

Unit 2: Referral & Intake

Version 4.3

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Document Revision History

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1/7/2015	4.01	<ul style="list-style-type: none"> • Updated references to public referrals • Added definition of 'status assigned' to 'referral reason' cluster • Updated At-Risk referral type names • Clarified the definition of 'Additional Referral' • Updated the section for handling a referral where child is found in users Municipality and IC is closed • Clarified the types of referrals which generate workflows to EIO/Ds • Updated IT Sys Admin roles mentioned to Muni_ProgramUserAdmin • Updated status of OTDA checks • Added note regarding the ISC accept/reject tasks being seen in users assigned tasks • Removed Content relating to submitting a public referral
6/4/2012	1.6	<ul style="list-style-type: none"> • Updated Assigning an Initial Service Coordinator to add information about auto extending the Initial Service Coordination end date. • Updated View Child Referral screen shots to display newly added Primary Address section.
10/24/2011	1.5	<ul style="list-style-type: none"> • No changes
6/24/2011	1.4	<ul style="list-style-type: none"> • Updated User Search screen shots. • Edited Creating a Municipal Referral section. • Updated Creating a Re-Referral subtopic. Changed label to Recording an Additional referral. • Replaced Address Validation screen shots. • Replaced Child Search and Confirm Child not Already Registered screen shots. • Replaced Set EIO/D screen shots. • Added information about Types of Referrals in the Unit Overview section. • Updated Creating a Provider Referral section. • Added Accepting Initial Service Coordinator Service Authorization section.
3/28/2011	1.3	<ul style="list-style-type: none"> • No changes
1/31/2011	1.2	<ul style="list-style-type: none"> • Edited Assigning an Initial Service Coordinator section to reflect that the Task to assign the Initial service Coordinator is allocated to the Municipality's EIO/D work queue, • Edited Address Validation screen shots and guidance to reflect new required search fields: City, State and Zip. • Edited Assigning an Early Intervention Official Designee (EIO/D) section to add information about Medicaid CIN data.

		<ul style="list-style-type: none"> • Edited Reserving and Managing a Submitted Referral and Creating a Municipal Referral sections to clarify information regarding referred children who are already registered in the system.
11/22/2010	1.1	<ul style="list-style-type: none"> • Creating a Municipal Referral section – added revised Confirm Child Not Already Registered screen shot. Noted that Date of Birth is now a required search criteria field. Added information regarding Transfers. • Creating a Municipal Referral section – removed reference that Referral Date field on Create Referral page defaults to today’s date. Field now defaults to blank. • Reserving and Managing a Submitted Referral section – added revised Person Search screen shot. Added reference that Date of Birth is now a required search criteria field. Added reference that user should select Child Not Found search result option if a match is not found.
11/2/2010		<ul style="list-style-type: none"> • Provider Referrals – Referral Date field removed. System auto records referral date based on date referral is submitted. • Municipal Referrals – Referral date field can be back dated to reflect actual referral date • Municipal Referrals – added reference that the referral date cannot be changed after the referral is registered.
10/1/2010	1.0	<ul style="list-style-type: none"> • October 2010 NYEIS launch.

Table of Contents

- Unit 2: Referral & Intake 1
- Referral Page Review 8
- Provider Referrals 11
 - Creating a New Provider Referral..... 12
 - Editing a Saved Referral 16
 - Submitting a Saved Provider Referral from Provider Home Page 19
- Municipal Referrals 20
 - Creating a Municipal Referral 20
- Managing the Referral 28
 - Reserving and Managing a Submitted Referral 29
 - Assigning an Early Intervention Official Designee (EIO/D)..... 34
 - Assigning an Initial Service Coordinator..... 37
 - Accepting the Initial Service Coordinator Service Authorization 41
 - Editing Child Information..... 44
- Recording an Additional Referral 45
- Recording a Re-referral 47
- Registering a Sibling 47

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Referral & Intake

Unit Overview

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

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

There are three types of Referrals:

- A. **New Referral:** A new Referral is created when Child has never been registered to the Early Intervention Program using NYEIS.
- B. **Additional Referral:** A referral is submitted for a child who already exists in NYEIS with a draft (open) Integrated Case. Additional referrals are informational only; they do not result in new workflows generating for the child's EIO/D or Service Coordinator.
- C. **Re-Referral:** A Re-Referral is created when Child's Integrated Case Status is 'Closed'.

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

REFERRAL PAGE REVIEW

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

Create Referral Page

Create Referral: Toonces Academy - 1280 ?

1 **Referral Reason**

Primary Referral Source: Toonces Academy *Status Assigned:

Secondary Referral Source:

Referral Source Type:

2 **Child Information**

*Child First Name: Child Middle Name:

*Child Last Name: Suffix:

Birth Last Name (If Different): *Date of Birth:

*Gender: *Municipality of Residence:

Child's Dominant Language: *Ethnicity:

3 *Race: American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

4 **Family Information**

Mother's First Name: Mother's Last Name:

Mother's Date Of Birth: Mother's Dominant Language:

Father's First Name: Father's Last Name:

Father's Date Of Birth: Father's Dominant Language:

Is a Parent Proficient in English?: Yes Preferred Communication:

Alternate Parent Contact Name: Phone Number of Alternate Contact Person:

Alternate Contact's Relationship to Child:

5 *By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral

Address

*Primary Address: Mailing Address:

Phone Number

Type: Phone Number:

- ❶ **Referral Reason** – Captures the names of Primary and Secondary Referral Sources. Select an option in the Status Assigned field drop down. *If selecting At Risk or Failed Initial Hearing Screening, refer to [Unit 3: At-Risk Children](#) for further information.* **Referral Source Type** is *required* and should be entered for the Primary Referral Source. Reason for Primary and Secondary Referrals require informed parental consent to enter. Click the checkbox in the Parental Consent section for consent.
- ❷ **Child Information** – Asterisk denotes a *required* field. **Race** and **Ethnicity** fields *must* be completed at Referral. Multiple Races may be selected by holding down the Ctrl button and clicking on your selection. [See Managing the Referral, Editing Child Information](#) for further information.

Important Information

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

- ❸ **Family Information** – Information regarding the Family of the Child referred is needed.
- ❹ **Address** – Address information of Child being referred.
- ❺ **Phone Number** – Phone Number of Child being referred. At least one phone number must be entered in Phone Number of Alternate Contact Person OR in Phone Number field.

Create Referral Page, continued

6 **Parental Consent**
 Capturing the information below requires that informed parental consent has been obtained. Your information will not be saved or submitted if you have not indicated that parental consent has been captured.
 Informed Parental Consent Obtained?

