**

The leading 0 for values is not being displayed on the f-file because of the way Microsoft Excel is formatting the column when the f-file is opened. Try these steps to get around the auto-formatting:

- After clicking on the f-file in NYEIS, click on the Save option instead. Save the file with a “.txt” extension (choose All Files as the “Save As Type” and then type in .txt at the end of the filename.)
- Open Excel.
- With Excel open, click on the File > Open menu option.
- Browse your computer for the .txt file you just saved and open it. A Text Import Wizard should come up.
- Choose “Delimited” and then click Next.
- Make sure only the “Comma” delimiter option is selected and then click Next.
- Individually select each column that you want to be formatted as text and then select the “Text” column data while the column is highlighted. This text option will maintain any leading 0’s in the numbers.
- Click Finish.
**Adjudicating the Claim**

Once an 837P passes the HIPAA 5010 “pre-invoice” and Early Intervention claiming rule reviews, the claims are approved, denied, or pended similar to online NYEIS Invoicing. The status of the invoice and its claims can subsequently be viewed by searching for the invoice. See *Searching/Viewing Invoices* for further information.

Every Invoice has an assigned status. The status of the Invoice depends on where it is in the Invoice process. Prior to being submitted, an Invoice is considered **Draft**, after submission it is considered **Submitted** and continues through the process. Once the System approves and/or denies all Claims, the Invoice is considered **System Approved**. Invoices that are voided are given a **Void** status.

**Accessing the 835 Remittance File**

The status of any claim submitted via the 837P electronic claim can be viewed in the HIPAA 835 Claim Payment/Advice file that NYEIS generates on a daily basis. These 835 files are accessed via the **Download Response Files** menu option on the User Home page.

1. To access and review the 835, click on the **Download Response Files** link from your homepage or click the **My Provider Homepage** link and then click on the **Response Files** link in the Navigation bar. The **Download HIPAA Transaction Responses** list page displays.

   **Welcome to the New York Early Intervention System**

   ![My Shortcuts](My Shortcuts)

   ![Search](Search)

<table>
<thead>
<tr>
<th>My Shortcuts</th>
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<tbody>
<tr>
<td>Create Referral</td>
<td>Child</td>
</tr>
<tr>
<td>Create Invoice</td>
<td>Service Authorizations</td>
</tr>
<tr>
<td>Submit Invoice</td>
<td>Invoices</td>
</tr>
<tr>
<td>Upload 837 Invoice</td>
<td>Vendors</td>
</tr>
<tr>
<td><strong>Download Response Files</strong></td>
<td><strong>Provider Claims</strong></td>
</tr>
<tr>
<td>My Provider Homepage</td>
<td></td>
</tr>
</tbody>
</table>

2. The 835 Remittance File will have the ‘835’ prefix in the **Response File** name. Click on the **View** link in the **Action** column action to access the 835 file. A page with a File Details section displays.
3. Click the **Response File** field link to open or save the file to your hard drive.

4. The following information provides a general guideline for when providers should expect to receive an 835 Remittance File as a result of the claim adjudication process:

   - **Denied claim** – If a claim is denied during the adjudication process, an 835 Remittance file will be generated and made available to the provider.
   - **Approved claim** – The 835 will be created for an approved claim after the claim has been generated for payment and included on a check or EFT by County Finance Office. Each municipality is responsible for processing their own payments, so the response time for receiving these 835 Remittance files will vary.
   - **Pended claims** – The 835 Remittance File does not support pended claims. Providers will receive a Task in their **Financial Work Queue** which requires they provide a billing justification reason for the pended claim. See **Appendix H - Workflows** for further information about the task.

---

**Tips for Reading the 999 Response File**

An understanding of how to read the standard HIPAA 999 Implementation Acknowledgement file is required in order to comprehend the status of a submitted claim batch and to correct any errors noted at this step in the process. Here are some tips for reading the 999 file:

- Review the **AK9** segment in the 999.

- If you see an **A** in the AK9 segment, your file was received and accepted for further processing by NYEIS. Remember: **A** = Accepted. Below is an example of an accepted 999.
If you see an R in the IK5 or AK9 segments, your file was rejected. Remember: R = Rejected. Below is an example of a rejected 999. To help interpret this example, the superscript numbers provided cross reference the Number column in the 999 legend that is provided below.

Any time there are IK3 and IK4 segments in a 999, there is a rejected 837P. These segments will appear between the AK2 and IK5 segments (see the previous bullet for an example). The IK3 segment is used to report errors in a data segment in the submitted 837P and identify the location of the data segment in the file. The IK4 segment is used to report errors in a data element or composite data structure in the submitted 837P and identify the location of the data element in the file. See below for the 999 legend that describes each element in the IK3 and IK4 segments.
### Legend for the 999 File ‘IK3’ and ‘IK4’ Segments

<table>
<thead>
<tr>
<th>Number</th>
<th>Element</th>
<th>Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IK3</td>
<td>Error Identification: This segment is used to report errors in a data segment and identify the location of the data segment.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IK301</td>
<td>Segment ID Code</td>
<td>This contains the identification of the data segment in error (e.g., “NM1” or “SV1”).</td>
</tr>
<tr>
<td>3</td>
<td>IK302</td>
<td>Segment Position In Transaction Set</td>
<td>This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS).</td>
</tr>
<tr>
<td>4</td>
<td>IK303</td>
<td>Loop Identifier Code</td>
<td>This identifies the loop within which the error occurred on the file submitted to NYEIS.</td>
</tr>
<tr>
<td>5</td>
<td>IK304</td>
<td>Implementation Segment Syntax Error Code</td>
<td>This element contains the error noted for the segment. The codes and descriptions are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Unrecognized segment ID</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Unexpected segment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Required segment missing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Loop occurs over maximum times</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Segment exceeds maximum use</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>6. Segment not in defined transaction set</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>7. Segment not in proper sequence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8. Segment has data element errors</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>14. Implementation “Not Used” segment present</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16. Implementation dependent segment missing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17. Implementation loop occurs under minimum times</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>18. Implementation segment below minimum use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19. Implementation dependent “Not Used” segment present</td>
</tr>
</tbody>
</table>
**Segment Context and Business Unit Identifier:** This segment is used to report when the error identified in this IK3 loop was triggered by a situational requirement of the Implementation Guide and the error occurs at the segment level.

<table>
<thead>
<tr>
<th>CTX</th>
<th>Context Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTX01-1</td>
<td>Context Name</td>
<td>Always contains the value “SITUATIONAL TRIGGER”.</td>
</tr>
<tr>
<td>CTX01-02</td>
<td>Context Reference</td>
<td>Context Reference</td>
</tr>
<tr>
<td>CTX02</td>
<td>Segment ID Code</td>
<td>Code defining the segment ID of the data segment in error.</td>
</tr>
<tr>
<td>CTX03</td>
<td>Segment Position in Transaction Set</td>
<td>This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS). The transaction set header (i.e. the ST segment) is count position 1.</td>
</tr>
<tr>
<td>CTX04</td>
<td>Loop Identifier Code</td>
<td>This identifies the loop within which the error occurred on the file submitted to NYEIS.</td>
</tr>
<tr>
<td>CTX05-01</td>
<td>Element Position in Segment</td>
<td>This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error.</td>
</tr>
<tr>
<td>CTX05-02</td>
<td>Component Data Element Position in Composite</td>
<td>Required when the situational requirement relates to a component data element within a composite data structure.</td>
</tr>
<tr>
<td>CTX05-03</td>
<td>Repeating Data Element in Position</td>
<td>Required when the situational requirement relates to a repeating data element.</td>
</tr>
<tr>
<td>CTX06</td>
<td>Reference in Segment</td>
<td>Required when CTX05 is used and the data element reference number of the data element identified in CTX05-1 is known by the submitter of the 999, and it is not a composite data element.</td>
</tr>
<tr>
<td>CTX06-1</td>
<td>Data Element Reference Number</td>
<td>Reference number used to locate the data element in the Data Element Dictionary.</td>
</tr>
<tr>
<td>Data Element Reference Number</td>
<td>Required when CTX05-2 is used and the data element reference number of the data element identified in CTX05-2 is known.</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>IK4</td>
<td>Implementation Data Element Note: This segment is used to report errors in a data element or composite data structure and identify the location of the data element.</td>
<td></td>
</tr>
<tr>
<td>IK401-1</td>
<td>Element Position in Segment This is used to indicate the relative position of the data element or composite data structure in error. If CLM03 was in error, the value would be “3.”</td>
<td></td>
</tr>
<tr>
<td>IK401-2</td>
<td>Component Data Element Position in Composite This identifies the component data element position within the composite data structure. This element is only included when an error occurs in a composite data element and the composite data element position can be determined.</td>
<td></td>
</tr>
<tr>
<td>IK401-3</td>
<td>Repeating Data Element Position This identifies the specific repetition of a data element that is in error. This is a situational element that is not always provided.</td>
<td></td>
</tr>
<tr>
<td>IK402</td>
<td>Data Element Reference Number This identifies the “Data Element Number” reference number from the Implementation Guide.</td>
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<tr>
<td>11</td>
<td>IK403</td>
<td>Implementation Data Element Syntax Error Code</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>IK404</td>
<td>Copy of Bad Data Element</td>
</tr>
<tr>
<td>CTX</td>
<td>Element Context: This segment is used to report when the error identified in this IK4 loop was triggered by a situational requirement of the Implementation Guide and the error occurs at the element level.</td>
<td></td>
</tr>
<tr>
<td>CTX01-1</td>
<td>Context Name</td>
<td>Always contains the value “SITUATIONAL TRIGGER”.</td>
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<td>Segment ID Code</td>
<td>Code defining the segment ID of the data segment in error.</td>
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<td>Code</td>
<td>Description</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CTX03</td>
<td>Segment Position in Transaction Set</td>
<td>This is the numerical count of this data segment from the start of the transaction set (i.e. from the start of the ST loop in the 837P file that was submitted to NYEIS). The transaction set header (i.e. the ST segment) is count position 1.</td>
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<td>CTX05-02</td>
<td>Component Data Element Position in Composite</td>
<td>Required when the situational requirement relates to a component data element within a composite data structure.</td>
</tr>
<tr>
<td>CTX05-03</td>
<td>Repeating Data Element in Position</td>
<td>Required when the situational requirement relates to a repeating data element.</td>
</tr>
<tr>
<td>CTX06</td>
<td>Reference in Segment</td>
<td>Required when CTX05 is used and the data element reference number of the data element identified in CTX05-1 is known by the submitter of the 999, and it is not a composite data element.</td>
</tr>
<tr>
<td>CTX06-1</td>
<td>Data Element Reference Number</td>
<td>Reference number used to locate the data element in the Data Element Dictionary.</td>
</tr>
<tr>
<td>CTX06-02</td>
<td>Data Element Reference Number</td>
<td>Required when CTX05-2 is used and the data element reference number of the data element identified in CTX05-2 is known.</td>
</tr>
</tbody>
</table>
## Tips for Reading the F-File Response

Each error in an F-File is presented as a row of data. The position and description of the F-File columns that relate to each row of data is as follows:

<table>
<thead>
<tr>
<th>Column #</th>
<th>Column Name</th>
<th>Column Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Error Message</td>
<td>A textual message describing the error.</td>
</tr>
<tr>
<td>2</td>
<td>Error Data</td>
<td>The data that caused the error.</td>
</tr>
<tr>
<td>3</td>
<td>GS Reference</td>
<td>The Group Control Number from the submitted file (segment GS06).</td>
</tr>
<tr>
<td>4</td>
<td>ISA Reference</td>
<td>The ISA Number from the submitted file (segment ISA13).</td>
</tr>
<tr>
<td>5</td>
<td>Created Date</td>
<td>The date the error message was generated in NYEIS. This date is not meant to represent the date the file was submitted to NYEIS.</td>
</tr>
<tr>
<td>6</td>
<td>File Name</td>
<td>The original name of the file that was submitted to NYEIS and in which the error was detected.</td>
</tr>
<tr>
<td>7</td>
<td>Claim Number</td>
<td>The Claim Reference Number (CLM01) associated with the error. This column will only be populated if the error is detected within the 2300 claim loop, which includes errors detected at the 2400 service line level.</td>
</tr>
<tr>
<td>8</td>
<td>SA Number</td>
<td>The claim Service Authorization Number (2300REF02) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.</td>
</tr>
<tr>
<td>9</td>
<td>Child Reference Number</td>
<td>The Child Reference Number (2010BANM109) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.</td>
</tr>
<tr>
<td>10</td>
<td>Service Date</td>
<td>The claim service line Service Date (2400DTP03) associated with the error. This column will only be populated if its value is available at, or above, the file level where the error was detected.</td>
</tr>
</tbody>
</table>
## F-File “Pre-Invoice” Error Guidance

Once there are no errors generated on the 999 file, the submitted 837P is reviewed by step two of the file receipt process. Generally this step occurs within 24 hours after generating an error-free 999 response file. During this step, various pre-adjudication edit checks are performed against the data in the submitted 837P file and an F-File is generated to notify providers of any errors. For example, the ID of each rendering provider listed in the submitted file is checked for validity. The F-File is structured as a comma-delimited file that can be opened in any text editor or spreadsheet software such as Microsoft Excel for review. Textual error messages are listed in the file (e.g. “The NPI reported in data element 2310BNM109 for the rendering provider is not valid”), along with additional information to describe the errors. Tips for reading the F-File are provided at the end of this document.

**Important** - If no errors are generated during Step 2, then no F-File response will be generated. If errors are generated, then the user will need to correct the error in their file and resubmit. If the error is at the claim level, such as an invalid Service Authorization number, then only the claims affected need to be submitted on a new 837. If the error is at the header level, such as invalid ETIN, then the entire file typically needs to be resubmitted.

The table below explains each of the 837P edits that may result in errors being displayed on the F-File and notes what actions are taken if an edit is exception is encountered.

Please review the bolded text in the “Action Taken by NYEIS if Exception Encountered” column for guidance on what to do if a particular edit has been encountered and is displayed on the F-file response file.

<table>
<thead>
<tr>
<th>837P Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revision Date: 9/22/2015
## Check for Pre-Invoice Errors

<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Test transaction not accepted in NYEIS”</td>
<td>ISA15 (Usage Indicator)</td>
<td>If the value is “T”, then the file is a test file and it will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that this is a test file. NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>Check for test file</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Unable to identify receiving municipality county code (_1000B/NM1/<em>09_Identification_Code</em>)”</td>
<td>1000BNM109 (Muni Code)</td>
<td>If the Municipality Code cannot be found in NYEIS, then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the county could not be found. NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>Validate Municipality Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>“The Submitter ETIN reported in data element GS02 is not valid for the municipality code reported in data element 1000BNM109.”</td>
<td>GS02 (submitter ETIN) 1000BNM109 (Muni Code)</td>
<td>If the Submitter cannot be found in NYEIS (or the Submitter has not yet been configured by NYEIS to send electronic 837P transactions), then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the submitter could not be found. NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| “The provider has not yet been configured to submit HIPAA 4010 production files to NYEIS for the ETIN (ISA06) and Muni Code (1000BNM109) submitted in the file. Your file will not be processed any further.” | ISA12 (HIPAA Version Indicator)  
ISA06 (Submitter ETIN)  
1000BNM109 (Muni Code) | If the submitter has not yet been configure to submit production files for the HIPAA version indicated in the file, then the file will not be processed any further by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the submitter has not yet been configured to submit this version of the 837P transaction.  
NYEIS will STOP processing the 837P file. The 837P file must be corrected and resubmitted. | |
<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Unable to identify billing provider (2000A/2010AA/NM1/_09_Identification_Code)”</td>
<td>1000BNM109 (Muni Code) GS04 (Date) 2010AANM109 (Billing Provider NPI)</td>
<td>If the Billing Provider cannot be found in NYEIS, or is not active in NYEIS as of the date in GS04, then no claims for this Billing Provider will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the Billing Provider could not be found. <strong>NYEIS will STOP processing the 837P file if there are no other Billing Providers in the file. The 837P file must be corrected and resubmitted. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Billing Provider.</strong></td>
<td>If the Billing Provider is not found, then NYEIS checks for the Billing Provider via use of the <strong>2010AAREF02</strong> segment. Dashes are supported in the identifier value for both 2010AANM109 and 2010AAREF02. The 2000A (Billing Provider) loop is allowed to repeat according to HIPAA standards. NYEIS accommodates this requirement by skipping to the end of the iteration (in case there is another Billing Provider in the file), rather than terminating the process immediately.</td>
<td>Header</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
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<td>------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>“Submitter ETIN in ISA_06 Does not match Provider Clearing House ETIN”</td>
<td>ISA06 (Sender ETIN)</td>
<td>If the Clearinghouse ETIN cannot be validated against what is in NYEIS for this provider, then no claims for this Billing Provider will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the Submitter ETIN is invalid. NYEIS will STOP processing the 837P file if there are no other Billing Providers in the file. The 837P file must be corrected and resubmitted. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Billing Provider.</td>
<td>This validation only occurs if a provider is submitting claims through a clearinghouse. The 2000A (Billing Provider) loop is allowed to repeat according to HIPAA standards. NYEIS accommodates this requirement by skipping to the end of the iteration (in case there is another Billing Provider in the file), rather than terminating the process immediately.</td>
<td>Header</td>
</tr>
<tr>
<td>Validate Clearinghouse ETIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Validate Clearinghouse ETIN
<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Unable to identify Child (_2000A/_2000B/_2010BA/NM1/<em>09_Identification_Code</em>)”</td>
<td>2010BANM10 9 (Child Reference Number)</td>
<td>If the child is not found in NYEIS, then no claims for this child will be processed by NYEIS. The F-File response file produced by NYEIS will include a record indicating that the child could not be identified. NYEIS will STOP processing the 837P file if there are no other children in the file. Otherwise, NYEIS will continue processing the 837P file and attempt to validate the next Child. Any claims related to children who could not be validated by NYEIS must be corrected and resubmitted on another 837P file.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>“NYEIS is not currently supporting electronic adjustments or replacements to previously submitted claims”</td>
<td>2300CLM0503 (Claim Frequency Type Code)</td>
<td>If Claim Frequency Code is not equal to “1” or “8” for a particular claim, then <strong>NYEIS will log an error for that claim.</strong> The F-File response file produced by NYEIS will include a record indicating that NYEIS does not currently support electronic adjustments or replacements to previously submitted claims. <strong>NYEIS will continue processing the 837P file.</strong></td>
<td>Only Claim Frequency Codes “1” (original) or “8” (void) are supported by NYEIS.</td>
<td>Claim</td>
</tr>
<tr>
<td>Validate Claim Frequency Type Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>“Unable to match Service Authorization number to the Child and Billing Provider”</td>
<td>2300REF02 (Service Authorization number…where 2300REF01 = “G1”) 2010BANM109 (Child Reference Number) 2010AANM109 or 2010AAREF02 (Billing Provider ID)</td>
<td>If the Service Authorization is not found in NYEIS using the relevant data, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the Service Authorization could not be matched. <strong>NYEIS will continue processing the 837P file.</strong></td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>“Invalid ICD Code”</td>
<td>2300HI0102, 2300HI0202, 2300HI0302, 2300HI0402 (Health Care Diagnosis Code)</td>
<td>If the Claim Diagnosis Code does not exist as an active ICD code in NYEIS, then <strong>NYEIS will log an error for that claim.</strong> The F-File response file produced by NYEIS will include a record indicating that it is an invalid Diagnosis Code. <strong>NYEIS will continue processing the 837P file.</strong></td>
<td>NYEIS supports up to 4 Diagnosis Codes. Any additional codes are ignored during processing.</td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>“Referring Provider 2310A loop is missing.”</td>
<td>2310ANM109 (Identification Code)</td>
<td>If the referring provider NPI is not submitted with a non-vendor based claim, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the referring provider must be submitted with the claim.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Test</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>“The NPI reported in data element 2310ANM109 for the referring provider is not valid.”</td>
<td>2310ANM109 (Identification Code)</td>
<td>If the Referring Provider NPI is not formatted properly, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the Referring Provider is not valid.</td>
<td></td>
<td>Claim</td>
</tr>
</tbody>
</table>

The following criteria are used to determine if the format of the Referring Provider NPI is valid:

- The length of the NPI must be ten.
- The NPI must be numeric.
- The NPI must pass a checksum validation that is based on an established formula for NPIs.

NYEIS will continue processing the 837P file
<table>
<thead>
<tr>
<th>Sample Error Test</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The NPI reported in data element 2310BNM109 for the rendering provider is not valid.”</td>
<td>2310BNM108 (Identification Code Qualifier)</td>
<td>If the ID associated with the Rendering Provider is not found in NYEIS, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the ID associated with the Rendering Provider could not be identified.</td>
<td>2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be ‘G2’.</td>
<td>Claim</td>
</tr>
<tr>
<td>“The SSN/FEIN reported in data element 2310BNM109 for the rendering provider is not valid.”</td>
<td>2310BNM109 (Identification Code) OR 2310BREF02 (Reference_Identification_Qualifier)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“The Reference Number reported in data element 2310BREF02 for the rendering provider is not valid.”</td>
<td>2310BREF02 (Rendering Provider Secondary Identifier)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Validate Rendering Provider ID**
<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Referring Provider 2310A loop is missing.” Confirm Referring Provider NPI exists for non-vendor based claims.</td>
<td>2310ANM109 (Identification Code)</td>
<td>If the referring provider NPI is not submitted with a non-vendor based claim, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the referring provider must be submitted with the claim.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
</tr>
</tbody>
</table>
| “The NPI reported in data element 2310ANM109 for the referring provider is not valid.” Validate Referring Provider NPI | 2310ANM109 (Identification Code) | If the Referring Provider NPI is not formatted properly, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the NPI associated with the Referring Provider is not valid. The following criteria are used to determine if the format of the Referring Provider NPI is valid:  
  - The length of the NPI must be ten.  
  - The NPI must be numeric.  
  - The NPI must pass a checksum validation that is based on an established formula for NPIs.  
NYEIS will continue processing the 837P file | | Claim |
<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The rendering provider is not a current employee/contractor of the billing provider.” Confirm Rendering Provider is an Employee/Contractor of the Billing Provider</td>
<td>2310BNM108 (Identification Code Qualifier) 2310BNM109 (Identification Code) 2010AANM109 or 2010AAREF02 (Billing Provider ID) OR 2310BREF02 (Reference_Identification_Qualifier) 2310BREF02 (Rendering Provider Secondary Identifier) 2010AANM109 or 2010AAREF02 (Billing Provider ID)</td>
<td>If the Rendering Provider is not found to be an active employee/contractor of the billing provider, then NYEIS will log an error for that claim. The F-File response file produced by NYEIS will include a record indicating that the Rendering Provider is not a current employee/contractor of the billing provider. <strong>NYEIS will continue processing the 837P file.</strong></td>
<td>2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be “G2”.</td>
<td>Claim</td>
</tr>
</tbody>
</table>
“The rendering provider NPI reported in data element 2310BNM109 is associated with more than one active employee/contractor of the billing provider.”

“The rendering provider SSN/FEIN reported in data element 2310BNM109 is associated with more than one active employee/contractor of the billing provider.”

“The rendering provider Reference Number reported in data element 2310BREF02 is associated with more than one active employee/contractor of the billing provider.”

Determine if the Reported Rendering Provider ID is Used by More Than One Active Employee/Contractor of the Billing Provider

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2310BNM108</td>
<td>Identification Code Qualifier</td>
</tr>
<tr>
<td>2310BNM109</td>
<td>Identification Code</td>
</tr>
<tr>
<td>2010AANM109 or 2010AAREF02</td>
<td>Billing Provider ID</td>
</tr>
<tr>
<td>OR</td>
<td>2310BREF02</td>
</tr>
<tr>
<td>2310BREF02</td>
<td>Rendering Provider Secondary Identifier</td>
</tr>
<tr>
<td>2010AANM109 or 2010AAREF02</td>
<td>Billing Provider ID</td>
</tr>
</tbody>
</table>

If more than one active employee/contractor of the billing provider is found to use the same ID reported for the rendering provider, then **NYEIS will log an error for that claim.**

The F-File response file produced by NYEIS will include a record indicating that the ID reported for the rendering provider is associated with more than one active employee/contractor of the billing provider.

**NYEIS will continue processing the 837P file.**

2310BREF01 and 2310BREF02 are only available on HIPAA 5010 transactions. 2310BREF01 must be “G2”.

Claim
"The Procedure Code is too long or it is missing. One and only one code should be entered here. (2400/SV101-02)"

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2400SV101-02</td>
<td>One procedure code should be reported in this segment. If the length of the procedure code is too long to be validated by NYEIS, or if the procedure code does not exist in the file, then <strong>NYEIS will log an error for that claim.</strong> The F-File response file produced by NYEIS will include a record indicating that the procedure code is too long. <strong>NYEIS will continue processing the 837P file.</strong></td>
</tr>
</tbody>
</table>

Claim
## Check for Early Intervention Claiming Errors

<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Claim: &lt;Claim Number&gt; has an invalid rendering Provider with Reference Number:</td>
<td>HIPAA Data Element (Rendering Provider Identifier)</td>
<td>Claim is not uploaded to NYEIS.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>&lt;Primary Alternate ID&gt;. The rendering provider was not an active employee/contractor of the billing agency on the service date.”</td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) if the employees status of the rendering was an error and is corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the service date recorded in the claim, the rendering provider was not an active employee / contractor of the billing provider.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Claim: &lt;Claim Number&gt; has an invalid rendering Provider with Reference Number:</td>
<td>HIPAA Data Element (Rendering Provider Identifier)</td>
<td>Claim is not uploaded to NYEIS.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>&lt;Primary Alternate ID&gt;. The rendering provider is not recognized by NYEIS as an ABA Aide. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) if the restriction on the rendering was an error and is corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The rendering provider recorded in the claim is not recorded in NYEIS as an ABA Aide.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Claim: &lt;Claim Number&gt; has an invalid rendering Provider with Reference Number:</td>
<td>HIPAA Data Element (Rendering Provider Identifier)</td>
<td>Claim is not uploaded to NYEIS.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>&lt;Primary Alternate ID&gt;. The rendering provider is not a service coordinator.”</td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) after the issue is been corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The rendering provider recorded in the claim is not recorded in NYEIS as a service coordinator.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Claim: &lt;Claim Number&gt; has an invalid rendering Provider with Reference Number:</td>
<td>HIPAA Data Element</td>
<td>Claim is not uploaded to NYEIS.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>&lt;Primary Alternate ID&gt;.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>ID&gt;. The rendering provider is not approved for the Qualified Profession authorized to provide the service. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</td>
<td>(Rendering Provider Identifier)</td>
<td>Submit a new 837P file (new Invoice Number) if the Qualified Profession issue was an error and is corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The rendering provider recorded in the claim is not approved for a Qualified Profession that is eligible to perform the service designated in the claim.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Claim: &lt;Claim Number&gt; has an invalid rendering Provider with Reference Number: &lt;Primary Alternate ID&gt;. There was an active restriction placed on the rendering provider on the claim service date. Contact the Bureau of Early Intervention Provider Approval Unit for assistance.”</td>
<td>HIPAA Data Element (Rendering Provider Identifier)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the restriction was an error and has been corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The rendering provider had an active restriction in place on the date of service specified in the claim.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td>“The Provider Invoice Number is a duplicate for the Provider of Record.”</td>
<td>HIPAA Data Element (Provider Invoice Number)</td>
<td>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>The invoice number is already in NYEIS on a non-voided invoice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“You must enter an invoice number.”</td>
<td>HIPAA Data Element (Provider Invoice Number)</td>
<td>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>There is no invoice number entered.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“You must enter a provider for the invoice.”</td>
<td>HIPAA Data Element (Billing Provider Identification Code)</td>
<td>837 is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>There is no provider entered on the invoice.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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</tr>
<tr>
<td>“You must enter a municipality for the invoice.”</td>
<td>HIPAA Data Element (Muni Code)</td>
<td>837 is not uploaded to NYEIS.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>There is no municipality entered on the invoice</td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“You must enter a date for the invoice.”</td>
<td>HIPAA Data Element (Invoice Date)</td>
<td>837 is not uploaded to NYEIS.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td>There is no invoice date entered on the invoice</td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“A borough cannot be billed on an invoice, invoices must be billed at the NYC - Citywide level.” The municipality entered on the invoice corresponds to a NYC borough instead of NYC-Citywide.</td>
<td>HIPAA Data Element (Muni Code)</td>
<td>837 is not uploaded to NYEIS.</td>
<td></td>
<td>Header</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
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</tr>
<tr>
<td>Sample Error Text</td>
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</tr>
<tr>
<td><strong>“Claim &lt;Claim number&gt; has invalid times : &lt;times that caused the error&gt;”</strong></td>
<td>HIPAA Data Element (Claim Note Description)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td>CV? references the service type. Service times are represented by ‘hhmm’. Colons (:) cannot be used to separate hours and minutes.</td>
<td>Claim</td>
</tr>
<tr>
<td>The service times in the 2300 segment are not formatted in the manner that NYEIS needs them. The service times need to be in this format: CV?-hhmm-hhmm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>”A Line on Claim: &lt;Claim number&gt; has an invalid procedural code: &lt;CPT Code&gt;”</strong></td>
<td>HIPAA Data Element (Procedure Code)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>The procedural code(CPT) entered on the claim line is not recognized as a valid code by NYEIS</td>
<td></td>
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<tr>
<td>Sample Error Text Description of Edit</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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</tr>
<tr>
<td>“The Provider is not approved as of the Service Date recorded in the claim. Please contact the Bureau of Early Intervention Provider Approval Unit for assistance regarding the provider’s status.” The billing provider is not approved to provide the service on the service date recorded in the claim.</td>
<td>HIPAA Data Element (Rendering Provider Identifier) HIPAA Data Element (where 2300REF01 = “G1”)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the Approval status was an error and has been corrected.</td>
<td>Contact the Bureau of Early Intervention, Provider Approval Unit to determine why the billing provider was not in Approved status on the claim service date.</td>
<td>Claim</td>
</tr>
<tr>
<td>“There are not enough units remaining on the service authorization to cover the invoiced visit.” The number of units remaining on the Service Authorization is less than the units required for the claim.</td>
<td></td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td>Contact the EIO/D or Service Coordinator to amend the SA and add more units.</td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text Description of Edit</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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</tr>
<tr>
<td>“Service Date is outside the date range of the Service Authorization.” The claim service date does not fall within the Service Authorization Start Date and End Date.</td>
<td>HIPAA Data Element (Service Date)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td>Claim</td>
<td>Claim</td>
</tr>
<tr>
<td>“The Service Authorization was suspended on the date of service.” The status of the service authorization specified was suspended on the date of service specified</td>
<td>HIPAA Data Element (Service Date)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) if the SA status of suspended was an error and has been corrected.</td>
<td>Contact the EIO/D or Service Coordinator to determine why the Service Authorization or associated IFSP is has a status of ‘Suspended’.</td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text Description of Edit</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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<td>-----------------------------------------</td>
</tr>
<tr>
<td>“You must enter a service start date.” No service start date is entered in the claim.</td>
<td>HIPAA Data Element (Service Date)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>“The service start date cannot be in the future.” The service date recorded in the claim is in the future.</td>
<td>HIPAA Data Element (Service Date)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>“You must enter a claim start time.” “You must enter a claim end time.” General services claims need a start and end time.</td>
<td>HIPAA Data Element (Claim Note Description)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text Description of Edit</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
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</tr>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>“The claim start time must proceed the end time.” The service start time recorded in the claim occurs after the service end time.</td>
<td>HIPAA Data Element (Claim Note Description)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>“You must enter a visit type.” The service type in the 2300 segment is not recorded or not recognized by NYEIS. The service type needs to be in this format: CV?-hhmm-hhmm</td>
<td>HIPAA Data Element (Claim Note Description)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td>CV? References the service type. CV1 = regular CV2 = makeup CV3 = co visit</td>
<td>Claim</td>
</tr>
<tr>
<td>“You must enter a Location Type.” The claim does not indicate the service location.</td>
<td>HIPAA Data Element (Place of Service Code)</td>
<td>Claim is not uploaded to NYEIS. Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td>Claim</td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
<td>Relative Level of Edit (Header or Claim)</td>
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<td>---------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>“You must enter an ICD Diagnosis Code.”</td>
<td>HIPAA Data Element (Diagnosis Code)</td>
<td><strong>Claim is not uploaded to NYEIS.</strong> Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td>Claim</td>
<td>Claim</td>
</tr>
<tr>
<td>“Provider has no active contract for the invoiced municipality.”</td>
<td>HIPAA Data Element (Billing Provider Identification Code)</td>
<td><strong>Claim is not uploaded to NYEIS.</strong> Submit a new 837P file (new Invoice Number) if the contract issue was an error and has been corrected.</td>
<td>Review the NYEIS contract record associated with the county designated in the invoice. Confirm that the contract is Active and includes the service type / method designated in the Service Authorization. Contact the Municipality to resolve errors with the contract.</td>
<td>Claim</td>
</tr>
</tbody>
</table>

The billing provider on the invoice 1) does not have a contract with the county designated in the invoice, or 2) has a contract but it does not include the service type/method associated with the Service Authorization service.
<table>
<thead>
<tr>
<th>Sample Error Text</th>
<th>Relevant 837P Data Item(s) Used in Edit</th>
<th>Action Taken by NYEIS if Exception Encountered</th>
<th>Notes</th>
<th>Relative Level of Edit (Header or Claim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Service date not valid. Service Coordination claim already exists on this service date.” An approved claim already exists in NYEIS for service coordination for the child on this date</td>
<td>HIPAA Data Element (Service Date)</td>
<td><strong>Claim is not uploaded to NYEIS.</strong> Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td><strong>Claim</strong></td>
</tr>
<tr>
<td>“Rendering Provider must be selected for the claim.” A rendering provider is not specified.</td>
<td>HIPAA Data Element (Rendering Provider Identifier)</td>
<td><strong>Claim is not uploaded to NYEIS.</strong> Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td><strong>Claim</strong></td>
</tr>
<tr>
<td>“There are not enough dollars remaining on the service authorization to cover the invoiced amount.” Pertains to respite and transportation claims. The amount entered exceeds the service authorization amount.</td>
<td></td>
<td><strong>Claim is not uploaded to NYEIS.</strong> Submit a new 837P file (new Invoice Number) after the error is corrected.</td>
<td></td>
<td><strong>Claim</strong></td>
</tr>
<tr>
<td>Sample Error Text</td>
<td>Relevant 837P Data Item(s) Used in Edit</td>
<td>Action Taken by NYEIS if Exception Encountered</td>
<td>Notes</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>“The Provider Agency was restricted for this service type on the date of service.”</td>
<td>HIPAA Data Element (Billing Provider Identification Code)</td>
<td><strong>Claim is not uploaded to NYEIS.</strong></td>
<td>Contact the Bureau of Early Intervention, Provider Approval Unit to determine why the billing provider or rendering provider was restricted on the service date.</td>
<td>Claim</td>
</tr>
<tr>
<td>The agency or rendering provider is restricted for the product on the date of service specified.</td>
<td></td>
<td><strong>Submit a new 837P file (new Invoice Number) if the restriction was an error and is corrected.</strong></td>
<td></td>
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</tr>
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</table>
Unit 9: Provider Management

Version 4.4
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<table>
<thead>
<tr>
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<td>10/27/2015</td>
<td>4.4</td>
<td>• No Changes</td>
</tr>
<tr>
<td>9/22/2015</td>
<td>4.3</td>
<td>• No Changes</td>
</tr>
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<td>11/4/2014</td>
<td>4.01</td>
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<td>1/16/2014</td>
<td>3.2.1</td>
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</tr>
<tr>
<td>4/15/2013</td>
<td>2.1</td>
<td>• No Changes</td>
</tr>
</tbody>
</table>
| 4/1/2013    | 2.0     | • Updated Contracts section to reflect new use of Provider Agreements  
• Updated Provider Flag section to indicate no longer used  
• Updated Provider Restriction section to indicate no longer used  
• Added new **Agreements** topic  
• Updated Provider Status Subtopic to detail new ‘Pending Agreement’ status  
• Added **Catchment Areas** topic |
| 3/4/2013    | 1.6.2.1 | • No Changes                                                                                                                                                                                              |
| 2/14/2013   | 1.6.2   | • Updated **Create Employee** and **Employees/Contractors** sections with **Student Intern** subtopic                                                                                                         |
| 7/19/2012   | 1.6.1   | • No Changes                                                                                                                                                                                              |
| 6/4/2012    | 1.6     | • Updated the **Contracts** subtopic to add information regarding contract status when the provider approval status changes.  
• Added the **Employee ID** subtopic. |
| 10/24/2011  | 1.5     | • Added **Response File** topic  
• Updated **Languages** topic  
• Updated **Licenses** topic |
| 6/24/2011   | 1.4     | • Updated **Employees/Contractors** topic. Added **Pending Employee List, Service Coordinator Caseloads** and **Non-Active Employees** page information.                                                     |
| 3/31/2011   | 1.3     | • Updated **Create an Employee** subtopic with information concerning where Qualified Profession (QP), License, SSN and NPI data recorded during the create process is stored.  
• Updated **Locations** subtopic with a definition of “Location”.  
• Added **Edit Location Service Availability** subtopic to **Locations** section.  
• Updated the **Products** topic. |
| 1/31/2011   | 1.2     | • **Edited** Employees/Contractors section with information about adding employees and creating employees.  
• **Added** Disposition History section. |
| 11/22/2010  | 1.1     | • **My Provider Homepage** section – Added new Provider Home page screen shot without FEIN/SSN field displayed. FEIN/SSN is no longer displayed on Homepage.  
• **My Provider Homepage** section – Added reference to printing Provider Profile report.  
• **Creating MS Word Communications** section – added Internet |
| Explorer browser settings.  
• **Contacts** section – updated description.  
• **Models** section – updated description.  
• **Provider SCR Number** section – Deleted references to Adding, Editing and Deleting SCR data. Provider has view only rights.  
10/1/2010 | 1.0 | • October 2010 NYEIS launch. |
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<tr>
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<td>77</td>
</tr>
<tr>
<td>Web Addresses</td>
<td>78</td>
</tr>
</tbody>
</table>
Provider Management

Unit Overview

This Unit covers review of the functions in NYEIS available to Providers to view and edit Provider data. Some of the functions on the Provider Homepage and related functional areas can only be accessed by SDOH Provider Approval Unit users. Other functional areas can be viewed but not edited. Adding or editing information in these areas requires the Provider to notify the SDOH Provider Approval Unit.
This page intentionally left blank.
PROVIDER HOME PAGE

Provider Home Page Navigation Bar

- Home
- Addresses
- Agreements
- Alternative IDs
- Bank Accounts
- Catchment Areas
- Communications
- Communication Exceptions
- Contacts
- Continuing Education
- Contracts
- Disposition History
- Email Addresses
- Employees/Contractors
- Employers
- Financials
- Flags
- Languages
- Licenses
- Locations
- Models
- Monitoring
- Notes
- Phone Numbers
- Products
- Professional Discipline/Qualified Personnel
- Provider Completed Evaluations
- Provider Configuration
- Provider SCR Number
- Referrals
- Response Files
- Restrictions
- Roles
- Service Authorization Download
- Special Population Served
- Surveys
- Tasks
- Web Addresses
Whose Provider Homepage Can I Access?

Understand these conditions regarding Provider Homepage access:

- The only method for a provider user to access a provider homepage is by clicking the ‘My Provider Homepage’ link located on your User Home page.

- The ‘Provider’ whose Home page you will see / have access to depends entirely on how your NYEIS User Account is set up. There is a field in the NYEIS user account called ‘Provider Name’. You will have access to the Homepage of the provider you are associated with in your User Account.

Important Information
Some NYEIS provider user roles (like PROV_ServiceCoordinator and PROV_RenderProvStaff) require the User Account provider name association to be with the individual rather than an agency. All other provider user roles require the user account provider association with an agency.
• For example, Prov_ServiceCoordinator Sally Toonces’ User Account Provider association is with provider ‘Sally Toonces’. Therefore she will see / have access to provider Sally Toonces home page when clicking the My Provider Homepage link on her User Homepage.

• Another example, this time for a PROV_All user role. Henry Hines’ User Account is associated with provider ‘Toonces Academy’. Therefore he will see / have access to provider Toonces Academy’s home page when clicking the My Provider Homepage link on his User Homepage.
My Provider Homepage

This section informs a Provider how to access their Homepage. The ability to change information is restricted by role. Some of the functions on the Provider Homepage and related functional areas can only be accessed by select municipal or SDOH Provider Approval Unit users. Other functional areas can be viewed but not edited. Adding or editing information in these areas requires the Provider to notify the municipality or the SDOH Bureau of Early Intervention Provider Approval Unit.
1. Display User Home Page. Click the **My Provider Homepage** link under the My Shortcuts column.

2. **Provider Homepage** displays.

3. The **Current Approval Status** field indicates that the provider is approved or not approved to provide services. The **Current Status Date** field indicates the effective date of the provider’s current approval status. The history of status changes can be viewed by clicking the **Disposition History** link in the Navigation menu.

Approval statuses include:

- Approved – provider is authorized to provide services as of the Current Status Date. Or reflects the date the agency transitioned from a Pending Agreement to an Agreement.
- Disapproved – provider is no longer approved to provide services as of the Current Status Date.
- Disqualified - provider is no longer approved to provide services as of the Current Status Date.
• Pending Agreement – provider’s agreement status is awaiting submission and approval from the Provider Approval Unit (PAU)
• Withdrawn - provider will discontinue providing services as of the Current Status Date.

4. The **State ID** field displays the provider’s New York State Provider Approval number. This is the primary NYEIS reference number assigned to an approved provider agency or individual.

**Notes:**

• Information on Provider Homepage is view only. This information can be edited only through the Application Amendment process.

• The provider’s Current Approval Status is managed solely by the Bureau of Early Intervention Provider Approval Unit. All questions related to the provider’s status must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

**ADDRESSES**

Address refers to the Provider’s administrative or billing postal address. It does not refer to a “site” where services are delivered to children, although a Provider may locate their administrative offices at the same address as where they deliver services to children. See **Locations** section for information about Locations where services are delivered to children.

---

**Important Information**
Addresses information is View only. Changes to this information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit.

---

1. Display Provider Home Page. See **My Provider Homepage** section for information.

2. Click **Addresses** from the Navigation Bar. **Addresses** page displays.
3. View Address

Click View link under Action column from Addresses page. View Address page displays the sections Details and Comments. Click Close button after viewing the Address page. Addresses page displays.

Notes:

- Recent items on the Navigation Bar displays recently visited items.

AGREEMENTS

All Providers must have an Agreement in place with New York State in order to be assigned or bill for services through NYEIS. There are 2 types of agreements, Basic and Appendix:

Basic – The Basic agreement allows a provider to contract with an agency who has an Appendix agreement.

Appendix – The Appendix Agreement allows a service authorization to be assigned directly to a provider. This provider is then responsible to process claims with insurance companies and Medicaid. Providers granted an Appendix Agreement will also have a Basic Agreement.

Important Note:
If a Provider does not yet have a Basic Agreement in place, the Provider’s Approval Status will reflect Pending Agreement. See My Provider Homepage section of this chapter for more information on approval statuses.

Information in this section is View Only. Questions / Changes to Agreements must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

ALTERNATIVE IDS

Providers may have multiple ‘reference’ numbers, such as National Provider ID (NPI), NYS Provider ID, FEIN/SSN (Federal Employer Identification Number/Social Security Number). These numbers are recorded in the Provider’s Alternative IDs page. This NYEIS feature allows for the capture of alternate means of identification for a provider.

Exception
Not available to all Provider User roles.
The Primary Alternative ID equals: 1) an approved agency’s NYS Provider ID (State ID), 2) an approved Individual’s NYS Provider ID (State ID), or 3) an Employee ID or Reference Number. An Employee ID or Reference Number is created for any individual who is not initially an approved Individual provider and who is added as an agency employee. An individual who is not an approved Individual provider and who is an employee has only one Employee ID or Reference Number, regardless of how many agencies they are employed by.

**Important Information**
Alternate ID information is View only. (With the exception of National Provider ID (NPI) can be added to a record by an agency who employs or contracts the provider. Changes to this information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Alternative IDs from the Navigation Bar. Alternative IDs page displays for current Provider.

3. View Alternative ID

   Click **View** link under Action column from Alternative IDs page. View Alternative ID page displays the sections Details and Comments. Click Close button after viewing the Alternative ID page. Alternative IDs page displays.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

**Exception**
Not available to all Provider User roles.

**BANK ACCOUNTS**
Users with Financial access rights will be able to work with Bank Accounts. This feature allows bank information to be stored and used to perform Electronic Funds Transfers.

