Unit 10: Municipal Administration

Version 4.6
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### Document Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/2016</td>
<td>4.6</td>
<td>• Added new important note to ‘Closing an Integrated Case’, relating to management of non-essential system-generated tasks that can influence case closure</td>
</tr>
</tbody>
</table>
| 2/26/2016    | 4.5.1   | • Updated Closing an Integrated Case and Referring Child to At-Risk sections with new content for required case closure reason.  
• Updated Closing an Integrated Case and Referring Child to At-Risk sections: Added new info on case closure confirmation pages |
| 12/15/2015   | 4.5     | • No Changes                                                                |
| 10/14/2014   | 4.01    | • Updating Chapter with changes thru v4.01                                  |
| 1/16/2014    | 3.2.1   | • No Changes                                                                |
| 4/15/2013    | 2.1     | • No Changes                                                                |
| 4/1/2013     | 2.0     | • Included mention of new SC responsibilities relating to managing child’s insurance |
| 3/4/2013     | 1.6.2.1 | • No Changes                                                                |
| 2/14/2013    | 1.6.2   | • No Changes                                                                |
| 7/19/2012    | 1.6.1   | • No Changes                                                                |
| 6/5/2012     | 1.6     | • Edited the Contracts topic to add information about automatic contract cancellation and new screen shots of revised Modify Service Contract page.  
• Added Contract Status History subtopic.  
• Removed Municipality Actions a Task to Terminate a Contract subtopic.  
• Updated the Modifying and Deactivating a user Account topic to state that the MUNI_ProgramUserAdmin user role can conduct the same NYEIS Case Management actions as the child’s EIOD  
• Added Generating Subrogation Letter Section  
• Added Viewing and Printing Subrogation Letter Section. |
| 10/7/2011    | 1.5     | • Updated Alternative IDs from the Child Homepage subtopic  
• Updated Registering Vendors topic  
• Updated Contracts topic  
• Added Banks topic |
| 6/23/2011    | 1.4     | • Added User Account Administration topic.  
• Added Performing a User Search subtopic  
• Added Creating a Municipal or State DOH User Account subtopic  
• Added Creating a Provider User Account subtopic  
• Added Creating a NYC-Citywide Municipal User Account subtopic |
<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Changes</th>
</tr>
</thead>
</table>
| 3/31/2011  | 1.3     | Added a note regarding State Central Register (SCR) number in Creating a Contracts subtopic.  
|            |         | Added information about the new MedicaidCIN work queue in the Creating Child Medicaid Coverage subtopic.  |
| 1/31/2011  | 1.2     | Added Task Management subtopic.  
|            |         | Edited Alternate ID’s from the Child Home Page subtopic.  
|            |         | Edited information regarding Reference Number field and Child Social Security Number.  
|            |         | Added End Dating a Contract section.  |
| 12/18/2010 | 1.1     | Added Code 35 Management section.  
|            |         | Modified Creating Child Commercial Insurance Coverage section regarding Plan Regulated by NYS and Parental Consent to Bill.  |
| 12/18/2010 |         | Added Contracts section.  |
| 10/1/2010  | 1.0     | October 2010 NYEIS launch.  |
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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.
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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.

Note: 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.

Note: 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.

Note: 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.*

   ![User Search](image)

<table>
<thead>
<tr>
<th>User Name</th>
<th>Role</th>
<th>Municipality</th>
<th>Provider</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barry</td>
<td>MUNI_ProgramUserAdmin</td>
<td>NYC - Citywide</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Doe</td>
<td>MUNI_ProgramUserAdmin</td>
<td>NYC - Citywide</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Smith</td>
<td>MUNI_ProgramUserAdmin</td>
<td>NYC - Citywide</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Jones</td>
<td>MUNI_ProgramUserAdmin</td>
<td>NYC - Citywide</td>
<td>Active</td>
<td></td>
</tr>
</tbody>
</table>

5. Click **View** link under **Action** column to display User. **User Home** page displays.

   ![User Home](image)

### 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.

**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.

- **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 Coordinator User</td>
<td>Municipality</td>
<td>User’s Municipality</td>
<td>Service Coordinator’s Name (selected using search)</td>
</tr>
<tr>
<td>State User</td>
<td>State</td>
<td>Statewide</td>
<td>Leave blank</td>
</tr>
</tbody>
</table>
Unit 10: Municipal Administration