6a **Child Details**
 Caregiver's Name (If Other Than Parent): Caregiver's Relationship:
 Child's Living Arrangement: Child's School District:

6b **Communication Exception**
 Method: Reason:
 From: To:

6c **Suspected of Delay Referral Details**

<input type="checkbox"/> Primary Referral Reason	<input type="checkbox"/> Secondary Referral Source Reason
<input type="checkbox"/> Confirmed Diagnosed Condition	<input type="checkbox"/> Confirmed Diagnosed Condition
<input type="checkbox"/> Adaptive	<input type="checkbox"/> Adaptive
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Cognitive
<input type="checkbox"/> Communication	<input type="checkbox"/> Communication
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Social/Emotional
<input type="checkbox"/> Physical	<input type="checkbox"/> Physical

Diagnosis (If Known): Transfer from Municipality:

6d **At Risk and Failed Newborn Hearing Screening Referral Details**
 Risk Indicators:
 Other Risk Criteria That May Be Considered:

6e **Place Of Birth**
 Birth Hospital (if born in New York): Location of Birth (if born outside of New York):
 Birth County: State of Birth (if not born in New York):
 Country of Birth: Birth Weight:
 Hospitalization Status At Time of Referral: If Hospitalized, Facility Name:
 If Not Hospitalized, Discharge Date:

7 **Primary Care Physician**
 PCP Name: PCP Phone:

8 **Comments**

6 Parental Consent – Check Informed Parental Consent Obtained?

Checkbox, if consent has been obtained. Once selected, information in sections outlined below will be saved:

6a Child Details

6b Communication Exception – List communication methods that cannot be used for this Child/Family.

6c Suspected of Delay Referral Details – Select check box for any/ all **Primary Referral Reason** and/or **Secondary Referral Source Reason** suspected of delay referral details. If a diagnosis is known, click **Search** icon next to **Diagnosis (if known)** field and select applicable **EI Eligible (ICD) Diagnosis Code**. This information will populate diagnosis information on the Child Homepage and any future Service Authorizations. Click check box next to **Transfer from**

- Municipality** field if child was transferred from another municipality.
- ⑥d **At-Risk and Failed Newborn Hearing Screening Referral Details**
 - ⑥e **Place Of Birth**
 - ⑦ **Primary Care Physician**
 - ⑧ **Comments** – Area to add notes/information.

Important Information

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

PROVIDER REFERRALS

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

There are three types of Referrals:

- A. **New Referral:** A new Referral is created when Child has never been registered to the Early Intervention Program using NYEIS.
- B. **Additional Referral:** A referral submitted for a child who already exists in NYEIS with a draft (open) Integrated Case. Additional referrals are informational only; they do not result in new workflows generating for the child's EIO/D or Service Coordinator.
- C. **Re-Referral:** A Re-Referral is created when Child's Integrated Case Status is 'Closed'.

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

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

The Provider's Register Referral page allows an approved Provider of Early Intervention services to enter details for a Child being referred. Provider may enter Child information, save information and return later to edit information. To submit the Referral to the Municipality, the Provider *must* submit the request by selecting the Submit button on Referral View page.

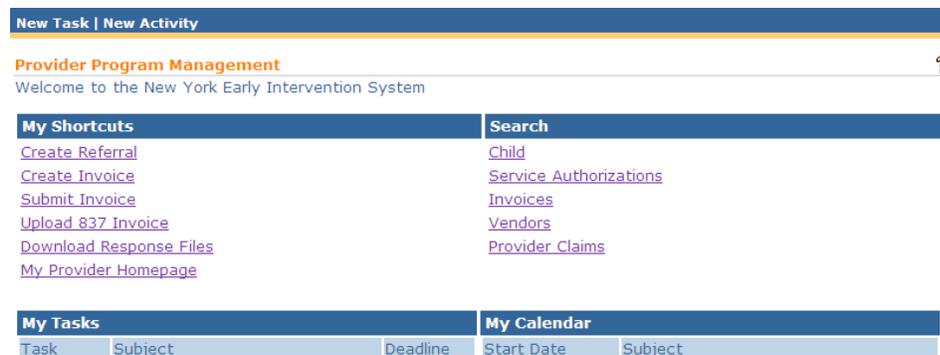
Referral View page shows a list of Referrals made by a Provider and allows the Provider to access the Create a Referral page by selecting the New button. In some instances, Provider Users have a My Referrals link on their User Home Page.  See **Unit 9: Provider Management** for further information.

Creating a New Provider Referral

Important Information

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

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



My Shortcuts			Search	
Create Referral			Child	
Create Invoice			Service Authorizations	
Submit Invoice			Invoices	
Upload 837 Invoice			Vendors	
Download Response Files			Provider Claims	
My Provider Homepage				

My Tasks			My Calendar	
Task	Subject	Deadline	Start Date	Subject

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

Create Referral: Abilities Reached LLC - 256 ?

Save Cancel

Referral Reason	
Primary Referral Source:	Abilities Reached LLC
Secondary Referral Source:	
*Status Assigned:	Suspected of Delay
Referral Source Type:	

Child Information	
*Child First Name:	Child Middle Name:
*Child Last Name:	Suffix:
Birth Last Name (If Different):	*Date of Birth:
*Gender:	*Municipality of Residence:
Child's Dominant Language:	*Ethnicity:
*Race:	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Family Information	
Mother's First Name:	Mother's Last Name:

- Navigate from field-to-field using **Tab** key to fill in all known information in **Referral Reason, Child Information, Family Information, Address, Phone Number, Parental Consent, Child Details, Communication Exception, Suspected of Delay Referral Details, At Risk and Failed Newborn Hearing Screening Referral Details, Place of Birth, Primary Care Physician** and **Comments** sections. *Date fields must be formatted as mm/dd/yyyy format. Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*
- Select an option in the Status Assigned field drop down. . *If selecting **At Risk** or **Failed Initial Hearing Screening**, refer to [Unit 3: At-Risk Children](#) for further information.*
- Complete date fields in **Family Information** and **Place of Birth** sections. In the **Family Information** section, you *must* complete one of the following fields: **Mother First & Last Name, Father First & Last Name** or **Alternate Parent Contact**.

Important Information

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

6. Click **Search**  icon in **Address** section to confirm address information for the **Primary Address** or **Mailing Address** fields. *At least one address must be entered. Address Validation* page displays.



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

Important Information

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

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

Child Referral Completed

The child's referral has been successfully saved.

[Click here to view and submit the child's referral.](#)

[Click here to refer another child.](#)

9. Select **Click here to view and submit the child's referral link**. **View Child's Referral** page displays. *Select **Click here to refer another child link** to add additional Referrals.*
10. Review data entered.  See **Editing a Saved Referral (a Referral cannot be edited if submitted)** for further details on applying changes.
11. Click **Submit** button from **View Child's Referral** page. **Confirm Submission** page displays with the following message, *Are you sure you want to submit this child's referral?* Click **Yes** button. Referral is submitted to Municipality and *cannot* be edited.