**Important Information**

Although NYEIS is not involved in the direct payment process through Electronic Funds Transfer (EFT) some municipal financial functions, such as reconciling provider payments, may require the addition of bank information by the provider if the provider is paid by EFT outside of NYEIS. A provider may need to work with their municipality to ensure that a specific Bank Branch Name has been added into NYEIS for the provider to. See Unit 10: Municipal Administration, Banking for further information.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Bank Accounts from the Navigation Bar. Bank Accounts page displays for the current Provider.

3. Perform one of the following functions:

   **Adding a New Bank Account**

   a. Click New button. Create Bank Account page displays the sections Details and Comments. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

   b. From the Details section, fill in information for Account Name, Account Number, From, Primary, Account Type, Bank Branch Name, To and Joint Account. If Primary checkbox is selected, the
newly added Bank Account is considered the Primary Account, and all other Bank Accounts are considered secondary.

To select a **Bank Branch Name**, click **Search** icon. **Bank Branch Search** page displays. Type information. Click the **Search** button. Records matching display in the **Search Results** section. **To search again, click Reset button.** Click **Select** link under **Action** column for desired Bank branch. **Create Bank Account** page displays.

**Important Information**
If a **Bank Branch Name** is not found, the Branch will need to be added by a User with Administrative rights to NYEIS.  

**See Unit 10: Municipal Administration, Banking** for further information.

c. Click **Save** button to save current Bank Account. **Bank Accounts** page displays.

Or

Click **Save & New** button to continue adding Bank Accounts.

**Viewing a Bank Account**

a. Click **View** link under **Action** column from **Bank Accounts** page. **View Bank Account** page displays the sections **Details** and **Comments**. The following buttons are available:

- **Edit** - [See Editing a Bank Account section.](#)
- **Delete** - removes the **Bank Account**. **Are you sure you want to delete this Bank Account?** message displays. Select **Yes** button. **Bank Accounts** page displays with **Status** as **Canceled**.
- **Close** - returns to **Bank Accounts** page.

**Editing a Bank Account**

a. Click **Edit** link under **Action** column from **Bank Accounts** page. **Modify Bank Account** page displays the sections **Details** and **Comments**. Apply changes.

b. Click **Save** button. **Bank Accounts** page displays.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the
data in descending order.

- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.

## CATCHMENT AREAS

As of April 1, 2013 Providers enter into agreements with New York State to deliver services, replacing the use of contracts with individual municipalities.

**Catchment Areas** detail the individual counties in which the provider is available to deliver services and their effective dates. Keep in mind all providers are approved to deliver service statewide. Catchment Areas signify where the provider is available to provide services.

### Important Note:

Catchment Area information displayed on this page is View only. Changes to this information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

## COMMUNICATIONS

Communications are records of various Communications between Case Participants that are recorded in NYEIS. Communications may be paper, telephone or Microsoft Word Templates. Note that the Microsoft Word template feature is restricted for use to the PROV_ServiceCoordinator user role and Municipal staff such as EIOD and Service Coordinator.

Communications are not meant to be recorded session notes for Providers or Service Coordinators. The Communication feature is a way for NYEIS Users to document and enhance the exchange of information. For example, a Service Coordinator (Municipal or provider) can use the Communication feature to contact the Evaluator to obtain scheduled evaluation dates.
Important Information
Sensitive Information/Information Extraneous to Early Intervention

It is important to remember that NYEIS information is subject to all Early Intervention Program (EIP) confidentiality requirements. Users must recognize that there may be sensitive or extraneous information communicated or in documents in children’s early intervention records that does not directly relate to the EIP. Early Intervention Officials and Early Intervention Providers are responsible for being aware of and adhering to other EIP confidentiality requirements that may apply to and restrict the information that should be included in children’s early intervention records.

When disclosing or re-disclosing any information, including Communication information in NYEIS, the Early Intervention Official or Early Intervention Provider must review the information and determine whether disclosure is necessary for the provision of early intervention services to the Child and/or family by the receiving party. For example, a physician’s report or social services report may not be necessary or appropriate to share with other early intervention Providers, and in these circumstances, would not be appropriate to record as Communication in NYEIS.

1. Display Provider Home Page. See My Provider Homepage section for information.

2. Click Communications from the Navigation Bar. Communications page displays for the current Provider.

3. Perform one of the following functions:

   Record Communication

   Records any type of Communication (e.g., phone call, letter received).

   a. Click Record Communication button. Record Communication page displays.
b. Define correspondent by selecting one of the following items:

- If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click Participant drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User.

There are three Participant Types the user can select:
- **Child** – children that the Provider is delivering services to.
- **Health Care Provider** – Providers registered in NYEIS.
- **Vendor** – SDOH approved Vendors registered in NYEIS.

Select Participant Type. Click Search icon. Search page displays. Type known information in Search Criteria. Click Search button. Search Results display. Click Select link under Action column to select correspondent. Record Communication page displays with correspondent name. Click Clear icon to clear selected name.

- If correspondent is not registered in the System, type Correspondent Name. Correspondent is automatically registered as a person in the System. Correspondent is only associated with Case. Correspondent does not display in a search. After a communication is created for a new participant, the participant is available in Case Participant drop down.

c. Click Next button. Next Record Communication page displays.

d. Type appropriate information in Communication Details section using Tab key to navigate from field-to-field. Be sure to select accurately from Communication Type drop down.

**Important Information**
Pro-Forma Type is not a required field but may be used by the User to track and identify a type of form used.
e. Enter appropriate information in **Communication Text** section. Be sure to type **Subject**.

f. Enter appropriate information in **Correspondent Details** section. *If Address is not in the System, No Address Available will be printed. An Address is not required.*

g. Continue entering information in the following sections: **Protected Information Related Request Details, Protected Information Disclosure Details, Disclosure Purpose** (multiple selections can be made), **Other Required or Permitted Disclosure Purpose** (multiple selections can be made), **Associated Files** and **Comments**.

The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization *must* be captured in NYEIS. *See Unit 4: Case Management, Protected Health Information Authorizations* for additional information.

**Protected Information Related Request Details** section – Select the type of request from the drop down.

**Protected Information Disclosure Details** section – complete check boxes as appropriate and select **Disclosure Type** from the drop down (enter additional disclosure details as appropriate).

Information may involve the Child's HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. *See Unit 4: Case Management, Protected Health Information Restrictions* and *Protected Health Information Authorizations* for additional information.

h. Click **Save** button. The status of the communication logged is automatically updated depending on the type of communication. Incoming logged communications show a **Status of Received**, outgoing logged communication show a **Status of Sent**. *Errors or additional information required will display at the top of the page if Communication is not completed. Apply changes. You must save again. Communications page displays with Communication item added to list.*
Create MS Word Communication
NYEIS has templates that can be used to create letters and notices related to a Provider. Contains saved Communications (e.g. letters) that NYEIS has provided.

a. Click Create MS Word button. Create MS Word Communication page displays.

b. Define correspondent by selecting one of the following items from:

- If correspondent is registered in the system but has not yet had any interaction with NYEIS that has listed them as a participant (e.g., Referral Source), click Participant drop down. This drop down allows a User to search for a type of participant in NYEIS and remains on Child selection unless changed by the User. Select Participant Type.

There are three Participant Types the user can select:
- **Child** – children that the Provider is delivering services to.
- **Health Care Provider** – Providers registered in NYEIS.
- **Vendor** – SDOH approved Vendors registered in NYEIS.

- Click Search icon. Search page displays. Type known information in Search Criteria. Click Search button. Search Results display. Click Select link under Action column to select correspondent. Record Communication page displays with correspondent name. Click Clear icon to clear selected name.

- If correspondent is not registered in the System, type Correspondent Name. Correspondent is automatically registered as a participant associated with the case. Correspondent does not display in a search. After a communication is created for a new participant, the participant is available in Case Participant drop down.

c. Click Next button. The Create MS Word Communications page displays.
d. Enter appropriate information in the following sections: 

**Correspondent Details** (Click Search icon to locate valid address if correspondent is already registered in the System), **Protected Information Related Request Details, Protected Information Disclosure Details**, **Disclosure Purpose** (multiple selections can be made), **Other Required or Permitted Disclosure Purpose** (multiple selections can be made) and **Associated Files**.

The sections are related to the documentation of communications regarding protected Health Information under the Health Information Portability and Accountability Act (HIPAA) and/or confidentiality restrictions under the Family Educational Rights and Privacy Act (FERPA). If these fields are completed, a Protected Health Information Authorization must be captured in NYEIS. See Unit 4: Case Management, Protected Health Information Authorizations for additional information.

**Protected Information Related Request Details** section – Select the type of request from the drop down.

**Protected Information Disclosure Details** section – complete check boxes as appropriate and select Disclosure Type from the drop down (enter additional disclosure details as appropriate).

This information may involve the Child's HIV status, family abuse situations, Court orders, subpoenas and other Protected Health Information. See Unit 4: Case Management, Protected Health Information Restrictions and Protected Health Information Authorizations for additional information.
e. Click **Search** icon in **Template Name** field under **Template** section. **Provider MS Word Templates** page displays.

f. Click **Select** link under **Action** column for desired template. Template displays in the **Template Name** field.

g. Click **Save** button. *Errors or additional information required will display at the top of the page if Communication is not completed. You must Save again.* Selected template displays.

h. Apply changes.

i. **Close** file. **Exit** Application. Click **Yes** button to save changes. Changes are saved in the NYEIS database. **Communications** page displays.

j. The **Status** of the Communication logged is automatically set to **Draft** by the system. To update the Status to **Sent**, click **View** in the **Action** column next to the correspondence. Click the **[Mark as Sent]** link next to the **Communications Status** field in the **Communications Details** cluster. **Confirmation** page displays with the message *Are you sure you want to mark this communication as sent?* Click **Yes** button. **Communication Status** displays as **Sent**.

---

**Important Information**

Always save changed templates that contain Child information into the NYEIS database and not to a local drive. NYEIS is a secure location and database maintains the confidentiality of the Child data.

NYEIS templates can be edited by the Municipality and downloaded to the network or Personal Computer without Child-specific information. Then, data can be entered.

---

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- When a template displays, some fields will automatically populate (e.g., Address, Phone Number) and can be adjusted.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.
• Users must have Microsoft Word 2003 or newer in order for the template function to work properly. User’s should contact their IT support staff to ensure that the following Internet Explorer browser settings are configured:
  • Popup blocker in the Internet Explorer browser on the user machine should be disabled.
  • Add the Cúram server host name including protocol (https://commerce.health.state.ny.us) to the list of trusted sites in the Internet Explorer.
  • The following ActiveX scripting options for the "Trusted sites" security zone must be set as follows:
    • ActiveX controls and plugins/Automatic prompting for ActiveX controls: **Enable**
    • ActiveX controls and plugins/Download signed ActiveX controls: **Enable**
    • ActiveX controls and plugins/Run ActiveX controls and plugins: **Enable**
    • ActiveX controls and plugins/Binary and script behaviors: **Enable**
    • ActiveX controls and plugins/Allow previously unused ActiveX controls to run without prompt: **Enable**
    • ActiveX controls and plugins/Script ActiveX controls marked as safe for scripting: **Enable**

### Viewing Communications

The information below outlines the general steps for viewing any type of Communication (Recorded/MS Word). The title of the page reflects the type of Communication being viewed.

1. Display Provider Home Page. ✨ See **My Provider Homepage** section for information.

2. Click **Communications** from the Navigation Bar. **Communications** page displays.

```plaintext
<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Communication Status</th>
<th>Subject</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View 1</td>
<td>Edit</td>
<td>Draft</td>
<td>Test</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Edit</td>
<td>Draft</td>
<td>Test</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Fatima Smithwick</td>
<td>Draft</td>
<td>MS Word doc</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Fatima Smithwick</td>
<td>Draft</td>
<td>Test MS Word Template</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Edit</td>
<td>Draft</td>
<td>Test</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Edit</td>
<td>Draft</td>
<td>Test</td>
<td>4/21/2009</td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Fatima Smithwick</td>
<td>Sent</td>
<td>Test #4</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View 1</td>
<td>Some Correspondent</td>
<td>Sent</td>
<td>Communication</td>
<td>1/8/2009</td>
<td>Active</td>
</tr>
</tbody>
</table>
```

3. Click **View** link under **Action** column for Communication to display. **View Communication** page displays.
4. Review information.

If the communication is MS Word communication, the Communication Status displays as Draft unless the User indicates it has been sent using the Mark as Sent feature. [When viewing an MS Word Communication, Communication Status displays as Draft. Click [Mark as Sent] link from Communication Status field. Confirmation page displays with the message Are you sure you want to mark this communication as sent? Click Yes button. Communication Status displays as Sent.]

5. Click Close button. Communications page displays.

**Exception**

Not available to all Provider User roles.

---

**Editing Communications**

The information below outlines the general steps for editing any type of Communication (recording/MS Word). The title of the page reflects the type of Communication being edited.

1. Display Provider Home Page. ☹️ See My Provider Homepage section for information.
2. Click **Communications** from the Navigation Bar. **Communications** page displays.

3. Click **Edit** link under **Action** column for Communication to display. **Modify Communication** page displays.

4. Apply necessary changes.

5. Click **Save** button. Changes are saved. **Communications** page displays.

**Notes:**

- To stop operation and not save changes, click **Cancel** button from the **Modify Communication** page.
- To update Communications, click **View** link under **Action** column. Click **Edit** button.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
Deleting Communications

The information below outlines the general steps for deleting any type of Communication.

A Communication cannot be deleted. However, Microsoft Word communications can be “Deleted” when the Communication Status is “Draft”; it cannot be deleted when the Communication Status id “Sent”. Deleting a Microsoft Word communication causes the Status to be changed from “Draft” to “Cancelled”.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Communications from the Navigation Bar. Communications page displays.

3. Click View link under Action column for Communication to delete. View Communication page displays.

4. Click Delete button. Delete Communication page displays the message Are you sure you want to delete this communication?
5. Click Yes button. View Communication page displays. Notice the Status field displays Canceled.

6. Click Close button. Communications page displays with Canceled in the Status column.

COMMUNICATION EXCEPTIONS

Communication Exceptions are used to note when a particular form of communication cannot be used, e.g. phone for a deaf parent.

Important Information
Information in this link is View-only for some Provider user roles.

Adding a New Communication Exception

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Communications Exceptions from the Navigation Bar. Communications Exceptions page displays for the current Provider.

3. Click New button. Create Communication Exception page displays the sections Details and Comments.
a. Fill in information for **Method**, **From** and **Reason**. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

b. Type **Comments** *(Optional).*

c. Click **Save** button to save current Exception. **Communication Exceptions** page displays.

Or

Click **Save & New** button to continue adding Exceptions.

**Viewing a Communication Exception**

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Communications Exceptions** from the Navigation Bar. **Communication Exceptions** page displays for the current Provider.

3. Click **View** link under **Action** column from **Communication Exceptions** page. **View Communication Exception** page displays the sections **Details** and **Comments**. The following buttons are available:

   - **Edit** - See **Editing a Communication Exception** section.
   - **Delete** - removes the Communication Exception. **Are you sure you want to delete this communication exception?** message displays. Select **Yes** button. **Communication Exceptions** page displays with **Status** as **Canceled**.
   - **Close** - returns to **Communication Exceptions** page.
Editing a Communication Exception

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Communications Exceptions from the Navigation Bar. Communication Exceptions page displays for the current Provider.

3. Click Edit link under Action column from Communication Exceptions page. Modify Communication Exception page displays the sections Details and Comments. Apply changes. Click Save button. Communications Exceptions page displays.

Deleting a Communication Exception

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Communications Exceptions from the Navigation Bar. Communication Exceptions page displays for the current Provider.

3. Click Edit link under Action column from Communication Exceptions page. Modify Communication Exception page displays the sections Details and Comments. Click Delete button. The confirmation Are you sure you want to delete this communication exception? displays. Click Yes button. Communications Exceptions page displays and the Communication Exception record displays the Status of Canceled.

Notes:

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- Cancel button stops current operation and returns to previous page.

- Recent items on the Navigation Bar displays recently visited items.
CONTACTS

The contacts section of My Provider Home Page lists key administrative personnel for the organization, their title and effective dates for the position:

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Type</th>
<th>From</th>
<th>To</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Nicolette Grier</td>
<td>Director</td>
<td>1/1/2012</td>
<td>4/30/2012</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>Bob Clark Anderson</td>
<td>Secretary</td>
<td>2/14/2012</td>
<td></td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>Thomas Smith</td>
<td>Director</td>
<td>5/1/2012</td>
<td></td>
<td>Active</td>
</tr>
</tbody>
</table>

Important Note:

Information on this page is View only, and view rights are restricted to those users associated with the Agency with the “Provider All” (Prov_All) role.

Changes to Contact information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

CONTINUING EDUCATION

Important Information

- Information in this link is View-only for some Provider user roles.
- An agency User such as PROV_All can edit the agency’s Continuing education list following the steps below. An agency User cannot edit an employee’s or contracted Continuing Education list however, when entering Continuing Education information for the agency, the employee/contractor that participated in the training can be entered in the Instructor/Trainee field.
- Changes to an employee’s Continuing Education information from their individual provider homepage must be made by a municipality or by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Continuing Education from the Navigation Bar. Continuing Education page displays for the current Provider.
3. Perform one of the following functions:

**Adding Continuing Education**

a. Click Create button. Enter Continuing Education / In-Service Details page displays.

b. Fill in information as necessary. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk Date fields must be formatted as mm/dd/yyyy format.*

b. Click Save button. Continuing Education page displays.

**Editing a Continuing Education**

a. Click Edit link under Action column from Continuing Education page. Enter Continuing Education / In-Service Details page displays.

b. Make necessary changes. *Date fields must be formatted as mm/dd/yyyy format.*

c. Click Save button. Continuing Education page displays.

**Deleting Continuing Education**

a. Click Delete link under Action column from Continuing Education page. Remove Continuing Education Info page displays with message *Are you sure you want to remove this Personnel Continuing Education Info?* Click Yes button. Continuing Education page displays. Selected Continuing Education details are removed.

**CONTRACTS**

**Important Note:**
As of April 1, 2013 Contracts are no longer used to identify a relationship between a Providing Agency and a Municipality. Instead, Providers enter into Agreements with New York State to deliver services in Catchment Areas. See Agreements and See Catchment Areas subtopics of this chapter for more information.

A Provider’s prior Contract information is maintained under the Contracts section of My Provider Home Page.

**DISPOSITION HISTORY**

Disposition History displays the Agency or Individual Provider’s approval history. Providers who are employees and not previously approved by the SDOH Bureau of early Intervention Provider Approval Unit do not have a Disposition and thus no history. Provider Disposition is determined by the State Department of Health, Bureau of Early Intervention Provider Approval Unit.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Disposition History from the Navigation Bar. Provider Disposition page displays for the current Provider.

**EMAIL ADDRESSES**

Email Addresses are gathered for approved agencies and individual providers

**Important Information**

- Information in this link is View-only for some Provider user roles.
- An agency User such as PROV_All can edit the agency’s Email Addresses following the steps below. However, an agency User cannot edit an employee’s or contracted Provider’s Email Addresses. Changes to an employee’s Email Addresses must be made by a municipality or by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.
2. Click **Email Addresses** from the Navigation Bar. **Email Addresses** page displays for the current Provider.

<table>
<thead>
<tr>
<th>Action</th>
<th>Primary Email Address</th>
<th>Type</th>
<th>From</th>
<th>To</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Yes</td>
<td>Business</td>
<td>1/1/2001</td>
<td></td>
<td>Active</td>
</tr>
</tbody>
</table>

3. Perform one of the following functions:

**Adding a New Email Address**

a. Click **New** button. **Create Email Address** page displays the sections **Details** and **Comments**.

b. Fill in information. **Address**, **From** and **Type** are *required* fields.

c. Designate a **Primary** email address by clicking the **Primary** checkbox.

d. Type **Comments** *(Optional)*.

e. Click **Save** button. **Email Addresses** page displays.

Or

   Click **Save & New** button to continue adding Email Addresses.

**Viewing an Email Address**

a. Click **View** link under **Action** column from **Email Addresses** page. **View Email Address** page displays the sections **Details** and **Comments**. The following buttons are available:

   - **Edit** - *See Editing an Email Address* section.
   - **Delete** - removes the **Email Address**. *Are you sure you want to delete this email address?* message displays. Select **Yes** button. **Email Addresses** page displays with **Status** as **Canceled**.
   - **Close** - returns to **Email Addresses** page.

**Editing an Email Address**

a. Click **Edit** link under **Action** column from **Email Addresses** page. **Modify Email Address** page displays the sections **Details** and **Comments**. Make necessary changes. Click **Save** button. **Email Addresses** page displays.
Deleting an Email Address

a. Click **View** link under **Action** column from **Email Address** page. Click **Delete** button. **Delete Email Address** page displays with message *Are you sure you want to delete this email address?* Click **Yes** button. **Email Addresses** page displays with **Status** set to **Canceled**.

Notes:

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- **Cancel** button stops current operation and returns to previous page.

- **Recent items** on the Navigation Bar displays recently visited items.

**EMPLOYEES / CONTRACTORS**

*Only applicable to agency providers.*

The Employees / Contractors page allows an Agency to manage the providers who are employed or contracted by the Agency. It enables the agency to:

- Add and End-Date providers who are Employees or Contractors.
- View pending employees.
- View agency Service Coordinators and the cases they have been assigned (only cases that the agency is listed as the Provider of Record).
- View and work Student Intern records.
- Add a NPI for each active rendering employee.
- View a history of former provider employees and contractors.

See **Licenses** section for information about viewing and editing employee license information.

**Employee / Contractor List**

The Employees/Contractor List page displays the providers (Qualified Personnel and Service Coordinators) currently employed or contracted by the agency. **This is not a list of all agency employees because it does not display non-rendering staff such as administrative, fiscal, or data entry personnel.**
The page displays information about each provider associated with the agency such as Personnel Type (Employee or Contractor), State ID if a DOH-approved Provider, NPI, employment / contracted start date (“Employment From Date”). A provider is considered not active with the agency if they have an ‘Employment To Date’ prior to today’s date recorded in the To Date field. Records of providers whose ‘To Date’ is prior to today’s date are listed on the Non-Active Employee/Contractors List page, and can be accessed by clicking the Non-Active Employees button.

**Important Information**

It is important for the agency to keep the list of providers on this page current, as NYEIS refers to this record when displaying the names of agency providers that can be selected as a Rendering Provider during the creation of a Service Authorization.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Employees/Contractors from the Navigation Bar. Employee/Contractor page displays.

3. Perform one of the following functions:
Viewing Employee or Contractor Data

The ability to view provider data is based on having the access rights. Employing Agency may only view their providers.

a. Click **View** link under **Action** column from **Employee/Contractor List** page. **Product Provider Employee Home** page displays. Review information. Click **Close** button. **Employee/Contractor List** page displays.

Editing Employee or Contractor Details

A provider’s start date (“**From Date**”), end date (“**To Date**”), and type (**Employee, Contractor**) can be edited.

a. Click **Edit** link under **Action** column from **Employee/Contractor List** page. **Modify Employee/Contractor** page displays the sections **Details** and **Add Student/Internship**. Make necessary changes.

b. Click **Save** button. **Employee/Contractor List** page displays.

End-Dating an Employee or Contractor

A future date can be added in the **To Date** field to record the date that a provider will no longer be employed / contracted by the agency. The record will automatically be moved to the **Non-Active Employee/Contractors List** page by the system on that date.

a. Click **Edit** link under **Action** column from **Employee/Contractor List** page. **Modify Employee/Contractor** page displays the section **Details**. To specify the end of the employee affiliation with the Provider, type a date in the Employment **To Date** field. Click **Save** button. **Employee/Contractor List** page displays.

Add an Employee or Contractor

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Employees/Contractors** from the Navigation Bar. **Employee / Contractor** page displays for the current Provider.
3. Click Add button. Add Employee/Contractor page displays.

4. Note the instructions. **The first step in adding a provider to the agency is to search the NYEIS database for the person.** If found, the agency simply selects the person and adds the provider’s record if she/he is already registered in NYEIS. If the provider does not exist in NYEIS (i.e., they are not found after searching) the agency creates an employee record.

   **Important Information**
   Conducting a thorough provider search is very important. If a record already exists for a provider and you fail to find it, you will accidentally create a second record. (Duplicate records will cause claims to be rejected.) See Unit 1: Getting Started, Searching section for useful tips when searching for a provider in the database.

   Please contact the NYEIS Help Desk if you would like assistance searching for a provider record.
5. Click Search icon to find and select a provider to add. Search for Employee/Contractor pop-up page displays. Enter search criteria in the Search Criteria cluster. Click Search button.

Search results display in the Search Results cluster. The search will return all persons who 1) are registered in NYEIS as employees or approved provider, and 2) whose record matches the search criteria you entered. The example above used last name and NPI number for search criteria

**Important Information**
Carefully complete searches using all known information about the person (name, NPI, State ID). Recommend using the person’s last name (if a two-part last name search by one part), rather than first and last name, in the Employee/Contractor Name search field. See Unit 1: Getting Started, Searching section for useful tips when searching for a provider in the database.

Select the View link in the Action column next to the person’s name to view information about the person. The Product Provider Employee Home pop-up page displays. Close the pop-up window after viewing.

**Important Information**
The system only allows a limited view of the person’s record, enough to allow verification of the correct person.

Contact the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016 if multiple search results are displayed and it appears that the information in NYEIS is incorrect. For example, you search for a person based on their NPI and the search results displays a person different than expected or multiple persons have the same NPI.

If you verify the listed provider is the correct person to add as an employee or contractor, click the Select link in the Action column. Create Employee page displays with Employee Name populated with the provider’s name.
Record the **Employment From Date** and **Personnel Type** information. *Fields requiring data entry are marked with an asterisk. Date fields must be formatted as mm/dd/yyyy format.*

**Important Information**

Only providers (i.e., have a State ID) with a Current Approval Status of ‘Approved’ can be added with a **Personnel Type** of **Contractor**.

Click **Save** button to save the record. **Employee / Contractor List** page displays with the name of the newly added provider listed.

OR

Click **Save & New** button to save the record and continue adding additional providers.

**Create an Employee**

An Agency should use the Create Employee function **only after** it has determined through a search of the NYEIS database that the provider’s record does not already exist.

**Important Information**

- The Create an Employee feature can only be used to create and add a **Personnel Type** of Employee. It cannot be used to create and add a Contractor. Contact the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016 if you want to add a provider as a Contractor but cannot find their record when searching the NYEIS database.
The Create an Employee feature does not create a NYEIS user account for the individual. Contact the Municipality you primarily provide services for in order to have a NYEIS user account created for the individual if she/he will need access to NYEIS.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Employees/Contractors from the Navigation Bar. Employee / Contractor page displays for the current Provider.

   **Important Information**
   Employees/Contractors with multiple licenses, more than one tax ID, or NPI will be displayed additional times in the Employees/Contractors list, corresponding to their professions.

3. Click Add button. Add Employee/Contractor page displays.
4. Note the instructions. **The first step is to search the NYEIS database to determine if the provider employed or contracted by the agency is already registered in NYEIS.** If the provider is currently registered, the agency simply adds the provider’s record to their Employee / Contractor List page. If the provider does not exist in NYEIS (i.e., they are not found after searching) the agency clicks the **Create Employee** button to create an employee record and register the person in the NYEIS database.

**Important Information**

Conducting a thorough provider search is very important. If a record already exists for a provider and you fail to find it, you will accidentally create a second record. (Duplicate records will cause claims to be rejected.) See **Unit 1: Getting Started, Searching** section for useful tips when searching for a provider in the database.

Please contact the **NYEIS Help Desk** if you would like assistance searching for a provider record.

5. Click **Search** icon to find and select an employee to add. **Search for Employee/Contractor** pop-up page displays. Enter search criteria in the **Search Criteria** cluster. Click **Search** button.
Search results display in the **Search Results** cluster. The search will return all providers who 1) are registered in NYEIS, and 2) whose record matches the criteria you entered.

Click the **Cancel** button if the search does not produce results that match the provider you want to add as an employee. The **Add Employee / Contractor** page displays. Click the **Create Employee** button. **Enter New Employee Information** page displays.

6. Three clusters comprise the page: **Employee Information**, **Primary Professional Information**, and **Student/Intern**. **Fields requiring data entry are marked with an asterisk. Date fields must be formatted as mm/dd/yyyy format.**

The **NPI (National Provider Identification)** and **License/Certification Number** fields are required.
If Service Coordination option is selected in the Profession drop-down, the user must 1) record the provider’s QP License/Certification number, or 2) select an option in the S.C. Qualifying Education / Experience field drop-down.

Service Coordinators MUST ALSO BE registered with a NYEIS User Account in order to be found in the search results when a Service Coordinator Service Authorization is being created. See Unit 10: Municipal Administration for special instructions when creating a NYEIS User Account for a Service Coordinator.

If adding Student/Intern:

- Set the Student/Intern flag to ‘Yes’
- Record the internship period in the Internship ‘From’ and ‘To’ Dates
- Search for the Supervisor’s name
- Record the ‘From’ and ‘To’ Dates that correspond to the chosen supervisors for the supervisory period

Important Notes:

- NPI is required at the time the intern record is being created. A License number is not required at the time of record creation.
- The Internship ‘From’ and ‘To’ dates must match or exist within the supervisors ‘From’ and ‘To’ dates.
- When billing, claims are submitted using the intern’s NPI.
- The supervisor’s profession must match the profession of the Intern record being created.
- An intern can only be employed by one agency and supervised by one staff at a time.
- Supervisors must be employees of the agency.

Important Information
The system compares the Primary Profession selected for the employee with the Agency’s SDOH-approved Professional Discipline/Qualified Personnel. The system will return an error message if the person’s
Professional Discipline/Qualified Personnel is not approved for the agency by SDOH Bureau of Early Intervention Provider Approval Unit.

7. Click the **Save** button to save the record. The **New Employee Information Summary** page displays. Click the **Create** button below the **Languages** cluster to add a language to the person’s record. Multiple languages can be added. Click the **Create** button below the **Licenses** cluster to add additional Profession and License information to the person’s record.

8. If the provider’s record is complete, click the **Register New Employee** button. The **Register Employee** page displays with the question *Are you sure you want to register this employee?* Click **Yes** to complete the registration, or **No**. If **No** is selected the record will be saved to the **Pending Employee List** page. [See Pending Employee List topic.]  

9. If a provider’s record contains a future Employment From Date the provider will be found on the agency’s Non-Active Employees list until that date.

**Important Information**  
The system compares the Primary Profession selected for the employee with the Agency’s SDOH-approved Professional Discipline/Qualified Personnel. The system will return an error message if the person’s Professional Discipline/Qualified Personnel is not SDOH-approved for the agency. Contact the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016 for information about approved Professions.

OR
If you do not want to register the person as an employee at this time, but want to save the data you have entered, click the **Cancel** button on the **New Employee Information Summary** page. The **Employee / Contractor List** page displays.

The saved record can be found by clicking the **Pending Employee List** button. The **New Employee List** page displays.

The page lists all personnel records that have been data entered but not yet registered. Click the **View** link in the **Action** column to view the record, edit any data, and/or register the person’s record. Click the **Delete** link on the **Action** column to delete the record.

**Notes:**

- Employee Qualified Profession (QP) and License information recorded on the **New Employee Information** page is viewable on the employee’s Provider Home page. See **Professional Discipline/Qualified Personnel** or **Licenses** subtopics for information about updating this information.
- Employee SSN (last 4 digits) and NPI recorded on the New Employee Information page are viewable on the employees Provider Home page, Alternate ID’s record.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.
Pending Employee List

The Pending Employees List page displays the records of providers who the agency is in the process of registering as an employee of the agency but who have not been fully registered during the ‘Create Employee’ process.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Employees/Contractors from the Navigation Bar. Employees / Contractors page displays.

3. Click Pending Employee List button. New Employee List page displays.

4. Click Delete to remove a provider from the Pending Employee List.

5. Click the View link in the Action column next to the provider’s name to view the data recorded thus far. The New Employee Information Summary page displays. Click the Edit button to change some of the data in the record. Click the Register New Employee button to add the provider as an employee of the agency.

6. Click the Cancel button on the New Employee List page return to the Employee/Contractor List page.

Service Coordinator Caseloads
The **Service Coordinator List** page displays the providers currently employed or contracted by the agency as a Service Coordinator, and their current caseload counts.

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Personnel Type</th>
<th>SC Caseload</th>
<th>State ID</th>
<th>NPI</th>
<th>From Date</th>
<th>To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Carol Fritz</td>
<td>Employee</td>
<td>1</td>
<td>32514</td>
<td>8/2/2011</td>
<td>11/1/2011</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>Harder, Jessica</td>
<td>Employee</td>
<td>5</td>
<td>6200834</td>
<td>7/21/2011</td>
<td>4/19/2011</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>John Smith</td>
<td>Contractor</td>
<td>1</td>
<td>43830323-1</td>
<td>11/14/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sally Yorsnicka</td>
<td>Employee</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The page displays information about each provider Service Coordinator associated with the agency such as **Personnel Type** (Employee or Contractor), **State ID** if a DOH-approved individual, **NPI**, employment / contracted start date (“**From Date**”) and end date (“**To Date**”).

It also displays the Service Coordinator’s total **SC Caseload** count. The count includes cases that the Service Coordinator manages for your agency and all other agencies that he or she may be employed or contracted by.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Employees/Contractors** from the Navigation Bar. **Employee / Contractor** page displays.

3. Click **Service Coordinator Caseloads** button. **Service Coordinator List** page displays.

4. Click **Close** button to return to the **Employees/Contractors List** page.
**Student Intern**

The Student Intern page list displays a list of all current and prior interns, and their internship periods. From this list, Providers can view and manage details relating to the internship’s active periods, their supervisor’s history and their current supervisor’s active period:

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Profession/QP</th>
<th>Internship From Date</th>
<th>Internship To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Joseph, Anna</td>
<td>Speech Language Pathologist</td>
<td>1/16/2013</td>
<td>1/14/2014</td>
</tr>
<tr>
<td>View</td>
<td>Glatzerman, Denise</td>
<td>Speech Language Pathologist</td>
<td>5/15/2012</td>
<td>5/15/2013</td>
</tr>
<tr>
<td>View</td>
<td>Thomas, Anu Anna</td>
<td>Speech Language Pathologist</td>
<td>6/19/2012</td>
<td>12/14/2012</td>
</tr>
<tr>
<td>View</td>
<td>Grijp, Fred</td>
<td>Speech Language Pathologist</td>
<td>6/5/2012</td>
<td>3/22/2013</td>
</tr>
<tr>
<td>View</td>
<td>Perez Villar, Joseph</td>
<td>Speech Language Pathologist</td>
<td>5/21/2012</td>
<td>6/21/2013</td>
</tr>
<tr>
<td>View</td>
<td>Jones, Thomas</td>
<td>Speech Language Pathologist</td>
<td>6/17/2013</td>
<td>4/16/2014</td>
</tr>
</tbody>
</table>

Click **View** link corresponding to the intern you wish to view/modify. Click View again. **View Student Internship** Page displays:

**Internship Details**

- **Provider Name:** Joseph, Anna
- **Profession:** Speech Language Pathologist
- **Internship From Date:** 1/16/2013
- **Internship To Date:** 1/14/2014
- **Employment From Date:** 1/16/2013
- **Employment To Date:** 3/3/2014
- **Date Changed:** 2/12/2014 10:17
- **Student/Intern:** No
- **User:** Fred Smith

**Internship Supervisors**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Supervisor Name</th>
<th>Supervisor From Date</th>
<th>Supervisor To Date</th>
<th>Date Changed</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Smith, Fred</td>
<td>1/16/2013</td>
<td>1/14/2014</td>
<td>2/12/2014</td>
<td>Smith, Fred</td>
</tr>
</tbody>
</table>

**Internship History**

<table>
<thead>
<tr>
<th>Internship From Date</th>
<th>Internship To Date</th>
<th>Student/Intern</th>
<th>Date Changed</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/16/2013</td>
<td>1/14/2014</td>
<td>No</td>
<td>2/12/2014</td>
<td>Smith, Fred</td>
</tr>
<tr>
<td>1/16/2013</td>
<td>1/15/2014</td>
<td>Yes</td>
<td>2/13/2013</td>
<td>Smith, Fred</td>
</tr>
</tbody>
</table>

Click **Edit** button to modify the Student/Intern Yes/No flag or to modify Internship From/To dates. Modify **Student Internship** page displays:
When finished, click **Save** to save changes, or **Cancel** to abort any changes. **View Student Internship** Page displays:

Click **View** Button corresponding to existing supervisor in Internship Supervisors cluster to see details on Supervisor assignment. **Supervisor Details** page displays:
Click **Edit** button to modify Supervisor From/To Dates. Be sure to use *mm/dd/yyyy* format. When finished, click **Save** or **Cancel**. View **Student Internship** page displays:

![Student Internship Details](image)

Click **Add** button above Internship Supervisors cluster to add a new internship supervisor. **Add Supervisor** page displays:

![Add Supervisor](image)
Existing Supervisor and active supervisory period will be listed in Internship Supervisors cluster. Click the Search icon to the right of Supervisor Name in the New Supervisor Details cluster to search for and select the new supervisor. Pop-up List Agency Provider Employees page displays:

Use the TAB key to navigate from field to field. Enter search criteria and click Search. Matching results populate Search Results. From the Search Results cluster, click Select Link corresponding to desired supervisor. Add Supervisor Page displays with selected Supervisor populating Supervisor Name field of New Supervisor Details cluster:
Add Supervisor

Internship Details

<table>
<thead>
<tr>
<th>Profession</th>
<th>Speech Language Pathologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship From Date</td>
<td>7/6/2015</td>
</tr>
<tr>
<td>Internship To Date</td>
<td>7/6/2016</td>
</tr>
</tbody>
</table>

Internship Supervisors

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Smith, Jenna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor From Date</td>
<td>7/6/2015</td>
</tr>
<tr>
<td>Supervisor To Date</td>
<td>7/25/2015</td>
</tr>
</tbody>
</table>

New Supervisor Details

<table>
<thead>
<tr>
<th>Supervisor Name</th>
<th>Matthew, Angela</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor From Date</td>
<td>7/26/2015</td>
</tr>
<tr>
<td>Supervisor To Date</td>
<td>12/31/2015</td>
</tr>
</tbody>
</table>

Record New Supervisors ‘From’ and ‘To’ Dates. Click **Save** when finished, or **cancel** to cancel the operation and return to the previous page. **View student Internship** page displays, with the newly recorded Supervisor and their effective dates of their supervisory relationship recorded in the Internship Supervisors cluster:

**View Student Internship**  
O'Connor, Chris - 527616

<table>
<thead>
<tr>
<th>Internship Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
</tr>
<tr>
<td>Internship From Date</td>
</tr>
<tr>
<td>Employment From Date</td>
</tr>
<tr>
<td>Student/Intern</td>
</tr>
<tr>
<td>User</td>
</tr>
<tr>
<td>Profession</td>
</tr>
<tr>
<td>Internship To Date</td>
</tr>
<tr>
<td>Employment To Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internship Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
</tr>
<tr>
<td>Supervisor Name</td>
</tr>
<tr>
<td>Supervisor From Date</td>
</tr>
<tr>
<td>Supervisor To Date</td>
</tr>
<tr>
<td>Date Changed</td>
</tr>
<tr>
<td>User</td>
</tr>
<tr>
<td>Supervisor Name</td>
</tr>
<tr>
<td>Supervisor From Date</td>
</tr>
<tr>
<td>Supervisor To Date</td>
</tr>
<tr>
<td>Date Changed</td>
</tr>
<tr>
<td>User</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internship History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship From Date</td>
</tr>
<tr>
<td>Internship To Date</td>
</tr>
<tr>
<td>Student/Intern</td>
</tr>
<tr>
<td>Date Changed</td>
</tr>
<tr>
<td>User</td>
</tr>
</tbody>
</table>

Important Notes:
Supervisors must be of type ‘Employee’. Contracted Providers cannot be assigned as supervisors to interns.

Active Supervisory periods cannot overlap. End-date the existing supervisory period before adding in the new supervisor and their active period.

Inset information on how to end an Internship.

**Employee ID**

The Employee ID list page displays social security number and NPI information recorded for each active employee and contractor. In order to safeguard sensitive Social Security Number data, the system limits the display to the last four digits of the number.

A provider should regularly review the Employee Identification List page to ensure that the correct Social Security Number and NPI are recorded for each active employee. If the employee’s NPI is incorrectly recorded, the Employee Identification List page Edit feature can be used to correct the number. If the Social Security Number suspected of being incorrect, the provider must contact the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Employees/Contractors from the Navigation Bar. Employee / Contractor List page displays.

3. Click the Employees ID button. The Employee Identification List page displays.
4. Review the Social Security Number or NPI recorded for each employee and verify their accuracy.

5. To edit an NPI, click the **Edit** link in the **Action** column next to the employee’s name. The **Modify Employee NPI** page displays.

![Modify Employee NPI Page](image)

6. Edit the current number as needed, and click the **Save** button. The Employee Identification List page displays with the data change.

![Employee Identification List](image)

### Non-Active Employees

The **Non-Active Employee/Contractor** page displays the providers (Qualified Personnel and Service Coordinators) formerly employed or contracted (or with future employment/contracted dates) by the agency. **It is not a list of all former agency employees because it does not display non-rendering staff such as administrative, fiscal, or data entry personnel.**

The page displays information about each provider associated with the agency such as **Personnel Type** (Employee or Contractor), **State ID** (if a DOH-approved provider), **NPI**, employment / contracted start date ("**From Date**") and end date ("**To Date**").

A provider is considered not active **with the agency** if they have a ‘To Date’ prior to today’s date recorded in the **To Date** field. In addition, they are considered not active if the **From Date** is a future date.

Records of providers whose ‘To Date’ is after to today’s date are listed on the **Employee/Contractors List** page.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.
2. Click **Employees/Contractors** from the Navigation Bar. **Employee / Contractor** page displays.

3. Click **Non-Active Employees** button. **Non-Active Employee/Contractor List** page displays.

4. Click **Close** button to return to the **Employees/Contractors List** page.

**Important Note:**

If you need to move a therapist or service coordinator from the non-active Employee/Contractor list to the current list of Employees/Contractors, you accomplish this via **Add** button on the **Employee/Contractor list** Page. See **Add an Employee or Contractor** subtopic for more information.

**EMPLOYERS**

The **Work History** page displays all agencies that the Provider (Agency or Individual) is currently or has been employed / contracted by.

1. Display **Provider Home** page.

2. Click **Employers** from the Navigation Bar. **Work History** page displays with a list of Agencies/Employers for the current Provider.

**Notes:**
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.

**FINANCIALS**

Financials displays a list with details of payments issued to the Provider. It also enables the Provider the capability to view and drill down to the specific details of the payments such as the service authorization and claim that the payment resulted from.

1. Display **Provider Home** page. See My Provider Homepage section for information.

2. Click **Financials** from the Navigation Bar. **Provider Financials** page displays.

3. Click **View** link under **Action** column for payment to display. **Payment Instrument Details** page displays.

4. Review information.

   See Unit 8: **Provider - Invoicing** for further information.

**FLAGS**

Provider Flags are not in use at this time.

**LANGUAGES**

A Language should only be added when the Rendering Provider is fluent in the language and available to deliver bilingual or monolingual services to a family and/or Child whose dominant language is other than English. A language other than English added to an Agency’s Language page indicates that an employee or contractor working for the agency speaks the language. A language added to a provider’s Languages page indicates the provider speaks the language.

The agency’s language list will be automatically updated when a provider employee or approved individual provider engaged as a contractor is added to the Agency Employee / Contractors page and speaks a language other than English. If the provider’s language is already listed in the agency’s languages list, the system does nothing. If it is a new language, the system adds the language to the agency’s list. Likewise, when a provider employee or approved individual provider...
engaged as a contractor who has a language other than English is end-dated, the system determines if the language should be removed from the agency’s languages list.

If the approved agency or individual provider is approved for either the Core Evaluation model (approved agencies only) or Supplemental Evaluations Only model and their Language page indicates a language other than English is spoken, their Products list will be updated to include the associated Bi-Lingual Add On products. These products are required for the Agency or Individual provider to submit a claim for a Bi-Lingual Supplemental Evaluation claim. The system automatically adds the Bi-Lingual Add On product if a new language other than English is added and the agency / individual provider is approved for either the Core Evaluation model or Supplemental Evaluations Only model.