- **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
• MUNI_EIOD
• MUNI_AllProgram
• MUNI_ProgramUserAdmin
• MUNI_QA
• MUNI_Contracting
• MUNI_AtRisk
• MUNI_AllFiscal
• MUNI_FiscalAdmin
• MUNI_FiscalMgr
• MUNI_FiscalDataEntry

**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 User 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.
• **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>Used when Individual is a Provider or</th>
<th>Used when Individual is an Independent Provider</th>
<th>Utilizes Agency-Specific Work Queue</th>
<th>Utilizes Child Speech to Violence</th>
<th>Can be assigned as a Referral Provider</th>
<th>User Account Provider Name = agency name</th>
<th>User Account Provider Name = individual</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>
</tr>
<tr>
<td>PROV_AllProgram</td>
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<td>-</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PROV_ServiceDirector</td>
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<td>-</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>PROV_ServiceManager</td>
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<td>-</td>
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<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PROV_EVAL</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PROV_RenderProvStaff</td>
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<td>-</td>
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<td>PROV_FiscalManager</td>
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<td>Yes</td>
<td>-</td>
<td>Yes</td>
<td>Yes</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 cannot 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 Morehead

#### Tasks by Work Queue

<table>
<thead>
<tr>
<th>Work Queue</th>
<th># of Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abany Contract</td>
<td>234</td>
</tr>
<tr>
<td>Abany FileScanning</td>
<td>91</td>
</tr>
<tr>
<td>Abany Reassurance</td>
<td>34</td>
</tr>
<tr>
<td>Abany Monitoring</td>
<td>31</td>
</tr>
<tr>
<td>Abany ChildRequest</td>
<td>27</td>
</tr>
<tr>
<td>Abany EIO</td>
<td>10</td>
</tr>
<tr>
<td>Abany NeedsRisk</td>
<td>11</td>
</tr>
<tr>
<td>Abany FiscalStaff</td>
<td>9</td>
</tr>
<tr>
<td>Abany NewCase</td>
<td>8</td>
</tr>
<tr>
<td>Abany Lab/OutPatient</td>
<td>6</td>
</tr>
<tr>
<td>Abany Re intake</td>
<td>3</td>
</tr>
<tr>
<td>Abany FiscalMgr</td>
<td>3</td>
</tr>
<tr>
<td>Abany ProviderTag</td>
<td>1</td>
</tr>
<tr>
<td>Abany MedicaidW</td>
<td>0</td>
</tr>
<tr>
<td>Abany ProviderRestrict</td>
<td>0</td>
</tr>
<tr>
<td>Abany EIO/Visicon</td>
<td>0</td>
</tr>
<tr>
<td>Abany AdHocGroup</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>463</strong></td>
</tr>
</tbody>
</table>

#### Tasks by User

<table>
<thead>
<tr>
<th>User</th>
<th># of Tasks Assigned</th>
<th># of Tasks Reserved</th>
<th>User</th>
<th>Cased as EIO/D</th>
<th>Cased as SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea Juris</td>
<td>1</td>
<td>0</td>
<td>John Bobeck</td>
<td>65</td>
<td>6</td>
</tr>
<tr>
<td>Atul Adams</td>
<td>0</td>
<td>0</td>
<td>Michael Izio</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>Bruce Miller</td>
<td>0</td>
<td>0</td>
<td>Mary Training</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Chip Barnes</td>
<td>12</td>
<td>10</td>
<td>Chip Barnes</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Chris Freder</td>
<td>0</td>
<td>0</td>
<td>Laurel Vay</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Chris O'Conner</td>
<td>10</td>
<td>0</td>
<td>R. W. Redden</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Dawn Mayrza</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>Man2 Training</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Dee Process</td>
<td>0</td>
<td>0</td>
<td>Man3 Training</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Harry Bouch</td>
<td>0</td>
<td>0</td>
<td>Melissa Morehead</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Heather Ann</td>
<td>0</td>
<td>0</td>
<td>Man21 Training</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Jerome Kessler</td>
<td>0</td>
<td>0</td>
<td>Chris O'Conner</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>John Bobeck</td>
<td>18</td>
<td>0</td>
<td>Man1 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.