Important Information

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

Notes:

- The System automatically completes **Source of Referral** field data, since this is a Provider Referral page. The **Source of Referral** data will be displayed on **Provider Referral** data entry page after a record is saved.
- At least one Phone Number of a parent, legal guardian or surrogate *must* be included in Referral record data. Data is entered in either the **Phone Number** section or the **Phone Number of Alternate Contact Person** field under **Family Information** section. A Phone Number may be entered with or without formatting (e.g., 555-1212 or 5551212).
- A Primary Address is *required* in the **Address** section.
- **Comments** section can be completed without **Parental Objection/Consent** field checked.

Editing a Saved Referral



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

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

New Task | New Activity

Provider Program Management 

Welcome to the New York Early Intervention System

My Shortcuts			Search	
Create Referral			Child	
Create Invoice			Service Authorizations	
Submit Invoice			Invoices	
Upload 837 Invoice			Vendors	
Download Response Files			Provider Claims	
My Provider Homepage				

My Tasks			My Calendar	
Task	Subject	Deadline	Start Date	Subject

2. Click **My Provider Homepage** link under **My Shortcuts** section. **Provider Home** page displays.

navigation

- Home
- Addresses
- Alternative IDs
- Bank Accounts
- Communications
- Communication Exceptions
- Contacts
- Continuing Education
- Contracts
- Disposition History
- Email Addresses
- Employees/Contractors
- Employers
- Financials
- Flags
- Languages
- Licenses
- Locations
- Models
- Monitoring
- Notes
- Phone Numbers
- Products
- Professional Discipline/Qualified Personnel
- Provider Completed Evaluations
- Provider Configuration
- Provider SCR Number
- Referrals**
- Restrictions
- Roles
- Special Population Served
- Surveys
- Tasks
- Web Addresses

recent items

Provider Home: Toonces Academy - 1280

[Edit](#) [Change Status](#) [Print Provider Profile](#)

Details

Name:	Toonces Academy	Registered Name:	Toonces Academy
Provider Type:	Agency	Business E-Mail:	primaryemail@toonces.com
NPI:	1239485799	State ID:	1280
Current Approval Status:	Approved	Current Status Date:	6/24/2010
Current Contract?:	Yes		

Contact

Address:	1 Main Address Rd Albany (Albany) New York 10001	Phone Number:	518 5551234
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Payment Details

Payment Method:	Check
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Comments

Provider comment #1
Provider Comment #2

[Edit](#) [Change Status](#) [Print Provider Profile](#)

2. Click **Referrals** from the Navigation Bar. **Provider Referrals** page displays.

Provider Referrals: Early Intervention for Saratoga Kids - 2304

[New](#)

Action	Referral Date	Child's Name	DOB	Referral Reason	Status
View Delete		Jason Brown	11/15/2011	Confirmed Diagnosed Condition	Saved

- Click **View** link under the **Action** column for the **Saved** Referral to display. **View Child's Referral** page displays. *A Referral cannot be edited after it has been submitted.*

View Child's Referral: Jason Brown Submit Modify Close

Referral Reason			
Primary Referral Source:	Early Intervention for Saratoga Kids	Status Assigned:	Confirmed Diagnosed Condition
Source of Referral:	Provider	Secondary Referral Type:	Community Program
Secondary Referral Source Name:		Date Referral Submitted:	

Child Information			
Child First Name:	Jason	Child Middle Name:	
Child Last Name (If Different):	Brown	Suffix:	
Birth Last Name:		Gender:	Male
Date of Birth:	11/15/2011	Child's Dominant Language:	
Municipality of Residence:	Saratoga		

Race
Black or African American

Family Information			
Mother's First Name:	Juanita	Mother's Last Name:	Brown
Mother's Date Of Birth:		Mother's Dominant Language:	
Father's First Name:	Jackson	Father's Last Name:	Brown
Father's Date Of Birth:		Father's Dominant Language:	
Is a Parent Proficient in English?:	Yes	Preferred Communication:	
Ethnicity:	Hispanic or Latino	Alternate Parent Contact Name:	
Phone Number of Alternate Contact Person:		Alternate Contact's Relationship to Child:	

By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.: Yes

Primary Address
345 Main Street
Saratoga (Saratoga)
New York 10001

Phone Number

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

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

OR

Click **Modify** button to edit the other areas of the Referral. **Modify Child's Referral** page displays.

Modify Child's Referral: Jason Brown Save Cancel

Referral Reason			
Status Assigned:	Suspected of Delay	Primary Referral Source:	Provider
Primary Referral Source Type:	Community Program	Secondary Referral Source Name:	

Child Information			
* Child First Name:	Jason	Child Middle Name:	
* Child Last Name:	Brown	Suffix:	
Birth Last Name (If Different):		* Date of Birth:	11/15/2011
* Gender:	Male	* Municipality of Residence:	Saratoga
Child's Dominant Language:		* Ethnicity:	Hispanic or Latino
* Race:	<ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White 		

Family Information			
Mother's First Name:	Juanita	Mother's Last Name:	Brown
Mother's Date Of Birth:		Mother's Dominant Language:	
Father's First Name:	Jackson	Father's Last Name:	Brown
Father's Date Of Birth:		Father's Dominant Language:	
Is a Parent Proficient in English?:	Yes	Preferred Communication:	
Alternate Parent Contact Name:		Alternate Contact's Relationship to Child:	

Apply changes or enter any new information. Click **Save** button. **View Child's Referral** page displays.

Note:

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

Submitting a Saved Provider Referral from Provider Home Page

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

View Child's Referral: Josefa Ortiz57

Submit Modify Close

Referral Reason			
Primary Referral Source:	Elise Munson	Status Assigned:	Suspected of Delay
Source of Referral:	Provider	Secondary Referral Type:	Primary Health Care Provider
Secondary Referral Source Name:	pediatrician Dr. Sagagoankar	Date Referral Submitted:	

Child Information			
Child First Name:	Josefa	Child Middle Name:	
Child Last Name:	Ortiz57	Suffix:	
Birth Last Name (If Different):		Gender:	Female
Date of Birth:	7/13/2011	Child's Dominant Language:	Italian
Municipality of Residence:	Saratoga		

Race

American Indian or Alaskan Native

Black or African American

White

Family Information			
Mother's First Name:	Josefina	Mother's Last Name:	
Mother's Date Of Birth:	10/6/1973	Mother's Dominant Language:	
Father's First Name:		Father's Last Name:	
Father's Date Of Birth:		Father's Dominant Language:	
Is a Parent Proficient in English?:	Yes	Preferred Communication:	
Ethnicity:	Not Hispanic or Latino	Alternate Parent Contact Name:	
Phone Number of Alternate Contact Person:		Alternate Contact's Relationship to Child:	

By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral. Yes

Primary Address	
123 Melville Rd	
melville (Suffolk)	
New York 11747	

- Click **Submit** button. **Confirm Submission** page displays with message, *Are you sure you want to submit this child's referral?*

Confirm Submission: Josefa Ortiz57

Are you sure you want to submit this child's referral?