**Important Information**
- Information in this link is View-only for some Provider user roles.
- An agency User with a role such as PROV_All can edit the agency’s Language list following the steps below. However, an agency User cannot edit an employee’s or individual approved provider’s (i.e., contracted) Language list. Changes to an employee’s Language information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display **Provider Home** page. See My Provider Homepage section for information.

2. Click **Languages** from the Navigation Bar. **Provider Languages** page displays for the selected Provider.

### **Provider Languages: Midway Social Services - 222331234**

<table>
<thead>
<tr>
<th>Action</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delete</td>
<td>German</td>
</tr>
<tr>
<td>Delete</td>
<td>English</td>
</tr>
<tr>
<td>Delete</td>
<td>French</td>
</tr>
</tbody>
</table>

3. Perform one of the following functions:

   **Adding a Language**
   
   a. Click **New** button. **Add Provider Language** page displays. Select **Language** drop down. Select Language.
b. Click Save button. Provider Languages page displays with a list of Languages.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the provider is approved for either the Core Evaluation or Supplemental Evaluations Only models, adding the new Language will automatically cause the addition of the Bi-Lingual Add On in Products.</td>
</tr>
</tbody>
</table>

Deleting a Language

a. Click Delete link under Action column from Provider Languages page. Delete Language page displays with message *Are you sure that you want to delete the selected language?* Click Yes button. Provider Languages page displays. Selected Language is removed.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the provider is approved for the Bi-Lingual Add On Product(s) and deleting the language eliminates all languages other than English from the provider’s Languages page, the deletion will automatically cause the Bi-Lingual Add On Product(s) to be end dated.</td>
</tr>
</tbody>
</table>

Notes:

- To add a Language, you *must* add one at a time from the Add Provider Language page.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- Cancel button stops current operation and returns to previous page. Recent items on the Navigation Bar displays recently visited items.

**LICENSES**

Licenses, certifications and registrations relate to the employees of a provider agency (employees and subcontractors), and to individual approved providers. A provider agency does not have a license.

Licenses & Certifications terminology used throughout this section also refers to Registrations.
Important Information

- An agency does not have a License. Users are prevented from entering License information on the agency’s Provider License page.
- Employee License information must be updated by SDOH Bureau of Early Intervention Provider Approval Unit (PAU). Contact PAU at (518) 473-7016.
- Individual approved Providers can edit their License information using the steps described below as long as their User Account is associated with themselves as a Provider and not an Agency. To check this information, click the My Provider Homepage link on the User Homepage and review the Name field in the Details section. If it displays the Individual provider’s name, and the Individual Provider is assigned the role of Provider All (Prov_All), the provider can edit their License information.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Licenses from the Navigation Bar. Provider Licenses & Certifications page displays for the current Provider.

3. Perform one of the following functions:

   Adding a Provider License & Certification

   a. Click New button. Create Provider License page displays.

   b. Fill in information as necessary. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

   c. Click Save button to save current License/Certification. Provider Licenses & Certifications page displays.

Important Information

All Professional Disciplines/Qualified Personnel as well as Service Coordinators require a National Provider Identification (NPI). Contact SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016 if an error message is encountered when adding a License indicating that the Provider does not currently have an NPI recorded in the system.
End-Dating a Provider License or Certification

a. Click **Edit** link under **Action** column from **Provider Licenses & Certifications** page. **Modify Provider License** page displays. Record the **To Date** to specify the end of the License or Certification term. Click **Save** button. **Provider Licenses & Certifications** page displays.

Notes:

- Licenses and Certifications cannot be deleted. Use the **To Date** field to specify when the License or Certifications expires. A history is retained so that all new information for a renewal does not have to be recreated.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.

**LOCATIONS**

Location refers solely to a site where services are delivered to children. It does not refer to an administrative or billing address, although a Provider may locate their administrative offices at the same address as where they deliver services to children. See Addresses section for information about editing administrative address information.

Locations must first be approved by SDOH Bureau of Early Intervention Provider Approval Unit.

**Important Information**

Locations information is View only. Changes to this information, including adding a new location, must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.
View Locations

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Locations from the Navigation Bar. Provider Locations page displays for the current Provider.

<table>
<thead>
<tr>
<th>Provider Locations: Toonces Academy - 1380</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
</tbody>
</table>

3. View Provider Locations

    Click View link under Action column from Provider Location page. View Location page displays.

Notes:

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- Cancel button stops current operation and returns to previous page.

- Recent items on the Navigation Bar displays recently visited items.

Edit Location Service Availability

A Provider can change the status of a service that is offered at a site from “Available” to “Not Available”. The change can be for a temporary period of time, or permanent. When the service status is marked as not available at a site, the location will not display in the Provider search results during the create Service Authorization process. See Unit 6 - IFSP’s and SA’s, Adding Service Authorizations to Individualized Family Service Plans for more information.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Locations from the Navigation Bar. Provider Locations page displays for the current Provider.
3. Click View in the Action column next to the Location record to be changed. **View Location** page displays.

![View Location](image)

4. View the services listed in the **Services Covered** cluster. Notice the column labeled **Availability**. Click View link in the **Action** column next to the service whose availability is to be changed. **View Service Type/Method at Location** page displays.

![View Service Type/Method at Location](image)

5. Click the **Change Availability** button. **Change Provider Location Availability** page displays.

![Change Provider Location Availability](image)

6. Click the Availability field drop down box and select “No” to change the service availability to not available. Click **Save** button. **View Service Type/Method at Location** page displays with the service availability set as “No”.

![View Service Type/Method at Location](image)
7. Click Close button to return to View Location page. Click Close button to Provider Locations page.

**MODELS**

The Provider Models page displays the models that the Agency is currently approved for by SDOH Provider Approval Unit.

The Model, combined with the approved Professional Discipline/Qualified Personnel, determines the services (i.e., Products) that the Agency / Individual is approved to provide.

**Important Information**

Model information is View only. Changes to this information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Models from the Navigation Bar. Provider Models page displays for the current Provider.

**Note:**

- Deleting the Model will potentially end-date associated services (i.e., Products). The exception occurs when there is another active Model that is associated with the service.
**MONITORING**

Monitoring is only accessible only by SDOH Bureau of Early Intervention user roles. It allows for the tracking of provider monitoring and Corrective Action Plans (CAPs).

**NOTES**

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Notes** from the Navigation Bar. **Notes** page displays for the current Provider.

3. Click **View** link under **Action** column from **Notes** page. **View Note** page displays. Review note information.

The following buttons are available:

- **Edit** – not active.
- **Delete** – not active
- **Close** - returns to **Notes** page.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- **Cancel** button stops current operation and returns to previous page.

- **Recent items** on the Navigation Bar displays recently visited items.
**PHONE NUMBERS**

**Important Information**
- Information in this link is View-only for some Provider user roles.
- An agency User with a role such as PROV_All can edit the agency’s Phone Numbers list following the steps below. However, an agency User cannot edit an employee’s or contracted Provider’s Phone Numbers. Changes to an employee’s Phone Numbers information must be made by a municipality or by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home Page. See My Provider Homepage section for information.

2. Click Phone Numbers from the Navigation Bar. Phone Numbers page displays for the current Provider.

3. Perform one of the following functions:

   **Adding a Phone Number**
   
   a. Click New button. Create Phone Number page displays the sections Details and Comments.

   b. Fill in information. Type, From and Phone are required fields.

   c. Type Comment (Optional).

   d. Click Save button to save Phone Number. Phone Numbers page displays.

   Or
Click **Save & New** button to continue adding Phone Numbers.

**Viewing Phone Number**

a. Click **View** link under **Action** column from **Phone Numbers** page. **View Phone Number** page displays the sections **Details** and **Comments**. The following buttons are available:

- **Edit** - See **Editing a Phone Number** section.
- **Delete** - removes the **Phone Number**. *Are you sure you want to delete this phone number?* message displays. Select **Yes** button. **Phone Numbers** page displays with **Status** as **Canceled**.
- **Close** - returns to **Phone Numbers** page.

**Editing a Phone Number**

a. Click **Edit** link under **Action** column from **Phone Numbers** page. **Modify Phone Number** page displays the sections **Details** and **Comments**. Make necessary changes. Click **Save** button. **Phone Numbers** page displays.

**Deleting a Phone Number**

a. Click **View** link under **Action** column from **Phone Numbers** page. **View Phone Number** page displays. Click **Delete** button. **Delete Phone Number** page displays with message *Are you sure you want to delete this phone number?* Click **Yes** button. **Phone Numbers** page displays with **Status** set to **Canceled**.

**Notes:**

- To delete a Phone Number, first specify a new Phone Number.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.
- **One phone number must be designated Primary. This can be done by checking the Primary designation box.**

**PRODUCTS**

The Products page lists the services that the Provider has been approved for by the SDOH Provider Approval Unit. The list of services is dependent upon the Models and the Qualified Personnel / Professional Discipline’s that the Provider is
approved for. See Models and Qualified Personnel / Professional Discipline for more information.

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Non-physician Supplemental Eval - OT</td>
<td>10/14/2009</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>OT - Basic</td>
<td>10/14/2009</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>OT - Extended</td>
<td>10/14/2009</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>PT - Basic</td>
<td>10/14/2009</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>PT - Extended</td>
<td>10/14/2009</td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>Vision - Basic</td>
<td>10/14/2009</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- The Edit link in the Action column has no function. Products are automatically created by the system based upon the approved Model(s) and Professional Discipline(s)/Qualified Personnel.
- The Product Start Date is recorded as the date that the associated Model and/or Professional Discipline/Qualified Personnel is approved by SDOH Bureau of Early Intervention Provider Approval Unit.
- The Product End Date is recorded as the date that the associated Model is deleted and/or Professional Discipline/Qualified Personnel is end-dated by SDOH Bureau of Early Intervention Provider Approval Unit.
- See Languages for more information about Bi-Lingual Add On products.

**PROFESSIONAL DISCIPLINE/QUALIFIED PERSONNEL**

The Professional Discipline/Qualified Personnel page displays the Professional Discipline(s)/Qualified Personnel that a Provider Agency or Individual provider is currently approved for.
The Professional Discipline/Qualified Personnel, combined with the approved Model(s), determines the services (i.e., Products) that the Agency / Individual is approved to provide.

**Important Information**
Professional Discipline/Qualified Personnel information is View only. Changes to this information must be made by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Professional Discipline/Qualified Personnel** from the Navigation Bar. **Professional Discipline/Qualified Personnel** page displays for the current Provider.

![Professional Discipline/Qualified Personnel](image)

**Note:**
- The Professional Discipline/Qualified Personnel End Date for an individual provider (only) is initially set to the date that the associated License / Certification expires. In most cases the Too Date field is blank.
- End dating the Agency Qualified Personnel/Professional Discipline will potentially end-date associated services (i.e., Products). The exception occurs when there is another active Qualified Personnel/Professional Discipline that can also provide the service.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.

**Provider Completed Evaluations**

Displays the Evaluations that the Provider has performed, including Core Evaluations, associated Screenings, Family Assessments, Supplemental Evaluations and External Evaluations.
**Important Information**
Some agency employee’s will access their personal Provider Homepage rather than the Agency’s Homepage when clicking the My Provider Homepage link because of the way their NYEIS user account is set up. These users will not see the Agency’s Completed Evaluations.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Provider Completed Evaluations** from the Navigation Bar. **View Accepted Evaluations** page displays for the current Provider.

```
View Accepted Evaluations: Midway Social Services - 222331234

<table>
<thead>
<tr>
<th>Action</th>
<th>Child’s Name</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Frita Roshak</td>
<td>4/14/2009</td>
</tr>
</tbody>
</table>
```

3. Click **View** link under Action column. **View Completed MDE** page displays. Select **Close** button.

   Or

   Select **Print MDE** button.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- **Cancel** button stops current operation and returns to previous page.

- **Recent items** on the Navigation Bar displays recently visited items.

**PROVIDER CONFIGURATION**

The Service Provider Configuration Settings page displays information about a Provider’s current method (i.e., Manual, Electronic) for Claims and Payments processing. Configuration Settings are managed by the SDOH. Contact SDOH at (518) 473-7016 to change this information.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.
2. Click **Provider Configuration** from the Navigation Bar. **Service Provider System Configuration Settings** page displays for the current Provider.

   **Service Provider System Configuration Settings: All Families First - 28416**

   ![Service Provider System Configuration Settings](image)

   - **Submission Details**
     - Preferred Submission Method: Manual

   - **Electronic Communication Details**
     - Do you support claim file HIPAA 837P?: Yes
     - Do you support claim file HIPAA 837?: No
     - Do you support claim file HIPAA 835?: No
     - Do you support claim inquiry files HIPAA 276?: No
     - Do you support prior authorization requests, HIPAA 278?: No
     - Do you support eligibility inquiry files, HIPAA 270?: No

   - **Service Provider**
     - User ID:
     - Credential:
     - Web Service URL:
     - Service Provider Name:
     - Service Provider ETIN: AFFETIN

3. View information.

4. Click **Close** button. **Provider Home** page displays.

---

**PROVIDER SCR NUMBER**

A record of the Agency’s State Central Register (SCR) Resource ID and Agency Code.

**Exception**

Not available to all Provider User roles.

**Important Information**

- Information in this link is View-only for Providers.
- Individual providers do not have a SCR ID.
- **Registry Code** is the Agency Code.

1. Display **Provider Home** page. See **My Provider Homepage** section for information.

2. Click **Provider SCR Number** from the Navigation Bar. **Provider SCR** page displays for the current Provider.
REFERRALS

This section displays a list of Child Referrals saved or submitted by a Provider. It also allows the Provider to view the status of referrals made as submitted (not yet accepted by the municipality), accepted (accepted by the municipality), and saved (able to edit/delete or submit or to the municipality). Providers may also initiate a Referral from this page.

Important Information

Some agency employee’s access their personal Provider Homepage rather than the Agency’s Homepage when clicking the My Provider Homepage link. It depends on if their NYEIS User Account is set up to associate the Provider with themselves or an agency. Users whose User Account is associated with themselves will not see the agency’s Referrals. However, they will see Referrals they were recorded as the Referral Source on.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Referrals from the Navigation Bar. Provider Referrals page displays for the current Provider.

3. Perform one of the following functions:

   Creating a New Referral

   a. Click New button. Create Referral page displays. See Unit 2: Referral & Intake for further information on creating a Referral.

   Viewing a Referral
a. Click **View** link under **Action** column from **Provider Referrals** page. 
   ✎ See **Unit 2: Referral & Intake** for further information on viewing a Referral.

**Editing a Referral**

a. Click **View** link under **Action** column from **Provider Referrals** page. 
   ✎ See **Unit 2: Referral & Intake** for further information on editing a Referral.

**Deleting a Referral**

a. Click **Delete** link under **Action** column from **Provider Referrals** page.  
   See **Unit 2: Referral & Intake** for further information on deleting a Referral.

**Submitting a Saved Referral**

a. Click **View** link under **Action** column from **Provider Referrals** page.  
   See **Unit 2: Referral & Intake** for further information on submitting a saved Referral.

Notes:
- A Provider can only Delete a Referral with a status of Saved.
- A Provider cannot Edit a Referral with a Status of Submitted.

**RESPONSE FILE**

This feature enables the provider and State DOH staff to view the status of electronically submitted claims. The response file, known as HIPAA 997, provides information about electronic claims that were accepted or rejected based on the HIPAA standards.

✎ See **Unit 8: Provider Invoicing, Download Response Files** for further information and instructions.

**RESTRICTIONS**

Provider Restrictions are a function of NYEIS Administration staff.

**ROLES**
A case participant plays a role on a case. For example, when an Integrated Case is created, the EIO\D is added to the case's list of roles. When a Provider is registered in NYEIS, their role is created automatically based on their interaction with the Child. For example, a provider may be a Provider, a Vendor, or a Referral Source. Providers can have multiple roles.

1. Display Provider Home Page. See My Provider Homepage section for information.

2. Click Roles from the Navigation Bar. Roles page displays for the current Provider.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Registered</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddler Care Today</td>
<td>Provider</td>
<td>10/14/2009</td>
<td>Active</td>
</tr>
<tr>
<td>Toddler Care Transportation</td>
<td>Vendor</td>
<td>5/19/2010</td>
<td>Active</td>
</tr>
<tr>
<td>Toddler Care Today</td>
<td>Referral Source</td>
<td>3/20/2010</td>
<td>Active</td>
</tr>
</tbody>
</table>

**SPECIAL POPULATION SERVED**

Special Population Served relates to individual and Agency Providers. Special Population Served should only be added when the Provider has expertise and experience in delivering services to children and their families with specific developmental concerns or diagnosed conditions.

**Important Information**

- Information in this link is View-only for some Provider user roles.
- A User such as PROV_All can edit the Special Population Served list following the steps below. However, an agency User cannot edit an employee’s or contracted Provider’s Special Population Served list. Changes to an employee’s Special Population Served information must be made by a municipality or by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

2. Display Provider Home page. See My Provider Homepage section for information.

4. Perform one of the following functions:

**Adding Special Population Served Data**

a. Click **New** button. **Add Special Population Served** page displays.

b. Fill in information as necessary. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

c. Click **Save** button. **Special Population Served** page displays.

**Deleting Special Population Served Data**

a. Click **Delete** link under **Action** column from the **Special Population Served** page. **Delete Special Population Served** page displays with message *Are you sure that you want to delete selected special population served from the list?* Click **Yes** button. **Special Population Served** page displays with **Status** set to **Canceled**.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

- **Cancel** button stops current operation and returns to previous page.

- **Recent items** on the Navigation Bar displays recently visited items.

**SURVEYS**

This feature is currently not be used but may be used in the future to complete certain State Surveys in NYEIS. When the feature is being used to conduct a survey or collect needed data, a link from the Providers Home Page will take the User to a page with the survey or list of surveys. If the feature is not in use, no surveys will be posted on the page.

**TASKS**

See **Unit 1 – Getting Started, Working with Tasks** for information about creating, viewing, editing, deleting and administering Tasks.
WEB ADDRESSES

Important Information

- Information in this link is View-only for some Provider user roles.
- A User such as PROV_All can edit the Web Addresses list by following the steps below. However, an agency User cannot edit an employee’s or contracted Provider’s Web Addresses Served list. Changes to an employee’s Web Addresses information must be made by a municipality or by contacting the SDOH Bureau of Early Intervention Provider Approval Unit at (518) 473-7016.

1. Display Provider Home page. See My Provider Homepage section for information.

2. Click Web Addresses from the Navigation Bar. Web Addresses page displays for the current Provider.

<table>
<thead>
<tr>
<th>Web Addresses: Midway Social Services - 222331234</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>View</td>
</tr>
</tbody>
</table>

3. Perform one of the following functions:

Adding a Web Address

a. Click New button. Create Web Address page displays the sections Details and Comments.

b. Fill in information. Web Address, From and Type are required fields.

c. Type Comments (Optional).

d. Click Save button to save current Web Address. Web Addresses page displays.

Or

Click Save & New button to continue adding Web Addresses.

Viewing a Web Address
a. Click View link under Action column from Web Addresses page. View Web Address page displays the sections Details and Comments. The following buttons are available:

- Edit - See Editing a Web Address section.
- Delete - removes the Web Address. Are you sure you want to delete this Web Address? message displays. Select Yes button. Web Addresses page displays with Status as Canceled.
- Close - returns to Web Addresses page.

Editing a Web Address

a. Click Edit link under Action column from Web Addresses page. Modify Web Address page displays the sections Details and Comments. Make necessary changes. Click Save button. Web Addresses page displays.

Deleting a Web Address

a. Click View link under Action column from Web Addresses page. Click Delete button. Delete Web Address page displays with message Are you sure you want to delete this web address? Click Yes button. Web Addresses page displays with Status set to Canceled.

Notes:

- To delete a Primary Web Address, first specify a new Web Address.
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- Cancel button stops current operation and returns to previous page.
- Recent items on the Navigation Bar displays recently visited items.
This page intentionally left blank.
## Document Revision History

<table>
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<tr>
<th>Date</th>
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<th>Description</th>
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<tr>
<td>10/14/2014</td>
<td>4.01</td>
<td>Updating chapter with changes thru release 4.01</td>
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<tr>
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<td>1.6</td>
<td>Edited the <strong>Contracts</strong> topic to add information about automatic contract cancellation and new screen shots of revised <strong>Modify Service Contract</strong> page.</td>
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<tr>
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<td>• Added <strong>Contract Status History</strong> subtopic.</td>
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<td>• Removed <strong>Municipality Actions a Task to Terminate a Contract</strong> subtopic.</td>
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<td></td>
<td></td>
<td>• Updated the <strong>Modifying and Deactivating a user Account</strong> topic to state that the MUNI_ProgramUserAdmin user role can conduct the same NYEIS Case Management actions as the child’s EIOD</td>
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<tr>
<td></td>
<td></td>
<td>• Added Generating Subrogation Letter Section</td>
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<tr>
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<td></td>
<td>• Added Viewing and Printing Subrogation Letter Section.</td>
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<tr>
<td>10/7/2011</td>
<td>1.5</td>
<td>Updated <strong>Alternative IDs from the Child Homepage</strong> subtopic</td>
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<td>• Updated <strong>Registering Vendors</strong> topic</td>
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<td></td>
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<td>• Added <strong>Banks</strong> topic</td>
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<td>• Added <strong>User Account Administration</strong> topic.</td>
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<td>• Added <strong>Creating a Municipal or State DOH User Account</strong> subtopic</td>
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<td></td>
<td></td>
<td>• Added <strong>Creating a NYC-Citywide Municipal User Account</strong> subtopic</td>
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<td></td>
<td></td>
<td>• Added <strong>Provider User Role Guide</strong></td>
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<td>• Updated <strong>Restrictions</strong> subtopic.</td>
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<td>• Updated <strong>Closing a Integrated Case</strong> subtopic.</td>
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<td>• Added <strong>Closing a Case and Referring a Child to At Risk</strong> subtopic.</td>
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<td>• Added <strong>Re-opening a Closed Case</strong> subtopic.</td>
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<td>• Added <strong>Aborting a System-Initiated Close Integrated Case Task</strong> subtopic.</td>
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<td>• Updated Supervisor Metrics page screen shots.</td>
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<td>• Updated <strong>Registering Vendors</strong> subtopic.</td>
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<td>3/31/2011</td>
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<td>• Added a note regarding State Central Register (SCR) number in <strong>Creating a Contracts</strong> subtopic.</td>
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<td>• Added information about the new MedicaidCIN work queue in the <strong>Creating Child Medicaid Coverage</strong> subtopic.</td>
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<td>• Edited <strong>Alternate ID’s from the Child Home Page</strong> subtopic.</td>
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<td></td>
<td></td>
<td>Edited information regarding Reference Number field and Child</td>
</tr>
<tr>
<td>Date</td>
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<td>1.1</td>
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<td>• Added <strong>Code 35 Management</strong> section.</td>
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<td>• Modified <strong>Creating Child Commercial Insurance Coverage</strong> section regarding Plan Regulated by NYS and Parental Consent to Bill.</td>
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<td>• October 2010 <strong>NYEIS launch.</strong></td>
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Municipal Administration

Unit Overview

These Municipal Administration functions are the responsibility of the Municipality. It is important to record data for these functions in NYEIS. NYEIS functions in this Unit, in some instances, may be accessed from the Navigation Bar (e.g., Child Home Page, Child’s Integrated Case Home Page, and Provider Home Page) by Users with appropriate access rights.
This page intentionally left blank.
**USER ACCOUNT ADMINISTRATION**

Every person who will access NYEIS must have a NYEIS User Account. The State Administrator will be responsible for creating and managing all State User Accounts. The Municipality Administrator (i.e., MUNI_ProgramUserAdmin or MUNI_IT_SystemAdmin) will be responsible for creating and managing:

- All Municipal User Accounts
- Provider’s User Accounts for providers that are Approved to deliver services within their Municipality

There are several conditions that must be met prior to a NYEIS account being created:

- The individual must have a Health Commerce System (HCS) user account. The user name created for the NYEIS user account will be identical to the individual’s HCS user name.
- The appropriate User Role must be determined for the individual.
- The name and State ID of the agency will be needed if the individual will
  - 1) serve in an administrative / fiscal / data entry role for an agency, or
  - 2) render services for one agency if the individual is a provider.

*See Unit 1 Getting Started, Conducting a Search* for further information about performing a provider agency search to determine their State ID.

- Confirmation that the individual appears on the agency’s Employee / Contractor page if the individual will render Early Intervention services for an agency. Individuals who serve in only an administrative / fiscal / data entry role for an agency and will not render EI services do not need to be listed on the agency’s Employee / Contractor page.

*See Unit 9 Provider Management, Employees and Contractors* for further information

- Confirmation that the individual has been approved as an Independent provider with a basic agreement by SDOH Bureau of Early Intervention Provider Approval Unit and is registered in the NYEIS database if
  - 1) the individual will provide services as an Independent provider, or
  - 2) if the individual will be contracted by multiple provider agencies.

*See Unit 1 Getting Started, Conducting a Search* for further information about performing a provider search to confirm that an individual is registered as an approved provider.
After the Users account is created and added to NYEIS, the system automatically assigns the User a Home Page, access rights based on the User Role and subscribes the User to the work queues appropriate for their User Role. See Appendix I – NYEIS Work Queues by User Role for information regarding User Roles and work queue subscriptions.

User Account administrators also have the ability to subscribe a User to additional work queues. See Subscribing a User to Additional Work Queues for further information. Subscribing a User to additional work queues should be discussed with SDOH prior to completion. Work queues should be added only when appropriate and in exceptional circumstances.

Please contact the NYEIS Help Desk if you have additional questions or require assistance.

Performing a User Search

Conduct a User search to determine if an individual currently has a NYEIS User Account, or to find a User Account record to modify.

1. Display User Home page.

2. Click User link from Search section. User Search page displays.

3. Enter / select desired search criteria in Search Criteria section.
   a. At least one search criteria is required.
   b. If the User Name is known, enter that. No other criteria are needed. User Name is case sensitive; make sure the case is correct.
   c. State Users who conduct a User Search have access to all User Accounts in the system. The search results can be filtered by User Role, by Municipality, by Provider Name, or all three.
   d. Municipal Users who conduct a User search have access to Municipal User Accounts for their municipality and all Provider User Accounts. The
search results can be filtered by User Role, by Provider Name, or both.

4. Click **Search** button. Records matching display in **Search Results** section. **To search again, click Reset button.**

5. Click **View** link under **Action** column to display User. **User Home** page displays.

### Creating a Municipal or State DOH User Account

Select State DOH users, MUNI_ProgramUserAdmin and MUNI_IT_SystemAdmin users have the security access required to create User Accounts.

State DOH users can create or modify both State and Municipal accounts. MUNI_ProgramUserAdmin and MUNI_IT_SystemAdmin users cannot create a State DOH account; they are limited to creating accounts for individuals that are employed by their county or for Providers approved to deliver services in their county.
In some instances Municipal employees render services directly to children in addition to administering the EI program. User Accounts for Municipal employees who perform Evaluations or render services such as Physical Therapy should be set up following the guidelines in the Creating a Provider User Account section.

**Important Information**
The county EI office must be approved and in agreement with the SDOH Bureau of Early Intervention in order to render services.

Please contact the NYEIS Help Desk if you have additional questions or require assistance after reviewing this section.

1. Display **User Home** page.

2. Confirm that individual currently does not have a User Account by performing a User Search. See **Performing a User Search** for instructions.

   ![User Search](image)

**Important Information**
It is important to first conduct a User Account search prior to creating a new user account in order to confirm that one does not already exist for the individual. If an account already exists, review the settings and determine if they need to be modified. Keep in mind that changing the User Role has an effect on the user’s security access. See **Modifying a User Account** for instructions.

3. If the individual does not have a User Account, click **Create User** link from My Shortcuts section of the User Home page. Create User page displays.
4. Use the **Tab** key to navigate from field-to-field to enter information in the **Details** section. Follow the guidelines below for the specified field.

- **First Name** – use individual’s full first name.

- **Last Name** – use individual’s full last name.

- **Location** - click **Search** icon and select ‘The State’. This is the default option.

- **Municipality** – for a Municipal User Account, select the municipality that employs the individual. For a State DOH User Account, select the ‘Statewide’ option. NYC User Account administrators should also review [Creating a NYC – Citywide Municipal User Account](Creating%20a%20NYC%20-%20Citywide%20Municipal%20User%20Account).

- **User Type** - for a Municipal User Account, select the ‘Municipality’ option. For a State DOH User Account, select the ‘State’ option.

- **Provider Name** - for a Municipal User Account where the individual will provide Service Coordination services, search and select the individual’s name. Leave blank for all other Municipal and State User Accounts.

The following table summarizes the data that should be entered based upon the type of User being added.

<table>
<thead>
<tr>
<th>User Type</th>
<th>User Type</th>
<th>Municipality</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipality User</td>
<td>Municipality</td>
<td>User’s Municipality</td>
<td>Leave blank</td>
</tr>
<tr>
<td>Municipality Service</td>
<td>Municipality</td>
<td>User’s Municipality</td>
<td>Service Coordinator’s Name (selected using search)</td>
</tr>
<tr>
<td>Coordinator User</td>
<td>State</td>
<td>Statewide</td>
<td>Leave blank</td>
</tr>
</tbody>
</table>


• **Languages** – select one or more languages. To select multiple languages, press the Ctrl (Control) key and select each language.

• **Contact** – at a minimum, record the individual’s Business Phone Number.

• **User Name** – record the individual’s Health Commerce System (HCS) user name. **The spelling and character case must match exactly.** For example, ‘HCS222’, ‘hcs222’ and ‘Hcs222’ are each interpreted differently by the system. If the NYEIS User Name does not match exactly the HCS username, the individual will be prevented from logging in to NYEIS.

• **Role Name** – select the User Role by clicking the **Search** icon. The User Roles pop-up page displays.

• **Password** and **Confirm Password** – the Password and Confirm Password fields are required to complete the User Account creation process. However the user is not required to enter a password when logging into NYEIS. **Do not record the individual’s HCS password!** Use the default word ‘password’ in each field.

5. Click **Save** button. The User Account is created. **User Home** page displays. To cancel operation and return to previous page, click **Cancel** button on **Create User** page.

### Creating a NYC - Citywide Municipal User Account

In order to enable New York City Early Intervention program officials the ability to centralize their program administration and some case processing functions, a special ‘NYC – Citywide’ Municipality option has been established.

For each User Role listed below, the NYC User Account can be designated as ‘NYC – Citywide’ by selecting the option in the Municipality field drop down. This designation enables the NYC user the ability to search for, view, and manage cases of children whose Municipality of Residence is in any one of the five boroughs: Brooklyn, Bronx, Manhattan, Queens or Staten Island.

NYC User Account administrators have the option of designating the user roles below as ‘NYC – Citywide’ or borough-specific (e.g., Bronx). If the account is set up as borough-specific, the user will not have the ability to search, view, and manage cases ‘citywide’. Their access will be limited to the borough designated in their user account.

NYC–Citywide Enabled User Roles:

• MUNI_EIO
Creating a Provider User Account

Select State DOH users, MUNI_ProgramUserAdmin and MUNI_IT_SystemAdmin users have the security access required to create Provider User Accounts.

There are two Provider user roles that can be utilized for individuals that are employed or contracted by and render services for more than one agency. The roles, PROV_ServiceCoordinator and PROV_RenderProvStaff, can be used when the individual renders Service Coordination services or non-Service Coordination services (such as Physical Therapy services).

Important Information

- NYEIS does not accommodate Provider users who 1) work for more than one agency in an administrative, fiscal, or data entry capacity, or 2) work for more than one agency and is assigned the PROV_Eval User Role, or 3) work for more than one agency and performs a different job function for each agency. The administrative, fiscal, or data entry user roles and PROV_Eval user role must access work queues and utilize User Home page short cut links to perform their job responsibilities. These work queues and short cut links pertain to the provider agency that the user is associated with in their User Account. The NYEIS User Account does not permit multiple agencies to be selected.

- Some higher-level Provider user roles can perform functions associated with lower-level user roles. Utilize this capability if the user performs different job functions for one agency. For example, PROV_All can perform all activities associated with fiscal responsibilities as well as render services (except for Service Coordination). The PROV_EVAL user role will enable an individual to perform all activities associated with managing Evaluations and rendering services (except for Service Coordination).

- Provider Service Coordinator users are limited to one user role, the PROV_ServiceCoordinator. Individuals given the PROV_ServiceCoordinator user role can also render services such as Physical Therapy as long as they have the required licensure.
If an individual is an approved Independent provider they should be given the PROV_All user role and the Provider Name field should be associated with themselves 1) if they will render services for one or more municipalities or agencies, and 2) if they will be recorded as Provider of Record on Service Authorizations that they are selected to render services for.

However, they should be given the PROV_RenderProvStaff user role and the Provider Name field should be associated with an agency 1) if they will render services on behalf of a single agency, and 2) if the agency will be recorded as the Provider of Record on Service Authorizations that they are selected to render services for.

See Appendix M – NYEIS Provider User Account Creation for user account creation examples.

Please contact the NYEIS Help Desk if you have additional questions or require assistance after reviewing this section.

1. Display User Home page.

2. If the individual will serve as a Service Coordinator or render services such as Physical Therapy, determine if they are a registered Provider. Click the Service Providers link in the Search cluster of the User Home page. See Unit 1 Getting Started, Conducting a Search for further information about performing a provider search.

Important Information
Individuals who will not render services such as those with administrative, fiscal, or data entry responsibilities are not registered in the Provider database.

3. Confirm that individual currently does not have a User Account by performing a User Search. See Performing a Users Search for instructions.
Important Information
Because all User Account administrators, regardless of municipality, can create a Provider account, it is important to first conduct a User Account search prior to creating a Provider account in order to confirm that one does not already exist. If an account already exists, review the settings and determine if they need to be modified. **Keep in mind that changing the User Role has an effect on the user’s security access.** 📚 See Modifying a User Account for instructions.

4. If the individual does not have a User Account, click **Create User** link from My Shortcuts section of the User Home page. **Create User** page displays.

5. Use the Tab key to navigate from field-to-field to enter information in the Details section. Follow the guidelines below for the specified field.

- **First Name** – use individual’s full first name.

- **Last Name** – use individual’s full last name.

- **Location** - click **Search** icon and select ‘The State’. This is the default option.

- **Municipality** – select the ‘Statewide’ option.

- **User Type** - for an individual who will be assigned the PROV_ServiceCoordinator user role, select the ‘Service Coordinator’ option. For all other user roles, select the ‘Provider’ option.

- **Provider Name** - for an individual who will be assigned the PROV_ServiceCoordinator or PROV_RenderProvStaff user role, search and select the individual’s name. For all other user roles, refer to the **Provider User Account Guide** below.

The following table summarizes the data that should be entered based upon the type of User being added.
<table>
<thead>
<tr>
<th>User Being Added</th>
<th>User Type</th>
<th>Municipality</th>
<th>Provider Name</th>
<th>User Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider User</td>
<td>Provider</td>
<td>Statewide</td>
<td>Refer to the Provider User Role Guide below</td>
<td>Refer to the Provider User Role Guide below</td>
</tr>
<tr>
<td>Service Coordinator User</td>
<td>Service Coordinator</td>
<td>Statewide</td>
<td>Service Coordinator’s name (selected using search)</td>
<td>PROV_Service Coordinator</td>
</tr>
<tr>
<td>Rendering Provider User</td>
<td>Provider</td>
<td>Statewide</td>
<td>Rendering Providers name (selected using search)</td>
<td>PROV_Render ProvStaff</td>
</tr>
</tbody>
</table>

- **Languages** – select one or more languages. To select multiple languages, press the Ctrl (Control) key and select each language.

- **Contact** – at a minimum, record the individual’s Business Phone Number.

- **User Name** – record the individual’s Health Commerce System (HCS) user name. **The spelling and character case must match exactly.** For example, ‘HCS222’, ‘hcs222’, and ‘Hcs222’ are each interpreted differently by the system. If the NYEIS User Name does not match the HCS username exactly, the individual will be prevented from logging in to NYEIS.

- **Role Name** – select the User Role by clicking the **Search** icon. The User Roles pop-up page displays.

- **Password** and **Confirm Password** – the Password and Confirm Password fields are required to complete the User Account creation process. However the user is not required to enter a password when logging into NYEIS. **Do not record the individual’s HCS password!** Use the default word ‘password’ in each field.

6. Click **Save** button. The User Account is created. **User Home** page displays. To cancel operation and return to previous page, click **Cancel** button on **Create User** page.
Provider User Role Guide

<table>
<thead>
<tr>
<th>User Role</th>
<th>Online when Individual is a Provider of</th>
<th>Online when Individual is an Independent Contractor</th>
<th>Utilize Provider-Specific Work Queue</th>
<th>Utilize Child Case to Integrate Child Cases</th>
<th>Can Perform Financial Processes and Audits</th>
<th>Can be assigned as a Referral to Other Provider</th>
<th>User Account Provider Name = agency Name</th>
<th>User Account Provider Name = Individual Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROV_All</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PROV_AllProgram</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>PROV_ServicesDirector</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>PROV_ServicesManager</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>PROV_EVAL</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>PROV_RenderProvStaff</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
</tr>
<tr>
<td>PROV_ServiceCoordinator</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
</tr>
<tr>
<td>PROV_ProgramDataEntry</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>PROV_AllFiscal</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PROV_FiscalAdmin</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PROV_FiscalManager</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PROV_QA</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Modifying and Deactivating a User Account

A User Account may need to be modified to reflect a change in the user’s role, provider associations, or security access to the system.

**Important Information**

**Modifying the User Account may result in a change in the user’s security access.** For example, if a user is associated with an agency and a change in User Role from PROV_RenderProvStaff to PROV_All is made, it will enable the user to see data that they were previously prevented from accessing. Carefully consider the impact of the modification. Please contact the NYEIS Help Desk if you have additional questions or require assistance.

User Account administrators will follow these steps to deactivate a NYEIS User Account. Inactivating a User Account will prevent the individual from accessing...
any of the system features. However, the individual will continue to have access to the Health Commerce System.

Please contact the NYEIS Help Desk if you have additional questions or require assistance after reviewing this section.


2. Click View link under Action column in the Search Results cluster next to the name of the User Account to be modified. User Home page displays.

3. Click Edit button. Modify User page displays.
4. Apply necessary changes based on the following scenarios:

**Deactivate a User Account**

a. Click the Search icon next to the **Role Name** field.

b. Select ‘INACTIVE’ option from the list of User Roles on the pop-up Security Roles page.

c. Click the **Save** button.

**Change the Municipality**

The Municipality field will change if the User
- Was a Provider that became a Municipal employee
- Was a Municipal employee that became a Provider
- Is a Municipal employee who will begin working for a different municipality

**Important Information**

A Municipal User Account administrator *can not* change a Provider user to a Municipal User or a Municipal User’s **Municipality** field to a different municipality or ‘Statewide’. Contact the NYEIS Help Desk for assistance in changing the Municipal employee’s User Account **Municipality** field.
a. Select the appropriate municipality option from the Municipality field drop down. If a Municipal employee, select municipality. If a Provider, select ‘Statewide” option from the drop down.
b. If the User was formerly a Provider and now a Municipal employee, also
   i. Select ‘Municipal’ option in the User Type field
   ii. Clear the name in the Provider Name field except if the person will serve as a municipal Service Coordinator. If they will serve as a SC, add the person’s name in the Provider Name field.
   iii. Select the appropriate Municipal User Role in the User Role field by clicking the Search icon.
c. If the User was formerly a Municipal employee and now a Provider, also
   i. Select the ‘Service Coordinator’ option in the User Type field if the individual will serve as a Service Coordinator, or the ‘Provider’ option if not a Service Coordinator.
   ii. Add the name of the individual in the Provider Name field if the person will serve as a Provider Service Coordinator or have the User Role of PROV_RenderProvStaff. Otherwise, add the name of the agency that the individual will work for.
   iii. Select the appropriate Provider User Role in the User Role field by clicking the Search icon.

Change User Role
The User Role field will change when the User’s responsibilities and / or security access changes. See the Provider User Role Guide in the Creating a Provider User Account topic for guidance when modifying Provider user roles.

a. Select the appropriate User Role option by clicking the Search icon next to the User Role field.
b. Refer to the ‘Change the Municipality’ instructions above if the User changes from a Municipal employee User to a Provider User, or vice versa.
c. If the Municipal employee User Role is to be changed to MUNI_ServiceCoordinator, the Provider Name field must display the individual’s name.
d. If the Provider User Role is to be changed to PROV_ServiceCoordinator or PROV_RenderProvStaff, the Provider Name field must display the individual’s name.
e. If the Provider User Role is to be changed from PROV_ServiceCoordinator or PROV_RenderProvStaff to a different Provider User Role, the Provider Name field should in most cases display the agency name that the individual works for.
One exception is when a provider becomes approved as an Independent provider (i.e., is no longer an employee of one or more agencies). The User Role should be set to ‘PROV_All’ and the Provider Name field should display the individual’s name.

**Important Information**  
Case management functions performed in NYEIS are normally carried out by the child’s assigned EIOD or Service Coordinator. However, any municipal user assigned the MUNI_ProgramUserAdmin user role has the ability to perform the same case management functions as the child’s EIOD.

5. Changing the **User Role** automatically assigns the User to the appropriate **Homepage** and **Work Queues** for the role. The original **Homepage** and **Work Queues** will no longer be accessible (unless the new **Work Queues** are also used by the changed **Role Name**).

**Important Information**  
A User who has reserved tasks from their original **Work Queues** will keep these tasks even though their role **User Role** and associated **Work Queue** subscriptions have been changed. A User who has assigned tasks from their original **User Role** will keep these tasks even though their **User Role** has changed.

6. Click **Save** button. User Account is updated. **User Home** page displays

**Note:**  
To cancel operation and return to previous page, click **Cancel** button on Modify **User** page.

**Subscribing a User to Additional Work Queues**

NYEIS automatically assigns a set of **Work Queues** based on the Users Role assigned. See Appendix I – **Work Queues by User Role** for further information. User Account administrators also have the ability to subscribe a User to additional work queues. **Subscribing a User to additional work queues should be discussed with SDOH prior to completion. Work queues should be added only when appropriate and in exceptional circumstances.**

**Important Information**  
Contact the NYEIS Help Desk if a User needs to be unsubscribed form a **Work Queue**.

1. Display **User Home** page.
2. Click **Work Queues** link from **My Shortcuts** section. **Work Queues** page displays.

3. To add a User to a Municipality Work Queue, click **Find a Municipality Work Queue** link. **Municipality Work Queues** page displays.

To add a User to a Provider Work Queue, click **Find a Provider Work Queue** link. **Provider Work Queues** page displays.
Search for a provider using the Provider Name or NYS Provider ID. Click the Search button and a result set of Providers.

4. Click the View link from Action column for the Work Queue. View Work Queue page displays.

5. Click Subscriptions from Navigation Bar. Work Queue Subscriptions page displays. To assign a User to the Work Queue, click New button. Add Work Queue Subscription page displays.

6. Click Search icon in User field to select a User for the Work Queue. User Search page displays.
7. Type known data in **Search Criteria** section.

8. Click **Search** button. Records matching display in **Search Results** section. 
   
   *To search again, click **Reset** button.* Click **Select** link under **Action** column to display User. **Add Work Queue Subscription** page displays.

9. Click **Save** button. **Work Queue Subscriptions** page displays.

   Or

   Click **Save & New** button to save current User to Work Queue and add additional Users to a Work Queue.

**Task Management**

Designated Municipal user roles (MUNI_EIO, MUNI_AllProgram, Muni_ProgramUserAdmin) are enabled to view and manage Tasks assigned to or reserved by staff, or Tasks that are waiting in a Work Queue to be acted on. Task Management functionality is particularly useful for a number of reasons including task workload management, and reassigning tasks due to staff vacation or leave of absences.

**Manage Tasks by User**

1. Display **User Home** page.
2. Click **Supervisor Metrics** in the **My Shortcuts** cluster. **Supervisor Metrics** page displays.