<table>
<thead>
<tr>
<th>Action</th>
<th>TaskID</th>
<th>Subject</th>
<th>Priority</th>
<th>Assigned</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>4361</td>
<td>Test</td>
<td>Medium</td>
<td>5/29/2010 12:46</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>23810</td>
<td>The CIN results have been received for Test OTDA</td>
<td></td>
<td>9/24/2010 13:41</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>6014</td>
<td>The CIN results have been received for John Richard Diehl</td>
<td></td>
<td>6/28/2010 08:16</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>7487</td>
<td>The CIN results have been received for Kelly Kindeke</td>
<td></td>
<td>6/23/2010 08:15</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>9491</td>
<td>The CIN results have been received for Jim Joyce</td>
<td></td>
<td>7/2/2010 00:16</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>12037</td>
<td>The CIN results have been received for Daniel Demps-Copeland</td>
<td></td>
<td>7/16/2010 08:17</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>12039</td>
<td>The CIN results have been received for Damian Darrington</td>
<td></td>
<td>7/16/2010 08:17</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>33313</td>
<td>The CIN results have been received for Kelly Kindeke</td>
<td></td>
<td>7/23/2010 08:16</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>23331</td>
<td>Assign Initial Service Coordinator for Child: Kevin Popp</td>
<td>Medium</td>
<td>11/18/2010 17:07</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>37391</td>
<td>A Multidisciplinary Evaluation has been assigned to Dennis Earle for Little Johnny Fao</td>
<td></td>
<td>12/3/2010 16:17</td>
<td></td>
</tr>
</tbody>
</table>

4. Click the number displayed in the Task ID column to view the Task details.

Task Home: ProviderEligibleInvoiceWaiverApproval - 31768

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 Sampleton has an At-Risk status and requires a follow-up based on his Date of Birth: 2010-09-29</td>
<td>Open</td>
<td></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>Open</td>
<td></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: 2011-02-07</td>
<td>Open</td>
<td></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>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>173360</td>
<td>The Child: John Doe has an At-Risk status and requires a follow-up based on their Date of Birth: 2009-05-05</td>
<td>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>181767</td>
<td>The Child: Jonathan Sampleton has an At-Risk status and requires a follow-up based on their Date of Birth: 2010-09-19</td>
<td>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>217480</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>Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>335817</td>
<td>The Child: Timothy Doe has an At-Risk status and requires a follow-up based on their Date of Birth: 2009-04-10</td>
<td>Open</td>
<td></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**

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.

4. Click **Bank Branches** from the Navigation Bar. **Bank Branches** page displays.

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.

   **Registration**
   Register a new participant with the organization

   **Participant Registration:**
   - a Referral Source?
   - an Organizational Contact?
   - an Insurance Company?
   - a Clearing House?
   - a Vendor?

3. Click **a Referral Source?** link under **Participant Registration** section. **Previous Registration Check** page displays.

   **Previous Registration Check**
   Please indicate if the referral source has previously been registered with the organization as a different type of participant.

   **Has this referral source been registered before with this organization?**
   - The referral source has not been registered before.
   - The referral source has previously been registered as a provider.

   Click here to exit the registration process.

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.

   ![Register Referral Source](image)

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.**

   ![Referral Source Registration Completed](image)

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**.

**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:

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: MK Test - 168**

**Vendor Details**
- **Reference Number:** 168
- **Vendor Name:** MK Test
- **Preferred Communication:**
  - **Registration Date:** 4/21/2009
  - **Method of Payment:** Check

**Vendor Type(s)**
- **Vendor Type:** ATD

**Vendor Address and Phone**
- **10 Main St**
- **Albany, New York**

**Vendor Transport Method**
- **Vendor Transport Method:**
- 

**Vendor Vehicle Needs**

---

**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.**

**Search Results (Number of Items: 10)**

<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>100</td>
<td>Respite For All</td>
<td>Respite</td>
<td></td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>Advanced Audiology Services</td>
<td>ATD</td>
<td>Troy Medical Plaza</td>
<td>Troy</td>
<td>Rensselaer</td>
</tr>
<tr>
<td>102</td>
<td>Garrett Medical and Home Health Care</td>
<td>ATD</td>
<td></td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Happy Transport</td>
<td>Transportation</td>
<td>10 State Street</td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Sani's Taxi</td>
<td>Transportation, Family Provider, ATD, Respite</td>
<td>54 State Street</td>
<td>Albany</td>
<td>Albany</td>
</tr>
<tr>
<td>105</td>
<td>Ben's Taxi</td>
<td>Transportation</td>
<td>One Comely Lane</td>
<td>Latham</td>
<td>Albany</td>
</tr>
<tr>
<td>106</td>
<td>Susan Smith</td>
<td>Family Provider</td>
<td></td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>Duffy's Taxi</td>
<td>Transportation, ATD</td>
<td></td>
<td>Albany</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Albany Services</td>
<td>ATD, Family Provider, Respite, Transportation</td>
<td>11 State Street</td>
<td>Albany</td>
<td>Albany</td>
</tr>
<tr>
<td>109</td>
<td>Day to Day Transport</td>
<td>Transportation</td>
<td>1 Main St</td>
<td>Albany</td>
<td>Albany</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**.