Yes No

- Click **Yes** button. **Referrals List** page displays. **Referral Date** displays date of submission. Status for record displays as **Submitted**.

Provider Referrals: Saratoga Health Solutions - 1029

Action	Referral Date	Child's Name	DOB	Referral Reason	Status
View Delete	4/25/2012	Josefa Ortiz57	7/13/2011	Suspected of Delay	Submitted
View Delete	4/23/2012	Sally Newman	2/1/2012	Suspected of Delay	Accepted
View Delete	9/13/2011	James Matthews	4/17/2010	Suspected of Delay	Submitted



Important Information

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

MUNICIPAL REFERRALS

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

Creating a Municipal Referral

- Display Municipality Home Page.

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

Confirm Child Not Already Registered ?

Enter search criteria to help you determine if the person has been registered before.

[Search] [Reset] [Cancel]

Search Criteria	
Reference Number:	<input type="text"/>
Last Name:	Steiner
*Date of Birth:	6/7/2011
Address Line 1:	<input type="text"/>
Child Birth Last Name:	<input type="text"/>
First Name:	Mark
Gender:	Male <input type="text"/>
City:	<input type="text"/>
Mother's Last Name:	Steiner

[Search] [Reset] [Cancel]

Note:

- If a Municipal staff member is creating a referral in NYEIS from a submitted paper Referral or processing a referral submitted by a Provider in NYEIS, a search *must* be performed to determine whether the Child is already in the System.
3. Type all known information in **Search Criteria** section. **Date of Birth** field information is required to perform the search.
 4. Click **Search** button. Records matching entered Child data display in **Search Results** cluster. A statewide search of information takes place to determine if the Child's data is in the System. Examine displayed records to determine whether the specific Child has already been entered in the System.



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

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

Child Not Found

Confirm Child Not Already Registered ?

Enter search criteria to help you determine if the person has been registered before.

[Reset] [Continue] [Cancel]

Search Criteria	
Reference Number:	<input type="text"/>
Last Name:	Steiner
Date of Birth:	6/7/2011
Address Line 1:	<input type="text"/>
Birth Last Name:	<input type="text"/>
First Name:	Mark
Gender:	M
City:	<input type="text"/>
Mother's Birth Name:	Steiner

Search Results						
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth	
[Reset] [Continue] [Cancel]						

The search indicates that the child is not registered in the system. The search results returns no records, or the child records that it does return do not represent the child you need to create a referral for. Click the

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

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

Confirm Child Not Already Registered ?
 Enter search criteria to help you determine if the person has been registered before.

Search Criteria						
Reference Number:						
Last Name:			First Name:			
Date of Birth: 6/1/2011			Gender:			
Address Line 1:			City:			
Birth Last Name:			Mother's Birth Name:			

Search Results						
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth	
500258	marble	peanut	1315 Mockingbird Lane	Hubert	6/1/2011	
500290	Jack	Sprat	123 Washington Ave	Albany	6/1/2011	
500293	Sean	Rouge	869 Quail Street	Albany	6/1/2011	

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

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

The search results include a child record that may be the child you are creating a referral for. Click the child's reference number in the **Action** column next to the child's name in the **Search Results** cluster to display the Child Homepage. Click the **Cases** link on the navigation menu and open the child's Integrated Case. Determine if the child's Integrated Case Status is 'Closed' or if there is no integrated case listed. If yes to either, return to the **Child Homepage** and scroll down to the to the At Risk Information cluster.

- If child is At-Risk, click the At-Risk Follow-Up link on the navigation menu to Close At-Risk status and refer into EI.  See Unit 3, At-Risk Children, *Closing At-Risk Case* for additional information.
- If child is not At-Risk, click the **Referral** link on the navigation menu. Click the **Create Referral** button and record the referral information. When registered, the system will automatically record the Referral as a **Re-referral**.  See **Unit 10: Municipal Administration, Re-opening a Closed Case** for important additional information about a re-opened case.

Child Found and Not Registered in Your Municipality

Confirm Child Not Already Registered 

Enter search criteria to help you determine if the person has been registered before.

Search Criteria					
Reference Number:					
Last Name:		Treca		First Name:	
Date of Birth:		4/20/2011		Gender:	
Address Line 1:			City:		
Birth Last Name:			Mother's Birth Name:		

Search Results					
Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth
500147	Sam	Treca	1 Glen Cove Rd	Rensselaer	4/20/2011

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

Child Already Registered 

The child Sam Treca currently is registered in Rensselaer county. Please arrange with the EIO/D of Rensselaer county to arrange a transfer for the child.



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

Important Information

- If the child has moved to your Municipality but the parent/guardian doesn't consent to transfer the child's records, the former Municipality is still required to record it in the Transfer page on the child's Integrated Case Home page and close the child's Integrated Case. They should note in the Transfer record that the parent objected to the transfer of records. After saving the Transfer record, the system automatically initiates a Close Case workflow requiring the EIO/D to close the child's Integrated Case. Once closed, the former Municipality alerts the receiving Municipality to proceed with creating a referral.
- After Child's Integrated Case Status is closed by the former county, the receiving Municipality creates a Referral for the child. This action records a second Child record in the system for the child as well as a second Integrated Case.  See **Unit 7: Transfers & Transitions** for more information about the Transfer process.

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

Create Referral ?

Referral Reason	
* Primary Referral Source:	* Status Assigned:
Secondary Referral Source:	
* Referral Source Type:	

Child Information	
* Referral Date:	* Child First Name: Mark
Child Middle Name:	* Child Last Name: Steiner
Suffix:	Birth Last Name (If Different):
* Gender: Male	* Date of Birth: 6/7/2011
Child's Dominant Language:	* Municipality of Residence:
* Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	* Ethnicity:

Family Information	
Mother's First Name:	Mother's Last Name: Steiner
Mother's Date of Birth:	Mother's Dominant Language:

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.*

Create Referral

Register Cancel

Referral Reason	
*Primary Referral Source:	*Status Assigned:
Secondary Referral Source:	*Referral Source Type:
Child Information	
*Referral Date:	*Child First Name:
Child Middle Name:	*Child Last Name:
Suffix:	Birth Last Name (If Different):
*Gender:	*Date of Birth:
Child's Dominant Language:	*Municipality of Residence:
*Race:	*Ethnicity:
American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	
Family Information	
Mother's First Name:	Mother's Last Name:
Mother's Date Of Birth:	Mother's Dominant Language:
Father's First Name:	Father's Last Name:
Father's Date Of Birth:	Father's Dominant Language:

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

 **Referral Source Search**

Search Criteria	
Reference Number:	
Name:	City:
Address Line 1:	Agency/Facility Name:
Search Reset Cancel	

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

Important Information

Avoid additional work by first confirming that the Referral Source is recorded in the system. If a Referral Source is not found when creating the Referral, the User must stop the Create Referral process and register the Referral Source. After the Referral Source is registered, the User can then restart the Create Referral process.  See **Unit 10: Municipal Administration** for further steps on registering a Referral Source.