### Supervisor Metrics: Melissa Morrehead

#### Tasks by Work Queue

<table>
<thead>
<tr>
<th>Work Queue</th>
<th># of Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>453</td>
</tr>
<tr>
<td>Daily Contract</td>
<td>234</td>
</tr>
<tr>
<td>Daily Filing</td>
<td>91</td>
</tr>
<tr>
<td>Daily Reassessment</td>
<td>31</td>
</tr>
<tr>
<td>Monthly Valuation</td>
<td>27</td>
</tr>
<tr>
<td>Monthly Child/Change Request</td>
<td>20</td>
</tr>
<tr>
<td>Monthly EIO</td>
<td>10</td>
</tr>
<tr>
<td>Monthly Newsflash</td>
<td>11</td>
</tr>
<tr>
<td>Monthly FiscalStaff</td>
<td>9</td>
</tr>
<tr>
<td>Monthly Next Case</td>
<td>8</td>
</tr>
<tr>
<td>Monthly LTR/Visitors</td>
<td>6</td>
</tr>
<tr>
<td>Monthly Referral</td>
<td>3</td>
</tr>
<tr>
<td>Variable FiscalManager</td>
<td>3</td>
</tr>
<tr>
<td>Variable Provider/Tag</td>
<td>1</td>
</tr>
<tr>
<td>Variable MedicaCEN</td>
<td>0</td>
</tr>
<tr>
<td>Variable Provider/Restriction</td>
<td>0</td>
</tr>
<tr>
<td>Variable EIO/Visitor</td>
<td>0</td>
</tr>
<tr>
<td>Variable Think/Group</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Tasks by User

<table>
<thead>
<tr>
<th>User</th>
<th># of Tasks Assigned</th>
<th># of Tasks Reserved</th>
<th># of Tasks Reserved</th>
<th>User</th>
<th>Caseload as EIO/D</th>
<th>Caseload as SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Jurska</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>John Bobek</td>
<td>65</td>
<td>6</td>
</tr>
<tr>
<td>Annel Adams</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Michael Izio</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Bruce Stiller</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Muni Training</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Chip Barnes</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>Chip Barnes</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Chris Fradota</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Lauren Vay</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Chris O'Connor</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>Bank redden</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>David Meynitz</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Shannon Proper</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Dee Roman</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Muni2 Training</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Dee Plow</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Muni2 Training</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Harry Ritchey</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Melissa Morrehead</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Heather Adkins</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Muni2 Training</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Jerome Ressler</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Chris O'Connor</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>John Bobek</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>Muni1 Training</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

3. The page displays three clusters labeled **Tasks by Work Queue**, **Tasks by User**, and **Number of Children by EIO/D and SC**.
Tasks by User provides a summary of the total number of system and user created tasks Assigned or Reserved by each staff person. Click the number in the # of Tasks Assigned (or the # of Tasks Reserved) column next to a User’s name. The Assigned Tasks (or Reserved Tasks) page for the User displays.

4. Click the number displayed in the Task ID column to view the Task details.

Click the Forward option in the Manage cluster. Forward task page displays. Click the search icon next to the Forward To field and search for the user to assign the task to. Click Save button and the Task Home page displays again. The Task has been forwarded and is now assigned to the User you selected. Click Home button on the Menu Bar to return to your Home page. See Unit 1: Getting Started for more information about Forwarding tasks.
Manage Tasks by Work Queue

1. Display User Home page.

2. Click Supervisor Metrics in the My Shortcuts cluster. Supervisor Metrics page displays.
3. The page displays three clusters labeled Tasks by Work Queue, Tasks by User, and Number of Children by EIO/D and SC.

**Tasks by Work Queue** provides a summary of the total number of system-created tasks currently waiting to be acted on in a specific work queue. Click the work queue name in the Work Queue column. The Work Queue page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Priority</th>
<th>Status</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>42018</td>
<td>The Child Jonathan Samplenton has an At-Risk status and requires a follow-up based on his Date of Birth: 2010-09-29</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>90632</td>
<td>The Child Jane Doe has an At-Risk status and requires a follow-up based on their Date of Birth: 2010-07-06</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>135683</td>
<td>The Child Risk Test has an At-Risk status and requires a follow-up based on their Date of Birth: 2011-02-27</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>137984</td>
<td>The Child Risk Test has an At-Risk status and requires a follow-up based on their Date of Birth: 2011-02-27</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>175360</td>
<td>The Child Seamus Monish has an At-Risk status and requires a follow-up based on their Date of Birth: 2009-03-26</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>181767</td>
<td>The Child Jonathan Samplenton has an At-Risk status and requires a follow-up based on their Date of Birth: 2010-09-29</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>217460</td>
<td>The Child Jennifer Doe has an At-Risk status and requires a follow-up based on their Date of Birth: 2010-04-19</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>335817</td>
<td>The Child Timothy Nice has an At-Risk status and requires a follow-up based on their Date of Birth: 2009-06-10</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

4. Click the number displayed in the **Task ID** column to view the Task details.

**Task Home:** Allocate Task – 42018

**Manage**

- Add Comment
- Reserve
- Forward
- Restart
- Close
- Un-Reserve
- Defer

**Subject**
The Child Jonathan Samplenton has an At-Risk status and requires a follow-up based on his Date of Birth: 2010-09-29

**Details**

- Task ID: 42018
- Priority: 
- Reserved By: 
- Time Worked: 00:00
- Status: Open
- Deadline: 
- Last Assigned: 3/30/2011 23:15

**Supporting Information**

Click the **Forward** option in the Manage cluster. **Forward task** page displays. Click the search icon next to the Forward To field and search for the user to assign the task to. Click **Save** button and the Task Home page displays again. The Task has been assigned to the User you selected. Click **Home** button on the Menu Bar to return to your Home page. 

*See Unit 1: Getting Started* for more information about Forwarding tasks.
View Caseload Metrics

1. Display User Home page.

2. Click Supervisor Metrics in the My Shortcuts cluster. Supervisor Metrics page displays.
3. The page displays three clusters labeled **Tasks by Work Queue**, **Tasks by User**, and **Number of Children by EIO/D and SC**.

   The **Number of Children by EIO/D and SC** cluster provides a summary of the total number of cases that a person is assigned as an EIO/D and as a Service Coordinator.

**Banks**

This is typically a Municipal Administrator function and is provided for those with sufficient privileges to perform the activities. This section covers a circumstance where an additional Bank has to be added when a Provider’s bank is not available in the System.

**Important Information**

An Administrator must also add a Bank Branch for a new bank. See Bank Branch for further information.

1. Display **Administration Home** page.

2. Click **Banks** link from **My Shortcuts** section. **Banks** page displays with a list of Banks.

3. Click **New** button. **Create Bank** page displays.
Navigate from field-to-field using the Tab key to enter information. Required fields are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

4. Click Save button to save current bank and return to Banks page.

Or

Click Save & New button to save current bank and add additional banks.

Notes:

To view Bank information, click View link under Action column from the Banks page. Bank Home page displays. Click Delete button to remove bank and set Status to Canceled.

To edit Bank information, click Edit link under Action column from the Banks page.

Creating a Bank Branch

This is typically a Municipal Administrator function and is provided for those with sufficient privileges to perform the activities. This section covers a circumstance where an additional Bank Branch needs to be added in order for a Provider to have their Bank account assigned to the correct Bank/Bank branch.

**Important Information**

This section can occur after a new Bank has been added. The User would then add the Bank Branches.

1. Display Administration Home page.

2. Click Banks link from My Shortcuts section. Banks page displays.
3. Click View link under Action column next to the Bank to add a Bank Branch. Bank Home page is displayed.


5. Click New button. Create Bank Branch page displays.
6. Navigate from field-to-field using the **Tab** key to enter information. *Required fields are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

   **Address** for the Bank Branch *must* be entered.

7. Click **Save** button to save current Bank Branch and return to **Bank Branches** page.

   Or

   Click **Save & New** button to save current Bank Branch and add additional Bank Branches.

**Notes:**
To view Bank Branch information, click **View** link under **Action** column from the **Bank Branches** page. **Bank Branch** page displays. Click **Delete** button to remove Bank Branch and set **Status** to **Canceled**.

To edit Bank Branch information, click **Edit** link under **Action** column from the **Bank Branches** page.

**REFERRAL SOURCES**

A Referral Source is considered the individual or agency that initiated the child’s referral into the Early Intervention program. When a provider agency employee creates a referral in NYEIS, the agency is identified as the **Primary Referral Source** on the referral form. When a provider Service Coordinator creates the referral, they are listed as the Primary Referral Source.

When the Municipal user creates a referral, they are required to identify the primary referral source. The referral source must be registered in the system as a referral source in order for the individual or agency to be selectable in a search.

It is recommended that Municipal users who create referrals first search NYEIS to determine if the individual or agency is listed as a referral source. If the individual or agency is not listed in the search results, they then need to be registered following the guidelines in this section.
Registering Referral Sources

1. Display User Home Page.

2. Click Registration link under the My Shortcuts section. Registration page displays.

3. Click a Referral Source? link under Participant Registration section. Previous Registration Check page displays.

4. Click The referral source has not been registered before link. Confirm Referral Source Not Already Registered page displays.

Important Information
The option The referral source has previously been registered as a provider should not be selected because every Provider who is approved in the system is automatically registered as a referral source.
5. Type all known information in the **Search Criteria** section.

6. Click **Search** button. Records matching display in **Search Results** section.

   If a Referral Source is found, that means this Participant (Referral source) is already registered in NYEIS. Click **Cancel** button to exit the registration process.

   If a Referral Source was not found, proceed to **Step 7**.

7. Click **Continue** button. **Register Referral Source** page displays.

8. Use the **Tab** key to move from field-to-field to fill in all known information in **Details**, **Mailing Address**, **Phone Number** and **Comments** sections. **Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.**

9. Click **Register** button. **Referral Source Registration Completed** page displays. **Note the Referral Source's reference number.**

10. Select **Click here to open the referral source home page** link. **Referral Source Home** page displays.
The following Navigation Bar displays when the Referral Source Home page is active:

**Note:**

See Unit 9: Provider Management for common steps on creating or editing the items in the Referral Source Home Page Navigation Bar.

### Searching/Viewing Referral Sources

1. Display User Home Page.

2. Click **Search** from Menu Bar. **Child Search** page displays.

3. Click **Referral Source** from the Navigation Bar. **Referral Source Search** page displays. Type all known information in **Search Criteria** section.

4. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button.
5. Click **Reference Number** link for correct Referral Source name. **Referral Source Home** page displays the sections: Name, Contact and Comments.

### Referral Source Home: Linda Martin - 315

**Name**
- Name: Linda Martin
- Type: Community Program
- Registration Date: 10/19/2009

**Contact**
- Address: 000 Main St
  - Albany (Albany)
  - New York 12201

**Comments**

### Note:

A parent who is registered in NYEIS as a Referral Source will only be listed in the search results for users with appropriate access rights and in the Municipality in which they were registered.

### Editing Referral Sources

1. Search for the Referral Source using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Records matching display in **Search Results** section. To search again, click **Reset button**.
3. Click Reference Number link for correct Referral Source. Referral Source Home Page displays the sections: Name, Contact and Comments.

4. Click Edit button. Modify Referral Source page displays.

5. Apply necessary changes.

6. Click Save button. Referral Source Home page displays.

   The following Navigation Bar displays when the Referral Source Home page is active:

   **Note:**

   See Unit 9: Provider Management for common steps on creating or editing the items in the Referral Source Home Page Navigation Bar.
ORGANIZATIONAL CONTACTS
This functionality is limited to SDOH.

INSURANCE PROVIDERS

Registering Insurance Providers
To register an Insurance Provider, submit a Data Change Request form to the Bureau of Early Intervention. These requests must be submitted using the process outlined on the NYEIS webpage (http://cma.com/Solutions/NYEIS/About.php). Click on the "NYEIS Help Desk Support" link to download the applicable form and submission instructions.

Searching/Viewing an Insurance Provider

Important Information
If your search for an Insurance Provider does not produce any results, or if information about an existing insurance provider (address, phone number, etc.) has changed or is incorrect, please contact the NYEIS Help Desk to submit a request to register/modify the insurance provider.

1. Search for the Insurance Provider using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Records matching display in Search Results section. To search again, click Reset button.

3. Click Reference Number link for correct Insurance Provider. Insurance Provider Home page displays the sections: Provider Name Details, Contact and Comments.
Editing an Insurance Provider

If information about an existing insurance provider (address, phone number, etc.) has changed or is incorrect, please contact the NYEIS Help Desk to submit a request to modify the insurance provider.

CLEARINGHOUSES
Clearinghouse functionality is limited to SDOH.

VENDORS

Registering Vendors

Vendors provide services such as Transportation, Assistive Technology Devices (ATD) and Respite. Vendors are managed separately and differently than Providers in the System. State Level approval is not required for Vendors unless the Vendor is also an approved EI Provider.

Vendors do not have access to NYEIS.

Important Information

Family members who provide Vendor services such as transportation (also known as Family Providers) must be registered in NYEIS in order to be searchable to add to SAs for family reimbursed transportation and respite services. Vendor’s who are classified as the ‘Family Member’ Vendor Type will only display in searches conducted by Municipal staff in the county which the family resides and do not display for searches conducted by another Municipality.

1. Display User Home Page.

2. Click Registration from the Navigation Bar. Registration page displays.
3. Click a Vendor? link. **Previous Registration Check** page displays.

The User has two options:

- **The vendor has not been registered before** – used when it is known that the Vendor is not currently registered in the system. Go to Step 4.

- **The vendor has previously been registered as a product provider** – used when the User knows that the organization has already been registered into NYEIS as a Provider. Using this option the User will create a Vendor record for the organization, and the system will link the organization’s vendor record and provider record together. Go to Step 6.

**Important Information**

- An organization registered as both a Provider and Vendor has two separate records in NYEIS, one for their Provider role and the other for their Vendor role. When a Provider search is conducted, the organization’s Provider record will be returned in the search results. When a Vendor search is conducted, the organization’s Vendor record will be returned in the search results.

- An organization registered as both a Provider and Vendor will have a distinct Provider reference number and a distinct Vendor reference number.

4. Click **The vendor has not been registered before** link. **Vendor Search** page displays the sections: **Search Criteria** and **Search Results**. The search is used to confirm that the Vendor does not already exist.
5. Use the Tab key to move from field-to-field to fill in all known information. Click Search button. Search Results section provides a list of matching Vendors. To search again, click Reset button.

If a match is found, click Reference Number link for correct Vendor. Vendor Home Page displays the sections: Vendor Details, Vendor Type(s), Vendor Address and Phone, Vendor Transport Method and Vendor Vehicle Needs.

If the Vendor is already registered in the System, registration does not need to occur. If the wrong Vendor was selected, click Back icon in upper left corner of Internet Browser to return to Vendor Search page.

If there are no matching Vendor records, click Continue button. Register Vendor page displays. Skip to Step 10.

6. Click The vendor has previously been registered as a product provider link. Previous Provider Registration Check page displays the sections: Search Criteria and Search Results. The search is used to determine if the Vendor is already registered as a Provider.
7. Use the Tab key to move from field-to-field to fill in all known information. Click Search button. Search Results section provides a list of registered Providers. To search again, click Reset button.

If a match is found, click Reference Number link to view the Provider record. Provider Home Page displays.

8. Click the Select link in the Action column next to the Provider you want to also register as a Vendor. Vendor Search page displays. The search is used to determine if the Provider is already registered as a Vendor.

9. If a match is found, click Reference Number link to view the Vendor record and confirm it is the same vendor you intended to register. If yes, click the Cancel button on the Vendor Search page to cancel the registration process.

If a match is not found, click the Continue button. The Register Vendor pages displays. Proceed to Step 10.
10. Use the Tab key to move from field-to-field to fill in all known information in Vendor Details section. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

**Important Information**
- **Vendor Name** and **Registered Name** should be recorded as the same name.
- Vendor data, except for Vendor Type ‘Family Member’, is shared across all Municipalities and are not unique to any one Municipality.
- When adding a Vendor, only the **Full Legal Name** of the Vendor should be entered. **Short names**, nick names or other naming conventions should not be used.

11. Select **Vendor Type(s)**. **Multiple Vendor Types can be selected.**

**Important Information**
- When registering a family member as a **Vendor**, only select the **Family Member** option in the **Vendor(s) Type** cluster. Do not select any of the other Vendor Type options. To add additional **Vendor Types** to the record after it has been registered, open the Vendor Home Page and click the **Add Vendor Type(s)** button.

- When a **Family Member** type is selected, the registered individual will be searchable for Respite Care when ‘Parent Will Arrange for Respite’ Respite Type option is selected when creating the Respite Care SA. If the user selects ‘Respite Provider’ Respite Type, the Family Member will only be searchable if their Vendor record includes the **Vendor Type** ‘Respite’

- When a **Family Member** type is selected, the registered individual will be searchable for Transportation when the ‘Parent/Caregiver’ Transportation Type option is selected when creating the Transportation SA. If the user selects ‘Transportation Vendor’ Transportation Type, the
Family Member will only be searchable if their Vendor record includes Vendor Type ‘Transportation’.

- Vendor’s who are classified as the Family Member type will only display in searches conducted by Municipal staff in the county which the family resides and do not display for searches conducted by another Municipality.

12. Use the Tab key to move from field-to-field to fill in all known information in Address & Phone Details, Payment Details and Contact Details sections.

13. If appropriate, select Vendor Transport Method(s) and Vendor Vehicle Needs. Multiple items can be selected. Selecting Vendor Transport Method or Vendor Vehicle Needs selects all items in section.

**Important Information**
If the Vendor record pertains solely to type Family Member, neither Vendor Transportation Method(s) nor Vendor Vehicle Needs should be completed.

14. Click Register button. Vendor Registration Completed page displays with message *The vendor registration process has been successfully completed. The vendor’s reference number is ###. Note Vendor’s reference number.*

**Vendor Registration Completed**
The vendor registration process has been successfully completed. The vendor’s reference number is 168

Click here to open the vendor home page,
Click here to register another vendor.

15. Select Click here to open the vendor home page link. Vendor Home Page displays.
The following Navigation Bar displays when the **Vendor Home Page** is active:

![Vendor Home Page Navigation Bar](image)

*See Unit 9: Provider Management* for common steps on creating or editing the items in the **Vendor Home Page** Navigation Bar.

**Notes:**

- To add additional Vendor types, click **Add Vendor Type(s)** button. **Create Vendor Type** page displays. Select **Available Vendor Type(s)**. Click **Save** button. **Vendor Home Page** displays.

- To add additional Vendor Transport Methods, click **Add Vendor Transport Method(s)** button. **Create Vendor Transport Method** page displays. Select **Available Vendor Transport Method(s)**. Click **Save** button. **Vendor Home Page** displays.

Important Information
Except for Family Provider data, Vendor data is shared across all Municipalities and are not unique to any one Municipality. A User can not delete a Vendor.

To delete a Vendor Type, click Remove link under Action column for the specific Vendor Type on Vendor Home Page. Remove Vendor Type page displays with message Are you sure you want to remove this Vendor Type? Click Yes button.

To delete a Vendor Transport Method, click Remove link under Action column for the specific Vendor Transport Method on Vendor Home Page. Remove Vendor Transport Method page displays with message Are you sure you want to delete this Transport? Click Yes button.

To delete a Vendor Vehicle Needs, click Remove link under Action column for the specific Vendor Vehicle Needs on Vendor Home Page. Remove Vendor Vehicle Needs page displays with message Are you sure you want to delete this Vendor’s Vehicle Need? Click Yes button.

**Searching/Viewing a Vendor**

1. Search for the Vendor using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Records matching display in Search Results section. To search again, click Reset button.
3. Click **Reference Number** link for correct Vendor name. **Vendor Home Page** displays the sections: **Vendor Details, Vendor Type(s), Vendor Address and Phone, Vendor Transport Method and Vendor Vehicle Needs**.

![Vendor Home Page](image)

**Vendor Home Page:** MK Test - 168

**Vendor Details**

<table>
<thead>
<tr>
<th>Reference Number: 168</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name: MK Test</td>
<td>Registered Name: MK Test</td>
</tr>
<tr>
<td>Preferred Communication:</td>
<td>Preferred Language: English</td>
</tr>
<tr>
<td>Registration Date: 4/21/2009</td>
<td>E-Mail Address:</td>
</tr>
<tr>
<td>Method of Payment: Check</td>
<td></td>
</tr>
</tbody>
</table>

**Add Vendor Type(s)**

**Vendor Type(s)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Vendor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td>ATD</td>
</tr>
</tbody>
</table>

**Vendor Address and Phone**

<table>
<thead>
<tr>
<th>Type</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Main St</td>
<td></td>
</tr>
<tr>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td></td>
</tr>
</tbody>
</table>

The following details are only applicable to transportation vendors.

**Add Vendor Transport Method(s)**

**Vendor Transport Method**

<table>
<thead>
<tr>
<th>Action</th>
<th>Vendor Transport Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td></td>
</tr>
</tbody>
</table>

**Vendor Vehicle Needs**

<table>
<thead>
<tr>
<th>Action</th>
<th>Vendor Vehicle Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td></td>
</tr>
</tbody>
</table>

---

**Editing a Vendor**

Vendor information in NYEIS is accessible to and used by *all* Municipalities. The **Full Legal Name** of the Vendor should be maintained in NYEIS.

**Important Information**

Vendor records are accessed by multiple municipalities and caution should be used when editing vendor information.

1. Search for the Vendor using the NYEIS search functionality. **See Unit 1: Getting Started, Searching** for search instructions and tips.

2. Records matching display in **Search Results** section. **To search again, click Reset button.**

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Vendor Name</th>
<th>Vendor Type</th>
<th>Address Line 1</th>
<th>City</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td>106</td>
<td>Respite For All</td>
<td>Respite,</td>
<td>Troy Medical Plaza</td>
<td>Troy</td>
<td>Rensselaer</td>
</tr>
<tr>
<td>160</td>
<td>Advanced Audiology Services</td>
<td>ATD,</td>
<td>10 state street</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>Garrett Medical and Home Health Care</td>
<td>ATD,</td>
<td>54 State Street</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>139</td>
<td>Happy Transport</td>
<td>Transportation,</td>
<td>11 State Street</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>Sam's Taxi</td>
<td>Transportation, Family Provider, ATD, Respite</td>
<td>One Comedy Lane</td>
<td>Latham</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Ben's Taxi</td>
<td>Family Provider,</td>
<td>11 Main St</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>Susan Smith</td>
<td>Transportation,</td>
<td>11 Main St</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Duffy's Taxi</td>
<td>Transportation, ATD</td>
<td>11 Main St</td>
<td>Albany</td>
<td></td>
</tr>
</tbody>
</table>
3. Click **Reference Number** link for correct Vendor name. **Vendor Home Page** displays the sections: **Vendor Details, Vendor Type(s), Vendor Address and Phone, Vendor Transport Method** and **Vendor Vehicle Needs**.

![Vendor Home Page: MK Test - 168](image)

**Vendor Details**

- Reference Number: 168
- Vendor Name: MK Test
- Preferred Communication: English
- Registration Date: 4/21/2009
- Method of Payment: Check

**Vendor Type(s)**

- Action: Vendor_Type
- Description: ATD

**Vendor Address and Phone**

- 10 Main St
- Albany, New York

The following details are only applicable to transportation vendors.

**Vendor Transport Method**

- Action: Vendor.Transport Method
- Description: ATD

**Vendor Vehicle Needs**

- Action: Vendor.Vehicle Needs
- Description: ATD

4. To change **Vendor Details**, click **Edit** button. **Modify Vendor** page displays. After making changes, click **Save** button. **Vendor Home Page** displays.

See **Unit 9: Provider Management** for common steps on creating or editing the items in the **Vendor Home Page** Navigation Bar.

**Notes:**

- To add additional Vendor types, click **Add Vendor Types** button. **Create Vendor Type** page displays. Select **Available Vendor Type(s)**. Click **Save** button. **Vendor Home Page** displays.

- To add additional Vendor Transport Methods, click **Add Vendor Transport Method(s)** button. **Create Vendor Transport Method** page displays. Select **Available Vendor Transport Method(s)**. Click **Save** button. **Vendor Home Page** displays.

- To add additional Vendor Vehicle Needs, click **Add Vendor Vehicle Needs** button. **Create Vendor Vehicle Needs** page displays. Select **Available Vendor Vehicle Needs**. Click **Save** button. **Vendor Home Page** displays.

- To delete a **Vendor Type**, click **Remove** link under **Action** column for the specific **Vendor Type** on **Vendor Home Page**. **Remove Vendor Type** page displays with message **Are you sure you want to**
**remove this Vendor Type?** Click Yes button.

- To delete a Vendor Transport Method, click Remove link under Action column for the specific Vendor Transport Method on Vendor Home Page. Remove Vendor Transport Method page displays with message Are you sure you want to delete this Transport Method? Click Yes button.

- To delete a Vendor Vehicle Needs, click Remove link under Action column for the specific Vendor Vehicle Needs on Vendor Home Page. Remove Vendor Vehicle Needs page displays with message Are you sure you want to delete this Vendor’s Vehicle Need? Click Yes button.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Except for Family Provider data, Vendor data is shared across all Municipalities and are not unique to any one Municipality. A User cannot delete a Vendor.</td>
</tr>
</tbody>
</table>

**INSURANCE COVERAGE**

A User can add or edit the Child’s Commercial Insurance information by accessing the Insurance Coverage option on the Child Home page Navigation menu.

**Creating Child Commercial Insurance Coverage**

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the Child’s plan is Medicaid Managed Care, this information still must be captured in NYEIS by adding the Managed Care as Commercial Insurance Coverage and selecting Yes in the field Plan Medicaid Managed Care? However, the User must first enter the Child’s Medicaid information either by processing the CIN Results Task or by manually entering this information. See Creating Child Medicaid Coverage for further instruction.</td>
</tr>
</tbody>
</table>

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


   See Unit 1: Getting Started, Searching for search instructions and tips.

   Click the Select link in the Action column of the Insurance Company to be added.

5. Create Commercial Insurance Coverage page displays. The following sections display: Commercial Insurance Details, Policy Holder Details, Policy Holder Address, Employer Details, Comments and Prior Authorization Notes. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

6. Navigate from field-to-field in Create Commercial Insurance Coverage page using Tab key to enter information. Date fields must be formatted as mm/dd/yyyy format.
Commercial Insurance Details section:

- To select an **Insurance Company Address**, click **Search** icon. **Address List** page displays all addresses associated with the company. Click **Select** link under **Action** column next to the correct address. Insurance Company address displays.

- **Insurance Sequence Number** is captured to direct NYEIS in which order claiming is to occur. For example, if a Child has two Commercial Insurance policies, one policy must be claimed to (primary or 1) before the other (secondary or 2). Commercial Insurance must always be claimed to first. When editing Third Party Insurance, it is important to remember to change the sequence as needed to ensure appropriate claiming.

- **Plan Regulated by New York State** field –select **Yes** if the Insurance Plan is regulated by NYS Law. If **No** is selected, Claims will not be sent unless the **Parental Consent to Bill** field is **Yes**.

- If the plan is not regulated by NYS law, and the parent has given consent to bill (they have been advised that payments for services could be applied towards annual and lifetime caps), select **Yes in the If not regulated by NYS Law or self funded, does parent give consent to bill?** field. Parental consent only applies if Plan is not regulated by NYS.

- **Is Plan Child Health Plus? and Is Plan Medicaid Managed Care?** fields are required and defaulted to **No**.
Policy Holder Details section:

- **Policy Number for Billing, Group Number, Relationship to Policy Holder**, and **Effective Date From** must always be entered.

- If **Relationship to Policy Holder** is not “Self”, then the **Policyholder’s Name, Child’s ID Number, Policy Holder Date of Birth, Policy Holder Gender**, and **Policy Holder Address** must be entered.

Policy Holder Address section:

- **Address** must be entered when the **Relationship to Policy Holder** field is not “Self”.

Employer Details section:

- If the insurance policy is through an employer, **Employer Name, Employer Phone Number** and **Employer Address** must be entered.

Comments section:

- Additional details can be captured on a Child’s insurance coverage.

Prior Authorization Notes section:

- Notes on any known information regarding Prior Authorization (if it’s needed, when it was requested, if it was approved or denied) can be entered. Prior Authorization Details are also captured for Child’s Insurance Coverage in the Prior Authorization/Referral pages.

7. Click Search icon to enter **Policy Holder Address** and **Employer Address**. Address Validation page displays.

Use the Tab key to navigate from field-to-field to fill in information. **City, State, County** and **Zip** are required fields. **Census Tract** field will not be used at this time. Click **Submit** button. Validation of address takes place.
immediately upon submission. Lower section of page provides a list of available addresses. The first address listed in the results is the address that was manually entered. Select this address if the other addresses do not match from validation process. Click **Select** link under **Action** column. Address displays.

8. Click **Save** button. **View Commercial Insurance Coverage** page displays.

Or

Click **Save & New** button to add additional coverage.

**Creating Child Medicaid Coverage**

1. Search for the Child using the NYEIS search functionality. *(See Unit 1: Getting Started, Searching)* for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **New Medicaid Coverage** button. **Create Medicaid Coverage** page displays with the following sections: **Medicaid Coverage Details** and **Comments**.

5. Enter all known information. **Medicaid CIN** and **Effective From Date** and **must** be entered.

6. Click **Save** button. **View Medicaid Coverage** page displays.

Or

Click **Save & New** button to add additional coverage.
7. Click **Close** button. **Commercial Insurance Coverage** page displays.

---

**Important Information**
If a Child has Medicaid Managed Care, the Medicaid information needs to be recorded first as outlined in this section. Next, the Managed Care information MUST still be entered as Commercial Insurance Coverage. See **Creating Child Commercial Insurance Coverage** for further instruction.

---

**Checking Medicaid Eligibility – (Currently inactive)**

NYEIS automatically submits a request to Office of Temporary and Disability Assistance (OTDA) when an EIO/D is assigned. For children with Medicaid coverage, a CIN request is sent automatically every 6 months. For children with no Medicaid coverage, a CIN request is sent automatically every month. Users are informed of system-initiated CIN search results via a Task that is created in the **<Municipality>_MedicaidCIN** work queue.

A user can also initiate a check for Medicaid CIN information at any time. Search results are communicated via a Task that is created in the user’s **Assigned Tasks** inbox. See **Viewing/Selecting Medicaid Eligibility Request Results** for more information about viewing the search results when the search is user initiated and system initiated.

**Check Medicaid Eligibility** button generates an electronic request to the NYS Office of Temporary and Disability Assistance (OTDA) to check if the Child has or had Medicaid Coverage. If the Child has or had Medicaid, the request in return provides the Child’s Medicaid CIN and effective from/to dates to the initiator of the request.

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **Check Medicaid Eligibility** button. **Submit Medicaid CIN Request** page displays with the message *Are you sure you want to submit a Medicaid CIN Request?*

5. Click **Yes** button. The System creates a request for Medicaid Eligibility to OTDA. **Commercial Insurance Coverage** page displays. The request is sent electronically. The response will not be immediate. OTDA will check if the Child requested has a CIN. If the Child does have a CIN, a response record will be returned. The User that initiated the request will receive a task to validate the eligibility response for the Child.

6. Click **Home** from the Menu Bar. User Home Page displays.

**Important Note:** This feature has been temporarily disabled and is not currently operational

**Viewing/Selecting Medicaid Eligibility Request Results**

The system automatically searches the Office of Temporary and Disability Assistance (OTDA) Welfare Management System database when the child’s Integrated Case is opened. If Medicaid Coverage is found, a task is created to the
Municipality’s MedicaidCIN work queue that directs the user (such as the EIOD) to view and select the Medicaid Coverage results, and add it to the Child’s Insurance Coverage.

The Medicaid Coverage results will contain the Child’s name and Date of Birth. This is to help the user validate that this is the correct Medicaid CIN for the Child. The user will review the results and select if any Medicaid Coverage should be added.

1. Log in to NYEIS. User Home Page displays.

2. When the Medicaid CIN requests is system initiated: Click Inbox on the Navigation Bar. Click the Work Queues button. The My Work Queues page displays. Select the View link next to the <Municipality>_MedicaidCIN work queue.

OR

When the Medicaid CIN requests is user initiated: Click Inbox on the Navigation Bar. Click the Assigned Tasks Inbox button.

3. Navigate to the task The CIN results have been received for <child name>. Select the Reserve link under the Action column. Click the Reserve & View button to reserve the task. The Task Home page displays.

4. Click Review OTDA CIN Results link under the Primary Action Column. Medicaid Eligibility Results List page displays. Results of the request are listed in the Results section.
5. The user should sort by the Medicaid CIN column in the Results cluster first as there may be more than one Child returned in the results depending on the search criteria that was entered. Because there may be more than one Medicaid eligibility period, the User should select the checkbox next to each eligibility period that does not already exist for the Child in NYEIS. Click the Register button to add the coverage to the Coverage List.

6. Click the Complete Registration button to end the task. Complete OTDA Results Review page displays. Click Yes button to close the task or click the No button to continue with the task.

Important Note: Existing CIN results tasks can be used to add/update medicaid policy information, however for new Medicaid CIN results this feature has been
temporarily disabled and is not currently operational.

If when attempting to add CIN results for a child you receive a message that the CIN is already in use, that means another child registered in NYEIS has been assigned the CIN you are trying to add. Please call the NYEIS Help Desk for assistance in identifying and resolving the conflict.

**Viewing Child Insurance Coverage**

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. Child Homepage displays.


4. Click View link under Action column for specific Insurance. If a Commercial Insurance is selected, the View Commercial Insurance Coverage page displays. If Medicaid Coverage is selected, View Medicaid Coverage page displays.
5. Click Close button when finished viewing information. **Commercial Insurance Coverage** page displays.

6. Click Home from the Navigation Bar. **Child Homepage** displays.

---

### Editing Child Insurance Coverage

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **Edit** link under **Action** column for specific Insurance to edit.

   If Commercial Insurance coverage is selected, the **Modify Child Commercial Insurance Coverage** page displays. Apply necessary changes. Click **Save** button. **Commercial Insurance Coverage** page displays.

---

Or
If Medicaid Coverage is selected, the Modify Medicaid Coverage page displays. Apply necessary changes. Click Save button. Commercial Insurance Coverage page displays.

5. Click Home from the Navigation Bar. Child Homepage displays.

Important Note:
If claiming to the insurance provider has occurred, it is suggested that the existing insurance record be ended, and the changes made in a new insurance record for the child.

Deleting Child Insurance Coverage

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.

4. Click **View** link under **Action** column for specific Insurance. If a Commercial Insurance is selected, the **View Commercial Insurance Coverage** page displays. If Medicaid Coverage is selected, **View Medicaid Coverage** page displays.

5. Click **Delete** button. **Delete Medicaid / Commercial Insurance Policy** page displays the message *Are you sure you want to delete this policy and all related information (prior authorizations, service not covered, PCDP Referrals)?* Click **Yes** button. **Commercial Insurance Coverage** page displays.

6. Click **Home** from the Navigation Bar. **Child Homepage** displays.

---

**Important Note:**

If claiming to the insurance provider has occurred, it is suggested that the existing insurance record be end dated, and the changes made in a new insurance record for the child.

---

**Creating Services Not Covered**

Some EI services will not be covered at all by certain insurance companies or only a specific number of visits will be covered before the maximum benefit coverage has been reached. In these cases, a User can create a Service Not Covered in NYEIS. These services will not be claimed for payment to the insurance company.

**Commercial Insurance Coverage**

1. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

2. Click **Services Not Covered** from the Navigation Bar. **Insurance Services Not Covered** page displays.
3. Click **New** button. **Create Insurance Service Not Covered** page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as `mm/dd/yyyy` format. **Start Date** is required.

4. Enter data as appropriate.

5. Click **Save** button. **Insurance Services Not Covered** page displays.

Or

Click **Save & New** button to add additional Services Not Covered.

**Important Information**

- Services Not Covered is corrected by entering the same date in the Effective From and To Date fields.
- The services of Service Coordination, Special Instruction, Respite and Transportation do not need not be entered into NYEIS as “Services Not Covered”.

**Viewing Services Not Covered**

**Commercial Insurance Coverage**
1. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

2. Click **Services Not Covered** from the Navigation Bar. **Insurance Services Not Covered** page displays.

3. Click **View** link under **Action** column. **View Insurance Service Not Covered** page displays.

4. Click **Close** button. **Insurance Services Not Covered** page displays.

**Editing Services Not Covered**

**Commercial Insurance Coverage**

1. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.
2. Click Services Not Covered from the Navigation Bar. Insurance Services Not Covered page displays.

3. Click View link under Action column. View Insurance Service Not Covered page displays.

4. Click Edit button. Modify Insurance Service Not Covered page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

5. Apply necessary changes.

6. Click Save button. View Insurance Service Not Covered page displays.
7. Click Close button. Insurance Services Not Covered page displays.

Creating Prior Authorization/Referrals

The Municipality should enter any information into NYEIS regarding known requirements to ensure coverage of the service (e.g., an insurance company requires prior authorization, and/or a script for a service type or a Referral before agreeing to cover). When this information is entered as required by the insurance company to ensure coverage, in order for NYEIS to begin billing for the service, the required Prior Authorization/Referral and/or Script must be documented as received in NYEIS.

Commercial Insurance Coverage – Prior Authorizations/Referral Required

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

![View Commercial Insurance Coverage](image)

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

![Prior Authorizations/Referrals](image)

6. Click **New** button. **Create PA / PCP Referral / Script Required** page displays.

![Create PA / PCP Referral / Script Required](image)

7. Enter data as appropriate.

8. Click **Save** button. **Prior Authorizations/Referrals** page displays.

Or

Click **Save & New** button to enter additional PA / PCP Referral / Script Required.

**Commercial Insurance Coverage – Create Prior Authorization**
If the need for a Prior Authorization for a service has been entered into NYEIS and a Service Authorization is created that requires a request for Prior Authorization from Commercial Insurance, the EIO/D receives notification through a task to request Prior Authorization for the Child and may forward this task to the service coordinator to document the prior authorization as received.

**Important Information**
The Prior Authorization workflow task, called Prior Authorization, is directed to the EIO/D.  See Appendix H for further information about the workflow.

- Search for the Child using the NYEIS search functionality.  See Unit 1: Getting Started, Searching for search instructions and tips.

- Click Reference Number link in the Search Results for appropriate Child.  Child Homepage displays.

  - Click View link under Action column for Commercial Insurance Coverage.

  View Commercial Insurance Coverage page displays.
Click Prior Authorizations/Referral from the Navigation Bar. Prior Authorizations/Referrals page displays.

Prior Authorizations/Referrals: Kevin Bondman - 500020

Aetna Health - 00001

Service Details

Action | Service Type | Method |
-------|--------------|--------|
View   | ATO          | Basic Group Developmental with 1:1 Aide (50 min or less) |
Edit   |              |        |

New Prior Authorization button. Create Prior Authorization page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

Create Prior Authorization: Kevin Bondman - 500020

Details

Prior Authorization Number: 500020

Start Date: 11/4/2014

Service Type: 1

Service Authorization Number: 11/4/2014

Priority Level: 1

Plan: Commercial


Service Authorization Number: 11/4/2014

Reason: 1

Priority Level: 1

Service Authorization Number: 11/4/2014

Reason: 1

Priority Level: 1

Service Authorization Number: 11/4/2014

Reason: 1

To select a Service Authorization Number, click Search icon. Select Service Authorization Number page displays. Click Select link under Action column for correct Service Authorization Number.

Prior Authorization Number must be entered after the request has been made and the Authorization Number is issued. A Municipality may not have this information while initially entering data in this page.
Prior Authorization Certification Type field indicates if the Prior Authorization request is Initial, Renewal or Revised.

Related Prior Authorization Number field captures any previously issued Authorization Number that may be useful when requesting additional authorization.

Number of Authorized Visits field should be used to capture the total number of visits authorized by Commercial Insurance, not the total number of authorized visits on the Service Authorization.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If a prior authorization is submitted and denied, the service should be recorded as a “service not covered”. See Services Not Covered for further information.</td>
</tr>
<tr>
<td>• User subscribed to the Muni_FiscalManager work queue will receive a Notification when the number of Authorized Visits minus the number of claimed visits reaches 3.</td>
</tr>
</tbody>
</table>

Delay Reason field captures the reason there was a delay in processing by Commercial Insurance.

Denial Reason field captures the denial if the Prior Authorization request is denied.

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a Prior Authorization is required and submitted for and then denied, the service should then be entered under ‘Services Not Covered’</td>
</tr>
</tbody>
</table>

Click Save button. Prior Authorizations/Referrals page displays.

Or

Click Save & New button to enter additional Prior Authorizations.

Commercial Insurance Coverage – Create 278 Request

<table>
<thead>
<tr>
<th>Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>This feature has been temporarily disabled and is not currently operational.</td>
</tr>
</tbody>
</table>
Commercial Insurance Coverage – New Primary Care Physician Referral

Once a service has been agreed to as appropriate for a child/family and the resulting Service Authorization is issued, the Municipality should enter any information into NYEIS regarding specific requirements to ensure coverage of services (e.g., an insurance company requires prior authorization or a Referral before they will agree to cover a service).

If the need for a New Primary Care Physician Referral for a service has been entered into NYEIS and a Service Authorization is created that requires a request for a Primary Care Physician Referral, the child’s Service Coordinator receives notification through a Task to request PCP Referral for the Child.

**Important Information**
The Primary Care Physician Referral workflow task, called PCP Referral, is directed to the child’s Service Coordinator. [See Appendix H for further information about the workflow.]

1. Search for the Child using the NYEIS search functionality. [See Unit 1: Getting Started, Searching] for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


6. Click **New Primary Care Physician Referral** button. Create Primary Care Physician Referral page displays. **SA Number** and **PCP Referral Number** are **required** fields. **PCP Referral Number** may be the referring physicians NPI number.

7. To select an **SA Number**, click **Search** icon. Select Service Authorization Number page displays. Click **Select** link under **Action** column for correct Service Authorization Number. Create Primary Care Physician Referral page displays.
8. Click Save button. Prior Authorizations/Referrals page displays.

**Viewing Prior Authorization / Referrals**

**Commercial Insurance Coverage – View Service Details**

1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **View** link under **Action** column for **Service Details**. **View PA / PCP Referral / Script Required** page displays.

7. Click **Close** button. **Prior Authorizations/Referrals** page displays.

8. Click **Home** from the Menu Bar. User Home Page displays.

**Commercial Insurance Coverage – View Prior Authorization**

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.
4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **View** link under **Action** column for specific **Prior Authorizations**. **View Prior Authorization** page displays.

7. Click **Close** button. **Prior Authorizations/Referrals** page displays.
1. Search for the Child using the NYEIS search functionality. See Unit 1: Getting Started, Searching for search instructions and tips.

2. Click Reference Number link in the Search Results for appropriate Child. Child Homepage displays.


6. Click Edit link under Action column for specific Service Details. Modify PA / PCP Referral / Script Required page displays.
7. Apply necessary changes.

8. Click **Save** button. **Prior Authorizations/Referrals** page displays.

### Commercial Insurance Coverage – Edit Prior Authorization

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.
6. Click **Edit** link under **Action** column for specific **Prior Authorizations**. Modify Prior Authorization page displays.

7. Apply necessary changes.

8. Click **Save** button. **Prior Authorizations/Referrals** page displays.

**Important Note:**

If claiming to the insurer has occurred, and the Prior Authorization information has changed, it is recommended that the existing prior Authorization record be end-dated and new Prior Authorization information is added.

**Deleting Prior Authorization / Referrals**

**Commercial Insurance Coverage – Delete Service Details Required**

1. Search for the Child using the NYEIS search functionality. See **Unit 1: Getting Started, Searching** for search instructions and tips.

2. Click **Reference Number** link in the Search Results for appropriate Child. **Child Homepage** displays.
3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

<table>
<thead>
<tr>
<th>Coverage List</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions</td>
<td>Insurance Company</td>
<td>Policy Number</td>
<td>Effective From Date</td>
<td>Effective To Date</td>
<td>3rd Party Sequence</td>
</tr>
<tr>
<td>[View][Edit][Prior Auth]</td>
<td>Community Blue</td>
<td>101018</td>
<td>1/1/2009</td>
<td>12/31/2009</td>
<td>1</td>
</tr>
</tbody>
</table>

4. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

5. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

6. Click **View** link under **Action** column for specific **Service Details**. **View PA / PCP Referral / Script Required** page displays.
7. Click **Delete** button. **Confirm Delete that PA / PCP Referral / Script is Required** page displays with the message *Are you sure you want to delete this indicator that either a PA, PCP Referral or Prescription is required for this Child’s Insurance Coverage?*

8. Click **Yes** button. **Prior Authorizations/Referrals** page displays.

**Commercial Insurance Coverage – Delete Prior Authorization**

1. Log in to NYEIS. User Home Page displays.

2. Click **Child** link in **Search** section. **Child Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.*

4. Click **Reference Number** link for appropriate Child. **Child Homepage** displays.

5. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

6. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.
7. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.

