NYC BUREAU OF EARLY INTERVENTION
EI-HUB IMPLEMENTATION AND REVISED POLICY AND PROCEDURE
FREQUENTLY ASKED QUESTIONS (1/212025)

The New York City Health Department, Bureau of Early Intervention has aggregated Frequently Asked Questions (FAQ) regarding EI-Hub implementation and revised New York City Policy and Procedure. This document is organized by Program Area. This includes:

I. General (FAQ 1-5)
II. Collection of Insurance Information (FAQ 6)
III. Multidisciplinary Evaluations and Screenings (FAQ 7-28)
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I. General

1. What paperwork should be submitted through the Health Commerce System (HCS) to the New York City, Bureau of Early Intervention Regional Office (RO) mailbox?

Following the necessary changes made to the New York City Bureau of Early Intervention Policy and Procedure Manual on December 09, 2024, the **only** paperwork that should be submitted to the RO via HCS is:

- Surrogacy paperwork
- Initial Service Coordination (ISC) service authorization extension requests: time/units
- IFSP-related consents
- Closure forms

2. My Service Authorization line has a status of "Inactive," what does that mean and what should I do to make the line "Active"?

There are several steps to creating a service authorization. First, the draft service authorization is submitted to the EIOD, and the Service Status is "inactive" while the EIOD Approved status is "not approved". When the EIOD has approved the service authorization, but the provider has not yet accepted it, the Service Status remains "inactive" while the EIOD Approved status is "approved". Only once the provider accepts the service authorization will the Service Status change to "active". That is also the point at which an authorization number will be generated.

3. How do I delete a draft IFSP in the EI-Hub?

A draft IFSP can be deleted by changing the IFSP status to "Cancel" and clicking "Submit". The system may ask you to first verify meeting method and other information.

4. **What EI Hub issues should be sent to EI Systems, beyond reopening exited cases and responding to billing denial reasons that indicate "contact the EIOD"?**
Issues should be reported to EI Systems following the Policy 6-B: EI-Hub Error Submission Policy so that they can either be corrected or submitted as a ticket to PCG. A writable EI-Hub Data Change Form is available here. Most common issue examples include:
    - Correction of IFSP and service authorization data entry errors
    - Addition of OSC units, extension of end dates
    - Correction of demographic data

5. **NYEIS had a function to put a note on a child's case. Is there any equivalent function in the EI-Hub?**
The Contact Log in the Family Info tab in each child's EI-Hub record will be used as the central location for New York City Early Intervention Official Designees to record and view notes. It will be used in the same way that Notes were used in NYEIS. Early Intervention Service Coordination providers can also add notes and view notes in the Contact Log.

    How to Find the Contact Log
    - From within the child's case, click on the Family Info tab.
    - In the panel on the left, click on Contact Log.
    - A grid appears with all log entries available on the case to date.

    To Add an Entry
    - Click on the Add Contact Log button.
    - The Log includes the following fields:
        - Contact Date (the date of the contact)
        - Person Entering the Contact (autopopulated with your user name)
        - Person Contacted (the name of the person you contacted)
        - Contact Method (a dropdown listing phone, fax, etc.)
        - Contact Log Notes (open text field)
    - All fields are mandatory.
    - When you have completed all fields, click Submit.
    - You will be returned to the screen showing all Contact Log entries, from the earliest to the most recent.
    - Your entry will be at the bottom.

    Who Can See Contact Log Entries
    - Entries can be seen by anyone who has access to the Family Info tab for this case. Most commonly, this includes EIODs, ISCs, and Ongoing Service Coordinators (OSCs).

    Important Notes
    - There is no system-generated notification that an entry has been added or created.
    - If EIODs or Providers with access to the Family Info tab want to make another team member aware of the entry, they must notify them outside of the EI-Hub.
    - Contact Log entries should not be deleted by ISCs or OSCs.
    - The Contact Log does not replace service coordination notes or any other documentation requirements.