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



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

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

Important Information

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

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

Address Validation 

Validate an entered address with USPS

Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
*City:	<input type="text"/>	*State:	<input type="text"/>
*County:	<input type="text"/>	*Zip:	<input type="text"/>
Census Tract:	<input type="text"/>		

Action	Formatted Address Value

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

from validation process. Click **Select** link under **Action** column. Address displays.

Important Information

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

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

Child Referral Completed

The child referral process has been successfully completed.

The child's reference number is 30000142

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

[Click here to refer another child.](#)



Important Information

- For referrals entered into the EI program (Suspected of Delay, Confirmed Diagnosed Condition) by Municipal Staff, the system automatically creates a task in the Municipality's New Case work queue to assign an EIO/D.
- The Child reference number is a unique identifier that stays with the Child through the entire process.

11. Select **Click here to open the child home page** link. **Child Homepage** displays. Select **Click here to refer another child** link to add additional Referrals.

Child Homepage: TiffanyMK Martin - 295 ?

Child Information	
First Name:	TiffanyMK
Middle Name:	
Last Name:	Martin
Suffix:	

Contact	
Address:	Anonymous
Phone Number:	542 232323

Child Information	
Child's Referral Date:	10/7/2009
Date of Birth:	12/30/2008
Calculated Age of Child:	0 Years 12 Months
Ethnic Origin:	
Child's Living Arrangement:	
Child's School District:	
Caregiver's Relationship:	
Child's Case Status:	
Gender:	Female
Birth Last Name:	
Child's Dominant Language:	
Municipality of Residence:	Albany
Caregiver's Name (if other than parent):	
Date of Death:	

Race

Notes:

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

MANAGING THE REFERRAL

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

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

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

Reserving and Managing a Submitted Referral

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

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

My Work Queues: John USER 

Action	Name	Subscription Date
View Reserve Next Task	Albany_AtRiskFollowUp	1/12/2009 13:41
View Reserve Next Task	Albany_ChildChangeRequestQue	1/8/2009 15:46
View Reserve Next Task	Albany_EIOD	3/9/2009 08:53
View Reserve Next Task	Albany_IFSPReview	12/23/2008 14:33
View Reserve Next Task	Albany_LateInvoiceWaiversWorkqueue	12/4/2008 13:05
View Reserve Next Task	Albany_MonitorInvoiceAging	12/17/2008 11:25
View Reserve Next Task	Albany_NewAtRisk	10/2/2008 09:20
View Reserve Next Task	Albany_NewCase	3/5/2009 10:48
View Reserve Next Task	Albany_Referral	2/5/2009 18:05

Important Information

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

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

Work Queue Tasks: Albany_Referral 

Action	Task ID	Subject	Priority	Status	Deadline
Reserve	22784	Referral Submitted for Bill Child		Open	
Reserve	26378	Referral Submitted for Suzy Smith		Open	
Reserve	26379	Referral Submitted for Tina Fey		Open	
Reserve	26380	Referral Submitted for Mary Little		Open	
Reserve	26381	Referral Submitted for Jim Smitty		Open	

- Click **Reserve** link under **Action** column for desired task. **Reserve Task** page displays.

Reserve Task: Allocate Task - 24598

Comment

- Type **Comment** (*Optional*).
- Click **Reserve** button to reserve task and return to **Work Queue Tasks** page displays. Proceed to **Step 7**.

OR

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

- Click **Reserved Tasks** in the Navigation Bar. **Reserved Tasks** page displays with task.
- Click **View** link under **Action** column to display task. **Task Home** page displays.

Task Home: Allocate Task - 197143

Manage

Subject

Referral Submitted for Sandra Saunders

Details

Task ID: 197143	Status: Open
Priority:	Deadline:
Reserved By:	Last Assigned: 3/7/2012 17:30
Time Worked: 00:00 [Change]	

Primary Action | **Supporting Information**

[Manage Submitted Referral](#)

- Click **Manage Submitted Referral** link in the **Primary Action** section. **Manage Child's Referral** page displays.

Manage Child's Referral Sandra Saunders

Accept Referral Pend

ReReferral Information

*Existing Child: 

Referral Reason

Primary Referral Source:	Joan Johnson	Status Assigned:	At Risk
Source of Referral:	Provider	Secondary Referral Type:	Other
Secondary Referral Source Name:		Date Referral Submitted:	3/7/2012

Child Information

Referral Date:	3/7/2012	Child First Name:	Sandra
Child Middle Name:		Child Last Name:	Saunders
Suffix:		Birth Last Name (If Different):	
Gender:	Female	Date of Birth:	2/29/2012
Child's Dominant Language:		Municipality of Residence:	Saratoga

Address

67 Horse Blvd
Saratoga (Saratoga)
New York 10001

Family Information

Mother's First Name:	Karen	Mother's Last Name:	Saunders
Mother's Date Of Birth:		Mother's Dominant Language:	

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

 **Person Search**

Search Criteria

Reference Number:

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
*Date of Birth:	<input type="text"/> 	Address Line 1:	<input type="text"/>
City:	<input type="text"/>	Phone:	<input type="text"/>
Child's Birth Last Name:	<input type="text"/>	Mother's Last Name:	<input type="text"/>

Search Reset Cancel

Search Results

Action	First Name	Last Name	Address Line 1	City	Date of Birth
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- Type all known Child data in **Search Criteria** section. **Date of Birth** field information is required to perform the search. Click **Search** button. Results are displayed in the **Search Results** cluster.

12. If a potential match or matches are found, the User clicks the **Select** link in the **Action** column next to the name of the corresponding child that the Referral was created for. The name of the child is inserted in the **Existing Child** field of the **Manage Child's Referral** page.