![Prior Authorizations/Referrals: Fatima Smithwick - 30000010](image)

<table>
<thead>
<tr>
<th>Action</th>
<th>Service Type</th>
<th>Method</th>
<th>PA Number</th>
<th>Insurance Company Name</th>
<th>Status</th>
<th>PA Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Assistive Technology</td>
<td>Audiologist</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

8. Click **View** link under **Action** column for specific **Prior Authorizations**. **View Prior Authorization** page displays.

![View Prior Authorization: Fatima Smithwick - 30000010](image)

<table>
<thead>
<tr>
<th>Action</th>
<th>PA Number</th>
<th>Insurance Company Name</th>
<th>Status</th>
<th>PA Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>1018</td>
<td>Empire Blue Cross Blue Shield</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>1083</td>
<td>Empire Blue Cross Blue Shield</td>
<td>Initial</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>101018</td>
<td>Empire Blue Cross Blue Shield</td>
<td>Initial</td>
<td></td>
</tr>
</tbody>
</table>

9. Click **Delete** button. **Delete Prior Authorization** page displays with the message **Are you sure you want to delete this prior authorization?**

![Delete Prior Authorization: Fatima Smithwick - 30000010](image)

**Are you sure you want to delete this prior authorization?**

- Yes
- No

10. Click **Yes** button. **Prior Authorizations/Referrals** page displays.

---

**Important Note:**

If claiming to the insurer has occurred, and the Prior Authorization information has changed, it is recommended that the existing prior Authorization record be end-dated and new Prior Authorization information is added.
Commercial Insurance Coverage – Delete Primary Care Physician Referral

1. Log in to NYEIS. User Home Page displays.

2. Click **Child** link in **Search** section. **Child Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button.

4. Click **Reference Number** link for appropriate Child. **Child Homepage** displays.

5. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page displays.

6. Click **View** link under **Action** column for Commercial Insurance Coverage. **View Commercial Insurance Coverage** page displays.

7. Click **Prior Authorizations/Referral** from the Navigation Bar. **Prior Authorizations/Referrals** page displays.
8. Click Delete link under Action column for specific Primary Care Physician Referrals. Delete PCP Referral page displays with the message Are you sure you want to delete this Primary Care Physician Referral?

Delete PCP Referral

Do you want to delete this Primary Care Physician Referral?  

[Yes]  [No]


Note:

- Primary Care Physician Referrals can not be edited. They can only be deleted once created.

Generating Subrogation Letters

This feature is no longer active in NYEIS

Viewing and Printing Subrogation Letters

This feature is no longer active in NYEIS

**ALTERNATIVE IDs FROM THE CHILD HOME PAGE**

A Child may have multiple types of numbers associated with their Case, such as: Reference Number, Child Social Security Number, Parent’s Social Security Number and Medicaid CIN number. These numbers can be entered from the Alternative ID button. Only Municipal Users with appropriate access rights will be able to access this information.
Important Information
- The system automatically generates the child’s **Reference Number**. The Reference Number is the child’s Primary ID; it cannot be edited or deleted.
- Municipalities are required to enter the Child’s social security number in the Alternative ID section.
- The Medicaid CIN is added and edited through the **Insurance Coverage** page on the **Child Home** page. See **Insurance Coverage** for further information.

1. Display Child Home Page. See **Unit 1: Getting Started, Displaying Child Home Page** for further information.

2. Click **Alternative IDs** from the Navigation Bar. **Alternative IDs** page displays for current Provider. Perform one of the following functions:

   **Adding a New Alternative ID**

   Note that a user cannot add an Alternative ID type of ‘Reference Number’ or ‘Medicaid CIN’.

   a. Click **New** button. **Create Alternative ID** page displays the sections **Details** and **Comments**.

   b. Fill in information for **Alternative ID**, **Type**, **From**, **To** and **Comments**. **Alternative ID**, **Type** and **From** are **required** fields.
c. Click **Save** button to save current Alternative ID. **Alternative IDs** page displays.

Or

Click **Save & New** button to continue adding Alternative IDs.

**Viewing an Alternative ID**

a. Click **View** link under **Action** column from **Alternative IDs** page. **View Alternative ID** page displays the sections **Details** and **Comments**. Click **Close** button after viewing the Alternative ID page. **Alternative IDs** page displays.

**Editing an Alternative ID**

Note that a user cannot edit an Alternative ID type of ‘Reference Number’ or ‘Medicaid CIN’.

a. Click **Edit** link under **Action** column from **Alternative IDs** page. **Modify Alternative ID** page displays the sections **Details** and **Comments**. Apply changes. Click **Save** button. **Alternative IDs** page displays.

**Deleting an Alternative ID**

Note that a user cannot delete an Alternative ID type of ‘Reference Number’ or ‘Medicaid CIN’.

a. Click **View** link under **Action** column from **Alternative IDs** page. Click **Delete** button. **Delete Alternative ID** page displays with message **Are you sure you want to delete this alternative ID?** Click **Yes** button. **Alternative IDs** page displays with **Status** set to **Canceled**.

**Notes:**

- There can only be one **Active Child Social Security Number** at a time. If a new Child Social Security Number is to be added, the currently active Child Social Security Number must be **Deleted**, rendering it Canceled.

**Cancel** button stops current operation and returns to previous page.
Recent items on the Navigation Bar displays recently visited items.

To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

**CODE 35 MANAGEMENT**

Municipalities are required to notify their Local Department of Social Services that they intend to bill Medicaid for case management services (Service Coordination). This section shows how a user can generate a list of children that need the Code 35 placed on their Medicaid record with LDSS. The system determines what children meet the Code 35 Placement criteria based on whether the child is new to the County of Residence (either new referral or transfer) and has a Medicaid CIN. After the Code 35 list has been generated, the Code 35 is recorded on the Child’s Commercial Insurance Coverage Page in the Code 35 Information cluster. The list is sent to LDSS. LDSS subsequently places the exception Code 35 on the child’s Medicaid record.

**Code 35 Placements**


2. To search for a specific child, enter the name in the First Name and/or Last Name fields. Or to search for multiple children, enter dates in the Referral/Transfer Date From and Referral/Transfer Date To fields. Click the checkbox if you want to include children who already have Code 35 notification for this municipality. Click Search button to initiate search.

3. Search results are displayed. Select the checkbox next to the name of each child to add a Code 35 Placement for. Click Print button.
4. **Print Code 35 Placements** page displays with the message *These are the children you selected to notify LDSS of Code 35 Placement in the municipality: <municipality name>*. The user can print this page and send to their LDSS so that the LDSS can record the Code 35 in WMS.

**Important Information**

Be aware that this process only allows for a list of Code 35 Placements to be printed and sent to LDSS. Once this print page is displayed, the system assumes LDSS has been notified of the Code 35 Placements and sets the Code 35 Placement date in NYEIS to the current date. There is no electronic interaction with LDSS for Code 35 Placements so the user must send this printout.

Children who you have selected to report to LDSS will not show up in future searches unless the check box is selected to include children who already have code 35 notification for this municipality.

Or

Click **Cancel** button to cancel notification. The **Cancel** button navigates the user back to the **Search Code 35 to Add Placements** page. Selecting the **Cancel** button again returns the user to their homepage.

5. After the Code 35 report has been generated the Code 35 is recorded on the Child’s **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

**Removing Code 35 Placements**

This section shows how a user can generate a list of children that need the Code 35 removed from their Medicaid record with LDSS. The system determines what children meet the Code 35 Removal criteria based on whether a child with a Code 35 placement has their integrated case closed. Code 35 removals are also listed after a child with Code 35 placement has transferred to another county. The Code 35 removal shows up in the county originating the transfer. After the Code 35
report has been generated the Code 35 removal is recorded on the Child’s Commercial Insurance Coverage Page in the Code 35 Information cluster.


2. To search for a specific child, enter the name in the First Name and/or Last Name fields. Or to search for multiple children, enter dates in the Referral/Transfer Date From and Referral/Transfer Date To fields. Click the checkbox to include children who already have Code 35 notification. Click Search button to initiate search.

3. Search results are displayed. Select the checkbox next to the name of each child to remove the Code 35 Placement for. Click Print button.

4. Print Code 35 Removal selections page displays with the message These are the children you selected to notify LDSS of Code 35 Placement Removal from the municipality: <municipality name>. The user can print this page and send to their LDSS so that the LDSS can remove the Code 35 in WMS.

Important Information
Be aware that this process only allows for a list of Code 35 Removals to be printed and sent to LDSS. Once this print page is displayed, the system assumes LDSS has been notified of the Code 35 Removal and sets the Code 35 Removal date in NYEIS to the current date. There is no electronic interaction with LDSS for Code 35 Removals so the user must send this printout.
5. Select the **Cancel** button navigates the user back to the **Search to Remove Code 35 Placements** page. Selecting the **Cancel** button again returns the user to their homepage.

   After the Code 35 report has been generated the Code 35 is recorded on the Child’s **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

**MUNICIPALITY OF FISCAL RESPONSIBILITY**

This feature is used to assign financial responsibility for a Child in foster care, a homeless Child or a Child in a residential facility licensed or operated by a State Agency, to the correct Municipality.

When a Child is in foster care, is homeless, or is in a residential facility licensed or operated by a State Agency, the Municipality in which the Child lives is considered to be the Municipality of current location (the actual physical address of the foster home or facility the Child is residing in). The Municipality of location delivers EI services to the Child and family and receives 100% reimbursement for these services.

Municipality of residence is the Municipality in which a Child or Child's family lived at the time they became homeless, at the time the local social services district assumed responsibility or custody for the Child or family or at the time a Child was admitted for care or treatment in a facility licensed or operated by a State Agency other than the Department of Health. The Municipality of residence is fiscally responsible for the cost of EI services delivered to the Child and family and subsequent vouchers will reflect the charge against the Municipality of Fiscal Responsibility for the local share.
Assigning Municipality of Fiscal Responsibility

A Municipality is assigned based on the Child’s address when a Child is entered into the System. The Municipality assigned takes on financial responsibility for the Child. For a Child in foster care, residential care or a homeless Child, the Municipality of Fiscal Responsibility is the Municipality in which the Child or the Child’s family lived, at the time the Child was placed in foster care, residential care or the family became homeless. This Municipality may be different than the Municipality of the Child’s current address and must be changed.


2. Click **Municipality of Fiscal Responsibility** from the Navigation Bar. **Municipality of Fiscal Responsibility** page displays.

3. Click **New** button. **Assign Municipality of Fiscal Responsibility** page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

4. Select **Municipality of Fiscal Responsibility** drop down from Details section. Type **Start Date**. *Date fields must be formatted as mm/dd/yyyy format.*

5. Click **Save** button to save Municipality and return to **Municipality of Fiscal Responsibility** page with new Municipality listed.

**Viewing Municipality of Fiscal Responsibility**

Only Municipal Users with assigned access rights will be able to view the Municipality of Fiscal Responsibility.
1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, Displaying Integrated Case Home Page for further information.

2. Click Municipality of Fiscal Responsibility from the Navigation Bar.  
   Municipality of Fiscal Responsibility page displays.

3. Click View link under Action column for Municipality to display.  
   View Municipality of Fiscal Responsibility page displays.

4. Review information.

5. Click Close button.  
   Municipality of Fiscal Responsibility page displays.

---

**Editing Municipality of Fiscal Responsibility**

Only Municipal Users with assigned access rights will be able to edit the Municipality of Fiscal Responsibility.

1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, Displaying Integrated Case Home Page for further information.

2. Click Municipality of Fiscal Responsibility from the Navigation Bar.  
   Municipality of Fiscal Responsibility page displays.

3. Click Edit link under Action column for Municipality to change.  
   Modify Municipality of Fiscal Responsibility page displays.
4. Apply necessary changes.

5. Click Save button. Municipality is saved. Municipality of Fiscal Responsibility page displays.

**USER ROLES**

The User Roles feature is used to change the Supervisor of a Child’s Case who is the Child’s Early Intervention Official Designee (EIO/D). This function will NOT change any other User’s role in NYEIS.

If a change in EIO/D must occur, the change must be completed in NYEIS because tasks are dependent on this assignment. If an EIO/D is changed and there are outstanding tasks, each task must be manually forwarded to the new EIO/D.

**Changing Supervisor (EIO/D) Role**


2. Click User Roles from the Navigation Bar. User Roles page displays.

3. Click New EIO/D button. Assign EIO/D page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.
Click **Search** icon for **New EIO/D** field in **Details** section. **User Search** page displays.

4. Type all known information in **Search Criteria** section.

5. Click **Search** button. Records matching display in **Search Results** section.  
   To search again, click **Reset** button.

6. Click **Select** link under **Action** column to select new Supervisor (EIO/D). **Set EIO/D** page redisplays with **New EIO/D** in field.

Select from **Reason** drop down. **Select the Reason for the new Supervisor (EIO/D) assignment** (e.g., Paternity, retired, leave of absence or maternity leave).
7. Type **Comments (Optional)**.

8. Click **Save** button. **User Roles** page displays. Previous Supervisor (EIO/D) is given the **End Date** generated when the New Supervisor (EIO/D) was created. New Supervisor (EIO/D) will display with **End Date** open.

### Viewing Supervisor (EIO/D) Role Details


2. Click **User Roles** from the Navigation Bar. **User Roles** page displays.

3. Click **View** link under **Action** column to view User Role. **View User Role Details** page displays.
4. Review information.

5. Click Close button. User Roles page displays.

**Note:**

To view additional information about User, click *Name* link in Role Details section of View User Role Details page.

**Restrictions**

A Restriction placed on a Provider will prevent the provider from being assigned to future Service Authorizations, and can also prevent the provider from processing a claim for an active Service Authorization to which they are currently assigned.

Creating and viewing Provider Restrictions is limited to some Municipal staff users and SDOH Bureau of Early Intervention Provider approval Unit staff.

**Important Information**

- A restriction created by a Municipal user applies only to the county that created the restriction; it does not apply to other Municipalities that the provider may deliver services in.
- After the restriction is created, a Task is created and allocated to the Statewide_ProviderRestriction work queue for Bureau of Early Intervention Provider Approval Unit staff to review and follow up on if needed.
- The Service Coordinator of any child who is receiving service from the restricted Provider will receive a Task notifying them of the restriction. The Task requires the Service Coordinator view the Child’s SA to determine if the Provider should be re-assigned.

1. Display Provider Home page. *(See Searching for a Provider)* for further information.
2. Click **Restriction** from the Navigation Bar. **Provider Restriction** page displays for the current Provider.

Perform one of the following functions:

**Creating a New Restriction**

a. Click the **New** button. **Create Restriction** page displays with the following sections: **Specify One of the Restricted Types**, **Restriction Details** and **Summary**.

Select a Restriction type from the drop down next to **Type of Restriction**: in the **Specify One of the Restriction Types** cluster. Two choices are presented:

- **Service Type** – places a restriction on a single Service Type (e.g., PT – Basic)
- **Universal** – places a restriction on the provider (e.g., all approved Service Types). All approved provider Locations, Service Methods and Service Types will be restricted.

If **Service Type** is selected for **Type of Restriction**, record the restricted Service Type by selecting an option from the **Service Type** field drop down list.

Record the **Start Date** in the **Restriction Details** cluster. This is the date that the restriction will take effect.
In order to restrict the provider from successfully processing a claim (i.e. billing) on a Service Authorization they are currently approved for (i.e., approved for prior to the Restriction Start Date), click the **Prevent Provider from creating a claim for all approved Service Authorizations as of Start Date** field checkbox. The system will prevent the provider from billing against all Service Authorizations (if Universal was selected) or SA’s associated with the selected Service Type (if Service Type was selected) while the Restriction is active.

**Important Information**
- The Restriction **Status** is automatically set to **Active** when the record is **Saved**.
- Once the Restriction record is **Saved** the system will automatically prevent the provider from being assigned to future Service Authorizations until the restriction **Status** is changed to **Canceled**.
- Leaving the **End Date** field blank will create an indefinite Restriction on the provider. The Restriction record can later be edited to add an **End Date** or change the **Status** to **Canceled** if needed. See **Editing Restrictions**.

Type notes in the optional **Summary** text box.

b. Click **Save** button to save current Restriction. **Provider Restrictions** page displays.

Or

Click **Save & New** button to continue adding Restrictions.

**Viewing Restrictions**

a. Click **View** link under **Action** column from **Provider Restrictions** page. **View Restrictions Details** page displays. Review information. Click **Close** button to return to **Provider Restrictions** page.
Editing Restrictions

a. Click **Edit** link under **Action** column from **Provider Restrictions** page. **Modify Restrictions** page displays.

A Restriction can be edited in multiple ways. Each method described below has a different impact on the restriction as described.

- **Add an End Date and keep the Status as Active** – adding an End Date to the restriction enables the Provider to be assigned to any new SA created after the designated End Date. However, keeping the Status as Active prevents the Provider from ever submitting a claim for the services that were restricted during the restriction period (in example, 6/24 through 7/15). Only when the Status is changed to Cancel will the Provider be able to claim for services rendered during the restriction period.

- **Add an End Date and change the Status as Canceled** – adding an End Date to the restriction serves to place an end date on the Restriction period and changing the Status to Canceled enables the Provider to submit a claim for the services that were restricted during the restriction period (in example, 6/24 through 7/15). The Provider agency can also be assigned to any new SA created after the designated End Date. The record provides a historical view and does not restrict the provider in any way.
- **Prevent Provider from submitting claims on pre-authorized SAs** – If the Restriction was created but the User did not restrict the provider from submitting claims on pre-authorized SAs (i.e., SAs created prior to the Restriction Start Date) the User can prevent the Provider from creating the claims by clicking Edit and selecting the checkbox on the **Modify Restriction** page. The **Status** must remain ‘Active’.

![Modify Restriction](image)

- **Enable Provider to submit claims on pre-authorized SAs** – If the Restriction was created but the User prevented the provider from submitting claims on pre-authorized SAs (i.e., SAs created prior to the Restriction Start Date) the User can enable the Provider to create the claims by clicking Edit and de-selecting the checkbox on the **Modify Restriction** page.

b. Make necessary changes. Click **Save** button. **Provider Restrictions** page displays.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

Recent items on the Navigation Bar displays recently visited items.

**FLAGS**

Both the SDOH Bureau of Early Intervention Provider approval Unit staff and Municipalities are able to create Flags on Providers. Flags created by the SDOH BEI PAU are viewable by all counties who contract with the flagged Agency. Flags created by Municipalities are only viewable by Users with approved access within the Municipality that created the flag and the SDOH BEI PAU. Flags do
not have any impact on the Provider’s ability to bill for services rendered (only restrictions have this function).


2. Click Flags from the Navigation Bar. Provider Flags page displays for the current Provider.

3. Perform one of the following actions:

**Creating a New Flag**

a. Click New button. Create Provider Flag page displays with Flag Details and Comments section. From Date is required.

b. Type information.

c. Click Save button to save current Flag. Provider Flags page displays.

Or

Click Save & New button to continue adding Flags.

**Viewing Flags**

a. Click View link under Action column from Provider Flags page. View Flag page displays. Review information. Click Close button. Provider Flags page displays.

**Editing Flags**

a. Click Edit link under Action column from Provider Flags page. Modify Provider Flag page displays. Make necessary changes. Click Save button. Provider Flags page displays.

**Notes:**

- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.
- **Cancel** button stops current operation and returns to previous page.
- **Recent items** on the Navigation Bar displays recently visited items.

## Closing an Integrated Case

Only Municipal Users with assigned access rights will be able to close an Integrated Case. It involves closing the entire Integrated Case and each Case/Folder within the Integrated Case so that no further action can be taken on any of the data related to the Case. Examples of Case/Folder include Initial Service Coordination SAs, MDE SAs, IFSPs and IFSP SAs.

### Important Information

- Before an Integrated Case can be closed, the User must review the Tasks (Open Tasks Summary) page on the Integrated Case Home page and ensure that all Tasks that are listed on the page are completed and closed.

- Once the Case Close action is completed it cannot be reversed. To reopen the Integrated Case, the Municipality must re-refer the child back into the EI program or submit a State Data Change Request if case closure was determined to be in error. If appropriate to re-refer, the Re-referral date must be after the child’s original EI Referral Date, known as the **New Referral**. See [Re-Opening a Closed Integrated Case](#).

2. Click **Tasks** on the Navigation menu of the **Integrated Case Home** page. Open Task Summary page displays. See **Unit 4: Case Management, Tasks (Open Tasks Summary)** for more information about the Open Tasks Summary page.

3. Initiate steps to complete and close each Task listed on the page. In the example above, the task number 67339 to Accept/Reject an Audiology-Basic Service Authorization is currently sitting in the Service Authorizations Work Queue of agency ‘Children’s Health Care’.

   The User contacts Children’s Health Care and informs the agency that the child’s case is being closed and that Task number 67339 sitting in the agency’s Service Authorizations work queue must be actioned (completed and closed) immediately.

   The User continues to contact all agencies or Users until each task is actioned.

   Proceed to Step 4 after all open Tasks listed in the Open Tasks Summary page have been actioned.

4. Click **Close Case** link from **Options** section. **Close Case** page displays.
5. Navigate from field-to-field using Tab key to enter information for: Details, Comments, Referral Reason, Parental Consent and At Risk and Failed Newborn Hearing Screening Referral Details sections.

There are a couple different scenarios for closing a case. Follow the instructions below depending on your situation:

**Close Case and Transfer Child to At-Risk**

See Closing a Case and Referring a Child to At Risk for instructions.

**Close Case and Do Not Transfer Child to At-Risk**

If the Child’s case is to be closed and not transferred to At Risk, complete the Details cluster only. Do not click the Transfer At-Risk? field checkbox.

6. Click Save button.

Errors or reasons why a Case can not be closed (e.g., IFSP open) display at the top. Save does not occur until all errors are corrected.

As noted earlier in this section, a Case cannot be closed until all open Tasks listed on the Open Tasks Summary page have been actioned. The User is navigated to the Open Task Summary list page if Tasks are opened. See Step 2 above for information about closing Tasks.

7. If the Case closed successfully, the Integrated Case Home page displays. Click the Status History option on the Navigation Menu to confirm that the Case is set to Closed and the Closure Reason recorded.
CLOSING AN INTEGRATED CASE AND REFERRING CHILD TO AT-RISK

An Integrated Case can be closed and the child Referred to At-Risk. Only Municipal Users with assigned access rights will be able to close a Case. Closing a Case means closing the entire Integrated Case and each Case/Folder within the Integrated Case so that no further action can be taken on any of the data related to the Case.

1. Click the ‘Close Case’ link on child’s Integrated Case Home page.

![Integrated Case Home: NYEIS Integrated Case - 77314](image)

- **Details**
  - Case Reference: 77314
  - Child’s Name: Kelly Lansford
  - Status: Draft
  - Child’s Latest Referral Date: 5/31/2011
  - Due Date of Initial IFSP: 7/15/2011

![Service Coordination Service Authorizations](image)

- **Case Coordination Service Authorizations**
  - Case Reference: 77315
    - Start Date: 5/31/2011
    - End Date: 7/15/2011
    - Status: Active

![Evaluation Service Authorizations](image)

- **Evaluation Service Authorizations**
  - Case Reference: 62464
    - IFSP Type
    - Start Date
    - End Date
    - Status

2. Click Tasks on the Navigation Menu of the Integrated Case Home page. 
**Open Task Summary** page displays. See Unit 4: Case Management, Tasks (Open Tasks Summary) for more information about the Open Tasks Summary page.

![Open Task Summary: NYEIS Integrated Case - 62464](image)

- **Open Task Summary**
  - Task ID
  - Task Subject
  - Task Assignment
  - 67339
    - Accept/Reject Audiology - Basic Service Authorization for Derek Stewart in Albany
    - 258_ServiceAuthorizations (Children’s Health Care)
  - 88635
    - Provider John Boback, QA Test Agency has rejected the assignment of Service Authorization 62469 for Derek Stewart
    - John Boback (Albany)

3. Initiate steps to close each Task listed on the Open Tasks Summary page. In the example above, the task number 67339 to Accept/Reject an Audiology-
Basic Service Authorization is currently sitting in the Service Authorizations Work Queue of agency ‘Children’s Health Care’.

The User contacts Children’s Health Care and informs the agency that the child’s case is being closed and that Task number 67339 sitting in the agency’s Service Authorizations work queue must be actioned (completed and closed) immediately.

The User continues to contact all agencies or Users until each task is actioned.

Proceed to Step 4 after all open Tasks listed in the Open Task Summary page have been actioned.

4. Click **Close Case** link from **Options** section. **Close Case** page displays.

5. Navigate from field-to-field using **Tab** key to enter information for: **Details**, **Comments**, **Referral Reason**, **Parental Consent** and **At Risk and Failed Newborn Hearing Screening Referral Details** sections.

6. Check the **Transfer to At-Risk?** field checkbox in the **Details** cluster.
Complete the **Referral Reason**, **Parental Consent**, and **At Risk and Failed Newborn Hearing Screening Referral Details** clusters.

7. Click the **Save** button. The system automatically creates an At Risk referral for the child; the referral type will be **Additional Referral**. Action on clicking Save button modifies the **Is Child At Risk** field in the **At Risk Information** cluster on the **Child Home** page to the option “Yes”.

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**CLOSING AN AT RISK CHILD**

See Unit 3: At Risk Children, *Closing an At Risk Child* for more information

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**RE-OPENING A CLOSED INTEGRATED CASE**

A Closed Integrated Case is re-opened when a new referral is submitted and registered. The referral is classified as a **Re-referral**. When the Child’s referral is processed by the Municipality, the workflow requires that the User must first search for the child to determine if there is an existing record. After the Child record is found, the User creates the Re-referral for the child.
Once the Re-referral is recorded, the system automatically resets the child’s EIO/D and Initial Service Coordinator status to **To Be Assigned**, and creates a Task for the Municipality to assign an EIO/D. The Child’s Integrated Case is re-opened when the EIO/D is assigned. The Municipality continues to processes the Child’s case per the normal intake instructions described in Unit 2: Referral and Intake.

1. Display Municipality Home Page.

2. Click **Create Referral** link under **My Shortcuts**. **Confirm Child Not Already Registered** page displays.

If a Municipal staff member is creating a referral in NYEIS from a submitted paper Referral or processing a referral submitted by a Provider in NYEIS, a search **must** be performed to determine whether the Child is already in the System.
3. Type all known information in **Search Criteria** section. **Date of Birth** field information is required to perform the search.

4. Click **Search** button. Records matching entered Child data display in **Search Results** cluster. A statewide search of information takes place to determine if the Child’s data is in the System. Examine displayed records to determine whether the specific Child has already been entered in the System.

To view more detailed information for a child displayed in the **Search Results** cluster, click the **Reference Number** link in the **Action** column next to the child’s name. After viewing the child’s record, you can click your browser’s back button to return to the **Confirm Child Not Already Registered** page with the search results listed.

The search results include a child record that may be the child you are creating a referral for. Click the child’s **reference number** in the **Action** column next to the child’s name in the **Search Results** cluster to display the Child Homepage. Determine if your county is recorded as the Municipality of Residence on the **Child’s Home Page**. If yes, click the **Cases** link on the navigation menu and open the child’s Integrated Case. Determine if the child’s Integrated Case Status is **Closed** by clicking the **Status History** option on the **Navigation Menu**. If yes, return to the **Child Homepage** and scroll down to the **At Risk Information** cluster.

- If child is At-Risk, click the At-Risk Follow-Up link on the navigation menu to Close At-Risk status and refer into EI. **See Unit 3: At-Risk Children, Closing At-Risk Case** for additional information.
- If child is not At-Risk, click the **Referral** link on the navigation menu. Click the **Create Referral** button and record the referral information.

5. The Create Referral page contains data from the Child’s original referral including Child Information, Family Information, Address, and Phone Number.

Navigate from field-to-field using Tab key to fill in all known information in **Referral Reason**, **Child Information**, **Family Information**, **Address**, **Phone Number**, **Parental Consent**, **Child Details**, **Communication Exception**, **Suspected of Delay Referral Details**, **At Risk** and **Failed Newborn Hearing Screening Referral Details**, **Place Of Birth**, **Primary Care Physician** and **Comments** sections.

Record the **Referral Date** that reflects the date that the referral was received. **Date fields must be formatted as mm/dd/yyyy format. Fields requiring data**
entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

6. Click the **Register** button after all data has been entered. The **Referrals** page displays with the referral recorded as type **Re-referral**.

The system automatically resets the Integrated Case **Status** to **Draft** (Open), the child’s EIO/D and Initial Service Coordinator status to **To Be Assigned**, and creates a Task for the Municipality to assign an EIO/D.

7. The Municipality continues to process the Child’s case as per instructions outlined in **Unit 2: Referral and Intake**, assigning the EIO/D and Initial Service Coordinator, and establishing or re-establishing eligibility through the completion of the MDE process. See **Unit 5: Evaluation** for information regarding the MDE process.

8. Once the Child’s eligibility is re-established, the Municipality can create an IFSP. See **Unit 6: IFSP and SAs, Managing an Individualized Family Service Plan for a Transferred or Re-Opened Integrated Case** for additional information.
ABORTING A SYSTEM-INITIATED CLOSE INTEGRATED CASE TASK

There are two instances when the system creates a Task for an Integrated Case to be closed. Those instances are:

- When a Child is determined Ineligible for the EI program. A Task is created in the Child’s assigned EIO/D Assigned Tasks inbox to close the Child’s case.
- When a Transfer record is recorded and the Parents do not consent to notify the new Municipality and/or do not consent to transfer the Child’s records. A Task is created in the Municipality’s EIO/D Work Queue to close the Child's case.

The System-Created Case Closure Task can be manually closed if the User needs to stop the case closure workflow. For example, when a child’s parent does not consent to transfer the case records to a different agency, the system initiates the Case Closure workflow to close the child’s Integrated Case. A User can stop the case closure workflow manually by selecting ‘Close’ on the Task Home page.

The Case Closure workflow can be re-initiated by the User at a later time by clicking “Close Case” on the Integrated Case Homepage.

Case Reactivation

NYEIS provides for reactivation and modification/amendment capabilities for authorized Municipal Users on closed IFSP’s and/or closed SA’s that are considered “qualified” for reactivation. More on what makes an IFSP or SA qualified will be detailed below, but first:
Previously, if an IFSP or SA needed to be modified/amended, the IFSP/SA needed to have both an “editable” status, [meaning: ‘Active’, ‘Approved’ or ‘Extended’], and the IFSP/SA end date needed to be after the current date. Case Reactivation allows for select Administrative Municipal User Roles in each county to:

- Restore an editable status from ‘Closed’ to an IFSP and/or its associated SA’s while maintaining the existing date ranges for those records
- Edit ‘Reactivated’ cases by the authorized user, despite the (maintained) end date of the IFSP and/or its associated SA’s being in the past.

There are 2 possible scenarios that are accommodated by the new functionality:

- Modifying a closed IFSP, and/or its associated closed SA’s within
- Modifying a closed SA within any IFSP currently in an ‘Active’, ‘Approved’ or ‘Extended’ (non-reactivated) status.

Note: Outstanding IFSP amendment tasks that remain unworked after an IFSP closes are unable to be completed. Upon reactivation of an IFSP, the amendment task will be automatically closed by NYEIS. Users should review outstanding tasks on the IFSP prior to reactivation. If the requested amendment needs to be completed, users should either print the task details or note the requested changes prior to reactivating the IFSP. Users can then reactivate the IFSP and make appropriate modifications to the IFSP. See Unit 6 Amending an IFSP for more information.

This new feature is accessed by clicking the ‘Activate Online’ link, seen in the ‘Manage’ cluster at the top of every IFSP or SA.

Important Information:

The ‘Activate Online’ link still functions as it always has to move an IFSP from ‘Approved’ status to ‘Active’ (See Unit 6 - Activating an Individualized Family Service Plan), but if ‘Activate Online’ is clicked when the IFSP is closed, or if ‘Activate Online’ is clicked on a Service Authorization in ‘Closed’ status inside an IFSP in ‘Active’, ‘Approved’, or ‘Extended’ status, the case reactivation process will begin for the selected IFSP/SA.

Upon reactivation by the authorized municipal user, The IFSP/SA’s prior editable status (if any) will be restored. The date ranges of the IFSP and any reactivated
SA’s remain unchanged. Normal modification/amendment capabilities are given to the municipal user for the reactivated cases, and normal system rules/validations regarding modifications/amendments will apply. For those SA’s reactivated and assigned an editable status when reactivating an IFSP, if the user has no need to work with a reactivated Service Authorization, the user simply allows the system to reclose records overnight.

If an IFSP/SA is reactivated and the end date is modified/amended so that it is no longer in the past (for example, when extending an IFSP for a child that is transitioning) the IFSP, and any associated SA’s whose end dates were the same as the IFSP end date, will extend into the current time period and are treated like a normally active case. These IFSPs/SAs will be accessible and able to be modified/amended by the “Authorized User” who reactivated the case, as well as any users with sufficient privileges to modify/amend normally active cases.

Providers of Record associated with “reactivated” SA’s will have differing access to child pages depending on the date range of the SA that has been reactivated. Providers of record on reactivated SA’s will:

- Continue to be able to access any SA’s that have them listed on the SA as Provider of Record/Rendering Provider
- Continue to be able to access the child’s pages as they normally would if a modification/amendment to the reactivated SA end date results in the SA being “current”.
- NOT be able to access the child’s IFSP and/or Integrated case pages if a modification/amendment to the reactivated SA’s end date results in the date range remaining in the past.

Overnight, the system analyzes all records with past end dates, and will reassign a ‘closed’ status to any IFSP or SA found to have a date range in the past.

**Definition of Editable Statuses:**

Editable statuses prior to an IFSP or SA’s ‘Closed’ status are: ‘Active’, ‘Approved’, or ‘Extended’. Other statuses occasionally seen prior to closure such as ‘Draft’, ‘Submitted’, or ‘EIO/D Review Required’ (with no prior status of ‘Active’, ‘Approved’, or ‘Extended’) are indicative of the IFSP or SA closing in an unexpected state, and will not be eligible for reactivation.

**Definition of Qualified IFSP’s or SA’s for reactivation**

If an IFSP (and its associated SAs) are accessible to the authorized user, had an editable status (‘Active’, ‘Approved’ or ‘Extended’) prior to closure, and the IFSP start date is on or after the earliest allowable date for reactivations then the IFSP
(and its associated SAs) are considered to be qualified for reactivation and subsequent modification/amendment by authorized Municipal Staff.

If an individual Service Authorization is closed, had an editable status (‘Active’, ‘Approved’ or ‘Extended’) prior to closure, and exists within an IFSP that is not yet closed, then the individual Service Authorization is considered to be qualified for reactivation and subsequent modification/amendment by authorized Municipal Staff.

**Important Notes:**

- Any Municipal Staff with the user role authorized to reactivate and modify/amend IFSP’s/SA’s (Currently those with the Muni_ProgramUserAdmin role) can work with any IFSP’s or SA’s reactivated by another Municipal Staff member.
- For children who have transferred, any IFSP’s created when the child was in a different municipality cannot be reactivated by the child’s current municipality. An exception to this rule pertains to Authorized Municipal users assigned to the ‘NYC-Citywide’ municipality. Authorized Users with that muni assignment will have reactivation and modify/amend privileges for any IFSP originating in any of the NYC boroughs.

**Identifying whether an IFSP or SA has an editable status**

Prior to the system reactivating an IFSP/SA’s, the authorized user will be taken to an ‘Attestation’ page to attest that any changes made on the IFSP/SA’s are necessary and valid. This page will also display the editable statuses (if any) that are going to be assigned to the IFSP/SA’s.

If when attempting to reactivate an IFSP (and its associated SA’s), the system determines that no prior editable status can be assigned to the IFSP, the attestation page will reflect that no editable status was found for the IFSP and the reactivation process will not be allowed to continue.

If when attempting to reactivate a closed SA inside a non-closed IFSP, the system finds that there was no editable status prior to SA closure, the attestation page will reflect that no editable status was found and the process will not be allowed to continue.

**Important Notes:**

- It is very important to read and understand the “attestation” prior to agreeing to its terms and proceeding with a reactivation. Monitoring efforts will ensure that child records accurately reflect the data.
entered during case reactivations.
- The IFSP’s and their associated SA’s that are considered qualified for reactivation and modifications/amendments by the authorized Municipal user are any closed IFSP with an effective start date on or after the earliest allowed date for reactivation.
- The current “Authorized Municipal User” role for reactivation and subsequent modifications/amendments of reactivated IFSPs (and their associated SAs) is Muni_ProgramUserAdmin
- The Child’s Integrated case can be ‘Closed’, and IFSP reactivation can still occur
- SA’s that reside outside an IFSP, such as Initial Service Coordination Authorizations or SA’s related to the child’s MDE are not eligible for reactivation or subsequent modifications/amendments
- Any IFSP’s/SA’s in need of correction not found to have an editable status, or starting prior to the earliest allowed date for reactivation, will continue to be resolved utilizing the existing Data Change Request process.
- The 10 day ‘Grace Period’ that exists for IFSPs that have reached their end date does not apply to reactivated IFSP’s, which will close overnight if their end dates have been reached or exceeded. (See Unit 6 - Grace Period for more information about the 10 day grace period.)

Reactivating a closed IFSP and its Service Authorizations

If a closed IFSP or any closed Service Authorizations within a closed IFSP are in need of correction, the IFSP and its SA’s must first be reactivated. Even if the IFSP is the sole record in need of correction, the act of reactivating an IFSP also reactivates the SA’s within.

(See Reactivating a Closed Service Authorization within a non-closed IFSP if the IFSP is not yet closed, but individual closed SA(s) within the IFSP need correction.)

1) From the ‘Manage’ cluster of a closed IFSP, click ‘Activate Online’.
2) Page: ‘Reactivate IFSP’ confirmation displays. Click ‘Yes’ to continue. Click ‘No’ to cancel the process and return to the closed IFSP:

3) ‘IFSP Attestation Page’ Displays, listing any editable statuses found for the IFSP and its associated Service Authorizations.

It is very important to read and understand the “attestation” prior to agreeing to its terms and proceeding with a reactivation. Monitoring efforts will ensure that child records accurately reflect the data entered during case reactivations.
The ‘Editable’ column displays ‘Yes’ or ‘No’ depending on whether an editable status was found for the IFSP and its SAs. This is based upon the status of the IFSP/SA prior to closing.

The ‘Expected Status’ column will reflect the status of the IFSP or SA upon reactivation.

In the figure above, 2 Service Authorizations were not found to have an editable status, and the ‘Expected Status’ column shows the SA’s will remain in a ‘Closed’ status following IFSP/SA reactivation.

Click the ‘View’ link corresponding to any Service Authorizations you wish to review ahead of proceeding with reactivation. View will launch in a new tab or window.

When review is complete, return to the Attestation Page by closing the newly launched tab/window. To proceed with reactivation, place a check mark in the ‘Agreement to the Attestation’ checkbox, and click ‘Yes’ to proceed. To cancel the process Click ‘No’, and you will be returned to the previous page.

4) After clicking ‘Yes’ to proceed, The IFSP and its SA’s are reactivated. Page: ‘Individualized Family Service Plan Home’ displays the previously closed IFSP now in an editable status (the last status it was in prior to closing). In the figure below, the IFSP was reactivated to ‘Extended’ status. Notice that although now back to ‘Extended’ status, the IFSP end date is still set to its original end date of 8/31/2013.

It is very important to read and understand the “attestation” prior to agreeing to its terms and proceeding with a reactivation. Monitoring efforts
will ensure that child records accurately reflect the data entered during case reactivations.

At the bottom of the IFSP, all SA’s identified on the Attestation page as having an expected ‘Editable’ status are seen in an editable status. Those not found editable remain closed. Although from this view, only the SA start dates are displayed, the original Date ranges of the SA’s are retained:

At this point, the IFSP as well as any SA’s in an ‘editable’ status can now be modified/amended by the municipality’s Authorized user. See Modifying/Ammending a reactivated IFSP and Modifying/Ammending a reactivated Service Authorization for more information.

Reactivating a Closed Service Authorization within a non-closed IFSP

Any closed Service Authorizations that exist within an IFSP that is currently in ‘Active’, ‘Approved’ or ‘Extended’ status can be reactivated by Authorized Municipal users, provided there is an editable status to which the SA can be set. Reactivation is performed from the Closed Service Authorization Home Page ‘Manage’ cluster:

1) From the ‘Manage’ cluster of a closed SA, click ‘Activate Online’.
2) Page: ‘Reactivate Service Authorization’ confirmation displays. Click ‘Yes’ to continue. Click ‘No’ to cancel the process and return to the closed IFSP:

[Image: Reactivate Service Authorization: PT - Basic - 5678912]

Are you sure you want to reactivate this Service Authorization?

Yes  No

3) ‘Service Authorization Attestation Page’ displays, listing the editable status found (if any) for the selected Service Authorization.

[Image: Service Authorization Attestation Page]

Click the ‘View’ link corresponding to the Service Authorization should you wish to review ahead of proceeding with reactivation. View will launch in a new tab or window.

When review is complete, return to the Attestation Page by closing the newly launched tab/window. To proceed with reactivation, place a check mark in the ‘Agreement to the Attestation’ checkbox, and click ‘Yes’ to proceed. To cancel the process Click ‘No’, and you will be returned to the previous page.

4) After clicking ‘Yes’ to proceed, The SA is reactivated. Page: ‘Service Authorization Home’ displays the previously closed SA now in an ‘Editable’
status (the last status it was in prior to closing). In the figure below, the SA was reactivated to ‘Active’ status:

It is very important to read and understand the “attestation” prior to agreeing to its terms and proceeding with a reactivation. Monitoring efforts will ensure that child records accurately reflect the data entered during case reactivations.

Important Note: Automated nightly system processes look for IFSP’s or SA’s that have reached their end dates and automatically sets a ‘Closed’ status. IFSP’s or SA’s that were reactivated with end dates in the past will be set back to ‘Closed’ overnight.

Modifying/Amending/Adding SA’s/Extending a reactivated IFSP
Once an IFSP has been reactivated, the process for modifying/amending the IFSP is the same as when the IFSP was in its active period but with the addition of a new ‘Reason for Editing’ page at the start of the edit/Add Service Authorization/Extend processes.

Modifying/Amending a Reactivated IFSP:
1. From the IFSP manage cluster, click ‘Edit’:

2. Page: ‘Create Request to Amend IFSP’ displays, with the ‘Reason for Editing’ multi-select box seen top-most:
The user must supply one or more reasons for editing the reactivated IFSP. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

3. After supplying a reason for editing, continue to modify/amend the IFSP following established methods. (See Unit 6- Amending an Individualized Family Service Plan for more information on Amending an IFSP)

4. Click ‘Submit’. Validations run, and changes are immediately applied.

Important Notes:
- With the exception of the new ‘Select Reason for Editing’ cluster, seen at the top of the Amend IFSP page, the IFSP modification/amendment process is otherwise identical to the steps taken to edit a normally active IFSP. For more information about Amending IFSP’s, see NYEIS User Manual, Unit 6: Amending an Individualized Family Service Plan.
- If the user role of the authorized user performing the edit lacks EI0D privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EI0D. Changes will not be seen until the amendment approval task is reviewed and approved.
Adding New Service Authorizations into a Reactivated IFSP

Once an IFSP has been reactivated, new or missing Service Authorizations can be added to the IFSP by the Authorized Municipal User:

1. From the ‘Manage’ cluster of the reactivated IFSP, click ‘Add Service Authorization’

![Image]

2. Page: ‘Select Reason For Editing’ displays:

![Image]

The user must supply one or more reasons for adding the SA into the reactivated IFSP. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

After supplying edit reasons/comments, click ‘Submit’ to continue or ‘Cancel’ to exit the ‘Add Service Authorization’ process.