II. Collection of Insurance Information

6. **Sometimes a parent refuses to provide insurance information despite this information being required. How can this be documented in EI-Hub when there is no option to indicate that a parent declined to provide insurance information? In the EI-Hub, we must either document insurance policy OR have a parent sign that they don't have insurance.**
   The EI-Hub does not offer the option of "child has insurance but parent declines to disclose it." As per the Insurance Tool kit, "It is the Service Coordinator's responsibility to provide parent(s)/legal guardian with a copy of the Parent Notice Regarding Health Insurance (Tool Kit Item 2) and review this information with the parent. Discuss with the family the requirement of the Early Intervention Program regulations to have service coordinators collect and parents provide the early intervention child's health insurance information to assist with early intervention reimbursement for Early Intervention Program services… Service coordinators need to document in the early intervention service coordination notes the discussions with the parent regarding health insurance in the Early Intervention Program and the child's health insurance coverage….Service Coordinators must document all efforts to obtain health insurance information and discussions with the family regarding health insurance in the Early Intervention Program."

   If the parent refuses to provide insurance information, the ISC/OSC must obtain parent consent on Form B Parent Attestation of No Health Insurance. The ISC/OSC must collect this form and enter the form information in the Insurance Declination panel in the EI-Hub. Circumstances when a parent/guardian declines to provide insurance information are handled the same way procedurally as when the parent/guardian has no insurance. Refer to Policy 3A: Initial Service Coordinator Responsibilities for detailed steps for entering insurance or declination in the EI-Hub.

III. Multidisciplinary Evaluations and Screenings

7. **Can the ISC discuss choice of evaluation site prior to the initial home visit so as not to delay the process, and so the evaluation site can work on obtaining consent for the evaluation?**
   In broad terms, the choice of evaluation site can be discussed before the initial home visit. However, a service authorization for ISC and parental consent for ISC must both be approved before the ISC can bill for any detailed discussion of evaluation site, etc. As per State Regulation and the NYC Policy and Procedure Manual, discussion of the evaluation/screening process occurs at the initial home visit, where the parent has been provided with an overview of EI and parent's signature has been obtained on consents.

8. **The SC was trying to enter an MDE** service authorization **and got a message that an MDE can't be authorized for a child who is already eligible. Another SC had the same experience with a screening service authorization. But the child was previously found <u>in</u>eligible, not eligible. What can I do?**
   Similarly, the SC got this message for a child who *was* found eligible, but on a previous referral. The child has been re-referred and needs a new MDE.

- There is no workaround for this issue at this time. Please report this case to EI Systems following the Policy 6-B: EI-Hub Error Submission Policy so that they can submit a ticket to PCG. A writable EI-Hub Data Change Form is available here.
- We have made PCG aware of this migration issue and expect that they will address it.

9. **How should an evaluation agency determine if a child should have a screening before an MDE, or if it makes better clinical sense to move straight to an MDE?**
   A representative from the evaluation agency who has clinical experience and expertise to discuss with the parent their concerns about the child's development makes a clinical recommendation to the parent about whether to do a screening or an MDE. This individual does not have to be one of the qualified personnel who ultimately make up the MDE team; it could be the evaluation supervisor, for example. Ultimately, it is the parent's decision as to whether their child will have a screening or an MDE.

   The Consent for Screening/Evaluation Form has been modified to reflect that the parent has been informed of and understands the difference between an evaluation and a screening and has made their choice. The evaluation agency is the entity that obtains consent for a screening or MDE from the parent.

   There will be cases when an MDE should clearly be completed without a preceding screening, such as if a child is referred from a primary healthcare provider with documented results of a failed screen, or with a diagnosed condition with a high probability of developmental delay. In such a case, the evaluation agency should proceed directly to an MDE.