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

Child Not Found

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

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



The screenshot shows a 'Person Search' form with the following fields and values:

Search Criteria					
Reference Number:	<input type="text"/>				
Last Name:	Smith	First Name:	<input type="text"/>		
*Date of Birth:	1/23/2011	Address Line 1:	<input type="text"/>		
City:	<input type="text"/>		Phone:	<input type="text"/>	
Child's Birth Last Name:	<input type="text"/>		Mother's Last Name:	<input type="text"/>	
<input type="button" value="Search"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>					
Search Results (Number of Items: 2)					
Action	First Name	Last Name	Address Line 1	City	Date of Birth
Select	Child Not Found				
Select	Jennifer	Smith	123 Apple Lane	Albany	1/23/2011

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

Child Found, Registered in Your Municipality, and Child's Integrated Case Status is Closed

 **Person Search**

Search Criteria

Reference Number: <input type="text"/>	
Last Name: <input type="text" value="Popp"/>	First Name: <input type="text"/>
*Date of Birth: <input type="text" value="12/30/2008"/> 	Address Line 1: <input type="text"/>
City: <input type="text"/>	Phone: <input type="text"/>
Child's Birth Last Name: <input type="text"/>	Mother's Last Name: <input type="text"/>

Search Results (Number of Items: 2)

	First Name	Last Name	Address Line 1	City	Date of Birth
Select	Child Not Found				
Select	Kevin	Popp		Albany	12/30/2008

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

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

Notes:

- To stop action and return to **Work Queue Tasks** page, click **Cancel** button from the **Reserve Task** page.
- To leave task open and continue managing at a later date, click **Pend** from **Referral** page.
- Reserved Tasks display in the **My Tasks** section of the User Home page.

Assigning an Early Intervention Official Designee (EIO/D)

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

1. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.
2. Click **Work Queues** from the Navigation Bar to work with new Referrals. **My Work Queues** page displays.

My Work Queues: John USER



Action	Name	Subscription Date
View Reserve Next Task	Albany_AtRiskFollowUp	1/12/2009 13:41
View Reserve Next Task	Albany_ChildChangeRequestQue	1/8/2009 15:46
View Reserve Next Task	Albany_EIOD	3/9/2009 08:53
View Reserve Next Task	Albany_IFSPReview	12/23/2008 14:33
View Reserve Next Task	Albany_LateInvoiceWaiversWorkqueue	12/4/2008 13:05
View Reserve Next Task	Albany_MonitorInvoiceAging	12/17/2008 11:25
View Reserve Next Task	Albany_NewAtRisk	10/2/2008 09:20
View Reserve Next Task	Albany_NewCase	3/5/2009 10:48
View Reserve Next Task	Albany_Referral	2/5/2009 18:05

Important Information

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

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

Work Queue Tasks: Albany_NewCase

Action	Task ID	Subject	Priority	Status	Deadline
Reserve	1290	New Integrated Case Created for Millie Millie		Open	
Reserve	1034	New Integrated Case Created for Ingrid Smead		Open	
Reserve	1292	New Integrated Case Created for minnie mouse		Open	

- Click **Reserve** link under **Action** column for desired task. **Reserve Task** page displays.

Reserve Task:

Comment

- Type **Comment** (*Optional*).
- Click **Reserve** button to reserve task and return to **Work Queue Tasks** page. Proceed to **Step 7**.

OR

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

Task Home: Allocate Task - 77322 ?

Manage

Subject

New Integrated Case Created for Jack Spratt

Details

Task ID:	77322	Status:	Open
Priority:		Deadline:	
Reserved By:		Last Assigned:	5/19/2010 11:50
Time Worked:	00:00 [Change]		

Primary Action **Supporting Information**

[Assign EIO/D for child Jack Spratt](#)

- Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.
- Click **Reserved Task** in the Navigation Bar. **Reserved Tasks** page displays with task.
- Click **View** link under **Action** column to display task. **Task Home** page displays.

10. Click **Assign EIO/D for child *Child Name*** link in the **Primary Action** section. **Assign EIO/D** page displays.

Assign EIO/D 

Details

New EIO/D:  

Comments

11. Click **Search**  icon for **New EIO/D** field. **User Search** page displays.

User Search 

Search Criteria

First Name: <input type="text"/>	Last Name: <input type="text"/>
User Role: <input type="text"/>  	Municipality: <input type="text"/> 
Display Deleted Users: <input type="checkbox"/>	Provider Name: <input type="text"/>

Search Results

Action	Name	User Name	User Role	Municipality	Provider	Status
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12. Type all known information in **Search Criteria** section.
13. Click **Search** button. Records matching display in **Search Results** section.
*To search again, click **Reset** button.*
14. Click **Select** link under **Action** column for an Individual to assign to the Case.
Assign EIO/D page displays with selected Case Supervisor (EIO/D).
15. Type **Comments** (*Optional*).
16. Click **Save** button to attach the Individual to Case. **My Workspace** page displays.

Notes:

- During the workflow, when the User assigns the EIO/D, the system creates the child's Integrated Case folder.

- After the EIO/D has been assigned and the child's Integrated Case is opened, the system automatically searches the Office of Temporary Assistance (OTDA) Welfare Management System database to determine if child has a Medicaid CIN. If the search determines the child has a CIN, it sends the CIN results to the EIO/D's Assigned Tasks as a task to manage.  See **Unit 10: Municipal Administration, Creating Child Medicaid Coverage** for further information.

Important Note: This feature is not currently active

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

Assigning an Initial Service Coordinator

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

Important Information

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

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

My Work Queues: John Bobeck

Action	Name	Subscription Date	# of Tasks
View Reserve Next Task	11565_Evaluations	1/3/2011 11:26	0
View Reserve Next Task	11565_Financials	1/3/2011 11:28	0
View Reserve Next Task	11565_General	1/3/2011 11:27	0
View Reserve Next Task	11565_ServiceAuthorizations	1/3/2011 11:26	10
View Reserve Next Task	Rensselaer_AtRiskFollowUp	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_ChildChangeRequest	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_Contract	9/28/2010 16:14	3
View Reserve Next Task	Rensselaer_EIOD	9/28/2010 16:14	2
View Reserve Next Task	Rensselaer_FailedHearing	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_FiscalManager	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_FiscalStaff	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_LateInvoiceWaivers	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_MedicaidCIN	3/17/2011 15:10	0
View Reserve Next Task	Rensselaer_MonitorInvoiceAging	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_NewAtRisk	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_NewCase	9/28/2010 16:14	3
View Reserve Next Task	Rensselaer_ProviderFlag	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_ProviderRestriction	9/28/2010 16:14	0
View Reserve Next Task	Rensselaer_Referral	9/28/2010 16:14	1
View Reserve Next Task	Rensselaer_ReviewVoucher	9/28/2010 16:14	0

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

Work Queue Tasks: Rensselaer_EIOD

Action	Task ID	Subject	Priority	Status	Deadline
Reserve	92096	A transfer request for Perry Platypus from Rensselaer to Rensselaer has been requested.	Medium	Open	
Reserve	122131	Assign Initial Service Coordinator for Child: Tina Haver	Medium	Open	
Reserve	92094	A transfer request for Gina Smith from Rensselaer to Rensselaer has been requested.	Medium	Open	
Reserve	120849	Assign Initial Service Coordinator for Child: Madey Reject	Medium	Open	
Reserve	122121	Assign Initial Service Coordinator for Child: Foo Foo	Medium	Open	
Reserve	124160	Peregrin Took is no longer approved by DOH effective 2010-12-26 and is currently assigned as the rendering provider on the attached SAs. Please reassign the rendering provider for these SA		Open	
Reserve	120847	Assign Initial Service Coordinator for Child: Madey Test	Medium	Open	
Reserve	119555	Assign Initial Service Coordinator for Child: referral testing	Medium	Open	
Reserve	123904	Peregrin Took is no longer approved by DOH effective 2010-12-23 and is currently assigned as the rendering provider on the attached SAs. Please reassign the rendering provider for these SA		Open	

3. Locate the Task to assign the Service Coordinator for the child you are working on. Click **Reserve** link under **Action** column for desired task. **Reserve Task** page displays.