3. The system uses a wizard to navigate the user through the SA creation process over 6 separate screens. They are as follows:
1. Enter Amendment Reason
2. Select Service Type & Method
3. Select Delivery Details
4. Select Provider & Location
5. Create General Service Authorization Details
6. Create Service Authorization Prior Approval

Upon the selection of the ‘Create Service Authorization’ button seen on the ‘Create Service Authorization Prior Approval’ page – the last step of the SA creation process – validations run and the changes are immediately applied

Important Notes:

- With the exception of the new ‘Select reason for editing’ page, seen at the start of the ‘Add Service Authorization’ process, the SA creation process is identical to the steps taken to add a new Service Authorization in a IFSP that has been approved. For more information on creating Service Authorizations, See NYEIS User Manual Unit 6: Adding Service Authorizations to Individualized Family Service Plans.
- Users can add service categories other than general services (i.e. transportation, respite, evaluations, etc.) For more information on creating those types of Service Authorizations, See NYEIS User Manual Unit 6: Adding Service Authorizations to Individualized Family Service Plans.
- If the user role of the authorized user performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.
- The addition of new Services into a reactivated IFSP may trigger new billing waivers or necessitate review of previously approved waivers. If the newly issued SA exists in ‘Submitted’ status, check the notifications cluster of the IFSP for the mention of unmanaged Billing violations. It is very important Billing Waivers are managed the same day as the IFSP was reactivated. If managed after the IFSP re-closes, the system will NOT generate Accept/Reject tasks for the assigned agency. This will necessitate either reactivation of the IFSP ahead of approving the waiver, or the assignment of rendering providers to the SA outside the accept/reject task in order for the SA to be marked accepted and for the SA to be billable. See Unit 6 – Upfront Waiver for more information on managing billing waivers.

Extending a Reactivated IFSP

Revision Date: 11/4/2014
Once an IFSP has been reactivated, the IFSP can be extended by the Authorized Municipal User. Prior IFSP’s that originated from the same county as the Authorized user can also be reactivated and subsequently extended if needed, to fill a gap in time in-between IFSP periods.

1. From a Reactivated IFSP ‘Manage’ Cluster, click ‘Extend’

   ![IFSP Extension Process Screenshot]

   The user must supply one or more reasons for Extending the reactivated IFSP. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

   After supplying edit reasons/comments, also supply a ‘Reason for Extension’ (Weather, CPSE Eligible, etc), then click ‘Save’ to continue or ‘Cancel’ to exit the IFSP extension process and return to the reactivated IFSP.

Important Notes:

- With the exception of the new ‘Reason for Editing’ screen - seen at the start of this process - the steps for extending a reactivated IFSP are the
same as when extending a normally active IFSP. For more information on Extending, see NYEIS User Manual, Unit 6: Extending an Individualized Family Service Plan

- If the user role of the authorized user performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.

**Information regarding the logic applied to extensions:**

If the user is extending the IFSP, the following logic will be applied to govern the extension:

- The IFSP/SAs shall extend no further than the day prior to the start of the next IFSP, regardless of the subsequent IFSPs status.
- The IFSP/SAs cannot be extended past the child’s integrated case closure date
- The IFSP/SAs cannot be extended past the child’s third birthday if there is no transition record establishing eligibility for CPSE
- If there is a transition record noting eligibility for CPSE, the IFSP/SAs can be extended to the date recorded in the field “Enter the Date that EI services will end for this child”

Only those SA’s that match the IFSP end date at the time of extension will be extended.

**Modifying/Amending a reactivated Service Authorization**

Once a closed Service Authorization has been reactivated – whether individually or as part of a reactivated IFSP - Service Authorizations can be modified/amended by the Authorized Municipal User:

*The figure below is a sample SA that was reactivated. Note the ‘Active’ status, despite the SA end date being in the past. Common modifications that can be performed on the reactivated SA are bracketed in red.*
Modifying/Amending a reactivated SA

1. Click ‘Edit’ in ‘Manage’ cluster of reactivated SA
2. Amend Service Authorization page displays, with the ‘Reason for Editing’ multi-select box seen top-most. The user must supply one or more reasons for editing the reactivated SA. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

3. After supplying a reason for editing, continue to modify/amend the SA following established methods. (See Unit 6- Modifying/Amending a Service Authorization for more information on how to amend a General SA.)

4. Click ‘Submit’. Validations run, and changes are immediately applied.
Important Notes:

- With the exception of the new ‘Select Reason for Editing’ cluster, seen at the top of the Amend SA page, the SA modification process is otherwise identical to the steps taken to edit a normally active SA. For more information about Amending SA’s, \( \text{See Unit 6- Modifying a Service Authorization} \)

- The addition of new Services into a reactivated IFSP may trigger new billing waivers or necessitate review of previously approved waivers. If the newly issued SA exists in ‘Submitted’ status, check IFSP notifications cluster of IFSP for the mention of unmanaged Billing violations. It is \textbf{very important} Billing Waivers are managed the same day as the IFSP was reactivated. If managed after the IFSP re-closes, the system will NOT generate Accept/Reject tasks for the assigned agency. This will necessitate either reactivation of the IFSP ahead of approving the waiver, or the assignment of rendering providers to the SA outside the accept/reject task in order for the SA to be marked accepted and for the SA to be billable. \( \text{See Unit 6 – Upfront Waiver} \) for more information on managing billing waivers.

- If the user role of the authorized user performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.

**Changing Provider/Location on a reactivated SA**

1. Click ‘Change/Assign Provider and Location’ above ‘Provider & Location Details’ cluster of reactivated SA
2. ‘Select Reason For Editing’ page displays. The user must supply one or more reasons for editing the reactivated SA. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

3. After supplying a reason for editing, Click ‘Submit’ to continue, or ‘Cancel’ to exit the process and return to the reactivated SA

4. ‘Select Provider & Location’ page displays. Use the tab key to navigate from field to field and enter search criteria as needed. Click ‘Search’ to find providers with matching criteria. Click ‘Reset’ to clear search fields and results, or click ‘Cancel’ to exit the process and return to the reactivated SA.
5. Search results populate with Provider locations matching criteria entered. Select desired Provider/location from results using the ‘Select’ link under the ‘Action’ column of Search Results.

6. ’Enter effective Date of Provider Assignment’ page displays. If the authorized user performing the edit has EIOD privileges the start date of the new provider assignment should be entered. This will end the original SA with the previous provider as of one day prior to the Decision Effective Date recorded. If the Authorized user performing edits does not have EIOD privileges, the ‘Decision Effective Date’ field must be left blank. When finished, click ‘Save’ to continue, or ‘Cancel’ to abort the process and return to the reactivated SA. Upon ‘Save’, changes are immediately applied.

**Important Notes:**

- If a service Authorization is reactivated to a status of ‘Awaiting Provider/Vendor assignment’, the ‘Enter Effective Date of Provider Assignment’ page will not be seen and the change of provider selected in previous step is ultimately applied to the existing SA as of the start of the existing SA.
The addition of new Services into a reactivated IFSP may trigger new billing waivers or necessitate review of previously approved waivers. If the newly issued SA exists in ‘Submitted’ status, check IFSP notifications cluster of IFSP for the mention of unmanaged Billing violations. It is very important Billing Waivers are managed the same day as the IFSP was reactivated. If managed after the IFSP re-closes, the system will NOT generate Accept/Reject tasks for the assigned agency. This will necessitate either reactivation of the IFSP ahead of approving the waiver, or the assignment of rendering providers to the SA outside the accept/reject task in order for the SA to be marked accepted and for the SA to be billable. See Unit 6 – Upfront Waiver for more information on managing billing waivers.

If the Authorized User performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.

Adding/Removing Qualified Personnel on a reactivated SA

1. Click the ‘Add’ button seen above the ‘Qualified Personnel List’ cluster, or click the ‘Remove’ link corresponding to an existing QP assignment.

2. Add QP/Remove QP Confirmation page displays with the ‘Reason for Editing’ multi-select box seen top-most:

   (If Add QP is selected, Add QP page displays)
The user must supply one or more reasons for editing the reactivated SA. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.
3. After supplying a reason for editing, continue to edit the QP assignment following established methods. (See Unit 6- Modifying/Amending a Service Authorization for more information on Amending a SA)

4. Click ‘Submit’. Validations run, and changes are immediately applied.

**Important Notes:**

- With the exception of the new ‘Reason for Editing’ cluster seen at the top of these pages, the steps for adding or removing QP’s on reactivated SA’s are the same as when amending a normally active SA. For more detailed information on Amending SA’s, See Unit 6- Modifying a Service Authorization.

- The addition of new Services into a reactivated IFSP may trigger new billing waivers or necessitate review of previously approved waivers. If the newly issued SA exists in ‘Submitted’ status, check IFSP notifications cluster of IFSP for the mention of unmanaged Billing violations. It is very important Billing Waivers are managed the same day as the IFSP was reactivated. If managed after the IFSP re-closes, the system will NOT generate Accept/Reject tasks for the assigned agency. This will necessitate either reactivation of the IFSP ahead of approving the waiver, or the assignment of rendering providers to the SA outside the accept/reject task in order for the SA to be marked accepted and for the SA to be billable. See Unit 6 – Upfront Waiver for more information on managing billing waivers.

- If the user role of the authorized user performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.

**Adding/Removing Qualified Personnel for Co-Visits on a reactivated SA**

1. Click the ‘Add’ button seen above the ‘Qualified Personnel List for Co-Visits’ cluster, or click the ‘Remove’ link corresponding to an existing QP assignment for Co-Visits:
2. **Add Co-Visits QP/Remove Co-Visit QP Confirmation** page displays with the ‘Reason for Editing’ multi-select box seen top-most:

*(If Add Co-Visits QP is selected, Add Co-Visits QP page displays)*

*(If Remove Co-Visits QP link is selected, Remove Co-Visit QP Confirmation page displays)*
The user must supply one or more reasons for editing the reactivated SA. The ‘Reason for Editing’ box is a multi-select box; Use the CTRL button to select multiple edit reasons. If either ‘Other’ choice is selected, the user must also supply comments in their own words in the ‘Comments’ box, up to a maximum of 255 characters. You may not enter comments in the ‘Comments’ box if either ‘Other’ reason is not selected.

3. After supplying a reason for editing, continue to edit the QP for Co-Visits assignment following established methods. (See Unit 6- Modifying/Amending a Service Authorization for more information on Amending a SA)

4. Click ‘Submit’. Validations run, and changes are immediately applied.

Important Notes:

- With the exception of the new ‘Reason for Editing’ cluster seen at the top of these pages, the steps for adding or removing QP’s for Co-Visits on reactivated SA’s are the same as when amending a normally active SA. For more detailed information on Amending SA’s, See Unit 6– Modifying a Service Authorization.

- The addition of new Services into a reactivated IFSP may trigger new billing waivers or necessitate review of previously approved waivers. If the newly issued SA exists in ‘Submitted’ status, check IFSP notifications cluster of IFSP for the mention of unmanaged Billing violations. It is very important Billing Waivers are managed the same day as the IFSP was reactivated. If managed after the IFSP re-closes, the system will NOT generate Accept/Reject tasks for the assigned agency. This will necessitate either reactivation of the IFSP ahead of approving the waiver, or the assignment of rendering providers to the SA outside the accept/reject task in order for the SA to be marked accepted and for the SA to be billable. See Unit 6 – Upfront Waiver for more information on managing
billing waivers.

- If the user role of the authorized user performing the edit lacks EIOD privileges, changes are not immediately seen. Instead, an amendment approval task generates for the EIOD. Changes will not be seen until the amendment approval task is reviewed and approved.

**Modification History**

All IFSP reactivation, individual SA reactivation, and user generated edits to reactivated IFSPs or SAs are recorded and displayed in the IFSP and/or SA ‘Modification History’, which can be accessed on the Left-hand navigation bar of both the IFSP and the SA. **Modification History** is accessible to the same users authorized to view IFSP events or SA Status History. This includes certain Provider users.

**Screenshot of Modification history link on IFSP ‘Home’ Page**

**Screenshot of Modification history link on SA ‘Home’ Page**

**Example figures of IFSP and SA Modification History views:**

The figure below represents a view of an IFSP Modification history. In this example, an IFSP containing one or more SA’s was reactivated, and one or more SA’s were reactivated in addition to the IFSP. After reactivation, the IFSP was edited and one service authorization was edited.
The figure below represents the Modification history view of service authorization #123456, included in the above example, and reactivated as a result of being inside an IFSP, and then subsequently edited. SA’s that were reactivated as a result of being inside an IFSP are not to receive individual audit log entries pertaining to their respective reactivation:

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>Case Type</th>
<th>Change Date</th>
<th>Change By</th>
<th>Username</th>
<th>Reason For Editing</th>
<th>Reason For Modification</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>Service Authorization</td>
<td>5/19/2014 11:21</td>
<td>Chris O’Connor</td>
<td>cjo03</td>
<td>Addition of Co-Visits to reflect co-Visits that were agreed to, authorized and delivered</td>
<td>Data Entry Error</td>
<td>&lt;blank&gt;</td>
</tr>
<tr>
<td>234567</td>
<td>IFSP</td>
<td>5/19/2014 11:20</td>
<td>Chris O’Connor</td>
<td>cjo03</td>
<td>Adding Service Authorization Previously Not Recorded to reflect services actually delivered</td>
<td>Other IFSP Demographic correction/addition/change (must provide detailed information in comments) (multi-selected edit reasons, including ‘Other’)</td>
<td>Data Entry Error</td>
</tr>
<tr>
<td>234567</td>
<td>IFSP</td>
<td>5/19/2014 11:01</td>
<td>Chris O’Connor</td>
<td>cjo03</td>
<td>&lt;blank&gt;</td>
<td>Case Reactivation</td>
<td>&lt;blank&gt;</td>
</tr>
</tbody>
</table>

The following table details the fields displayed in the IFSP or SA Modification History:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Source</th>
<th>Mandatory/Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Reference #</td>
<td>Reference number of the IFSP or SA in the log. Text only</td>
<td>System</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Case Type</strong></td>
<td>Defines the type of Record modified (IFSP or SA).</td>
<td>System</td>
<td>Mandatory</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Change Date</strong></td>
<td>The date/time the change was made</td>
<td>System</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Change By</strong></td>
<td>The First and Last name associated with the user ID that performed the edits</td>
<td>System</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Username</strong></td>
<td>The HCS user ID of the user that logged into NYEIS to make the change</td>
<td>System</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Reason for Editing</strong></td>
<td>The reason(s) for editing selected by the user for the edit.</td>
<td>User</td>
<td>N/A for case reactivation Mandatory for case edits</td>
</tr>
<tr>
<td><strong>Reason for Modification</strong></td>
<td>If entry pertains to edit: ‘Data Entry error’ or ‘Service Authorization Amendment’ will be seen. If entry pertains to an extension, the user-supplied extension reason selected from the established and existing list of extension reasons will populate this field: ‘CPSE Eligible’, ‘Family Illness’, ‘Weather’, etc.</td>
<td>User</td>
<td>Mandatory</td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td>Required when user selects one or more 'Other' choices from supplied list of edit reasons, up to a</td>
<td>User</td>
<td>Mandatory if 'Other' edit reason is selected</td>
</tr>
</tbody>
</table>
**Important Note:**
Modification History entries pertain only to reactivated IFSPs or SA’s, and only for the reactivation and edits performed while it was reactivated and prior to closing overnight. If - for example – an IFSP is reactivated and extended into a future time period, the modification history will detail the reactivation and extension of the IFSP (and any other edits performed on the same day the IFSP was reactivated), however following the overnight batch runs, this IFSP will be treated like a normally active case, and subsequent edits to the (now current) IFSP will not be tracked in the IFSP modification history.

At the IFSP level, the modification history will reflect changes to the IFSP and any SA’s that reside within the IFSP. At the Service Authorization level, only changes to that specific SA will be seen when viewing modification history.

*The following table details actions that result in an entry in Modification History, and at which level (IFSP or SA) the change will be reflected:*

<table>
<thead>
<tr>
<th>Action</th>
<th># of Rows inserted in audit History Table</th>
<th>Description of Results</th>
<th>Seen in IFSP Modification History?</th>
<th>Seen in SA Modification History?</th>
<th>Text seen in 'Reason for Modification' Column:</th>
<th>Text seen in 'Reason for Editing'</th>
<th>Can user supply 'comments'?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click the 'Activate Online' link for a closed IFSP that contains multiple SA's</td>
<td>1</td>
<td>Single row indicating that the IFSP was reactivated. Although all SA's with appropriate statuses were reactivated, no entries in audit log will reflect SA reactivation.</td>
<td>Yes</td>
<td>No</td>
<td>&quot;Case Reactivation&quot;</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Edit Reactivated IFSP</td>
<td>1</td>
<td>Single row indicating that the IFSP was Edited. If multiple fields are changed during a particular edit, this is still seen as one row in the modification history.</td>
<td>Yes</td>
<td>No</td>
<td>1 of 2 possible entries: &quot;Data Entry Error&quot; &quot;IFSP Amendment&quot;</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Extend Reactivated IFSP

| Extend Reactivated IFSP | 1 | Single row indicating that the IFSP was Extended. Although the act of extending an IFSP also advances the end date of any eligible SA's, no entries will be seen in the modification history corresponding to extensions of the SA's. | Yes | No | 1 of 8 possible entries: "EIO/D Scheduling Difficulties" "Provider Delay" "SC Scheduling Difficulties" "Family/Caregiver illness" "Child Illness" "Family Request" "CPSE Eligible" "Weather" | Yes - up to 255 characters, if either 'other' edit reason selected |

### Click the 'Activate Online' link on a closed SA to reactivate an individual closed SA inside non-closed IFSP

| Click the 'Activate Online' link on a closed SA to reactivate an individual closed SA inside non-closed IFSP | 1 | 1 row displayed in 2 places: 1 Single row seen in SA modification history indicating that the SA was reactivated, and 1 single row displayed in IFSP modification history indicating that the SA was reactivated | Yes | Yes | "Case Reactivation" | N/A |

### Edit Reactivated SA

| Edit Reactivated SA | 1 | 1 row displayed in 2 places: 1 Single row indicating that the SA was Edited in SA modification history, and 1 single row displayed in IFSP modification history indicating that the SA was edited. | Yes | Yes | 1 of 2 possible entries: "Data Entry Error" "IFSP Amendment" | Yes - up to 255 characters, if either 'other' edit reason selected |

### Change/Assign Provider & Location - reactivated

| Change/Assign Provider & Location - reactivated General SA Change/Assign Service Coordination Provider of reactivated OSC SA Change Vendor of reactivated Vendor SA | 1 | 1 row displayed in 2 places: 1 Single row indicating that the SA was Edited in SA modification history, and 1 single row displayed in IFSP modification history indicating that the SA was edited. | Yes | Yes | "Provider/Vendor Modification" | Yes - up to 255 characters, if either 'other' edit reason selected |

### Add/Remove QP of reactivated SA

| Add/Remove QP of reactivated SA | 1 | 1 row displayed in 2 places: 1 Single row indicating that the SA was Edited in SA modification history, and 1 single row displayed in IFSP modification history indicating that the SA was edited. | Yes | Yes | 1 of 2 possible entries: "Data Entry Error" "IFSP Amendment" | Yes - up to 255 characters, if either 'other' edit reason selected |

### Add/Remove QP for CoVisits of reactivated SA

| Add/Remove QP for CoVisits of reactivated SA | 1 | 1 row displayed in 2 places: 1 Single row indicating that the SA was Edited in SA modification history, and 1 single row displayed in IFSP modification history indicating that the SA was edited. | Yes | Yes | 1 of 2 possible entries: "Data Entry Error" "IFSP Amendment" | Yes - up to 255 characters, if either 'other' edit reason selected |
Important Notes:

- When reactivating an IFSP and its associated SA’s, the Act of reactivation shall be displayed as a single entry in the Modification History at the IFSP level only. The modification histories of reactivated Service Authorizations residing with the IFSP will not display a line to reflect the SA was reactivated.

- All changes made by the user in-between clicking edit and save (or submit) on reactivated cases will be reflected as a single entry in the modification history to account for changes made during the edit.

- If reactivating a closed SA within a currently ‘Active’, ‘Approved’, or ‘Extended’ IFSP, the modification history of the individual SA will display a single line to reflect the SA was reactivated.

- Except as noted, only those actions specifically listed above can result in an entry to the IFSP or SA modification history. Other actions that can be taken on reactivated cases, such as manually closing, suspending or “unsuspending” a SA will continue to function consistent with the system’s current handling of non-reactivated cases.

User Access

User roles that are authorized to reactivate a closed IFSP and/or SA are determined by BEI. User roles that are authorized to edit a closed IFSP and/or SA are determined by BEI.

Important Notes:

- The current Municipal User Role authorized to reactivate a closed IFSP
and/or SA is: MUNI_ProgramUserAdmin

- The current Municipal User Role authorized to edit a reactivated IFSP/SA is: MUNI_ProgramUserAdmin
- The IFSP/SA being reactivated/edited must have originated from the municipality of the user attempting the reactivation/edit.

### Provider Access to Reactivated IFSPs/SAs

Providers of record on reactivated SA’s or newly created SA’s cannot navigate to the Child pages normally accessible during the SA’s actual active period, if the end-date of the SA is in the past. If the end-date of the SA being viewed is current date or later the provider shall have the same access as during a SA’s active period.

Screenshot of a service authorization that was reactivated and edited to be made CURRENT, as seen by a user associated with the assigned Provider of Record. The tabs bracketed in red can be accessed by the Provider of Record user to navigate to other screens relating to the child:

Screenshot of a service authorization that was reactivated and edited, as seen by a user associated with the assigned Provider of Record, however the end date of the edited SA remains in the past. This service authorization can always be accessed by the Provider of Record, but since it is NOT CURRENT there are no navigational tabs that can be used by the Provider of Record to navigate to other screens relating to the child:

If for any reason a Provider of Record is viewing a SA that is NOT current, yet the navigational tabs to the child’s IFSP and Integrated Case are seen and the Provider attempts to access those tabs, the following validation is returned:

As Application Error Has Occurred

**Error:** You do not have sufficient privileges to view this page.
and/or SA is: MUNI_ProgramUserAdmin

- The current Municipal User Role authorized to edit a reactivated IFSP/SA is: MUNI_ProgramUserAdmin
- The IFSP/SA being reactivated/edited must have originated from the municipality of the user attempting the reactivation/edit.

**Provider Access to Reactivated IFSPs/SAs**

Providers of record on reactivated SA’s or newly created SA’s cannot navigate to the Child pages normally accessible during the SA’s actual active period, if the end-date of the SA is in the past. If the end-date of the SA being viewed is current date or later the provider shall have the same access as during a SA’s active period.

*Screenshot of a service authorization that was reactivated and edited to be made CURRENT, as seen by a user associated with the assigned Provider of Record. The tabs bracketed in red can be accessed by the Provider of Record user to navigate to other screens relating to the child:*

*Screenshot of a service authorization that was reactivated and edited, as seen by a user associated with the assigned Provider of Record, however the end date of the edited SA remains in the past. This service authorization can always be accessed by the Provider of Record, but since it is NOT CURRENT there are no navigational tabs that can be used by the Provider of Record to navigate to other screens relating to the child:*

*If for any reason a Provider of Record is viewing a SA that is NOT current, yet the navigational tabs to the child’s IFSP and Integrated Case are seen and the Provider attempts to access those tabs, the following validation is returned:*

*As Application Error Has Occurred

Error: ERROR: You do not have sufficient privileges to view this page.*
Unit 11:
System Administration

Version 4.01
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## Document Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Release</th>
<th>Description</th>
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</thead>
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<tr>
<td>10/15/2014</td>
<td>4.01</td>
<td>Added Edit Reason mgmt. section</td>
</tr>
<tr>
<td>5/13/2014</td>
<td>4.01</td>
<td>Added new steps for managing via Property Administration:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Municipal claim denial reasons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The user roles authorized to Modify an 'Approved' MDE (Unsubmit MDE)</td>
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<tr>
<td></td>
<td></td>
<td>- The earliest allowed 'Effective Start Date' for Case Reactivation</td>
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<tr>
<td></td>
<td></td>
<td>- The User Roles that can reactivate a closed IFSP or SA</td>
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<td></td>
<td>- The User Roles that can perform edits on a reactivated IFSP or SA</td>
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<tr>
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<td></td>
<td>- The User Roles that have 'EIO/D' Privileges</td>
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<tr>
<td>6/4/2012</td>
<td>1.6</td>
<td>• No changes</td>
</tr>
<tr>
<td>10/24/2011</td>
<td>1.5</td>
<td>• No changes</td>
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<tr>
<td>6/28/2011</td>
<td>1.4</td>
<td>• Moved <strong>User Account Administration</strong> topic to Unit 10 – Municipal</td>
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</tr>
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<td>1/31/2011</td>
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</tr>
<tr>
<td>11/22/2010</td>
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<td>• No changes</td>
</tr>
<tr>
<td>10/1/2010</td>
<td>1.0</td>
<td>• October 2010 NYEIS launch.</td>
</tr>
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System Administration

Unit Overview

System Administration provides an overview of the configuration and setup features that allow the system to run effectively. The Administrative functions are the responsibility of both the Municipality and State Administrative roles.

The Municipality Administrator will be responsible for managing and setting up their Users as well as any Provider Users that deliver services in their municipality.

The State Administrator will be responsible for managing and setting up State Users. The State Administrator is also responsible for maintaining the Code Tables, including ICD Code Tables, DME Code Tables and Rate Tables, loading templates, and configuring the User Roles that are allowed to reactivate closed cases or modify/amend reactivated cases, as well as setting the earliest allowed date for case reactivation.

NYEIS is a centralized System. The Administration features such as Code Tables, apply to all Municipalities.
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SECURITY

User security profiles are defined by a hierarchy of secured elements called Security Identifiers (SIDs). These SIDs are the building blocks to a User's security profile. They are used to secure business functions, fields on a page and programs offered by the organization, including products, service plans and appeals.

The Security Configuration of the System is setup prior to System Launch. Maintenance of the security configuration will not be performed by the Municipality Administrator. The Municipality Administrator will only need to select the Level of access (user role) for each User.

Creating Security Identifiers

A Security Identifier (SIDs) represents a protected resource. Every secured element is given a SID that is unique across the entire system. SIDs can be assigned to business processes, to specific fields in the system and to the programs offered by the organization.

Important Information

Security Identifiers are created by the application development team through a simple script as new functionality/security is added to the System.

1. Display Administration Home page.

2. Click Code Tables link from My Shortcuts section. Code Tables page displays.

4. Click **Security Identifiers** from the Navigation Bar. **Security Identifiers** page displays.

5. Click one of the following:

**New SID button.** **Create Security ID** page displays.

**Create Security ID**

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Description:</td>
</tr>
<tr>
<td>Type: Field</td>
</tr>
</tbody>
</table>

Or

**New Function SID button.** **Create Function ID** page displays.

**Create Function ID**

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Description:</td>
</tr>
<tr>
<td>Function:</td>
</tr>
</tbody>
</table>

6. Enter information in the **Details** section by pressing the **Tab** key to move from field-to-field.

7. Click **Save** button. **Security Identifiers** page displays.

Or

Click **Save & New** button to save current identifier and create a new
8. Click **Publish** button from the **Security Identifiers** page to update Security Identifiers. **Publish Security Changes** page displays with the following message, *Are you sure you want to publish any changes made to security?* Click **Yes** button.

**Notes:**

- To display SID detail, click **View** link under **Action** column from the **Security Identifiers** page. Click **Delete** or **Edit** button to change SID.

- To edit SID, click **Edit** link under **Action** column from the **Security Identifiers** page.

**Creating Security Groups**

A Security Group is the grouping of Security Identifiers (SIDs). This Level in the security hierarchy allows an administrator to group the large number of SIDs into a smaller number of manageable groups. Any Users who have a specific Security Group assigned to their security role will have access to all the resources represented by the SIDs belonging to the Security Group.

1. Display Administration Home page.

2. Click **Code Tables** link from My Shortcuts section. Code Tables page displays.


---

**Exception**

Currently not available to Muni User roles.
4. Click **Security Groups** from the Navigation Bar. **Security Groups** page displays.

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>ADMGROUP</td>
<td>A group that is assigned the minimum set of security identifiers required to operate the Curam application.</td>
</tr>
<tr>
<td>View</td>
<td>BASESECURITYGROUP</td>
<td>A group that is assigned the minimum set of security identifiers required to operate the Curam application.</td>
</tr>
<tr>
<td>View</td>
<td>CASE_AppAll</td>
<td>CRUD Access to Appeals (Mediations/Impartial Hearings)</td>
</tr>
<tr>
<td>View</td>
<td>CASE_AppAllView</td>
<td>View Only Access to appeals (Impartial Hearings/Mediations)</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CFIR_All</td>
<td>CRUD Access to County of Fiscal Responsibility</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CFIR_View</td>
<td>View Only Access to County of Fiscal Responsibility</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CaseOnlyAll</td>
<td>CRUD Access to Case Only</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CaseOnlyView</td>
<td>View Only Access to Case</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CommunicationAll</td>
<td>CRUD Access to Communications (both case/participant)</td>
</tr>
<tr>
<td>View</td>
<td>CASE_CommunicationView</td>
<td>View Only Access to Communications</td>
</tr>
<tr>
<td>View</td>
<td>CASE_EligibilityAll</td>
<td>CRUD Access to Eligibility Decision</td>
</tr>
<tr>
<td>View</td>
<td>CASE_EligibilityView</td>
<td>View Only Access to Eligibility Decision</td>
</tr>
<tr>
<td>View</td>
<td>CASE_impHearingView</td>
<td>View Only Access to Impartial Hearings. Note: CASE_Appeals has both Impartial Hearings and Mediations</td>
</tr>
</tbody>
</table>

5. Click **New** button. **Create Security Group** page displays.

<table>
<thead>
<tr>
<th>Details</th>
<th>Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
</table>

6. Enter information in the **Details** and **Description** sections.

7. Click **Save** button. **Security Groups** page displays. **Click Save & New button to save current group and create a new group.**

![View Security Group](image)

9. Click the Add Identifier button. Add Security Identifier To page displays with a list of Security Identifiers in the System.

![Add Security Identifier To](image)

10. Select one or many Security Identifiers to add to the Security Group. To select more than one Security Identifier, hold down the Ctrl key and click on each Identifier. When complete, click Save button. View Security Group page displays with the Security Identifiers listed.

![View Security Group](image)
11. To remove an incorrect Security Identifier from the Security Group, click **Remove** link next to the Security Identifier to be removed. **Remove Security Identifier From** page displays with the message *Are you sure you want to remove this security identifier?*

```
Remove Security Identifier From:  Test for Training

Are you sure you want to remove this security identifier?

Yes  No
```

Click **Yes** button. Identifier is removed. **View Security Group** page displays.

```
View Security Group:  Test for Training

Details
Name: Test for Training  Description: MK testing Admin section

Security Identifiers in the group

<table>
<thead>
<tr>
<th>Action</th>
<th>Security Identifier</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove</td>
<td>Activity:modifyRecuringUserActivity</td>
<td>Function</td>
</tr>
<tr>
<td>Remove</td>
<td>Activity:modifyStandardUserActivity</td>
<td>Function</td>
</tr>
</tbody>
</table>

Add Identifier  Delete  Close
```

12. Repeat adding Security Identifiers until complete. When finished, click **Close** button. **Security Groups** page displays.

```
View Security Group:  Test for Training

Details
Name: Test for Training  Description: MK testing Admin section

Security Identifiers in the group

<table>
<thead>
<tr>
<th>Action</th>
<th>Security Identifier</th>
<th>Type</th>
</tr>
</thead>
</table>

Add Identifier  Delete  Close
```

13. Click **Publish** button to update Security Groups.

**Notes:**

- To display Group detail, click **View** link under **Action** column from the **Security Groups** page. Apply necessary changes.

- To edit the name or description of the Security Group, click **Edit** link under **Action** column from the **Security Groups** page.

- In order for the Security Group to become active in the System, the User must click the **Publish** button as defined in the steps above.
Creating Security Roles

A User has one and only one Security Role. A Security Role may be made up of a number of Security Groups which specify the Security Identifiers available to the User.

1. Display Administration Home page.
2. Click Code Tables link from My Shortcuts section. Code Tables page displays.


5. Type information in Role Name in Details sections.
6. Click Save button. Security Roles page displays. Click Save & New button to save current role and create another new role.

Exception
Currently not available to Muni User roles.
7. Click **View** link under **Action** column for the Security Role created. **View Security Role** page displays.

8. Click **Add Group** button. **Add Security Group To** page displays with a list of all the Security Groups in the System.

9. Select one or many Security Groups to add to the Security Role. To select more than one Security Group, hold down the **Ctrl** key and click on each Group. When complete, click **Save** button. **View Security Role** page displays with the Security Groups listed.

10. To remove an incorrect Security Group from the Security Role, click **Remove** link next to the Security Group. **Remove Group From Security Role** page displays with the message **Are you sure you want to remove this group from the security role?**
Click Yes button. Group is removed. View Security Role page displays.

11. Repeat the adding Security Groups until the Security Role has been configured. When finished, click Close button. Security Roles page displays.

12. Click Publish button to update Security Roles.

Notes:

- To display Role detail, click View link under Action column from the Security Roles page. Apply necessary changes.

- In order for the Security Role to become active in the System, the User must click the Publish button as defined in the steps above.

**USER ACCOUNT ADMINISTRATION**

Every person who will access NYEIS must have a NYEIS User Account. The State Administrator will be responsible for creating and managing all State User Accounts. The Municipality Administrator (i.e., MUNI_ProgramUserAdmin or MUNI_IT_SystemAdmin) will be responsible for creating and managing

- All Municipal User Accounts
- Providers User Accounts for providers that deliver services in their municipality.
See Unit 10 – Municipal Administration, User Account Administration for instructions.

**CODE TABLES**

Code Tables are used for viewing and editing selections for a drop down field. The main purpose for an Administrator to go into these Code Tables will be to edit or add items to a Code Table. The Municipality will have access to view codeTables but only the State will be able to edit the code Table.

**Important Information**

The System can not show specific codes to one Municipality and not another.

Changes made to Code Table Items are not updated in the System until the changes are published (or the System server is rebooted).

**Viewing/Editing Code Table Items**

1. Display Administration Home page.

2. Click Code Tables link from My Shortcuts. Code Tables page displays with a list of all active Code Tables in the System.
3. Click **View** link under **Action** column. View Code Table page displays.

4. Click **Edit** link under **Action** column for item to edit in **Code Table Items** section. Modify Code Table Item page displays with a Details section.

5. Apply changes. Press **Tab** key to navigate from field-to-field.

**Important Information**
Code Table Items are the codes and values for a particular Code Table.

- **Code** field is the name of Code Table Item that is stored in the System database when that Code Table Item is selected in a drop down field.

- **Description** field is the actual text that will display in the drop down for the Code Table Item.
**Annotation** field is free text space for adding notes on a Code Table Item.

**Selectable** field identifies if a Code Table Item is displayed in the drop down list on User pages. Items that are set to **No** are not displayed in drop down values. This allows Code Table Items to be deactivated but still maintain their history in the System.

**Language** field defines User’s language.

**Sort Order** field allows a User to set a number to the order of the displayed item in the drop down.

6. Click **Save** button. *Click Cancel button to cancel operation and return to previous page.* **View Code Table** page displays with saved changes.

7. Click **Close** button. **Code Tables** page displays.

8. Click **Publish** button to apply all changes.

<table>
<thead>
<tr>
<th>Code Tables</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Code Table Data" /></td>
</tr>
</tbody>
</table>

**Adding Code Table Items**

1. Display **Administration Home** page.

2. Click **Code Tables** link from **My Shortcuts**. **Code Tables** page displays with a list of all active Code Tables in the System.

**Exception**

Currently not available to all NYEIS User roles.
3. Click **View** link under **Action** column. **View Code Table** page displays.

<table>
<thead>
<tr>
<th>Code Table Items</th>
<th>Code Table Item Details</th>
<th>Code Table Item Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code</strong></td>
<td><strong>Code</strong></td>
<td><strong>Code</strong></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td><strong>Description</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Annotation</td>
<td>Selectable</td>
<td>Language</td>
</tr>
<tr>
<td>Sort Order</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Click **New Item** button. **Create Code Table Item** page displays.

5. Type **Code** in **Code Table Item Details** section. Type **Description**. Press **Tab** key to navigate from field-to-field. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.
Important Information

Code Table Items are the codes and values for a particular Code Table.

- **Code** field is the name of Code Table Item that is stored in the System database when that Code Table Item is selected in a drop down field.

- **Description** field is the actual text that will display in the drop down for the Code Table Item.

- **Annotation** field is free text space for adding notes on a Code Table Item.

- **Selectable** field identifies if a Code Table Item is displayed in the drop down list on User pages. Items that are set to No are not displayed in drop down values. This allows Code Table Items to be deactivated but still maintain their history in the System.

- **Language** field defines User’s language.

- **Sort Order** field allows a User to set a number to the order of the displayed item to in the drop down.

6. Click **Save** button to save new Code Table Item. Click **Cancel** button to cancel operation and return to previous page. **View Code Table** page displays.

   Or

   Click **Save and New** button to continue to add additional items.

7. Click **Close** button to close **View Code Table** page. **Code Tables** page displays.

8. Click **Publish** button to apply all changes.
Rate Tables

Rate Tables are used to maintain rates that vary over time. The Municipality will have access to view Rate Tables but only the State will be able to edit the Rate Table.

**Viewing Rate Tables**

1. Display Administration Home page.
2. Click Rate Tables link from My Shortcuts. Rate Tables page displays.
3. Click View link under Action column for Rate Table to select. Rate Table page displays.
4. Click View link under Action column to view table. View Rate Table page displays.
5. Review details of Rate Table.

Exception: Currently not available to all NYEIS User roles.
6. Click **Close** button. **Rate Table** page displays. Click **Close** button. **Rate Tables** page displays.

7. Click **Home** from the Menu Bar. **Administration Home** page displays.

---

**Editing Rate Tables**

Only the State can edit a Rate Table.

1. Display **Administration Home** page.

2. Click **Rate Tables** link from **My Shortcuts**. **Rate Tables** page displays.

3. Click **View** link under **Action** column. **Rate Table** page displays.

4. Click **Edit** link under **Action** column to view table. **Modify Rate Table** page displays.

Details and Comments sections *can not* be changed from this page. Rate Table section *can* be changed.

5. Use arrows, plus/minus signs and other symbols in the Rate Table section to change Rate Table. *Position mouse over symbol to display help text which describes the action.*
Updating the Rate Amount for a specific service is the most common type of change. For example, updating the rate Albany County pays for Service Coordination. Service Coordination is a row in the rate table and Albany is a column. To update the rate, select the rate cell to edit. Click + button. 

Modify Cell Data page displays.

<table>
<thead>
<tr>
<th>Details</th>
<th>Min:</th>
<th>Max:</th>
<th>Value: 9.0</th>
</tr>
</thead>
</table>

Type revised amount in the Value field. Click Save button. Modify Rate Table page displays.

6. Click Edit Header button from Modify Rate Table page. Modify Rate Table Header page displays.

<table>
<thead>
<tr>
<th>Details</th>
<th>Effective Date: 1/1/2007</th>
<th>Rate Table Type: CPT Rate Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status: Active</td>
<td></td>
<td>Rate Table for Claiming to Commercial Insurance</td>
</tr>
</tbody>
</table>

7. Change Effective Date field in Details section. Edit Comments.

**Important Information**
The Rate Table type can not be changed because it will affect data using this Rate Table.

8. Click Save button. Click Cancel button to cancel operation and return to previous page. Modify Rate Table page displays.

9. Click Close button. Rate Table page displays. Click Close button. Rate Tables page displays.

10. Click Home from the Menu Bar. Administration Home page displays.

**Cloning Rate Tables**

Cloning Rate Tables allows a User to create a new Rate Table and an effective date it for the change. The Clone function copies the existing Rate Table into a new Rate Table. The User can edit the rate values for the specific rates that are
changing. Cloning Rate Tables is used when a retroactive rate adjustment is required.

1. Display **Administration Home** page.

2. Click **Rate Tables** link from **My Shortcuts**. **Rate Tables** page displays.

3. Click **View** link under **Action** column. **Rate Table** page displays.

4. Click **Clone** link under **Action** column. **Clone Rate Table** page displays.

5. Change **Effective Date** field in the **Details** section with the date the new Rate goes into effect. Edit **Comments**.

6. Click **Save** button. *Click **Cancel** button to cancel operation and return to previous page*. **Rate Table** page displays with cloned table listed.

7. Review **Effective Date** and **Status** column for cloned version.

8. Click the **Edit** link for the Cloned table. **Modify Rate Table** page displays.
9. To update the Rate, select the Rate cell to edit. Click + button. **Modify Cell Data** page displays.

10. Type revised amount in the Value field. Click Save button. **Modify Rate Table** page displays. Continue making any additional changes.

11. Click Close button. **Rate Table** page displays with a list of Rate Tables that are effective dated for the current Rate Table Cloned.

12. Click Close button. **Rate Tables** page displays.

13. Click Home from the Menu Bar. **Administration Home** page displays.

**DURABLE MEDICAL EQUIPMENT TABLE**

The Durable Medical Equipment Table stores all the DME Codes in a Code Table that can be selected for AT Device Service Authorization. This Code Table has additional columns (Category and Subcategory) to help with searching for the correct DME Code.
Searching Durable Medical Equipment

1. Display Administration Home page.

2. Click Search Durable Medical Equipment link from Search section. Search Durable Medical Equipment page displays.

3. Type known Durable Medical Equipment data in Search Criteria section.

4. Click Search button. Records matching entered data display in Search Results section. Examine displayed records to determine if a matching DME record is listed. To search again, click Reset button.

5. To view or edit a DME Code from the Search Results list:
   a. View - Select the View link under the Action column for the DME Code to view. View DME page displays. Click Close button when finished viewing. Search Durable Medical Equipment page displays.
   b. Edit - Click Edit link. Modify DME page displays. Apply necessary changes. Click Save button. Search Durable Medical Equipment page displays.

6. Click Home from the Menu Bar. Administration Home page displays.
**Important Information**

Only the State Administrator can edit a DME Code because it is used for processing by all Municipalities.

**ICD CODES**

The ICD Codes table stores all the ICD Codes that can be selected for NYEIS Processing. This Code Table has additional columns (Category and EI Eligible ICD) to help with searching for the correct ICD Code.

**Searching ICD Codes**

1. Display Administration Home page.

2. Click List ICD9 link from Search section. List ICD search page displays.

3. Select Category from drop down in Select an ICD Category section.

4. Click Search button. ICD Codes with the Category selected are displayed in Search Results section. Examine displayed records to determine if the appropriate ICD Code is listed. To search again, click Reset button.
5. To view or edit an ICD Code from **Search Results**:

   a. **View** - Select the **View** link under the **Action** column for the ICD Code to view. **View ICD** page displays. Click **Close** button when finished viewing. **List ICD** page displays.

   ![Image of Search Results]

   b. **Edit** - Click **Edit** link. **Modify ICD** page displays. Apply necessary changes. Click **Save** button. **List ICD** page displays.

6. Click **Home** from the Menu Bar. **Administration Home** page displays.

   **Important Information**
   Only the State Administrator can edit an ICD Code because it is used for processing by all Municipalities.

---

**SURVEYS**

**Important Note:**
This functionality is not currently active

---

**TEMPLATES**

**Adding a Template to the System**

Adding a Template to the System is an administration function. The template *must* be created in MS Word with the proper macro setup that integrates the fields on the document to the data in NYEIS. Once a template is added to the System, it is available statewide to be used as a Communication for a Child, Provider, IFSP or Service Authorization. These Communications can be forms or letters.

1. Display **Administration Home** page.
2. Click **Templates** link from **My Shortcuts** section. **MS Word Templates** page displays.

![MS Word Templates Table](image)

3. Click **New** button. **Create MS Word Template** page displays.

![Create MS Word Template Page](image)

4. In the **File Details** section, enter **Template Document ID** and **Name**. Click **Browse** button in the **File Details** section. **Choose File** dialog box displays.

![Choose File Dialog Box](image)

5. Locate and select MS Word template to upload. Click **Open** button. **File** field is populated with file name.
6. Type information in the Comments section.

7. Click Save button. Template is saved. MS Word Templates page displays with new template.

Notes:
- Be sure to select Category (Participant or Case) from File Details section. If Participant is selected, the template is available as a Communication for a Provider or Child. If Case is selected, the template is available as a Communication for an Integrated Case, IFSP or SA.

- To cancel operation and not save changes, click Cancel button from the Create MS Word Template page.

- To view Template information, click View link under Action column from the MS Word Template page. MS Word Template page displays. Click Delete button to remove template and set Status to Canceled.

- To edit template information, click Edit link under Action column from the MS Word Template page.

BANKS

This is typically a Municipal Administrator function and is provided for those with sufficient privileges to perform the activities. This section covers a circumstance where an additional Bank has to be added when a Provider’s bank is not available in the System.

Important Information
An Administrator must also add a Bank Branch for a new bank. See Bank Branch for further information.

1. Display Administration Home page.
2. Click **Banks** link from **My Shortcuts** section. **Banks** page displays with a list of Banks.