10. **Is a parent required to sign a consent for each of the two (2) evaluations in an MDE or do they sign only one consent for the entire MDE?**
    Only one consent is required for all evaluations that are part of an MDE; each evaluation does NOT require its own consent. A supplemental audio eval, if needed, requires its own consent. If a screening is done prior to an MDE, the screening requires its own consent and then the MDE will require its own consent.

11. **When must the consent for MDE or screening be obtained and submitted?**
    Prior to conducting the first evaluation of the MDE or screening, the consent must be signed by the parent and sent to the ISC, who uploads the consent immediately after they have created the MDE/Screening service authorization. The MDE/Screening service authorization is approved by the EIOD, and then accepted by the evaluation agency. While the Consent for Evaluation or Screening is part of the Evaluation Agency MDE/Screening Submission Checklist, it does not need to be submitted with the MDE or Screening as it was already submitted with the MDE service authorization.

    As per the procedures outlined in the NYC P&P Manual:
    - Evaluation agency obtains the parent/caregiver signature on the Consent for Evaluation or Screening form and sends it to the ISC.
    - ISC then creates and submits the service authorization for an MDE or screening in EI-Hub for approval by the EIOD, naming that evaluation agency.,.
    - Once the MDE or screening service authorization is approved by the EIOD, the evaluation agency accepts the service authorization in EI-Hub and contacts the parent to begin the evaluation process or conduct the screening.

12. **How does the Evaluation site go about obtaining Consent for evaluation, prior to being assigned to the case?**
    When the parent selects an evaluation site, the ISC contacts the selected evaluation agency and:
    - provides information to the agency regarding the parent's area(s) of concern and confirms the agency's availability to address the parent's concern.
    - sends the parent the Consent to Release/Obtain Information Form (that has been signed for the evaluation site that the parent selected) along with the Reason for Delay in Evaluation Completion Form (if applicable).

    Then a clinical member of the evaluation agency contacts the family within 2 business days of the MDE referral and discusses the parent's concerns, priorities, resources and child's medical history and obtains the signed Consent for Evaluation or Screening form. Please refer to NYSDOH BEI Guidance on Collection of Parent/Guardian Consent Using Electronic Systems if parent/guardian signature is obtained electronically.

13. **Since the evaluation site does not have consent to email, is the evaluation site expected to do a home visit to obtain consent for evaluation? Can SC assist in obtaining this form?**
    The Evaluation Agency must contact the family, obtain the Parental Consent to Use E-mail to Exchange Personally Identifiable Information, and collect the parent signature on the consent form utilizing a secure electronic system. The ISC may assist in obtaining consent to email, but the responsibility to obtain the Consent for Evaluation or Screening lies with the Evaluation Agency. Refer to policy 3B: Choice and Approval of Evaluation/Screening Site for specific procedural requirements.

14. **What happens when an MDE is rejected in the EI-Hub? Where is it now? How will the provider know?**
    There is currently no MDE rejection dashboard. A rejected MDE will appear on the Evaluation Dashboard, under the Eligibility Review Needed alert.

15. **If a child had an MDE and was found not to be eligible, can the parent request to reopen the case sooner than 12 months for a full MDE?**
    The New York State Department Health Bureau of Early Intervention adopted the revised **NYS Regulations 69-4.30 (c)(2) (iii)(a)** stating the following: only one multidisciplinary evaluation may be reimbursed within a 12-month period *without prior approval of the Early Intervention Official* to develop and implement the initial IFSP. In order to fulfill this regulatory requirement, requests to close and reopen cases for the purpose of receiving a new multidisciplinary evaluation that fall within the above-stated time will be reviewed and approved upon the *submission of additional documentation that demonstrates that the new concern warrants another MDE*.
    Examples of this documentation might include but are not limited to medical documentation provided which confirms one of the following:
    a. Diagnostic information which confirms an auto-eligible condition
    b. Positive M-CHAT or other autism screening tool, with screening results provided
    c. Genetic testing results

The additional information should be submitted as part of the referral with the e-fax; If the MDE agency receives a service authorization for an evaluation or screening, a claim can occur provided the MDE meets regulatory requirements. However, the MDE agency should not complete an evaluation or screening without an approved service authorization from NYC Early Intervention.