Reserve Task: Initial Service Coordinator Assignment Activity - 122131 ?

Comment

Reserve Reserve&View Cancel

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

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

OR

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

5. Click **Reserved Task** in the Navigation Bar. **Reserved Tasks** page displays with task.
6. Click **View** link under **Action** column to display task. **Task Home** page displays.

Task Home: Initial Service Coordinator Assignment Activity - 122131 ?

Manage

[Add Comment](#)
 [Reserve](#)
 [Forward](#)
 [Restart](#)

[Close](#)
 [Un-Reserve](#)
 [Defer](#)

Subject

Assign Initial Service Coordinator for Child: Tina Haver

Details

Task ID:	122131	Status:	Open
Priority:	Medium	Deadline:	
Reserved By:		Last Assigned:	1/11/2011 09:58
Time Worked:	00:00 [Change]		

Primary Action

Supporting Information

[Assign Initial Service Coordinator](#)

7. Click **Assign Initial Service Coordinator** link in **Primary Action** section. **Select Provider & Location** page displays. This Search is for the agency Provider or Municipality that provides Service Coordination services, not for the individual Service Coordinator. On the next page the EIO/D has the opportunity to select the individual Service Coordinator (not required).
8. Type all known information in **Search Criteria** section. *All search fields may not be applicable.*
9. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.*
10. Click **Select** link under **Action** column to choose the agency that will provide the Service Coordination. **Assign Initial Service Coordinator** page displays with the following sections: **Initial Service Coordinator**, **Service Coordination Details** and **Comments**.

Assign Initial Service Coordinator 

Initial Service Coordinator

Name:  

Service Coordination Details

Start Date: 5/25/2011 End Date: 7/9/2011

*Number of Units:

Comments

11. To assign a Service Coordinator, click **Search**  icon for **Name** field located in **Initial Service Coordinator** section. The **Service Coordinator Search** page displays with the names of available agency Service Coordinators and their current caseload. If the name of a desired Coordinator is not listed, click the **Show Criteria Button**, enter more specific search criteria, and click the **Search** button.

Service Coordinator Search 

Search Results

Action	Name	Agency Name	Caseload
Select	Quentin Quinn	Family Care Center	19

Click **Select** link under **Action** column to choose the Service Coordinator that will be assigned to the Case. The **Assign Initial Service Coordinator** screen displays.

12. Enter the total number of 15-minute units of service coordination authorized for the period up to the anticipated date of the initial IFSP meeting, type **Number of Units**.
13. Type **Comments** (*Optional*).
14. Click **Save** button to assign the Service Coordinator to the Child. **Integrated Case Home** page displays. An Integrated Case is a central location where the Child's information is managed.  See **Unit 4: Case Management** for further information.

Notes:

- The **Initial Service Coordination** assignment is effective as of the date of the Child's referral and terminates 45 days from the effective date.
- If the Ongoing Service Coordinator Service Authorization has not been created and approved by the 45th day, the system will automatically extend the Initial Service Coordination Service Authorization end date by 30 days. Once the Ongoing Service Coordination SA is approved, the system determines if the Initial Service Coordination is Active. If it is, and the ISC SA end date overlaps the OSC SA effective date, the system end-dates the ISC SA to the day before the OSC SA effective date.

Accepting the Initial Service Coordinator Service Authorization

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

The Municipality /Agency will receive an Accept/Reject Service Authorization task in their Service Authorization work queue. (In the event that the accept/reject task is not found in the muni's SA work queue, the Service Coordinator can check their assigned tasks to see if the task was delivered there).

Work Queue Tasks: 1280_ServiceAuthorizations

Action	Task ID	Subject	Priority	Status	Deadline
Reserve	55070	Accept/Reject Service Coordination Service Authorization for Eddie Dean in Schenectady	Medium	Open	

The Municipality/Agency may accept the Service Authorization with previously selected Service Coordinator by clicking the 'Use Currently Assigned Service Coordinator'. If one was not previously selected; the Municipality/Agency may assign a new Service Coordinator or they may reject the Service Authorization.

Service Coordinator Search

[Use Currently Assigned Service Coordinator](#)

Currently Assigned Rendering Provider Details	
Rendering Provider Name: Sally Toonces	Employer Name: Toonces Academy
Search	Reset Reject
Search Criteria	
First Name: <input type="text"/>	Last Name: <input type="text"/>
Agency Name: <input type="text"/>	State ID: <input type="text"/>
Municipality: <input type="text"/>	City: <input type="text"/>
Search	Reset Reject

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

Assigned Tasks: John Bobeck

Action	TaskID	Subject	Priority	Assigned	Deadline
Reserve	67328	Schedule IFSP Review for Barnaby Jones		4/8/2011 00:15	4/18/2011 00:15
Reserve	80138	Review Request for Amendment of IFSP for Martin Martin to add a Service Authorization	Medium	6/13/2011 17:07	
Reserve	81430	Provider Toonces Academy has rejected the assignment of Service Authorization 84996 for Ronan Adams	High	6/17/2011 09:39	

The EIO/D opens the Task and clicks the **Service Authorization Home Page** link in the **Primary Action** cluster. See **Unit 1: Getting Started, Working with Tasks** for further information.

Task Home: [EIOD Provider Reassignment Task - 81430](#) 

Manage

 [Add Comment](#)
 [Reserve](#)
 [Forward](#)
 [Restart](#)

 [Close](#)
 [Un-Reserve](#)
 [Defer](#)

Subject

Provider Toonces Academy has rejected the assignment of Service Authorization 84996 for Ronan Adams

Details

Task ID:	81430	Status:	Open
Priority:	High	Deadline:	
Reserved By:	John Bobeck	Last Assigned:	6/17/2011 09:44
Time Worked:	00:00 [Change]		

Primary Action **Supporting Information**

[Service Authorization Home Page](#)

The **Service Authorization Home** page displays. The EIO/D clicks the **Change/Assign Service Coordination Provider** button to select an Agency Provider and corresponding Service Coordinator to assign to the child.