<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Citizens Bank</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>Downtown Bank</td>
<td>Canceled</td>
</tr>
<tr>
<td>View</td>
<td>Evergreen Bank</td>
<td>Canceled</td>
</tr>
<tr>
<td>View</td>
<td>First Mortgage</td>
<td>Canceled</td>
</tr>
<tr>
<td>View</td>
<td>First National Bank</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>Midway Savings Bank</td>
<td>Active</td>
</tr>
<tr>
<td>View</td>
<td>Midway Trustee Bank</td>
<td>Active</td>
</tr>
</tbody>
</table>

3. Click **New** button. **Create Bank** page displays.

![Create Bank](#)

Navigate from field-to-field using the **Tab** key to enter information. **Required fields are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.**

4. Click **Save** button to save current bank and return to **Banks** page.

   Or

   Click **Save & New** button to save current bank and add additional banks.

**Notes:**

- To view Bank information, click **View** link under **Action** column from the **Banks** page. **Bank Home** page displays. Click **Delete** button to remove bank and set **Status** to **Canceled**.

- To edit Bank information, click **Edit** link under **Action** column from the **Banks** page.

**Creating a Bank Branch**

This is typically a Municipal Administrator function and is provided for those with **sufficient** privileges to perform the activities. This section covers a circumstance where an additional Bank Branch needs to be added in order for a Provider to have their Bank account assigned to the correct Bank/Bank branch.
Important Information
This section can occur after a new Bank has been added. The User would then add the Bank Branches.

1. Display Administration Home page.

2. Click Banks link from My Shortcuts section. Banks page displays.

3. Click View link under Action column next to the Bank to add a Bank Branch. Bank Home page is displayed.


5. Click New button. Create Bank Branch page displays.
6. Navigate from field-to-field using the **Tab** key to enter information. *Required fields are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

   **Address** for the Bank Branch *must* be entered.

7. Click **Save** button to save current Bank Branch and return to **Bank Branches** page.

   Or

   Click **Save & New** button to save current Bank Branch and add additional Bank Branches.

**Notes:**

- To view Bank Branch information, click **View** link under **Action** column from the **Bank Branches** page. **Bank Branch** page displays. Click **Delete** button to remove Bank Branch and set **Status** to **Canceled**.

- To edit Bank Branch information, click **Edit** link under **Action** column from the **Bank Branches** page.

**PROPERTY ADMINISTRATION - CUSTOM PARAMETERS**

**Note:** The following items are managed exclusively by DOH Administrative Staff
Property Administration is a State Administrative function and is provided for those with **sufficient** privileges to manage the following:

- Municipal claim denial reasons
- The user roles authorized to Modify an 'Approved' MDE (Unsubmit MDE)
- The earliest allowed 'Effective Start Date' for Case Reactivation
- The User Roles that can reactivate a closed IFSP or SA
- The User Roles that can perform edits on a reactivated IFSP or SA
- The User Roles that have 'EIO/D' Privileges

**Managing Municipal Claim Denial Reasons that can be selected when muni denies an invoice or claim**

<table>
<thead>
<tr>
<th>Important Note: Claim denial reasons are displayed in code form as IDR values. To see the corresponding description associated with a given code. See Code Tables-&gt;Click View corresponding to EIS_InvoiceDenialReason. To see the corresponding HIPAA denial code to which an IDR code is associated, see Code Tables-&gt; Click View corresponding to EIS_NYEISHIPAAADenialMap</th>
</tr>
</thead>
</table>

1. Display **DOH_OITPM Home Page**

2. Click **Code Tables** link from My Shortcuts section. **Code Tables** page displays.

3. Click **Property Administration** from Left-Hand Navigation section. **Properties** Page displays

4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:
5. Click **Edit** link corresponding to the parameter with Display Name: `curam.custom.nyeis.listDenialReasonsForMuniReject`. Edit Property page displays.

6. Use the Tab button to navigate from field to field. Make changes as needed and as per current policy by adding/removing the IDR Codes User Roles recorded in the **Value** field, separated by commas. Changing the values recorded in **Default Value** to match the roles being changed is not required. When finished, click **Save**. Properties page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. Properties page displays:
8. Click **Publish Changes**. Publish Changes confirmation page displays:

![Publish Changes Confirmation Page]

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

![Properties Page]

### Managing the User Roles Authorized to modify an 'Approved' MDE (Unsubmit MDE).

The following steps detail how to manage the list of user roles authorized to make use of the 'Modify Approved MDE' button seen at the top of a completed MDE. If actioned, 'Modify Approved MDE' serves to return the completed evaluation back to the assigned provider who conducted the MDE, so that corrections can be made by the Assigned Provider and subsequently submitted back to the Muni for review.

1. Display **DOH_OITPM Home Page**

2. Click **Code Tables** link from **My Shortcuts** section. **Code Tables** page displays.

3. Click **Property Administration** from **Left-Hand Navigation** section. **Properties** Page displays

4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:
5. Click **Edit** link corresponding to the parameter with Display Name: `curam.custom.nyeis.listRolesCanModifyApprovedMDE` [sic]. **Edit Property** page displays.

6. Use the Tab button to navigate from field to field. Make changes as needed and as per current policy by modifying the User Roles recorded in the **Value** field, separated by commas. Changing the values recorded in **Default Value** to match the roles being changed is not required. When finished, click **Save. Properties** page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. **Properties** page displays:
8. Click **Publish Changes**. **Publish Changes** confirmation page displays:

![Publish Changes Confirmation Page]

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

![Properties Page]

---

### Managing the earliest allowed 'Effective Start Date' for Case Reactivation

The following steps detail how to view/change the earliest allowed Effective Start Date an IFSP can have to be considered eligible for 'Case Reactivation' by the 'Authorized User'. IFSP's with a effective start date earlier than the date recorded in this property value will not be able to be reactivated by the 'Authorized User'.

1. Display **DOH_OITPM Home Page**
2. Click **Code Tables** link from **My Shortcuts** section. **Code Tables** page displays.
3. Click **Property Administration** from **Left-Hand Navigation** section. **Properties** Page displays
4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:
5. Click **Edit** link corresponding to the parameter with Display Name: `curam.custom.nyieis.preventReActivationDate`. **Edit Property** page displays.

6. Use the Tab button to navigate from field to field. Make date changes as needed and as per current policy by modifying the date recorded in the **Value** field. Record this date as yyyy/mm/dd format. Changing the date recorded in **Default Value** to match the date being changed is not required. When finished changing date, click **Save**. **Properties** page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. **Properties** page displays:
8. Click **Publish Changes**. **Publish Changes** confirmation page displays:

![Publish Changes](image)

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

![Properties](image)

**Managing the list of User Roles that are allowed to Edit a "Reactivated" IFSP or SA**

1. Display **DOH_OITPM Home Page**

2. Click **Code Tables** link from **My Shortcuts** section. **Code Tables** page displays.

3. Click **Property Administration** from **Left-Hand Navigation** section. **Properties** Page displays

4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:
5. Click **Edit** link corresponding to the parameter with Display Name: `curam.custom.nyeis.hasReactivationPrivileges`. **Edit Property** page displays:

6. Use the Tab button to navigate from field to field. Make changes as needed and as per current policy by modifying the User Roles recorded in the **Value** field, separated by commas. Changing the values recorded in **Default Value** to match the role being changed is not required. When finished, click **Save**. **Properties** page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. **Properties** page displays:
8. Click **Publish Changes**. **Publish Changes** confirmation page displays:

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

### Managing the list of user roles that are eligible to reactivate a closed IFSP or SA.

1. Display **DOH_OITPM Home Page**

2. Click **Code Tables** link from **My Shortcuts** section. **Code Tables** page displays.

3. Click **Property Administration** from **Left-Hand Navigation** section. **Properties** Page displays
4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:

5. Click **Edit** link corresponding to the parameter with Display Name: **curam.custom.nyesis.hasReActivationPrivileges**. **Edit Property** page displays:

6. Make changes as needed and as per current policy by modifying the User Roles recorded in the **Value** field, separated by commas. Changing the values recorded in **Default Value** to match the roles being changed is not required. When finished, click **Save**. **Properties** page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. **Properties** page displays:
8. Click **Publish Changes**. Publish Changes confirmation page displays:

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

**Modifying the list of User Roles that have 'EIO/D privileges'**

The following steps detail the steps for adding/removing roles that are to have EIOD privileges. Users with EIOD privileges are not subject to the amendment process when making changes to cases that have been previously approved. Instead, changes made to cases by users with EIOD privileges are immediately seen.

1. Display **DOH_OITPM Home** Page

2. Click **Code Tables** link from **My Shortcuts** section. **Code Tables** page displays.
3. Click **Property Administration** from **Left-Hand Navigation** section. **Properties** Page displays

4. From **Locale** drop-down, select **English**. From **Category** drop-down, select **Application - Custom application parameters**. Click **Search**. Results populate page:

5. Click **Edit** link corresponding to the parameter with Display Name: **curam.custom.nyeis.hasEIODPrivileges**. **Edit Property** page displays:

6. Navigate field-to-field using the TAB key. Make changes as needed and as per current policy by modifying the User Roles recorded in the **Value** field, separated by commas. Changing the values recorded in **Default Value** to match the roles being changed is not required. When finished, click **Save**. **Properties** page displays:

7. Review changes. Click **Edit** to make additional corrections, if needed. Click **Close** when review is complete. **Properties** page displays:
8. Click **Publish Changes**. Publish Changes confirmation page displays:

9. Click **Publish**. Changes take effect immediately. **Properties** page displays:

### ‘Reason for Edit’ Codes and their associated descriptions:

‘Edit reasons’ are selected by an end-user when editing a reactivated IFSP or SA. The reasons selected will populate the IFSP or SA ‘Modification History’ entry that reflects the edit made to the reactivated case.

Some of the Business Rules relating to reason codes are as follows:

- The Edit reason codes have to be unique
- The Edit reason codes will not be allowed to be reused or repurposed
- The Edit reason codes will not be allowed to be physically deleted
- The Edit reason codes can be logically deleted (set to inactive so the user will no longer be able to select a “logically deleted” reason)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Selectable</th>
<th>Language</th>
<th>Sort Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRRE01</td>
<td>Adding Service Authorization Previously Not Recorded to reflect services actually delivered</td>
<td>Yes</td>
<td>English</td>
<td>1</td>
</tr>
<tr>
<td>CRRE02</td>
<td>SA Service Type incorrect, add SA to reflect correct service type for services actually agreed to, authorized and delivered</td>
<td>Yes</td>
<td>English</td>
<td>2</td>
</tr>
<tr>
<td>CRRE03</td>
<td>Correction to service dates to reflect actual dates of service delivery agreed to, authorized and delivered</td>
<td>Yes</td>
<td>English</td>
<td>3</td>
</tr>
<tr>
<td>CRRE04</td>
<td>Correction to service frequency to reflect actual frequency of services agreed to, authorized and delivered</td>
<td>Yes</td>
<td>English</td>
<td>4</td>
</tr>
<tr>
<td>CRRE05</td>
<td>Addition of co-visits to reflect co-visits that were agreed to, authorized and delivered</td>
<td>Yes</td>
<td>English</td>
<td>5</td>
</tr>
<tr>
<td>CRRE06</td>
<td>Addition of make-up visits to reflect make-up visits that were agreed to authorized and delivered</td>
<td>Yes</td>
<td>English</td>
<td>6</td>
</tr>
<tr>
<td>CRRE07</td>
<td>Correction of Qualified Personnel agreed to, and authorized to deliver services</td>
<td>Yes</td>
<td>English</td>
<td>7</td>
</tr>
<tr>
<td>CRRE08</td>
<td>Correction of Qualified Personnel agreed to and authorized to participate in co-visits</td>
<td>Yes</td>
<td>English</td>
<td>8</td>
</tr>
<tr>
<td>CRRE09</td>
<td>Amendment to Child's Level of Functioning</td>
<td>Yes</td>
<td>English</td>
<td>9</td>
</tr>
<tr>
<td>CRRE10</td>
<td>Amendment to Child's Outcomes</td>
<td>Yes</td>
<td>English</td>
<td>10</td>
</tr>
<tr>
<td>CRRE11</td>
<td>Amendment to Child's Natural Environment</td>
<td>Yes</td>
<td>English</td>
<td>11</td>
</tr>
<tr>
<td>CRRE12</td>
<td>Other IFSP demographic correction/addition/change (must provide detailed information in comments)</td>
<td>Yes</td>
<td>English</td>
<td>12</td>
</tr>
</tbody>
</table>
To Access the ‘Reason for Edit’ code table:

1 – From DOH_OITPM ‘Home’ page, select ‘Code Tables:

![Code Tables image]

2- Page: ‘Code Tables’ displays:

![Code Tables displayed image]

3- Click ‘View’ link corresponding to Table name ‘EIS_ReasonForEditing’:

![EIS_ReasonForEditing table]
4 – Page: ‘View Code Table: EIS_ReasonForEditing’ displays:

Adding new Edit reasons for selection in ‘Reason for Editing’

The following steps detail adding new edit reasons into the Code Table, for selection by end-users when editing reactivated cases:

1 – Click ‘New Item’ Button located at the top of ‘EIS_ReasonForEditing’:
2 – Page: ‘Create Code Table Item’ displays:

Create the new code and description by entering data in the following fields. Use the TAB key to navigate from field to field:

a) ‘Code’ is required. Existing Edit reasons use ‘CREE’ as a prefix, followed by a number (ex: ‘CREE09’).
b) ‘Description’ is required. Text entered in here is what will display in the list of edit reasons from which a user can select.
c) ‘Annotation’ – Leave blank
d) ‘Selectable’ – Place a check mark in the check box if the code is to be immediately available for selection. (Uncheck this for existing edit reasons to remove the Edit reason from selection list without actually deleting the code/description)
e) Language – Leave at default: ‘English’
f) Sort order – The system will list the edit reasons displayed according to the sort order specified in this field.

3 – When finished, click ‘Save’ if done adding new edit reasons, or ‘Save and New’ if adding multiple reasons. Click ‘Cancel’ to abort the process

4 – Page: ‘View Code Table: EIS_ReasonForEditing’ displays. The list will contain the new reason:
5 – Click the ‘Close’ button. Page: ‘Code Tables’ displays:

![Code Tables](image)

6- Click the ‘Publish’ button. Page: ‘Publish Code Table Changes’ displays

![Publish Code Table Changes](image)

7- Click the ‘Yes’ button to publish changes.
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Unit 12: Municipal Financial

Version 1.6
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## Document Revision History

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<th>Date</th>
<th>Release</th>
<th>Description</th>
</tr>
</thead>
</table>
| 6/8/2012   | 1.6     | • Changed references to CPT Code to Procedural Code  
            |          | • Updated Creating Vouchers subtopic. |
| 10/24/2011 | 1.5     | • Updated Reviewing Provider Claims subtopic.  
            |          | • Added Remove Claims From Payment File subtopic.  
            |          | • Updated Claiming Payment from Commercial Insure subtopic.  
            |          | • Updated Claiming Payment from Medicaid subtopic.  
            |          | • Updated Recording Unsolicited Adjustment subtopic.  
            |          | • Added Searching Liability Claims subtopic.  
            |          | • Updated the Commercial Electronic Claims Submissions topic. |
| 6/24/2011  | 1.4     | • Added the topic Non-NYEIS Claims Payment Advices |
| 3/31/2011  | 1.3     | • Added the topic Commercial Electronic Claims Submissions |
| 1/31/2011  | 1.2     | • Updated Generating a CMS1500 subtopic to include instructions lining up the print job with the pre-printed form. |
| 11/22/2010 | 1.1     | • No changes. |
| 10/1/2010  | 1.0     | • October 2010 NYEIS launch. |
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</table>
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Municipal Financial

Unit Overview

This unit describes financial processing and functionality that only a Municipality will have access to do. This includes: municipal review of provider claims, creating and receiving payment files to and from municipal finance, claiming to Third Party payors, including recording specific coverage details for Commercial Insurance, Provider recoupment, State vouchering, and Recording Unsolicited Adjustments.
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PROVIDER CLAIM PAYMENT MANAGEMENT

Reviewing Provider Claims

This section instructs how the Municipality reviews claims submitted by Providers. Submitted claims will appear in the Municipality’s Invoice Review Work Queue for review. The Municipality has 90 days to review the invoice claims. If the Municipality does not finish reviewing the invoice within 90 days, the claims that have not been reviewed will be automatically set to Approved and will be sent to third party insurance.

1. Municipality User Logs into NYEIS. User Homepage Displays

2. Click Inbox from the Navigation Bar on Home Page. My Workspace page displays.

3. Click Work Queues from the Navigation Bar. My Work Queues page displays.


5. Click Reserve link under Action column for desired task. Reserve Task page displays. Task displays with the message:

| Reserve | 114964 | Please review the approved claims on Invoice Syby for the Provider Hope Inc. that was submitted on 11/04/2011 | Open | 2/2/2012 13:49 |

The last column of the task displays the deadline for reviewing the Invoice. The column can be sorted to organize tasks by the Invoices that need to be reviewed first. The column can be sorted by clicking the Deadline link in the header column.

6. Click Reserve button to reserve task and return to Work Queue Tasks page displays. Proceed to Step 7.

Or

Click Reserve & View button to display Task Home page. Proceed to Step 9.

7. Click Reserved Tasks in the Navigation Bar. Reserved Tasks page displays with task.

8. Click link under Action column to display task. Task Home page displays.
9. Click **Review approved claims in the Invoice for <Provider of Record> link** in the Primary Action section. **View invoice** page displays.

The View Invoice page displays a Provider Claims List cluster and a Provider Claims List Pending or Denied cluster. The Provider Claims list displays claims that have been approved. The Provider Claims List Pending or Denied displays pending claims (i.e. potentially violate a billing rule for which an upfront waiver has already been denied and requires submission of a justification from the provider) or denied claims (claims that will not be paid and must be corrected, if possible, based on the denial reason and then resubmitted on a new invoice.

10. To view a claim, click the **View** link in the Action Column next to the claim. **Provider Claim Homepage** Displays. Click the Back Arrow button on your browser to return to the **View Invoice** Page. If there are no claims to reject, proceed to step 15.
11. To reject an approved claim, click the **Reject** link in the Action column next to the claim. **Enter Rejection Claim** page Displays.

12. Select the **Rejection Reason**

13. Type **Comments** (Optional). It is recommended that the municipality use the comments section to provide detailed information on the reason for rejecting the claim so that the provider can correct and resubmit the claim, if appropriate.

Click the **Save** button. **View Invoice** page Displays with the rejected claim now in the **Provider Claims List Pending or Denied** cluster with a status of Municipal Rejected. A task to review the rejected claims is sent to the Provider of Record’s **Financial Work Queue**. [See Unit 9: Provider Management](#) for further information.

14. Click **Review Complete** button once the claim review is complete. **My Work Queues** page displays. Invoice displays status of **Fully Adjudicated**. If any claims on the invoice were denied due to a billing rule violation or rejected by the Fiscal user, a task is created and sent to the provider to notify them of the rejected claims. [See Unit 9: Provider Management](#) for further information.

### Claims Payment

This section instructs how the Municipality can release Provider Claims for payment. Provider Claims can not be released for payment until the Municipality Financial Worker releases Claims from this page.

The **Release Claims for Payment** page allows the Municipality Financial Worker to search for approved Claims by various criteria such as **Provider of Record**, **Provider Name**, **Service Type/Method**, **Status**, **Claim Number**, **Date of Service**, and **Service Authorization Number**.
Invoice Number or Service Authorization. The User can select which Claims to release or select all to release all Claims. Claims will be included in the next Payment File to Municipality Comptroller’s Office when released.

Important Information
Payment is made at the Claim Level, not the Invoice Level.

1. Log in to NYEIS. User Home Page displays.

2. Click Release Provider Claims link under My Shortcuts section. Release Claim for Payment page displays.

3. Type all known information in the Search Criteria section. Leave search fields blank to view all Claims.

Important Information
Be aware if all search fields are left blank, the search may take longer to display while searching for all available Claims. Leaving all of the search fields blank should be avoided if it is not necessary to view all available claims.

Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

4. View Search Results section to identify Claims for payment.

To select all Claims for payment, click checkbox next to Provider of Record column heading. To select individual Claims for payment, click the checkbox next to each Claim.
5. Click **Release** button. **Release Claim for Payment** page displays. Claims are released.

6. Click **Cancel** button. **Release Claim for Payment** page displays. Claims are no longer displayed in **Search Results** section.

### Sending Payment File to Municipal Finance

1. Log in to NYEIS. User Home Page displays.

2. Select **Interfaces** link under **My Shortcuts** section. **Financial Interfaces** page displays.

3. Click **Send Payment File to Muni Finance** link. **View Municipality Payment File** page displays.

4. Click **Create Payment File** button. **Create Municipality Payment File** page displays. Select the **Create** button. The payment file is queued to run overnight. The User should return the next day to access the generated Payment file.

   Right click **Payment File** link. Select **Save Target As**. **Download** dialog box displays.

5. Click **Save** button. File is saved and ready to be sent to Municipal Finance.

6. The User provides Payment File to Municipal Finance. This is performed by either giving the file (by email or disk) to Municipal Finance to process into their System or by opening the file and printing out a hard copy for Municipal Finance.

   - If the User selects the file format of XML double click on the file. File opens in Internet Explorer and is displayed like a web page. **Print** page.

   - If User selects the file format of CSV or TXT, the file can be opened in Notepad or a spreadsheet package such as MS Excel. The file can be formatted for printing and printed.
Important Information
The Payment File can be viewed by going to the Payment Issued Search page. See Unit 8: Provider - Invoicing, Claims, Viewing Claims Paid or Ready to be Paid for further information.

Reconcile Provider Payment

Provider Payments are reconciled (recorded) by capturing the Payment Information to the Provider such as check number and check date. This Payment is reconciled (recorded) against all the Provider claims that make up this Provider payment. After Provider Claims have been reconciled / paid, the claim can next be claimed to State Voucher.

Important Information
Using the Provider Payment Reconciliation file format, a Municipality can upload and automatically reconcile payments. This upload is accessed from the financial interface link on a Fiscal User Homepage. A Municipality should work with their Finance Office to generate this file format from their system. See Uploading Municipality Payment Remittance for further information.

1. Log in to NYEIS. User Home Page displays.

2. Click Payments Issued link under Search section. Payment Issued Search page displays.

3. Type all known information in the Search Criteria section. Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button. Click View link under Action column of payment summary. Provider Payment Summary page displays.
If necessary, click View link under the Action column to view details of the Claim.

4. Click Modify button. Enter Municipality Payment page displays.

5. Type Details including Check Number or EFT Number, Number of Claims, Payment Date, Payment Amount and Payment Method. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.

If Payment Method is EFT, click Search icon in Bank Account field to identify Bank Account. Bank Accounts page displays. Click Select link under Action column. Enter Municipality Payment page displays.

**Important Information**

If payment type is EFT, the bank account that the user searches for and selects must be recorded in NYEIS in order for the bank to be found. The bank account information must all be entered on the provider’s homepage. See Unit 11– System Administration, Banks for further information and Unit 9 – Provider Management, Bank Accounts for further information.

6. Click Save button. Errors display at the top of the page if additional information is required. Provider Payment Summary page displays with changes.

7. Click Home from the Menu Bar. User Home Page displays.
Notes:
- The **Number of Claims** and **Payment Amount Entered** *must* match what this Payment includes.
- Provider Claims are not included in the State Voucher process until this process is performed to show that the Payment has been made to the Provider.

Remove Claims from Payment File

NYEIS allows you to record one check against the payment file and then all underlying claims are updated as paid. When users receive the Payment File reconciliation information back from Muni Finance, the Finance Department may generate a check that does not include all the claims in the Payment file generated by NYEIS. In this scenario described below, the user can remove claims from the payment file so that the payment record in NYEIS reflects the actual check/remittance issued by Muni Finance.

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Issued** link under **Search** section. **Payment Issued Search** page displays.

3. Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset button**. Click **View** link under **Action** column of payment summary. **Provider Payment Summary** page displays
If necessary, click View link under the Action column to view details of the Claim.

4. Click the Remove button next to a claim. The status of the claim will be set to Approved and will be available for inclusion in a subsequent payment file. The municipality can release the claims that were removed when they need to and include them in the appropriate payment. The Provider Payment Summary page displays with the Payment Amount reduced by the claim that was removed.

Delete Payment File

5. Log in to NYEIS. User Home Page displays.

6. Click Payments Issued link under Search section. Payment Issued Search page displays.

7. Type all known information in the Search Criteria section. Click Search button. Records matching criteria display in Search Results section.
search again, click Reset button. Click View link under Action column of payment summary. Provider Payment Summary page displays

If necessary, click View link under the Action column to view details of the Claim.

8. Click the Delete button. The status of the claims in the Payment File will be set to Approved and will be available for inclusion in a subsequent payment file. The municipality can release the claims that were in the deleted payment file when they need to and include them in the appropriate payment.

Uploading Municipality Payment Remittance

1. Log in to NYEIS. User Home Page displays.

2. Select Financial Interfaces link under My Shortcuts section. Financial Interfaces page displays.


4. Click Browse button from File field. Choose file dialog box displays. Locate Remittance File to upload into NYEIS.
5. Click Open button. Receive Payment Remittance File from Muni Finance page displays.

![Receive Payment Remittance File from Muni Finance](image)

6. Click Save button. The System uploads the Payment File and updates the Payment Details (check number and check date) and the Payment Status to Reconcile, and reconciles every Provider Claim within that payment. View information by searching for Provider Payment. ☞ See Unit 8: Provider - Invoicing, Claims, Searching/Viewing Claims for further information.

### Provider Claim Reconciliation Status

The Provider Claim Reconciliation page shows the complete history of payment and claiming to Third Party Insurance (Commercial Insurance & Medicaid) and the State. Each time a Claim goes through the reimbursement process, it is shown in the Reimbursement List. This page also shows the voucher that the Claim is included in.

1. Log in to NYEIS. User Home Page displays.

2. Click Provider Claims link under Search section. Provider Claim Search page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays with the following sections: General Details, Reference Numbers, ICD Codes, Claim Decision, Supervising Provider (SP) Details, Location Information, Claim Comments and Service Lines.

4. Click **Claim Reconciliation** from the Navigation Bar. **Provider Claim Reconciliation** page displays.

The User can also view the history of any Third Party Reimbursement Billing and Reconciliation in the in the **Third Party Reimbursement** section.
5. Click **Home** from the Navigation Bar. User Home Page displays.

### Provider Claim Status History

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under **Search** section. Provider Claim Search page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button. Click **View** link under **Action** column for Claim of choice. Provider Claim Home page displays with the following sections: General Details, Reference Numbers, ICD Codes, Claim Decision, Supervising Provider (SP) Details, Location Information, Claim Comments and Service Lines.

4. Click **Status History** from the Navigation Bar. Provider Claim Status History page displays.
5. Click **Home** from the Navigation Bar. User Home page displays.

### Provider Recoupment

The Municipality or State can choose the Request Provider Recoupment link from their homepage to select one to many claims to recoup funds against. From a system standpoint, a recoupment is similar to a void, however a when a claim is recouped, the service utilization remains the same (the claim counts towards the amount of services provided). When a claim is voided it is considered an error or mistake and the claim is removed from the system and the service utilization is adjusted accordingly. The search page will not show any claims that are in a status of open or denied.

#### Important Information

After a Claim is recouped, the next payment batch to a Provider will be reduced by the amount of the Recoupment. Payment reductions can be seen on the **Payment Summary Detail List** page with the amount in the **Credit** column.

If a Recoupment occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit gets sent to the 3<sup>rd</sup> Party if the 3<sup>rd</sup> Party pays the Claim. If the recouped Claim is part of a State Voucher, a credit is created and goes into the next State Voucher.

If a Claim is recouped prior to being released for payment, the Claim will not be included in the list of Claims that can be released. This Claim will not be part of the County Payment File.

1. Log in to NYEIS. User Home Page displays.

2. Click **Request Provider Recoupment** link under **Shortcuts** section. The **Request Provider Recoupment** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

4. Select the checkbox next to the claims you want to recoup or void. If you want to select all, then select the checkbox at the top of the list. In the Type field, if you are municipality, select either Municipal Audit for a recoupment or Void. If you are the State, you will select either SDOH Audit or SDOH Unqualified Personnel.
5. Once complete, select **Save** button to initiate the transaction. The page then navigates you back to the **Request Provider Recoupment** page where you can initiate another recoupment or void. If you’re done, you can select the **Home** link to return to the user homepage.

**FINANCIAL CLAIMING REIMBURSEMENT**

The Provider Claim has been approved at this point in the process. NYEIS sends Claims to the insurance company for reimbursement for services rendered to a Child. **See Unit 10: Municipal Administration** for information on registering Insurance Providers.

**Manage Insurance Coverage**

**Creating Child Commercial Insurance Coverage**

**See Unit 10: Municipal Administration** for further information.

**Creating Child Medicaid Coverage**

**See Unit 10: Municipal Administration** for further information.

**Viewing Child Insurance Coverage**

**See Unit 10: Municipal Administration** for further information.

**Editing Child Insurance Coverage**

**See Unit 10: Municipal Administration** for further information.

**Deleting Child Insurance Coverage**

**See Unit 10: Municipal Administration** for further information.

**Creating Services Not Covered**

**See Unit 10: Municipal Administration** for further information.
Viewing Services Not Covered

See Unit 10: Municipal Administration for further information.

Editing Services Not Covered

See Unit 10: Municipal Administration for further information.

Creating Prior Authorization/Referrals

See Unit 10: Municipal Administration for further information.

Viewing Prior Authorization / Referrals

See Unit 10: Municipal Administration for further information.

Editing Prior Authorization / Referrals

See Unit 10: Municipal Administration for further information.

Deleting Prior Authorization / Referrals

See Unit 10: Municipal Administration for further information.

Generating a CMS1500

The CMS1500 can be generated using two different methods. The first method is to access the Insurance provider’s home page and utilize the Generate Paper Claim functionality. The second method is through the Print Provider Claims task generated to the Muni_FiscalStaff work queue where users assigned the appropriate User Role can complete the task. Users should first print claims via use of the Print Provider Claim task method. If a reprint of a particular claim is required, then utilize the method available from the Insurance provider’s home page.

Print from the Insurance Provider Home Page

1. From the user’s Homepage, select the Third Party Insurance link under the Search section. Search Insurance Provider page displays.
2. Type all known information in the Search Criteria section. Click the Search button. Results will appear in the Search Results cluster. Click the number listed in the NAIC Number column next to the Insurance Provider desired. Insurance Provider Home page displays.

3. From the left hand navigation bar Click Generate Paper Claim link . Generate Paper Claims page displays. Type all known information in the Search Criteria section. Click the Generate button.
4. The **Generate Paper Claims** page displays with the claims that meet the search criteria.

![Select Claims to Generate](image)

<table>
<thead>
<tr>
<th>Available Claims</th>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<td>8/23/2010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Click the checkbox next to the claim(s) that will be printed. Click the **Print** button. **Print CMS1500 Forms** page displays. Click the **Print Forms** button to generate a printable copy of the selected claims or click the **Return to Claims List** button to end the process.

![Print CMS1500 Forms](image)

6. After clicking the **Print Forms** button, a pop-up window appears in your Browser with the claim(s) information. Use your Browser’s print function to generate a paper copy of the claim(s).

**Print from the Print Paper Claims Task**

The system runs a batch nightly to check for any newly approved claims for children with active insurance coverage or resubmitted claims. For any claims that meet these criteria, a Commercial Insurance Liability batch is created by the system. For Commercial Insurance companies that are not accepting electronic claiming from NYEIS, a task is created and placed in the Muni_FiscalStaff work queue for a user to print CMS1500s for this batch of claims.

1. From the user’s **Homepage**, select **Inbox** button from the Main Menu bar. **My Workspace** page displays. Click **Work Queues** link from the Navigation Bar. **My Work Queues** page displays.
Click the View link in the Action column next to the <Municipality>_FiscalStaff work queue. **Work Queue Tasks:** <Municipality>_FiscalStaff page displays.

2. Look for the desired task labeled “Claims available for printing <Insurance Company> Batch <batch number>.” Click the Task ID. The **Print Paper Claims Task Home** page displays.

3. Click the **Print Paper Claims** link in the Primary Action cluster. **Select Claims to Generate** page displays.
4. Click the checkbox next to the claim(s) that will be printed. Click the **Print** button. **Print CMS1500 Forms** page displays. Click the **Print Forms** button to generate a printable copy of the selected claims or click the **Return to Claim List** button to end the process.

5. After clicking the **Print Forms** button, a pop-up window appears in your Browser with the claim(s) information. Use your Browser’s print function to generate a paper copy of the claim(s).

---

**Important Information**

If the CMS1500 data is not aligning with the pre-printed CMS1500 form, it could be because of your Adobe Acrobat print settings. Use the following steps to correct the Adobe Acrobat form print settings.

1. Click the **File** option from your browser’s menu bar.
2. Select the **Print ..** option. Print dialogue box opens up.
3. Find the section labeled **Print Handling**. In that section there is a field labeled;
   - **Page Scaling** - Select the None option from the drop-down.
   - **Auto-Rotate and Center** - Make sure the checkbox is blank.
4. Click the **OK** button.
Entering a Claim Remittance

Important Information
This process only applies for remittances received in paper form from insurance companies. Insurance companies that have agreements setup with NYEIS to provide electronic remittances via the HIPAA 835 have this process done electronically.

1. The User enters the Total Payment Received, the Check Date and Check Number. Review the list of outstanding liabilities (Claims waiting to be reconciled). Medicaid Claims are reconciled at the Visit Level and Commercial Insurance Claims are reconciled at the Procedure Code or Service Line Level.

2. The User locates the applicable Claim and reconciles it. Reconciling is defined as allocating a payment whether it is fully paid, partially paid or denied. For reconciling using paper remittance, the User looks at the paper remittance and finds the matching liability (Claim and/or Service Line awaiting reconciliation) in NYEIS and indicates whether it has been paid or denied. The User will most often match claims based on claim number. If a claim is partially paid, the reconciliation process will be a two step process. First, allocating the payment to the claim or service line(s) and second, denying the remaining balance.

3. Insurance and Medicaid also reduce payments to Municipalities as a result of adjustments or voids. These items are listed in the Outstanding Credit section at the bottom of the Allocate Payment page as a debit. The paper remittance will indicate when a Claim is a debit and the check amount will be reduced by this amount. The User will find the debit in the Outstanding Credit section of the Allocate Payment page and can reconcile it by selecting to allocate the debit.

Claiming Payment from Commercial Insurer
NYEIS can accept electronic remittances from Third Party Payors. Claims will be automatically matched by NYEIS, not the User. If NYEIS is not able to match Claims, a task is created in the Muni Fiscal Manager work queue to review the line on the remittance and manually allocate. The Municipality Fiscal User will see the details on the remittance such as the Payor, Child Name, Service Line Number and Service Date. The Municipality Fiscal User then proceeds to the list of Outstanding Liabilities from that Payor and attempts to allocate the response. If the Claim can not be identified, the payment should be captured in the Suspense...
Account. See Entering Payment into Suspense Account for further information.

1. Log in to NYEIS. User Home Page displays.

2. Click Receive Payment link from My Shortcuts section. Select Payor page displays.


Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section.

To search again, click Reset button. Click Select link under Action column for specific Insurance Company.

Capture Payment Received Details page displays with the following sections: Payment Details and Payor Details. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that
will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

4. Type Amount, Date Received and Payment Date. If the Method of Receipt is Check, then a Check Number must be entered.

**Important Information**

If payment type is EFT, the bank account that the user searches for and selects must be recorded in NYEIS in order for the bank to be found. The bank account information must all be entered on the provider’s homepage. See Unit 11– System Administration, Banks for further information and Unit 9 – Provider Management, Bank Accounts for further information.

5. Fill in all other known information.

6. Click Save and Allocate button. Search for Claims to Allocate page displays. This page allows the user to limit the outstanding claims that display to be allocated (paid or denied).

Type all known information in Search Criteria section. Click Search button. Allocate Payment page displays. If the user doesn’t want to restrict the list of outstanding claims, check the “Select All” checkbox.
7. Perform one of the following options:

Apply Payment, See To Apply a Payment below.

Or

Deny Commercial Insurance Claim, See To Deny Commercial Insurance Claim below. Click Save button to allocate payment at a later time. User Home Page displays.

Important Information
Be aware you must Search Payment Received when you return to allocate the payment received. See Searching Payments Received for information on allocating payments.

The Allocate Payment page will display Outstanding Liabilities (Claims) and Outstanding Credits (Money Owed) that have been billed to the Commercial Insurer.

The User will associate one or many of the Outstanding Liabilities or Outstanding Credits that display on the Allocate Payment page to a remittance.

To Apply a Payment

1. To pay service lines in full, select the checkbox next to the service lines you want to pay in full and click the Pay Selected in Full button.
Payment page displays. Selected service line(s) have been paid in full and no longer display on page. The unallocated amount is reduced by the amount service lines that were paid.

2. To allocate partial payment, click the Pay link next to the service line. Allocate Payment Received page displays. Type partial amount in Amount field. Click Save button. Partial Pay and Deny? page displays.

3. To partially pay and deny the remainder, click the Partial Pay and Deny button. The outstanding amount will be sent to the next payor. The Allocate
Payment page displays. The service line no longer displays in the outstanding liabilities cluster.

4. To partially pay and leave the remainder to pay later, click the Partial Pay Only button. The Allocate Payment page displays. The service line displays in the outstanding liabilities cluster with the remainder in the Outstanding Amount column.

Notes:
- It is not necessary to enter the decimal when entering whole amounts.
- The Unallocated Amount in the Payment Received Details section of the Allocate Payment page decreases as the User allocates Claims. The original amount of the payment received is in the Amount field of this same section.
- Continue to apply payments to Service Lines until the Unallocated Amount in the Payment Received Details section is 0.00.
- A task is created in the Muni Fiscal Manager work queue requesting that the Claim be manually managed for Claims that cannot be allocated electronically. See Recording Unsolicited Adjustment for further information.
- In the event of an overpayment on a Claim, the User must allocate the total amount of the submitted Claim and then use the Unsolicited Adjustment process. See Recording Unsolicited Adjustment for further information.

To Deny Commercial Insurance Claim

In NYEIS, a User is able to perform one of the following functions during the deny process: Save (the denial), Resubmit (the Service Line), Resubmit and Edit or Cancel.

1. To apply a denial, click Deny link for the applicable Service Line. Deny Commercial Insurance Claim page displays. Amount is a required field. If
only part of a Service Line is denied, the remaining amount of that Service Line remains in the **Outstanding** column of the **Allocate Payment** page.

a. Select from the **Commercial Insurance Denial Reason** drop down and **Commercial Insurance Denial Group** drop down. HIPAA reports denied Claim with a standard set of denial reasons. They also report the Denial Reason by Denial Group.

b. Click **Deny** and **Deny Service Line** confirmation page displays the message *Are you sure you want to deny this service line?* Select **Yes** to confirm or **No** to cancel. When the User selects Yes, **Resubmit or Go To Next Payor** page displays.

<table>
<thead>
<tr>
<th>Resubmit or Go To Next Payor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service line has been denied. Do you want to Resubmit this Service Line or go to the next payor?</td>
</tr>
<tr>
<td>Submit</td>
</tr>
</tbody>
</table>

**Important Information**

A service line must be fully allocated in order to perform a resubmit.

2. To resubmit a Service Line, click **Resubmit** button. The service line will be resubmitted to the commercial insurance company overnight. **Allocate Payment** page displays.

3. To resubmit and edit a Service Line, click **Resubmit and Edit** button. **Modify Service Line Details** page displays.
The only fields that can be edited on the service line are **Procedure Code** (HCPCS, CPT, etc.) and Diagnosis Codes.

4. To edit **Procedure Code**, click in the **Procedure (HCPCS, CPT, etc.) Code** field. Select the appropriate Procedure Code.

5. To **Edit data for EI Eligible (ICD) Diagnosis Code** field, select the Search icon. **EI Eligible Diagnosis (ICD) Code** if available may be one or more previously documented automatic eligible ICD Codes in the child’s case. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify ICD Code.

6. To **Edit data for the Other Eligible (ICD) Diagnosis Code** field, select the Search icon. **Other Eligible Diagnosis (ICD) Code** if available may be one or more previously documented ICD Codes in the child’s case. These codes may have established or contributed to eligibility. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify ICD Code.

7. To **Edit data for the Other Diagnosis Code** field, select the Search icon. Type all known information in **Search Criteria** section. **Other Diagnosis (ICD) Code** a list of all available ICD Codes. If applicable, select the most appropriate code for the service delivered. Click **Search** button. Records matching display in **Search Results** section. **To search again, click Reset button.** Click **Select** link under **Action** column to identify ICD Code.

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**Important Information**

Care **must** be taken when editing Procedure codes. Procedure codes **must** be reported by the Provider. All edits **must** be well documented.

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Click **Save** button. **Service Line Details** page displays with changes applied. Click **Close** button. **Allocate Payment** page displays.
Notes:

- Once all Service Lines related to a Provider Claim are fully allocated the System will attempt to bill the next Payor. If no additional Payor exists, then the Claim (Liability) goes to the State as part of the Voucher process.
- If a Claim or Service Line (Liability) is being resubmitted with an edit, other data in other areas of NYEIS may be edited before next billing cycle. Changes will also be included when the claim or service line is resubmitted to the commercial insurance company overnight. (e.g., Provider address change).

Claims Payment from Medicaid

Medicaid pays for a visit at the Claim Level. There is always one Service Line per Claim for Medicaid.
NYEIS accepts remittances electronically from Medicaid. Claims will automatically be matched by NYEIS not by the User. For this reason it is normally not necessary for the user to enter Medicaid claim payments. If NYEIS is not able to match Claims from the electronic file, the Municipality Fiscal User is notified through a task in the Muni Fiscal Manager work queue to review and manually allocate the Claim. The Municipality Fiscal User will see the details on the remittance such as the Payor, Child Name, Service Line Number and Service Date. The Municipality Fiscal User will then proceed to the list of Outstanding Liabilities from that Payor and attempt to allocate the response. If the Claim can not be identified, the payment should be captured in the Suspense Account. See Entering Payment into Suspense Account for further information.

1. Log in to NYEIS User Home Page displays.

2. Click Receive Payment link from My Shortcuts section. Select Payor page displays.

3. Click Medicaid? link. Capture Payment Received Details page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

   Important Information
   If Medicaid is selected as Payor, then default information is entered into the Payment Details and Payor Details fields.
4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number must** be entered.

5. Fill in all other known information. Click **Save and Allocate** button. **Search for Claims to Allocate** page displays.

6. Type all known information in **Search Criteria** section. Click **Search** button. **Allocate Payment** page displays. To search again, click Return to Search button.

7. Perform one of the following options:

   **Apply Payment,** See To Apply a Payment below.

   Or

   **Deny Medicaid Claim,** See To Deny Medicaid Claim below. Click **Save** button to allocate payment at a later time. **User Home Page** displays
Important Information

- Allocate Payment page will display Outstanding Liabilities (Claims) and Outstanding Credits (Money Owed) that have been billed to Medicaid.
- Medicaid requires the Payor Claim Number (for Medicaid, known as the TCN) to be entered for all paid claims. As a result, the checkbox to allow a user to pay multiple claims at once does not function and will prompt you with an error message.
- The User will associate one or many of the Outstanding Liabilities or Outstanding Credits that display on the Allocate Payment page to a remittance.

To Apply a Payment

a. To apply payment received to appropriate service line click the Pay link under Action column. Allocate Payment Received page displays

Allocate Payment Received

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount:</td>
</tr>
<tr>
<td>Payor Claim Number:</td>
</tr>
</tbody>
</table>

b. To pay in full, type full amount in Amount field. Since payor is Medicaid, Payor Claim Number (TCN) must be entered. Click Save button. Allocate Payment page displays. This Claim has been paid in full and no longer displays on page.
c. To allocate partial payment, type partial amount in Amount field. Click Save button. Partial Pay and Deny? page displays.

d. To partially pay and deny the remainder click the Partial Pay and Deny button. The remainder is sent to the next payor. The Allocate Payment page displays. The claim no longer displays in the outstanding liabilities cluster.

e. To partially pay and leave the remainder to pay later, click the Partial Pay Only button. The Allocate Payment Page Displays. The claim displays in the outstanding liabilities cluster with the remainder in the Outstanding Column.