If several months have passed after a child was found not eligible and the parent expresses a concern in the same area of development, the child can be re-referred to EI. However, NYC BEI will assess those referrals on a case-by-case basis to determine if another MDE will be authorized. A screening would be a good idea in such a case if the parent agrees.

16. **How many screenings can be done per year for a child?**
The requirement for screening is like that for MDEs: One screening may be conducted within a 12-month period without prior approval from BEI. As per the New York State Department of Health Bureau of Early Intervention revised NYS Regulations 69-4.30 (c)(1): "The Early Intervention Official shall approve any screenings provided to a child beyond the initial screening conducted in accordance with section 69-4.8 of this Subpart."

17. **If a parent has a general concern, can the eval site be assigned for a screening first and can this then be changed to an MDE for the same approved screening service authorization?**
No, as per page 4-B-5 of the NYC P&P Manual, "an agency may not simultaneously submit a Screening service authorization and MDE service authorization for approval. The Screening service authorization must be submitted and approved prior to approval of an MDE service authorization. Therefore, If the screening was not completed, a new MDE service authorization must be obtained before converting to an MDE. The EI-Hub requires separate service authorizations for screenings and MDEs; the service authorization is not interchangeable.

18. **If an MDE is requested within same ISC period after screening, can the same eval site proceed with doing the MDE as per parent's choice or does a different eval site have to be chosen by the parent? In other words, if Screening was conducted by agency A and evaluator B, can same agency A do MDE with evaluator B as one of the members of the MDE team?**
The same evaluation site may do both a screening and an MDE. However, the parent must sign a new Consent for Evaluation or Screening and must be given the option to select a new agency. In addition, the MDE cannot be initiated without first obtaining the appropriate service authorization. Please note that an agency may not simultaneously submit a Screening service authorization and MDE service authorization for approval. The Screening service authorization must be submitted and approved prior to approval of an MDE service authorization. If the evaluator from the screening participates in the MDE, the evaluation must comply with all regulations related to evaluations and must include novel observations and assessment results which were obtained after the MDE service authorization was approved. If an assessment instrument is used, it must be from the SDOH list of approved instruments and cannot be a screening instrument.

19. **Can a screening be done by one agency and the MDE by another agency?**
While it is best practice for the same agency to conduct a developmental screen and then an MDE if needed, there may be circumstances when the same agency is not able to do both. As an example, if,

over the course of the referral and screening process, a particular developmental concern is identified for which the screening agency does not have the QP to conduct an MDE, the parent would need to select a different evaluation agency. There is no restriction in the EI-Hub, as screenings and MDEs each have their own service authorization.

20. **If screening indicates "MDE is recommended" but parent chooses to do the MDE in 3-4 months, does the case stay open or should it be closed and reopened in 3-4 months?**
    No. If a child is recommended for an MDE after completing a screening but the parent chooses to wait to complete the MDE, the case must be closed. Please refer to Policy 6J: Case Closure and Transfer for detailed procedure. In the scenario described above, it is the responsibility of the Evaluation Agency to clearly explain to the parent the differences between screening and evaluation and their right to an evaluation or screening within 30 days of the child's referral (as per the instructions on the Consent for Evaluation or Screening). Note, the Evaluation agency is to follow the NYC P&P Manual as to when a screening should not be done and when it should be considered. If the child does not pass the screening and the parent does not consent to conducting the MDE within 30 days of the child's referral, the evaluator can discuss a referral to the EIP Child Find Unit/Developmental Monitoring. If the parent does not consent to the referral to the Child Find Unit, the case will be closed and can be reopened when the child is re-referred.