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.

**Important Information**

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.

**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**

**Important Information**

While Municipal Staff maintain the ability to add and/or modify Insurance Coverage for enrolled children within their Municipality, this information is required to be managed by the child’s Service Coordinator. As such, the information below can also be found in Unit 4 – Case Management, page 98.

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.

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. 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.


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 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.

3. Click **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page 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


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.


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.

- 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 **Insurance Coverage** from the Navigation Bar. **Commercial Insurance Coverage** page 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.

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.


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>Insurance Company</th>
<th>Policy Number</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
<th>3rd Party Sequence</th>
</tr>
</thead>
<tbody>
<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.


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?*

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.


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]

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**

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.

**Attention**

Not all code table values are applicable. Only select values that are relevant and/or provide additional information about the Child.
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:

<table>
<thead>
<tr>
<th>Alternative IDs: Midway Social Services - 222331234</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New</strong></td>
</tr>
<tr>
<td>Action</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
<tr>
<td>View</td>
</tr>
</tbody>
</table>

**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 the 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.


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.


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.


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. Municipalities 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**

1. Display the Child's Integrated Case Home Page.  
   See Unit 1: Getting Started, Displaying Integrated Case Home Page for further information.

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.
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.

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.

```
Provider Restrictions: Child Medical Services - 12544

Restrictions List
Action | Restriction Type | Originating Municipality | Start Date | End Date | Created By/Date
--- | --- | --- | --- | --- | ---
View Rule | Universal | Albany | 6/24/2011 | | Melissa Mungerhead
```

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 is 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’.

- **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.
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

1. 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.

2. 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.

3. Some system-generated tasks that are outstanding for a child may not be needed and may prevent case closure. For example:

   • As a child’s EIO/D, an IFSP review task may generate to remind Staff to schedule a meeting with the family to discuss the next IFSP, however a new IFSP may not occur and instead the child’s integrated case needs to close. In this example, the IFSP review task will not be worked and its existence will prohibit the user from closing the Integrated Case.

   • A Provider has accepted a supplemental Evaluation assignment as part of the child’s IFSP - but the evaluation will not be completed. In this example, the ‘Record and Submit’ task will not be worked and its existence will prohibit the ability for the user to close the Integrated Case.

In these situations, a Data Change Request would need to be submitted in order to have the task deleted and allow the integrated case to be closed.

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.

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. **Confirm Integrated Case Closure** page displays. Click **Continue** to proceed with Case Closure, or click **Cancel** to abort the operation.

5. **Close Case** Page displays

6. Navigate from field-to-field using **Tab** key to enter information for: **Details**, **Comments** (optional), **Referral Reason** and **At Risk and Failed Newborn Hearing Screening Referral Details** sections.

   In the **Details** Cluster, a closure reason is required to be selected and cannot be left **<BLANK>**, which is the default. Select the appropriate closure reason from the **Reason** drop-down menu before saving. Case closure reasons should be carefully reviewed and the appropriate closure reason selected prior to saving the closure.

   Note: There are several closure options available to indicate the child has transitioned to the 3-5 system or if the child has aged out and is not eligible for 4410 services. The appropriate reason must be selected, as this closure
reason counts against both the State and local programs when calculating timely transition.

There are several 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 do not click the **Transfer At-Risk?** field checkbox.

7. Click **Save** button.

**NOTE:** Errors or reasons why a Case cannot be closed (e.g., no closure reason selected) 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 open. See Step 2 above for information about closing Tasks.

8. 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.

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 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. **Confirm Integrated Case Closure** page displays. Click **Continue** to proceed with Case Closure, or click **Cancel** to abort the operation.