<table>
<thead>
<tr>
<th>Outstanding Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Pay Deny</td>
</tr>
</tbody>
</table>

Allocate Payment

<table>
<thead>
<tr>
<th>Payment Received Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount: 1,624.00</td>
</tr>
<tr>
<td>Effective Date: 4/20/2009</td>
</tr>
<tr>
<td>Unallocated Amount: 433.00</td>
</tr>
<tr>
<td>Receipt Method: Check</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outstanding Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Pay Deny</td>
</tr>
</tbody>
</table>

Continue to apply payments to Claims until the Unallocated Amount displays 0.00.

To Deny Medicaid Claim

A User will be able to perform one of the following options: Save, Resubmit and Resubmit and Edit.

a. To apply a denial, click Deny link for Claim. Deny Claim page displays. Amount is a required field.
Select **Denial** Group from selection box. Select Denial Reason Code from selection box. Click **Deny** button. **Deny Service Line** confirmation page displays the message *Are you sure you want to deny this Service Line?*. Select **Yes** to confirm or **No** to cancel. If the User selects **Yes**, **Resubmit or Go to Next Payor** page displays.

b. To resubmit a Service Line, click **Resubmit** button. The service line will be resubmitted to Medicaid overnight. **Allocate Payment** page displays.

c. To resubmit and edit a Service Line, click **Resubmit and Edit** button. The service line will be resubmitted to Medicaid overnight. **Modify Service Line Details** page displays.

Although the page states Service Line, for Medicaid resubmit the entire Claim. Medicaid only has one Service Line.

The only fields that can be edited are **Procedure Code** (HCPCS, CPT, etc..) and **Diagnosis Codes**. To edit **Procedure Code**, click in the **Procedure Code** (HCPCS, CPT, etc..) field. Select the appropriate Procedures Code.

- To **Edit** data for **EI Eligible (ICD) Diagnosis Code** field, select the **Search** icon. **EI Eligible Diagnosis (ICD) Code** if available may be one or more previously documented automatic eligible ICD Codes in the child’s case. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify ICD Code.

- To **Edit** data for the **Other Eligible (ICD) Diagnosis Code** field, select the **Search** icon. **Other Eligible Diagnosis (ICD) Code** if available may be one or more previously documented ICD Codes in the child’s case. These codes may have established or contributed to eligibility. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify ICD Code.

- To **Edit** data for the **Other Diagnosis Code** field, select the **Search** icon. Type all known information in **Search Criteria** section. **Other Diagnosis (ICD) Code** a list of all available ICD Codes. If applicable, select the most appropriate code for the service delivered.
Important Information

Care must be taken when editing Procedure codes. Procedure codes must be reported by the Provider. All edits must be well documented.

Important Information

- A service line must be fully allocated in order to perform a resubmit.
- Be aware that for electronic remittance reconciled by NYEIS, many of the Denied Claims will be resubmitted to Medicaid. NYEIS will review the Denial Reason provided and determine if the Denied Claim should be resubmitted to Medicaid or be part of the next State Voucher. This process is only for electronic remittances received from Medicaid. There may be a Status of Resubmitted on a Claim, where a User did not manually resubmit.
- Once a Claim has been resubmitted, the User is able to go back and edit before the next batch occurs. If the Claim is edited before the next batch occurs, the change will be applied and the Claim will be resubmitted.
Claiming Payment from Local District Social Services (LDSS)

Transportation Claims for children with Medicaid Coverage are sent to the Municipality’s LDSS through a Transportation Claim Report (see note below for how to access this report). The LDSS will report payments to EI for these claims and the payment will be processed using the following steps.

1. Log in to NYEIS. User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

   **Select Payor**
   
   If you can’t determine from whom the payment was received please record the payment in the suspense account.

   **Was the payment received from:**
   - Commercial Insurance?
   - Medicaid?
   - State Department of Health?
   - Local District Social Services?
   - Record in suspense account

3. Click **Local District Social Services?** link. **Capture Payment Received Details** page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** must be entered. **Information in the Payor Details section is populated based on data in NYEIS.**

5. Fill in all other known information.

6. Click **Save And Allocate** button. **Select Liability for Allocation** page displays.
Important Information

- Allocate Payment page will display Outstanding Transportation batches.
- The User will allocate the payment against the batch which will automatically allocate payments to individual transportation Claims.

7. To apply payment received, click Select link under Action column for LDSS Batch. Enter Payment Received on Batch page displays.

8. Type Amount. Click Save button. User Home Page Displays.

To Access the Transportation Claim Report:

1. Log in to NYEIS. User Home Page displays.

2. Click Reports link from My Shortcuts section. WebFOCUS Business Intelligence Dashboard page displays in a separate window.


4. Select the Medicaid Transportation Report from the list of available reports. The Report Input page for the Medicaid Transportation Report displays. Use the Report Input page to choose the following options for running the report.

   a. Municipality: Only the municipality that your user account is associated with will be available for you to choose.

   b. Batch Selection:

      i. Select “All Unprinted” to generate a view of all the reports that have not yet been printed.
ii. Select options under the **Date-Based Criteria** to generate a view of all the reports (unprinted or printed) based on a particular date range.

![Medicaid Transportation Report](image)

5. Click on the **Continue Report** button. The report will be generated based on the options you chose on the Report Input page.

---

**Important Information**

For children with Medicaid coverage that have transportation claims, the system nightly first verifies the child is eligible for Medicaid on the date the transportation service was provided. For children validated as eligible, NYEIS automatically aggregates these claims into a LDSS Transportation batch. The User accesses NYEIS reporting, selects the LDSS Transportation Claim Report and enters the time period for the desired reporting period. User prints out report and sends to their LDSS for reimbursement. \[See Unit 13 - Reports\] for further information.

---

**Claiming Payment from State Department of Health**

After the State Voucher is paid by the NYS Comptroller’s Office, the remittance information is returned to NYSDOH Fiscal Unit. The Fiscal Unit will record the remittance information from OSC.

The Check or EFT will be sent separately by OSC to the Municipality.

1. Log in to NYEIS User Home Page displays.
2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

   
   **Select Payor**
   
   If you can’t determine from whom the payment was received please record the payment in the suspense account.

   
   **Was the payment received from:**
   
   - Commercial Insurance?
   - Medicaid?
   - State Department of Health?
   - Local District Social Services?
   - Record in Suspense Account

3. Click **State Department of Health?** link. **Capture Payment Received Details** page displays. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as mm/dd/yyyy format.

   
   **Capture Payment Received Details**

   
   **Payment Details**
   
   - Amount:
   - Date Received: 4/20/2009
   - Method of Receipt: Check
   - Check Number:
   - Reference Number:
   - Lodger Number:
   - Payment Date: 4/20/2009

   
   **Payor Details**

   
   - Payor Name: State DOH
   - Address Line 1: Empire State Plaza
   - Address Line 2: Room 878
   - City: Conning Tower
   - State: New York
   - Zip: 12237
   - County: Albany

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** must be entered. **Information in the Payor Details section** is populated based on data in NYEIS.

5. Fill in all other known information. Click **Save And Allocate** button. **Select Voucher for Allocation** page displays.

   
   **Select Voucher for Allocation**

   
   **Important Information**

   - Allocate Payment page will display Outstanding Voucher batches.
   - The User will allocate the payment against the batch which will automatically allocate payments to individual Claims.
6. Review list of **Outstanding Vouchers**. Click **Select** link for Voucher to apply allocation. **Enter Payment Received on Voucher** page displays.

7. Type **Amount** to apply to Voucher.

8. Click **Save & New** button to allocate to additional Vouchers.

   Or

   Click **Save** button. User Home Page displays. *Saving results in all Claims on the Voucher to be reconciled as paid.*

### Unsolicited Adjustment Management

#### Recording Unsolicited Adjustment

This section describes how to record an Unsolicited Adjustment on a previously reconciled Claim from a Third Party Payor (Commercial Insurance and Medicaid). This Unsolicited Adjustment can be used for recording an additional payment or a credit on a previously paid Claim.

This section is also used when a Claim can not be allocated from an electronic remittance and the Municipality Fiscal User is notified through a task in the **Muni Fiscal Manager** work queue to review and manually allocate the Claim. If the user cannot find the claim specified as outstanding in the Outstanding Liability list, then the user should perform this step.

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Received** link from **Search** section. **Payment Received Search** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button. Click **View** link for specific Insurance Company and Amount under **Action** column. **Payment Received Details** page displays.

4. Click the **Allocate** button. **Allocate Payment** page displays.
5. Click **Record Adjustment.** **Search Liabilities for Adjustment** page displays.

6. Enter **Child Name** or **Service Line Number** and click **Search** button to find claim that was previously reconciled by the Payor. After results are returned, click **Select** link under the **Action** column of Claim that is being adjusted. The **Record Adjustment** page then displays.

7. Type **Amount.** Select **Adjustment Type.**

8. Click **Save** button. **Allocate Payment** page displays. Click **Close** button. User Home Page displays.

   Or

   Click **Save & New** button to enter additional adjustments.
**Unit 12: Municipal Financial**

**Note:**
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

**Viewing Unsolicited Adjustments List**

This feature reflects Unsolicited Adjustments from all Third Party Payors.

1. Log in to NYEIS. User Home Page displays.

2. Click **Unsolicited Adjustments** link from My Shortcuts section. Adjustment List page displays.

3. Click Close button. User Home Page displays.

**Note:**
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

**Voucher Management**

Vouchers to SDOH can be created at anytime but must be created at least quarterly. Claims identified ready to be included on a Voucher, have been paid to the Provider and have been claimed to Third Party Insurance. NYEIS automatically creates a voucher each quarter regardless of whether the Municipality has already created a voucher and sends a task to the Municipal Fiscal Manager to view the created Voucher.

**Creating Vouchers**

1. Log in to NYEIS. User Home Page displays.
2. Click **Create Voucher** link from **My Shortcuts** section. **Create Voucher** page displays.

![Create Voucher](image)

**Important Information**
When **Select All** checkbox is selected, the System will process all Claims that are ready for the State Voucher. Separate Vouchers are created by Program Year, for Respite Claims and General Service Claims.

3. Fill in all known information. Click **Create Voucher** button. **Voucher Created** page displays. A task is created to the **MunicipalityName_ReviewVoucher** Work Queue.

![Voucher Created](image)

4. Click either **Go To Work Queues** button or click **Home** button. See **Municipal Review of Voucher (View, Remove, Delete and Submit for Approval)** for further information.

**Municipal Review of Voucher (View, Remove, Delete and Submit for Approval)**

1. Log in to NYEIS. User Home Page displays.

2. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.
3. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

```
<table>
<thead>
<tr>
<th>Action</th>
<th>Name</th>
<th>Subscription Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Albany_FiscalManager</td>
<td>3/11/2009 00:00</td>
</tr>
<tr>
<td>Reserve</td>
<td>Albany_FiscalStaff</td>
<td>9/16/2008 10:38</td>
</tr>
<tr>
<td>Reserve</td>
<td>Albany_LateInvoiceWaiversQueue</td>
<td>10/8/2008 14:22</td>
</tr>
<tr>
<td>Reserve</td>
<td>Albany_MonitorInvoiceAging</td>
<td>12/21/2008 12:30</td>
</tr>
<tr>
<td>Reserve</td>
<td>Schenectady_ReviewVoucherQue</td>
<td>12/30/2008 13:38</td>
</tr>
<tr>
<td>Reserve</td>
<td>State_ReviewVoucherQue</td>
<td>12/22/2008 09:30</td>
</tr>
<tr>
<td>Reserve</td>
<td>Statewide_HIPAAError</td>
<td>3/22/2009 00:00</td>
</tr>
</tbody>
</table>
```

4. Identify Work Queue for Municipality (e.g., Albany_ReviewVoucherQue). Click **View** under **Action** column for specific work queue. **Work Queue Tasks** page displays.

```
<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Priority</th>
<th>Status</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>24312</td>
<td></td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>24578</td>
<td></td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>25850</td>
<td></td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>25862</td>
<td></td>
<td></td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>
```

**Important Information**

In the **Subject** column there is a description about the Voucher. It will detail whether the Voucher is for **General Services** or for **Respite Services**. The description will also include the **Program Year**.

5. Review items. Click **Reserve** link under **Action** column for specific Voucher. **Reserve Task** page displays.

6. Type **Comments (Optional)**.

7. **Reserve & View** button. **Task Home** page displays.
8. Click **Review Voucher for Service Type XXX, Program Year XXX** link under **Primary Action** section. **County Voucher Home** page displays.

9. Click **Search Claims** from the Navigation Bar to view Claims included in Voucher. **Search Claims** page displays.

10. Enter data as appropriate. **Rendering Provider ID, Child Name** and **Service Authorization Number** can be searched by selecting the **Search** icon. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset button**. Click **Select** link for the appropriate data under **Action** column.

Information displays in selected field. Click **Search** button. Records matching display in **Search Results** section.

Every Claim that is identified in the *Nth* defined spot, the **Every Nth** field will provide back to the User. For example, a User may want to review every 10th Claim. The search results would come back with every 10th Claim.

Selecting View All displays all Claims in the Voucher. Be aware that response time could take longer depending on the number of Claims for the Voucher.

Or

Click Remove link under Action column. Do you want to hold this Voucher Claim Line? page displays with the message Hold Voucher Claim Line? Click Yes button. Search Claims page displays. By selecting Yes, the Claim is put on hold and will not be included in a subsequent Voucher until the Municipality releases the hold.

12. To Print a voucher, click the Print Voucher button on the County Voucher Home page. A PDF of the completed voucher will display in a pop-up window. Use your Browser’s print function to print the document.

13. To delete or submit a Voucher, review the steps below:

To delete a Voucher, click Home from the Navigation Bar. County Voucher Home page displays. Click Delete button. Confirm Voucher Delete page displays with the message Are you sure you want to delete this Voucher? Click Yes button. Voucher is deleted from NYEIS. Voucher and all related Claims are available for future Voucher.

Or

To submit a Voucher, click Home from the Navigation Bar. Click Submit For Approval button. Submit Voucher page displays with the message Are you sure you want to Submit this Voucher? Click Yes button. My Workspace page displays.

Important Information
Once a Voucher is submitted, workflow is created to SDOH for review and approval.

Note:
- To display view page, click Financials from the Navigation Bar. Financials page displays. Page displays data once Voucher is processed by the State DOH Fiscal Management Group.

Payments Received Management
Searching Payments Received

1. Log in to NYEIS. User Home Page displays.

2. Click Payments Received link from Search section. Payment Received Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. To search again, click Reset button. Click View link under Action column for specific Payor Name and Amount. Payment Received Details page displays.
   a. To search for payments received only from Medicaid, select the “If Payment from Medicaid, select” box.
   b. To search for payments received only from the State, select the “If Payment via State Voucher, select” box.
   c. To search for payments from a Local Department of Social Service (LDSS), enter “%LDSS” in the “Commercial Insurance Company Name” field.

4. Click View link under Action column. Third Party Insurance Batch Details page displays. The Line Items section displays Claims/Service Lines contained within the batch.
Or

Click **Allocate** button. **Allocate Payment** page displays. A payment not allocated, can be located and allocated.

Or

Click **Close** button. **Payment Received Search** page displays.

**Third Party Insurance Batch**

1. Log in to NYEIS User Home Page displays.

2. Click **Third Party Insurance Batch** link from Search section. **Third Party Insurance Batch Search** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. **To search again, click Reset button.** When searching by Batch Amount, additional search criteria must be included. Click **View** link under **Action** column for Insurance. **Third Party Insurance Batch Details** page displays.

<table>
<thead>
<tr>
<th>Details</th>
<th>Third Party Insurance ID:</th>
<th>Batch Amount:</th>
<th>Third Party Insurance Name:</th>
<th>BCBS</th>
<th>Batch Number:</th>
<th>52736</th>
<th>Issued 11 W 42nd St New York (New York) 10036</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominee Name:</td>
<td>BCBS</td>
<td>Batch Status:</td>
<td>BCBS</td>
<td>Batch Date:</td>
<td>2/23/2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status Effective Date:</td>
<td>2/23/2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Line Items

<table>
<thead>
<tr>
<th>Action</th>
<th>Child Name</th>
<th>Service Date</th>
<th>Liability Claim Number</th>
<th>Service Line Number</th>
<th>CPT Code</th>
<th>Total</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>10/15/2008</td>
<td>72194</td>
<td>72194</td>
<td>90949 - Multiple-family group psychotherapy</td>
<td>900.00</td>
<td>900.00</td>
</tr>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>12/1/2008</td>
<td>72196</td>
<td>72197</td>
<td>20580 - Doppler-Bronze split narrowing</td>
<td>999.00</td>
<td>999.00</td>
</tr>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>12/1/2008</td>
<td>72198</td>
<td>72199</td>
<td>92960 - Acoustic reflex testing, threshold</td>
<td>499.50</td>
<td>499.50</td>
</tr>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>12/25/2008</td>
<td>72205</td>
<td>72206</td>
<td>90853 - Group psychotherapy (other than of a multiple-family group)</td>
<td>999.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

4. Click **View** link under **Action** column. **Liability Service Line** page displays.

### Liability Service Line

<table>
<thead>
<tr>
<th>Details</th>
<th>Third Party Insurance ID:</th>
<th>Batch Amount:</th>
<th>Third Party Insurance Name:</th>
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<tbody>
<tr>
<td>Nominee Name:</td>
<td>BCBS</td>
<td>Batch Status:</td>
<td>BCBS</td>
<td>Batch Date:</td>
<td>2/23/2009</td>
<td></td>
<td></td>
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<tr>
<td>Status Effective Date:</td>
<td>2/23/2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<th>Action</th>
<th>Child Name</th>
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<tbody>
<tr>
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<td>999.00</td>
</tr>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>12/1/2008</td>
<td>72198</td>
<td>72199</td>
<td>92960 - Acoustic reflex testing, threshold</td>
<td>499.50</td>
<td>499.50</td>
</tr>
<tr>
<td>View</td>
<td>LaRasian Tomlinson</td>
<td>12/25/2008</td>
<td>72205</td>
<td>72206</td>
<td>90853 - Group psychotherapy (other than of a multiple-family group)</td>
<td>999.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

5. Click **Provider Claim/Service Line Reference** link. **Service Line Details** page displays with specific details of Claim or Service Line.
Important Information

Care must be taken when editing Procedure codes. Procedure codes must be reported by the Provider. All edits must be well documented.

The User may also click the Status Inquiry button. If the Third Party Insurance Company supports electronic Claim inquiries (HIPAA 276 Transmission), the User will be presented with the Claim Inquiry page. User selects the Submit button to request a status on the Claim if it has not been reconciled. When the Insurance Company responds to the Claim Inquiry, the User initiating the request is notified through a task. The task will navigate the User back to this page to view the Claim Status response.


7. Click Allocations link under Action column. Liability Service Line Allocations page displays with the sections Allocation Totals and Allocations.
**Allocation Totals** displays the original amount of the Claim/Service Line and how much has been allocated to date. **Allocations** display each individual allocation (payment or denial) against the Claim or Service Line. These allocations can also be viewed by clicking the View link under **Action** column.

8. Click **Home** on Menu Bar. User Home Page displays.

**Searching Liability Claims**

Municipal Fiscal staff can search for Liability claims to check on the status of these claims in the Third Party insurance reimbursement cycle. This includes claims to commercial insurance, Medicaid, LDSS transportation and State Voucher. Municipalities can search by various criteria including child name to see the liability claims that meet this criteria and then view details on the claim.

1. Log in to NYEIS. User Homepage Displays.

2. Click **Liability Claims** link under Search Section. **Liability Claim Search** page displays.

3. Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. To search again, click **Reset** button.

   Click the **Medicaid Only** checkbox to search for Medicaid Liability Claims.

   Click the **Search Outstanding Claims Only** checkbox to search for Outstanding Liability Claims only.

4. Click **View** link under **Action** column next to the liability claim to view the Liability Claim. The Liability claim is the claim as it looks when it is billed to Third Party Insurance. The Liability Claim Number is the unique number assigned to the claim when it is billed to third party. The **Service Line Details** page displays.
The user can also select from the list page, the link under the Provider Claim Number. This will take the user back to the original provider claim.

### Suspense Account Management

#### Entering Payment into Suspense Account

This section describes how to record payments received from unknown sources or if the User is unsure how to record the source of the payment. For example, a Commercial Insurer may erroneously send a payment for services to a family/parent. The parent in turn, sends a check with the Explanation of Benefits to the Municipality.

1. Log in to NYEIS. User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

### Select Payor

If you can’t determine from whom the payment was received please record the payment in the suspense account.

**Was the payment received from:**

- Commercial Insurance?
- Medicaid?
- State Department of Health?
- Local District Social Services?
- Record in Suspense Account?
3. Click **Record in Suspense Account** link. **Record Payment Received In Suspense Account** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.* Date fields must be formatted as **mm/dd/yyyy** format.

4. Type **Amount**, **Date Received** and **Payment Date**.

5. Fill in all other known information. Use the **Comments** section to give a detailed explanation of the transaction.

6. Click **Save** button. Data is recorded into Suspense Account. User Home Page displays.

**Viewing/Allocating Payment in Suspense Account**

This section describes how to transfer payments that are recorded in the Suspense Account to the known Payor. Follow the steps when it is determined where the payment originated.

1. Log in to NYEIS. User Home Page displays.

2. Click **Suspended Accounts** link from **Search** section. **Suspense Account Search** page displays.
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.*

4. Click **View** link under **Action** column. **Suspense Account Item Details** page displays. Review page. Click **Close** button. **Suspense Account Search** page displays.

![Suspense Account Item Details](image)

**Suspense Account Search**

**Search Results (Number of Items: 5)**

<table>
<thead>
<tr>
<th>Action</th>
<th>Issuer Name</th>
<th>Received Date</th>
<th>Effective Date</th>
<th>Status</th>
<th>Currency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Aetna Health</td>
<td>1/1/2010</td>
<td>4/25/2010</td>
<td>Transferred</td>
<td>US Dollar</td>
<td>5,000.00</td>
</tr>
<tr>
<td>View</td>
<td>Aetna Health</td>
<td>4/25/2010</td>
<td>4/25/2010</td>
<td>Transferred</td>
<td>US Dollar</td>
<td>8,000.00</td>
</tr>
<tr>
<td>View</td>
<td>Aetna Health</td>
<td>4/25/2010</td>
<td>4/25/2010</td>
<td>Transferred</td>
<td>US Dollar</td>
<td>1,000.00</td>
</tr>
<tr>
<td>View</td>
<td>Medicaid</td>
<td>4/22/2010</td>
<td>4/22/2010</td>
<td>Transferred</td>
<td>US Dollar</td>
<td>545.00</td>
</tr>
</tbody>
</table>

Or

Click **Transfer** link under **Action** column. **Transfer From Suspense Select Insurance Provider** page displays.

**Transfer From Suspense Select Insurance Provider**

**Was the payment received from:**

- Medicaid
- State DOH
- Commercial Insurance

5. Select of the options:
Medicaid or State DOH

a. If Medicaid or State DOH link is selected, Transfer From Suspense To Client page displays.

```
Transfer From Suspense To Client

Issuer Details
Issuer Name: 
Apo/State: 
Address Line 1: 
Address Line 2: 
Address Line 3: 
City: 
State: 
County: 
Zip: 
```

b. Review data previously entered. Click Save And Allocate button. Allocate Payment page displays with Outstanding Liabilities for the Payor selected.

```
Allocate Payment

Payment Received Details
Amount: 5,000.00
Unallocated Amount: 5,000.00
Effective Date: 4/20/2009
Receipt Method: Check

Outstanding Liabilities

<table>
<thead>
<tr>
<th>Action</th>
<th>Client Name</th>
<th>Service Date</th>
<th>Liability Claim Number</th>
<th>CPT Code</th>
<th>Total</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Esty</td>
<td>LaTanya Tomlinson</td>
<td>12/4/2008</td>
<td>83712</td>
<td>83713</td>
<td>00802 - Interactive psych diagnostic exam</td>
<td>1,498.50</td>
</tr>
<tr>
<td>Pay Esty</td>
<td>Mike Turner</td>
<td>12/14/2008</td>
<td>85762</td>
<td>85763</td>
<td>02577 - Stonger test, speech</td>
<td>999.00</td>
</tr>
<tr>
<td>Pay Esty</td>
<td>Mandisa Smith</td>
<td>12/7/2008</td>
<td>82445</td>
<td>82447</td>
<td>07116 - Therapeutic proc, 1st. 15 min, gait training, incl. stars</td>
<td>999.00</td>
</tr>
<tr>
<td>Pay Esty</td>
<td>Mandisa Smith</td>
<td>12/7/2008</td>
<td>82438</td>
<td>82439</td>
<td>90112 - Therapeutic proc, 1st. 15 min, re-education movement.bal.con</td>
<td>999.00</td>
</tr>
</tbody>
</table>
```

c. Click Pay link under Action column. Allocate Payment Received page displays.

```
Allocate Payment Received

Details
Amount: 
Payor Claim Number: 
```

d. Type Amount. Click Save And Allocate button. Allocate Payment page displays. Continue to Allocate Payment until completed. Click
Commercial Insurance

a. If **Commercial Insurance** link is selected, **Transfer from Suspense Account – Commercial Insurance Search** page displays.

b. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. To search again, click **Reset** button. Click **Select** link under **Action** column for specific Suspense item. **Transfer From Suspense To Client** page displays. Review data previously entered.

c. Click **Save And Allocate** button. **Allocate Payment** page displays with open liability Claims.
d. Allocate as necessary. See Entering a Claim Remittance for further information.

Notes:
- Items that have been identified and allocated are shown with a status of Transferred. Items that have not yet been identified or allocated are shown with a status of Unassigned.
- The items in this Suspense Account are held until identification and allocation can be made. Care should be taken when entering information into this area of NYEIS.

Searching Payments in Suspense Account

1. Log in to NYEIS. User Home Page displays.

2. Click Suspended Accounts link from Search section. Suspense Account Search page displays.

3. Type all known information in Search Criteria section. Click Search button. Records matching display in Search Results section. To search again, click Reset button. Click View link under Action column. Suspense Account Item Details page displays.
4. Review page.

5. Click Close button. **Suspense Account Search** page displays.


**Note:**
- Items that have been identified and allocated are shown with a status of **Transferred**. Items that have not yet been identified or allocated are shown with a status of **Unassigned**.

**CODE 35 MANAGEMENT**

**Code 35 Placement**

This section shows how a user can generate a list of children that need the Code 35 placed on their Medicaid record with LDSS. The system determines what children meet the Code 35 Placement criteria based on whether the child is new to the County of Residence (either new referral or transfer) and has a Medicaid CIN. That is, each child on the list has a Medicaid policy and has either been newly referred or transferred to the user’s municipality. After the Code 35 list has been generated, the Code 35 is recorded on the Child’s **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

1. Log in to NYEIS. User Home Page displays.

2. Click **Code 35 Placement** link under **My Shortcuts** section. **Search Code 35 to Add Placements** page displays.
3. Type all known information in the **Search Criteria** section.

**Important Information**
Be aware if all search fields are left blank, the search may take longer to display while searching for all available children that need Code 35 placements. Leaving all search fields blank should be avoided unless it is necessary to view all children.

Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.*

4. View **Available Children** section to identify Code 35 placements.

To select *all* children for Code 35 placement, click checkbox next to **Child Name** column heading. To select *individual* children for Code 35 placement, click the checkbox next to each child.

5. Click **Print** button. **Print Code 35 Placement Selections** page displays. The user can print this page and send to their LDSS so that the LDSS can record the Code 35 in WMS.
Important Information

Be aware that this process only allows for a list of Code 35 Placements to be printed and sent to LDSS. Once this print page is displayed, the system assumes LDSS has been notified of the Code 35 Placements and sets the Code 35 Placement date in NYEIS to the current date. There is no electronic interaction with LDSS for Code 35 Placements so the user must send this printout.

### Print Code 35 Placement Selections

These are the children you selected to notify LDSS of Code 35 Placement in the municipality:

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>Medicaid CIN</th>
<th>Muni. of Fiscal Responsibility</th>
<th>Referral Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Romero</td>
<td>10/4/2010</td>
<td>1033a1</td>
<td>Rensselaer</td>
<td>11/1/2010</td>
</tr>
</tbody>
</table>

6. Select the **Cancel** button navigates the user back to the **Search Code 35 to Add Placements** page. Selecting the **Cancel** button again returns the user to their homepage.

After the Code 35 report has been generated the Code 35 is recorded on the Child’s **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

### Code 35 Removal

This section shows how a user can generate a list of children that need the Code 35 removed from their Medicaid record with LDSS. The system determines what children meet the Code 35 Removal criteria based on whether a child with a Code
35 placement has their integrated case closed. Code 35 removals are also listed after a child with Code 35 placement has transferred to another county. The Code 35 removal shows up in the county originating the transfer. In other words, each child on the list has a Medicaid policy, has had their integrated case closed or transferred out of the municipality, and has an existing Code 35 placement in the user’s municipality. After the Code 35 report has been generated the Code 35 removal is recorded on the Child’s Commercial Insurance Coverage Page in the Code 35 Information cluster.

1. Log in to NYEIS. User Home Page displays.


3. Type all known information in the Search Criteria section.

   Important Information
   Be aware if all search fields are left blank, the search may take longer to display while searching for all available children that need Code 35 removals.

   Click Search button. Records matching criteria display in Search Results section. To search again, click Reset button.

To select all children for Code 35 removal, click checkbox next to Child Name column heading. To select individual children for Code 35 removal, click the checkbox next to each child.

5. Click Print button. Print Code 35 Removal Selections page displays. The user can print this page and send to their LDSS so that the LDSS can remove the Code 35 in WMS.

6. Select the Cancel button navigates the user back to the Search to Remove Code 35 Placements page. Selecting the Cancel button again returns the user to their homepage.

After the Code 35 report has been generated the Code 35 is recorded on the Child’s Commercial Insurance Coverage Page in the Code 35 Information cluster.
COMMERCIAL ELECTRONIC CLAIMS SUBMISSIONS

This section contains information to guide Users through the process of submitting NYEIS claims electronically to commercial insurance companies.

Getting Started

Before a Municipality can electronically transmit a 837P claim file to a commercial insurance company or clearinghouse, the commercial insurance company/clearinghouse must first be setup and configured in NYEIS. This process is managed by SDOH Bureau of Early Intervention.

Once the commercial insurance company/clearinghouse is configured, NYEIS will generate the 837P claiming file in an automatic batch process. If a commercial insurance company/clearinghouse is configured to receive electronic transmissions, there is no User intervention required. NYEIS automatically transmits the 837P claim file, accepts the 835 remittance from the commercial insurance company/clearinghouse, and applies the payments to the related claims.

If a commercial insurance company/clearinghouse is NOT configured for electronic transmissions, the Municipality is responsible for sending 837P claim, and manually posting the 835 remittance files into NYEIS when received form the commercial insurance company/clearinghouse. See the Entering a Claim Remittance: Claiming Payment from Commercial Insurer topic in this unit for further information about manually entering and applying payments.

Sending Electronic Claims

1. Select the Financial Interfaces option in the My Shortcuts cluster on the User Homepage. Financial Interfaces page displays.
2. Select **Commercial Insurance Interfaces** option from the **Financial Interfaces** cluster.

3. Select **Download 837** option in the **Commercial Insurance Interfaces** cluster to select and download EDI claims files. **Download 837 Files** page displays.

4. The list displays all EDI claim files ready to be sent to commercial insurance companies/clearinghouses for the User’s municipality.

5. To download the EDI file do the following:

---

**Important Information**
If the EDI file has already been downloaded then the Date Downloaded column will display the date this was done.

**DO NOT** re-transmit EDI files to an insurance company unless instructed to do so. Multiple transmissions of the same file could result in denials for duplicate claims being received back from the insurance company.
a. Click on the **Download** link in the **Action** column next to the desired file. **File Details** cluster appears.

b. Click on the **837 File** field filename. The **File Download** pop up page displays.

6. Click the **Save** button on the **File Download** pop up. The **Save As** pop up displays.

7. Select the desired destination directory, then click the **Save** button. **DO NOT ALTER THE FILENAME!**
8. Follow the instructions provided by the commercial insurance company or clearinghouse on how to transmit the EDI file to them. **Each will be different, and must be followed as provided.**

9. Once the EDI file has been successfully transmitted to the recipient be sure to delete the file from your local PC. This **MUST BE DONE** to adhere to HIPAA guidelines!

### Uploading EDI Response Files

After EDI transactions have been processed by the commercial insurance payer, their response will be made available for uploading into the NYEIS.

Follow these steps to upload response files:

1. First download the response file to your computer following the instructions provided by that commercial insurance company or clearinghouse on how to transmit the EDI file to them. **Each will be different, and must be followed as provided.**

2. Select the **Financial Interfaces** option in the **My Shortcuts** cluster on the **User Homepage. Financial Interfaces** page displays.
3. Select the **Commercial Insurance Interfaces** option from the My Shortcuts cluster. **Commercial Insurance Interfaces** page displays.

4. Select **Upload Response Files** option. The **Upload Response File** page displays.

5. Click on the **Browse** button, and select the response file to upload, then select **Save** button.
Important Information
The file will be saved and processed on a nightly basis. It may take up to 48 hours, depending on when the file is uploaded for it to be processed. This process will automatically reconcile the claims contained in it.

NON-NYEIS CLAIMS PAYMENT ADVICES

When claims payment advices are received electronically it is possible that there will be claim payment information for claims not originating from NYEIS to be included. Dubbed, “Non-NYEIS Claims”, these claims cannot be processed by NYEIS. For this reason a new process has been put in place to identify these claims before they can be inserted into NYEIS, and providing the user a method to move those claim payments on to the appropriate department.

When Non-NYEIS claims are detected by the electronic remittance process, they are placed on a list page where the user is given the opportunity to download the remittance advice to forward to the appropriate recipient department.

A workflow notification is sent to members of the municipalities Fiscal Staff work queue.

To access the list page containing the Non-NYEIS claims remittance advices, do the following steps.

1. Select the Financial Interfaces option in the My Shortcuts cluster on the User Homepage. Financial Interfaces page displays.

2. Select the Commercial Insurance Interfaces option from the My Shortcuts cluster. Commercial Insurance Interfaces page displays.
3. Select the **NonNYEIS 835 Remittance File List** option from the **My Shortcuts** cluster. The **NonNYEIS 835 Remittance File List** page displays.

4. To download a NonNYEIS 835 claim remittance advice for forwarding on to the appropriate department, click on the Download action link. The **Download NonNYEIS 835 Remittance File** page is displayed.

The NonNYEIS 835 Remittance File page presents two download links. The NYEIS interface process provides a HIPAA edi 835 remittance advice file that can be used to electronically process the remittance advice by the
appropriate department. Also, a comma delimited text file is provided with the same information that can be imported into MS Excel for processing.

5. Click on the download link for the desired format. Then click the Save button on the File Download screen that appears.

![File Download Screen](image)

6. Select the desired destination directory, then click the Save button. **DO NOT ALTER THE FILENAME!**
Unit 13: Reports

Version 1.6
## Document Revision History

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<tr>
<th>Date</th>
<th>Release</th>
<th>Description</th>
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<tr>
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<td>• Modified Running Reports section to include steps on how to open the report in an Excel document.</td>
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Reports

Unit Overview

This unit gives Users a general understanding of how to run reports and work with parameters to pull out specific data. The unit also describes how to access and generate ad-hoc reports.

Important Information
These NYEIS functions are currently under review and will be revised in the future in order to fully capture federal requirements.
This page intentionally left blank.
REPORTS

Users must have access to Reports in order to run reports. Providers do not have access to Reports.

Running Reports

1. Display User Home Page.

2. Click Reports link under My Shortcuts section. WebFOCUS Business Intelligence Dashboard page displays with several Available Views containing multiple groupings for Reports.
3. Select from one of the following Available Views: DOH Fiscal Group Reports, Municipality Fiscal Group Reports, Municipality Program Group Reports and DOH Program Group Reports.

4. Click Report. **Report Input** page displays selected fields available to specify further report details to run. *Selection fields are different depending on Report selected. Selection fields are used to specify data for a Report.*

5. Type or select appropriate information.

6. Click **Continue Report** button. **Click Cancel** button to exit report and return to Welcome page.

7. Selecting Excel as the Output Format will open the report in a Microsoft Excel Document. **File Download** dialog box displays.
8. Click **Open** to quickly open and view file. **Clicking Open does not save the file to a location.** Click **Save** button to download and save file to a desired location prior to opening. File displays.

9. Selecting HTML as the Output Format will open the report in a HTML Page. Report Displays
Use vertical and horizontal scroll bars or Page Up and Page Dn keys to move around and view Report details.

10. Select File, Print... from the Internet Browser Menu Bar. Report prints.

11. Click the Close button to close all open windows and return to the NYEIS.

**AD-HOC REPORTS**

Users *must* have access to Reports in order to access ad-hoc reports. Providers do not have access to Ad-hoc Reports.

**Running Ad-Hoc Reports**

1. Display User Home Page.
2. Click **Reports** link under **My Shortcuts** section. **WebFOCUS Business Intelligence Dashboard** page displays with several Available Views containing multiple groupings for Reports.

3. Select from one of the following **Available Views**: DOH Fiscal Group Reports, Municipality Fiscal Group Reports, Municipality Program Group Reports and DOH Program Group Reports.

4. Click **Tree** in the heading. A Pop-Up page is displayed that shows the **Domain Tree**. **Domain** is a method used by **WebFocus** to group reports and
provide secure access. Notice that there is a domain for ad-hoc. Under the ad-hoc domain there are 4 folders entitled:

- Standard Reports
- Reporting Objects
- My Reports
- Shared Reports

In order to create a new ad-hoc report, click on the **Reporting Objects** folder and open it up. **Reporting Objects** are pre-defined views of NYEIS data that can be utilized to generate ad-hoc reports. Reporting Objects are usually created by application/database developers who understand the data and how it is structured. **Reporting Objects** enable ad-hoc users to focus on the information they want and how to present it without needing to understand the database structure and how to navigate in it.

5. Click on the **Reporting Objects** folder. The folder is opened to display sub-folders under **Reporting Objects**. The sub-folders are used to group reporting objects into logical topics or areas of interest. Under each sub-folder there are one or more reporting objects.
6. Right click on View Child Profile. A pop-up appears displaying different tools that can be used to create reports. Report Assistant is utilized by ad-hoc users to create reports.
7. Click on the **Report Assistant** link in the drop-down menu. **Report Assistant** is launched. **Report Assistant’s** interface is a tabbed display that addresses the areas of:

- Field Selection
- Report Headings
- Selection Criteria
- Report Options

The field selection tab allows a user to select the fields from the **Reporting Object** that will be used in the report. The user can also define summing, report totaling and sorting options.

The Report Headings tab is where users can set the Page Headings and Footings for the ad-hoc report.
The Selection Criteria tab is used to determine whether data will only be displayed if it meets certain criteria. For example, a report might be based on a calendar year and dates in the Reporting Object would be compared to determine if it should be displayed.
The Report Options tab defines how the report will be presented and what format the data on the report will be provided to the user. The report itself can generate data to multiple file formats including .pdf, .xls, and .html. The user is directed to the WebFocus’ website for more detailed information on how to use Report Assistant.
Unit 14: Due Process

Version 1.6
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<td>• <strong>Edited</strong> Mediations and Impartial Hearings <strong>List sections with updated information regarding user access to these functions.</strong></td>
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Due Process

Unit Overview

Under federal and state law and regulations the New York State Department of Health established procedures to request mediation services and/or impartial hearing to resolve disputes regarding services as well as complaints filed by organizations or individuals, that a public agency or private provider is violating Early Intervention Regulations or Federal Part C Regulations.

This unit documents how the New York State Early Intervention System (NYEIS) assists Municipalities and the New York State Department of Health (NYSDOH) to:

- Track all of the steps required by regulation.
- Ensure that parents receive their due process rights.
- Ensure that disagreements are settled within required timeframes.
- Ensure the results of the process used to settle the disagreement (mediation or impartial hearing) are documented.

Important Information
These NYEIS functions are currently under review and will be revised in the future in order to fully capture federal requirements.
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**MEDIATIONS**

The State Department of Health must ensure that a statewide mediation system is available to parents and early intervention officials. Mediation is a voluntary, non-adversarial process for the resolution of disputes about eligibility or the provision of early intervention services to a family. Create, Edit and Delete access to Mediation records is restricted to State user roles. Only the State Department of Health will be able to record and information. View access is enabled for some Municipal user roles.

There may be Mediations that impact on NYEIS functionality. In the example above, where there is Mediation regarding the eligibility determination, the 45-day Clock will have to be suspended by the Municipality.

**Creating Mediations**

A parent/guardian or early intervention official may request mediation. A parent/guardian makes a written request for mediation to their early intervention official.

Creating Mediations is used to capture information about the initial request for Mediation, and is restricted to State user roles.


2. Click Mediations from the Navigation Bar. Mediation Requests page displays.

3. Click New button. Create Mediation Request page displays.
4. **Child Details** section is automatically populated. Enter appropriate information for the following sections using Tab key to navigate from field-to-field: Mediation Request Comments, Mediation Results, Outstanding Problems, Mediation Financial Information and Mediation Results Comments. Date fields must be formatted as mm/dd/yyyy format.

   **Important Information**
   Mediation Results and Mediation Results Comments should be captured after the Mediation has occurred.

5. Click Save button. Mediation Requests page displays.

**Viewing Mediations**

Viewing Mediations is restricted to State user roles and some Municipal use roles.

1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, Displaying Integrated Case Home Page for further information.

2. Click Mediations from the Navigation Bar. Mediation Requests page displays.

3. Click View link under Action column for Mediation to display. View Mediation Request page displays.
4. Review information.

5. Click Close button. Mediation Requests page displays.

**Editing Mediations**

Editing Mediations is restricted to State user roles.


2. Click Mediations from the Navigation Bar. Mediation Requests page displays.

3. Click Edit link under Action column to display the Modify Mediation Request page.
4. Apply necessary changes.

5. Click Save button. Mediation Requests page displays.

### End-Dating Mediations

End-Dating Mediations is restricted to State user roles.

The service coordinator must ensure that terms of services written into the mediation agreement are incorporated into the IFSP within five working days of the receipt of the written agreement. Once this occurs, the mediation is considered closed.


2. Click Mediations from the Navigation Bar. Mediation Requests page displays.

3. Click Edit link under Action column to display the Modify Mediation Request page.
4. Type Mediation End Date in Mediation Results section.

5. Click Save button. Mediation Requests page displays.

**IMPARTIAL HEARING LIST**

Only State user roles are able to create and view Impartial Hearings. Municipal user roles do not have access to Impartial Hearings.

**Creating Impartial Hearing Requests**

A request for an impartial hearing must be made in writing and signed by the parent/guardian. The request is sent to the New York State Health Department Bureau of Early Intervention Director by the parent.

This feature is used to capture information about the initial request for an Impartial Hearing.


2. Click Impartial Hearings from the Navigation Bar. Impartial Hearings page displays.
3. Click New button. Create Impartial Hearing Request page displays.

4. Enter appropriate information for the following section using Tab key to navigate from field-to-field: Impartial Hearing Request Comments. Enter Date Request Received and Date Request Sent to ALJ Office from Impartial Hearing Results section. Date fields must be formatted as mm/dd/yyyy format.

Child Details section is automatically populated.

5. Click Save button. Impartial Hearings page displays.

Viewing Impartial Hearing Requests

Only State Users with assigned access rights are able to view Impartial Hearing information and results.

2. Click Impartial Hearings from the Navigation Bar. Impartial Hearings page displays.

3. Click View link under Action column to display the Impartial Hearing page.

4. Review information.

5. Click Close button. Impartial Hearings page displays.

Editing Impartial Hearing Requests

Only State Users with assigned access rights are able to edit Impartial Hearing data.


2. Click Impartial Hearings from the Navigation Bar. Impartial Hearings page displays.
3. Click **Edit** link under **Action** column to display the **Modify Impartial Hearing** page.

4. Apply necessary changes.

5. Click **Save** button. **Impartial Hearings** page displays.

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### Entering Impartial Hearing Results

Only State Users with assigned access rights are able to edit Impartial Hearing data.

1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, **Displaying Integrated Case Home Page** for further information.

2. Click **Impartial Hearings** from the Navigation Bar. **Impartial Hearings** page displays.
3. Click **Edit** link under **Action** column to display the **Modify Impartial Hearing** page.

4. Enter Impartial Hearing results.

5. Type **Date Decision Rendered** in **Impartial Hearing Results** section.

6. Click **Save** button. **Impartial Hearings** page displays.