    Please note that a separate service authorization will be needed for the screening and the MDE. That authorization must be obtained before the screening or MDE is performed.

21. **If the parent who has done a screening and closed the case comes back 3 months later and wants an MDE done at the same evaluator's site, is it ok for that evaluation site to bill for an MDE?**
    Yes. In the case of a screening, case closure, and parental request for MDE 3 months later, it would be permitted to conduct an MDE based on the unique needs of the child and family, since this is the child's first MDE within a 12-month period. There are no billing waiver issues in such a case. The ISC assigned would need to follow the procedures in Policy 3B: Choice and Approval of Evaluation/Screening Site to ensure that the parent was given a choice of evaluation site, then obtain the completed Consent for Evaluation or Screening from the selected evaluation site and create and obtain approval for a new Service Authorization for this MDE.

22. **Should the Service Coordinator submit a service authorization request for MDE as soon as the screener reports back to the evaluation agency with their recommendation for MDE, or should the SC wait for the screening results to be submitted in the EI-Hub?**
    There is no mechanism to approve or reject screening results in the EI-Hub. However, the Evaluation Agency must submit the screening results as required in Policy 4A: Screening, to ensure payment and avoid findings on programmatic and fiscal audits. To expedite the performance of needed evaluations for children, the ISC should submit a request for service authorization for MDE as soon as the screener reports back to the evaluation agency with their recommendation for MDE.

23. **Guidance states that both a screening and MDE cannot be billed if done at the evaluator's site. Is this still applicable even if the family prefers or requests the evaluator's site?**
    Yes. New York State Memorandum 2005, FAQ #2 states "An approved evaluator may bill for both a screening and an evaluation for the same child only when the screening is performed at home or off-site at a location different from the evaluator's business site such as at a community location like a public

library. When a screening and evaluation are performed at an approved evaluator's site, the evaluator may only bill for the evaluation." In any case, the Evaluation Agency responsibility is to clearly explain to the parent the differences between screening and evaluation and their right to an evaluation or screening within 30 days of the child's referral (as per the instructions on the Consent for Evaluation or Screening). The Evaluation agency is to follow the NYC P&P Manual as to when a screening should not be done and when it should be considered. Also, as per page 4-B-5 of the NYC P&P Manual, "an agency may not simultaneously submit a Screening service authorization and MDE service authorization for approval. The Screening service authorization must be submitted and approved prior to approval of an MDE service authorization."

24. **If the child is not attending a daycare and the parent chooses to use a community site like a public library for the screening and then the MDE, when indicated, can the evaluator bill for both the Screening and the MDE?**
Yes. New York State Memorandum 2005, FAQ #2 states "An approved evaluator may bill for both a screening and an evaluation for the same child only when the screening is performed at home or off-site at a location different from the evaluator's business site such as at a community location like a public library. When a screening and evaluation are performed at an approved evaluator's site, the evaluator may only bill for the evaluation." In the situation described above, the provider would be able to bill for both the screening and the MDE.

25. **Which tools on the SDOH list of approved instruments are to be used for a screening and which for an MDE?**
The New York State Early Intervention Program List of Developmental Assessment Instruments, updated in May 2023, provides a clear delineation of approved evaluation and screening tools.

NYC Policy and Procedure Policy 4A: Screening indicates that the screening shall be conducted using appropriate instruments on the list of instruments approved by the department and by personnel qualified to administer those instruments" (NYC RR 69-4.8 (b) (3)). The instrument may be a screening or an evaluation tool. However, it is not acceptable to use a screening tool to complete an MDE.

If the evaluator who did the Screening using a screening tool then becomes part of the child's MDE team, that evaluator must use an evaluation instrument to complete their component of the MDE. If the evaluator who did the screening used an evaluation instrument to screen the child, they must follow the guidelines from the publisher's manual regarding the appropriate time interval for re-administering the same instrument and the validity of the results obtained; they may not use only the same instrument and results as part of the MDE and bill twice for the same procedure. They must include novel information and observations and collaborate with the other member(s) of the MDE team in completing all the required components of an MDE and determining the results of the MDE and the child's eligibility for the EIP.