 NYEIS Integrated Case - 84995  Service Coordination - 84996

Service Authorization Home: [Service Coordination - 84996](#) 

Manage

 [Edit](#)
 [Activate Online](#)
 [Close](#)
 [Suspend](#)

 [Submit](#)
 [Delete](#)
 [Change Closure Details](#)
 [Unsuspend](#)

 [Approve](#)
 [Extend](#)

Service Authorization Details

Service Authorization Reference:	84996	Service Type/Method:	Service Coordination
Service Coordinator:	Sally Toonces	Date Authorization Issued:	6/17/2011
Status:	Approved	Accepted by Provider?:	No

Child Details

Child's Name:	Ronan Adams	Reference Number:	500271
Legal Guardian(Female):	Sarah J	Legal Guardian(Male):	
Child's Address:	305 State St Albany (Albany) New York 12305	Child's Phone:	518 878

[Change/Assign Service Coordination Provider](#)

Service Coordination Provider Details

Authorized Service Coordinator: Sally Toonces

Editing Child Information

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

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

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

Search Reset

Search Results (Number of Items: 1)

Reference Number	First Name	Last Name	Address Line 1	City	Date of Birth	Municipality
30000024	Millie	Millie	10 state street	albany	1/1/2006	Albany

4. Click **Reference Number** link for Child. **Child Homepage** displays with read-only data.
5. Click **Edit** button. **Modify Child** page displays.

Modify Child: Sarah Abercrombie - 455

Save Cancel

Child's Information			
Child's Referral Date:	10/14/2010	*Child First Name:	Sarah
Child Middle Name:		*Child Last Name:	Abercrombie
Suffix:		Birth Last Name (If Different):	
*Gender:	Female	*Date of Birth:	10/11/2010
Child's Dominant Language:		*Municipality of Residence:	Albany
Calculated Age of Child:	0	Child's Date of Death:	
*Race:	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	*Ethnicity:	Hispanic or Latino
Child's Living Arrangement:		Caregiver's Name (If other than parent):	
Child's School District:		Caregiver's Relationship:	
Family Information			
Mother's First Name:	Mary Beth	Mother's Last Name:	Abercrombie
Mother's Date Of Birth:		Mother's Dominant Language:	
Father's First Name:	Frank	Father's Last Name:	

6. Apply necessary changes.
7. Click **Save** button. **Child Homepage** displays.

Note:

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

RECORDING AN ADDITIONAL REFERRAL

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

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

navigation

- Child
- Provider
- Insurance Provider
- Referral Source
- Organizational Contact
- Vendor
- Clearing House

recent items

Child Search

Search Criteria

Reference Number:

Last Name: First Name:

Date of Birth: Address Line 1:

City: Family Telephone Number:

SSN: Child Birth Last Name:

Mother's Last Name: Father's Last Name:

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

Referrals: Beth Green - 500090

Action	Referral Date	Referral Reason	Primary Source Name	Primary Source Type	Referral Type
View	3/24/2011	Suspected of Delay	Albany Medical Center	Hospital	New Referral

6. Click **Create Referral** button. **Enter Referral** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

Enter Referral: Beth Green - 500090

Referral Reason

*Primary Referral Source: *Status Assigned:

Secondary Referral Source: *Referral Source Type:

Child Information

*Referral Date: *Child First Name:

Child Middle Name: *Child Last Name:

Suffix: Birth Last Name (If Different):

*Gender: *Date of Birth:

Child's Dominant Language: *Municipality of Residence:

Family Information

Mother's First Name: Mother's Last Name:

Mother's Date Of Birth: Mother's Dominant Language:

Father's First Name: Father's Last Name:

Father's Date Of Birth: Father's Dominant Language:

Is a Parent Proficient in English?: Preferred Communication:

- Navigate from field-to-field using **Tab** key.  See **Creating a New Municipal Referral** for further information.
- Click **Register** button. A page displays indicating that the referral has been successfully completed.

Child Referral Completed

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

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

[Click here to refer another child.](#)

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

Referrals: Beth Green - 500090					
Action	Referral Date	Referral Reason	Primary Source Name	Primary Source Type	Referral Type
View	3/24/2011	Suspected of Delay	Albany Medical Center	Hospital	New Referral
View	4/1/2011	Suspected of Delay	Benita Black	Primary Health Care Provider	Additional Referral

Note:

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

RECORDING A RE-REFERAL

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

REGISTERING A SIBLING

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

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

3. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.*
4. Click **Reference Number** link for Child. **Child Homepage** displays.

Child Homepage: MKTest MKTest - 297

[Edit](#) [Register Sibling](#)

Child Information	
First Name:	MKTest
Last Name:	MKTest
Middle Name:	
Suffix:	

Contact	
Address:	900 Main St Albany (Albany) New York
Phone Number:	876 8787878

Child Information	
Child's Referral Date:	10/7/2009
Date of Birth:	4/2/2008
Calculated Age of Child:	1 Years 6 Months
Ethnic Origin:	
Child's Living Arrangement:	
Child's School District:	
Caregiver's Relationship:	
Child's Case Status:	
Gender:	Female
Birth Last Name:	
Child's Dominant Language:	
Municipality of Residence:	Albany
Caregiver's Name (If other than parent):	
Date of Death:	

Race

Family Information	
Mother's First Name:	Mary
Mother's Date Of Birth:	
Father's First Name:	
Father's Date Of Birth:	
Is a Parent Proficient in English?:	Yes
Mother's Last Name:	MKTest
Mother's Dominant Language:	
Father's Last Name:	
Father's Dominant Language:	
Preferred Communication:	

5. Click **Register Sibling** button. **Create Sibling Referral** page displays with associated data.

Create Sibling Referral: Beth Green - 500090

[Register](#) [Cancel](#)

Referral Reason	
*Primary Referral Source:	
Secondary Referral Source:	
*Status Assigned:	
*Referral Source Type:	

Child Information	
*Referral Date:	6/15/2011
Child Middle Name:	
Suffix:	
*Gender:	
Child's Dominant Language:	
*Child First Name:	
*Child Last Name:	
Birth Last Name (If Different):	
*Date of Birth:	
*Municipality of Residence:	Albany

Family Information	
Mother's First Name:	Mom
Mother's Date Of Birth:	
Father's First Name:	
Father's Date Of Birth:	
Is a Parent Proficient in English?:	Yes
Alternate Parent Contact Name:	
Alternate Contact's Relationship to Child:	
*Race:	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander
Mother's Last Name:	Green
Mother's Dominant Language:	
Father's Last Name:	
Father's Dominant Language:	
Preferred Communication:	
Phone Number of Alternate Contact Person:	
*Ethnicity:	Not Hispanic or Latino

6. Enter new information for Sibling. Click **Register** button. **Child Referral Completed** page displays.

Child Referral Completed

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

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

[Click here to refer another child.](#)

Important Information

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

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

Note:

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