![Confirm Integrated Case Closure](image)

5. **Close Case** Page displays:

![Close Case](image)

**Note:** In the **Details** Cluster, a closure reason is required to be selected and cannot be left **<BLANK>**, which is the default. Select the appropriate closure reason from the **Reason** drop-down menu before saving. Case closure reasons should be carefully reviewed and the appropriate closure reason selected prior to saving the closure.
6. Check the **Transfer to At-Risk?** field checkbox in the **Details** cluster.

Complete the **Comments** (optional), **Referral Reason** 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”.

![](image)
CLOSING AN AT RISK CHILD

See Unit 3: At Risk Children, Closing an At Risk Child for more information

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 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.  

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.*

![Register Re-Referral: Jimmy Tins - 580032](image)

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
  
  And

- 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
  
  Or

- 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.

<table>
<thead>
<tr>
<th><strong>Important Notes:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>The current “Authorized Municipal User” role for reactivation and subsequent modifications/amendments of reactivated IFSPs (and their associated SAs) is Muni_ProgramUserAdmin</td>
</tr>
<tr>
<td>The Child’s Integrated case can be ‘Closed’, and IFSP reactivation can still occur</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.)</td>
</tr>
</tbody>
</table>
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/Amending a reactivated IFSP and Modifying/Amending 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:

![Reactivate Service Authorization](image)

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.

![Service Authorization Attestation Page](image)

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/Add a reacted 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 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 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 of Add Service Authorization](image)

2. Page: ‘Select Reason For Editing’ displays:

![Image of Select Reason For Editing](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 an 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

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’

![Image of IFSP extension process]

2. Page: ‘Extend IFSP’ displays

![Image of IFSP extension process]

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, (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.

Changing Provider/Location on a reactivated SA

1. Click ‘Change/Assign Provider and Location’ above ‘Provider & Location Details’ cluster of reactivated SA.
Important Note: For Vendor based SA’s this button is labeled ‘Change vendor’. For Service Coordination SA’s, this button is labeled ‘Change/Assign Service Coordination Provider’

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**

[Image of Modification history link on IFSP ‘Home’ Page]

**Screenshot of Modification history link on SA ‘Home’ Page**

[Image 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>Data Entry Error</td>
<td>&lt;blank&gt;</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>Case Reactivation</td>
<td></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><strong>System</strong></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><strong>System</strong></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><strong>System</strong></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><strong>System</strong></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><strong>User</strong></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><strong>User</strong></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><strong>User</strong></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>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>
</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>
</tr>
</tbody>
</table>

Yes - up to 255 characters, if either 'other' edit reason selected.
<table>
<thead>
<tr>
<th>Action</th>
<th>Qty</th>
<th>Description</th>
<th>Yes/No</th>
<th>Edit Reason</th>
<th>Yes - up to 255 characters, if either 'other' edit reason selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extend Reactivated IFSP</td>
<td>1</td>
<td>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.</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click the 'Activate Online' link on a closed SA to reactivate an individual closed SA inside non-closed IFSP</td>
<td>1</td>
<td>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</td>
<td>Yes/Yes</td>
<td>&quot;Case Reactivation&quot;</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>Edit Reactivated SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>1 of 2 possible entries: &quot;Data Entry Error&quot; &quot;IFSP Amendment&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Change/Assign Provider &amp; Location - reactivated General SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>&quot;Provider/Vendor Modification&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Change/Assign Service Coordination Provider of reactivated OSC SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>1 of 2 possible entries: &quot;Data Entry Error&quot; &quot;IFSP Amendment&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Change Vendor of reactivated Vendor SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>&quot;Provider/Vendor Modification&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Add/Remove QP of reactivated SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>1 of 2 possible entries: &quot;Data Entry Error&quot; &quot;IFSP Amendment&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Add/Remove QP for CoVisits of reactivated SA</td>
<td>1</td>
<td>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.</td>
<td>Yes/Yes</td>
<td>1 of 2 possible entries: &quot;Data Entry Error&quot; &quot;IFSP Amendment&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Action Description</td>
<td>Entry into Audit Log</td>
<td>Modification History Entry</td>
<td>Edit Reason</td>
<td>edit reason selected</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Close reactivated SA (User clicks 'Close' link)</td>
<td>0</td>
<td>No entry is made into the audit log but this action will continue to be captured in Events as it is today.</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Close reactivated IFSP (user clicks 'Close' link)</td>
<td>0</td>
<td>No entry is made into the audit log but this action will continue to be captured in Events as it is today.</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### 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: ERROR: You do not have sufficient privileges to view this page.