26. **When a screening is conducted by a special educator, does that person use only the ICD codes related to their discipline even if there are other delays? (e.g., F89, F88, R62.0)**
The codes in this case are only used for billing purposes and not for an eligibility determination. It is the responsibility of the rendering provider to choose accurate and appropriate diagnostic codes for Early Intervention services they provide to children and families in the EIP. ICD codes assigned should be

consistent with the scope of practice of the professional’s license, certification, or registration. Providers should access their professional organizations for information on coding requirements.

27. **What ICD-10 code should be used when submitting a screening? Is one needed?**
    It is the responsibility of the rendering provider to choose accurate and appropriate diagnostic codes for Early Intervention services they provide to children and families in the EIP. Codes assigned should be consistent with the scope of practice of the professional’s license, certification, or registration. For scripted services, an appropriate ICD-10 code should be assigned and written on the script. Providers should access their professional organizations for information on coding requirements and codes related to diagnosed conditions. For definitive information regarding scope of practice for licensed professionals, including responsibilities regarding diagnoses, providers can access the New York State Office of the Professions website. Questions can be directed to the Office of the Professions Board for each profession.

28. **Are CPT codes for screenings the same as CPT codes for evaluations?**
    As per the NYS DOH BEI General Frequently Asked Questions Issued 4/2017: #12. Question: What CPT Code (Current Procedural Terms Code) should I use when billing for services? Answer: The Bureau of Early Intervention (BEI) cannot advise you as to which CPT code you should use. The codes must be provided by the early intervention professional delivering the service. The CPT codes reported on the claim must be appropriate for the diagnosis code (ICD) associated with the child. It is suggested that you select a code that most accurately describes the service(s) provided/technique(s) used with the child and/or family during the session.

IV. Individualized Family Service Plans (IFSPs)

29. **Please clarify which four screens are required to be completed before the initial IFSP meeting as stated: “ISCs should also ensure that they follow new Policies and Procedures for their upcoming IFSP meetings … completing four screens of the IFSP in advance of the meeting and updating the family information tab in the child’s case.”**
    To prepare for an IFSP, the SC must complete the following IFSP panels. Completing these panels creates a draft IFSP. This will enable the IFSP team to complete the IFSP more efficiently during the allotted IFSP time. The panels include:
    - IFSP Information screen
    - IFSP Team panel
    - IFSP Meeting panel
    - Level of Development - “Results” box only, for each of the 5 developmental domains

30. **The IFSP and all its service authorizations have closed. However, the provider continued to serve the child in good faith. How can I extend a service authorization to cover the gap?**
    - When you copy the most recent IFSP to create a review or annual, the copy will automatically start the day after the end date of the previous plan, even if that date is in the past. This will allow you to create service authorizations that start the day after the last service authorization, so that there is no gap.

V. Amendments

31. What should be the start and end dates for an amendment?

- To create an amendment, copy the current IFSP. That copy will have the same start and end dates as the original IFSP. Keep the end date the same – this is not an extension.
- However, the amendment should NOT start on the start date of the original IFSP, because the changes you're making are only taking effect now.
- Change the start date from the original date to the date that the changes should take effect. NYC BEI guidance directs OSCs to set the start date two weeks after submission to the EIOD, to allow time for review and approval.
- So: keep the end date the same as the original IFSP; change the start date to the date the changes should take effect.
- Example:
    - The original IFSP was January 1, 2024 – June 30, 2024
    - I am creating an amendment on March 30, 2024
    - The start date of the Amendment will be April 13, 2024 to give the EIOD two weeks to approve
    - The end date will stay June 30, 2024

32. When you have multiple IFSPs and amendments, which one should you copy?

- The most recent plan, whether an IFSP, amendment or extension, should be the only one with a Copy button. You should copy that, so that you're working off the most recent plan.

33. The SC has found a provider for a pending service. How do you add the provider to the service authorization?

- Copy the most recent IFSP.
- Change the IFSP start date to the date two weeks after you expect to send it to the EIOD.
- Find the pended (unassigned) service authorization in the IFSP Services grid.
- Change the end date of the pended service authorization to be the same as the start date for that service authorization, so that the service authorization is no longer valid (because it starts and ends on the same day).
- Create a new service authorization for the service with the newly identified provider.

34. The provider can no longer staff the case. The SC has found another provider to take it. How do I do a straight change of provider?

- Copy the most recent IFSP.
- Change the start date of the copy IFSP to the date two weeks after you expect to send it to the EIOD.
- Find the applicable service authorization in the IFSP Services grid.
- Change the end date of this service authorization to be the same as the start date, so that the service authorization is no longer valid (because it starts and ends on the same day).
- Do NOT change the provider information on the existing service authorization.
- Create a new service authorization for the service with the newly identified provider.

35. Why do I need to end-date the service authorization and make a new one? Why can't I just edit the service authorization with the identified provider's information?

This is technically possible. However, in our experience, editing migrated service authorizations can cause problems with that service authorization, with the original service authorization on the previous IFSP, or with the other service authorizations on the new amendment. Problems include going into a state where they cannot be approved or cannot be activated; where they cause all the service authorizations on the case to go into that state; and/or where they impact the original service authorization, in the worst case, deleting it.

36. When I copy an IFSP, do the service authorization numbers change?

Yes, even if you don't change anything on a service authorization, the service authorization numbers change when the IFSP is copied. Therefore, it is very important for the OSC who is assigned to the case to proactively notify all the providers of service that the child's IFSP has been copied and that the service authorization numbers will change once approved by the EIOD.

37. Doesn't this mean the provider can bill on both service authorizations**?**

No, because as soon as the new IFSP/amendment is approved and becomes active, the original IFSP closes, automatically end-dating everything to that date. So, if the original IFSP was Jan 1-Jun 30, and the amendment went into effect Apr 1, the original IFSP would end-date everything to Mar 31. There would be a service authorization on the first IFSP, covering Jan 1-Mar 31 and a service authorization on the amendment, covering Apr 1-Jun 30.

38. How does the provider know that the service authorization number has changed?

Nothing alerts them, and they don't have to accept the service authorization again. It is up to providers to keep track of their service authorization numbers. In addition, it is very important for the OSC who is assigned to the case to proactively notify all the providers of service that the child's IFSP has been copied and that the service authorization numbers will change once approved by the EIOD.

39. When I copy an IFSP, the service authorizations that copy over have the same number of units as the original service authorization. Doesn't this mean the provider can bill for all of them even if they already billed for some on the previous IFSP?

- When you copy an IFSP, it copies over with the same dates as the original, and the service authorizations have the same dates and units as the original. You change the start date of the copied IFSP to reflect the fact that this is a change.
- That new start date is automatically applied to the service authorizations. So, if the IFSP was Jan 1-Jun 30, and you've copied it and made the amendment start date Apr 1, the start date of the service authorizations will automatically change to Apr 1.
- With that change, the EI Hub will recalculate the frequency and intensity, and come up with the appropriate total number of units for the time period Apr 1-Jun 30. So, the number of units does change once the start date is changed.

40. Is it possible to reject one service authorization in the EI-Hub but approve the rest of the IFSP? How are Regional Offices handling this?

Currently, the EI Hub will not let you reject just one service authorization and approve the rest of the IFSP. Therefore, the EIOD will return the IFSP to **draft status** and issue prior written notice as outlined in Policy 11B: Prior Written Notice. The EIOD will reach out to the OSC on the case and request that the OSC to

resubmit the IFSP without the rejected line, with parental consent. We have notified SDOH and PCG of this issue and are awaiting a correction.

VI. Service Delivery

41. If the IFSP started prior to October 15, 2024, must we provide 3-month or 9-month progress notes?

- As of October 15, 2024, only 6- and 12-month progress notes are required. However, if an IFSP reached 3 months or 9 months before October 15, 2024, a 3- or 9-month progress report should have been submitted.
- So, for instance, an IFSP that started on July 1 should have had a 3-month progress note on October 1. An IFSP that started on August 1 would have reached 3 months on November 1, and did not need a 3-month progress note.

42. If an interventionist mails original, signed session notes via US Mail to a parent and then the parent signs and emails them back, are the session notes still considered original documents?

Yes. The agency is to document in the child's file when the therapist sent the notes to the parent and the parent's email along with the signed notes. Note, to receive emails from the parent, the agency must obtain and retain the Parental Consent to Use E-mail to Exchange Personally Identifiable Information in the child's file. If there is no consent for the use of email, the original signed note must be obtained to support billing and claiming.

43. Are the Checklist for the Use of Telehealth and the Checklist for Telehealth Evals required?

The use of the checklists is considered best practice and is intended to ensure that the circumstances were adequate to enable an evaluator to conduct a complete evaluation and arrive at an accurate eligibility determination using telehealth, and that a case is appropriate for the delivery of services utilizing telehealth.

VII. Transition

44. How do I extend a child who has been found eligible for the Committee on Preschool Special Education?

- For the EI-Hub to generate an IFSP that goes beyond a child's third birthday, the SC must have gone into the Transition Tab, clicked on the Part B Eligibility panel, and selected "yes" from the dropdown under "Was the child determined eligible by the CPSE?" Otherwise, the EI-Hub will not accept an end-date after the child's third birthday.
- Once the child's eligibility has been recorded in the Transition tab, the SC should consider how much longer the child will remain in EI.
    - If the child will leave EI within 60 days or less, the SC should draft an extension for 30 days. If 31-60 days are needed, the SC will subsequently draft an extension for another 30 days. A child can only have two extensions, and each one can only be for up to 30 days.
    - If the child will stay in EI for more than 60 days, the SC should draft an IFSP of whatever type would normally follow the child's last IFSP. For instance, if the last IFSP was a first review, this IFSP should be a second annual. The duration of the IFSP should be from the day after the end-date of the current IFSP to the child's last day in EI.

45. But how do I extend a child after their third birthday?

- In New York, we say "extending the child after their third birthday" to mean all the time that the child stays in EI after their third birthday, however long that is. For example, "The baby will be extended to August 31," whether that's 20 days away or 5 months away.
- The EI Hub does not define all time after the third birthday as an "extension". It defines an extension as a type of IFSP that lasts 30 days or less, whether it happens before or after the child's third birthday. It decides the kind of plan needed after the third birthday by asking: Do you need a plan for 30 days or less (one extension); 31-60 days (two extensions); or more than 60 days (IFSP)?

VIII. Closure

46. Should the ISC/OSC ever close or transfer a child's case in the EI Hub?

No. The SC should never initiate a closure or transfer in the EI-Hub. SCs should follow the procedure in Policy: 6J: Case Closure and Transfer to close or transfer a case. In many cases, case closure requires the EIOD to issue Prior Written Notice, therefore it is critical that the Policy 6J be followed.

47. How should I re-open a case when there is an error that is impacting billing?

Submit a Data Change Form to EI Systems following the Policy 6-B: EI-Hub Error Submission Policy. A writable EI-Hub Data Change Form is available here.

48. What does it mean to "re-open" versus "reactivate"?

"Reactivate" is not a term in the EI-Hub. Cases are reopened. Usually when people say "reactivate" they mean re-open, often of the IFSP: "The case was reopened and the IFSP was reactivated."