



**NEW YORK STATE ASSOCIATION
OF COUNTY HEALTH OFFICIALS**

Leading the Way to Healthier Communities

NYSACHO EI All County Call – December 18, 2024

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Agenda Item	Discussion/Presentation	Action Item
Technical Assistance, Training & IS Unit – Assistive Technology Devices (ATDs)	<p>Overview</p> <ul style="list-style-type: none">Counties continue to report significant delays and communication issues related to Assistive Technology Device (ATD) requests.Issues were initially raised at the spring in-person meeting and continue despite some reported improvement.BEI and PCG acknowledge the delays and confirm ongoing work to improve tracking, communication, and fulfillment. <p>Actions Taken by BEI & PCG</p> <ul style="list-style-type: none">PCG added staff dedicated to AT request processing.BEI, PCG, and BEI's AT team are meeting regularly.PCG now provides more frequent updates when counties or providers reach out.BEI encourages escalation so delays can be tracked centrally. <p>Recommended Communication Workflow (Interim)</p> <ol style="list-style-type: none">First step: Contact PCG (Cherise Sinclair) directly regarding ATD status.Include:<ul style="list-style-type: none">Child ID number (no names)Equipment requestedDate of requestCC: BEI (beipub@health.ny.gov)Reminder: Do not include PII; use child reference numbers only. <p>County Feedback & Concerns</p> <ul style="list-style-type: none">Counties report:<ul style="list-style-type: none">No prior purchase authorization notifications.Lack of visibility into whether requests were received.	



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	<ul style="list-style-type: none"> ○ Delays exceeding 60–90 days, even when equipment is in stock. ○ Burden on counties to explain delays to families and defend service gaps. • Counties requested: <ul style="list-style-type: none"> ○ Written guidance outlining a clear workflow. ○ Monthly or routine reporting of outstanding ATDs by child reference number. ○ Inclusion of counties in PCG–vendor communications. ○ Greater transparency on where delays occur (PCG vs. vendors). <p>Responses / Follow-Up</p> <ul style="list-style-type: none"> • BEI agreed to: <ul style="list-style-type: none"> ○ Work with PCG to explore a status report on outstanding ATDs. ○ Ask PCG about including counties in vendor communications. ○ Issue written guidance clarifying workflow and escalation steps. • Counties were encouraged to continue flagging delayed cases so BEI can track patterns system-wide. 	
<p>Neonatal Abstinence Syndrome (NAS) & Auto-Qualifying Conditions</p>	<p>NAS Auto-Qualifier</p> <ul style="list-style-type: none"> • There is no age or time limit on use of NAS as an auto-qualifying diagnosis. • NAS qualifies a child for EI, but does not guarantee services indefinitely. <p>Key Clarifications</p> <ul style="list-style-type: none"> • Eligibility ≠ automatic continuation of services. • IFSP teams retain authority to: <ul style="list-style-type: none"> ○ Reassess needs. ○ Discontinue services if no longer warranted. ○ Request a new multidisciplinary evaluation (MDE) if appropriate. <p>County Requests</p> <ul style="list-style-type: none"> • Clarification letter explaining: <ul style="list-style-type: none"> ○ How auto-qualifying diagnoses interact with IFSP decision-making. ○ Authority to discontinue services when needs are no longer present. • Clear differentiation between: <ul style="list-style-type: none"> ○ Auto-qualifying list vs. high-probability list. <p>BEI Responses</p> <ul style="list-style-type: none"> • BEI agreed to: <ul style="list-style-type: none"> ○ Note specific changes when auto-qualifying lists are updated. ○ Consider issuing written clarification on auto-qualifiers and IFSP decision-making. 	



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	<ul style="list-style-type: none"> • Auto-qualifying diagnoses are listed on the “blue list” (ICD-10 based). • Diagnoses may be submitted for BEI and DOH medical director review if counties believe they warrant auto-qualifier status. <p>Corrected Diagnoses</p> <ul style="list-style-type: none"> • Conditions such as cleft lip/palate are not auto-qualifying once corrected, though children may still qualify based on functional delays. 	
Fiscal Planning & Policy Unit – Respite & Transportation Billing	<p>Respite Billing Process</p> <ul style="list-style-type: none"> • Respite claims: <ul style="list-style-type: none"> ◦ Entered into the Hub. ◦ Vouched through the voucher process. ◦ Require a separate signed claim for payment (PDF acceptable). • This signature step mirrors the former invoice process. <p>Reimbursement Rate</p> <ul style="list-style-type: none"> • Respite reimbursement remains 50%. <p>Transportation Reimbursement</p> <ul style="list-style-type: none"> • Reimbursement is based on date of claim acceptance in the Hub, not date of service. • Most recent reimbursement covered accepted claims through February 2025. • No fixed reimbursement schedule; future payments depend on available funds. • Next anticipated reimbursement likely to cover March–April, pending cash approval. <p>County Requests</p> <ul style="list-style-type: none"> • Clearer breakdown in escrow reimbursement summaries (transportation vs. other services). • Confirmation that transportation adjustments will continue to be identified separately. 	
Information Systems & Quality Improvement Unit – EI Hub Updates	<p>Full Release (December 11–12)</p> <ul style="list-style-type: none"> • First full system release (beyond hotfixes). • Included performance, validation, and usability updates. <p>Key Enhancements</p> <ul style="list-style-type: none"> • Therapist MPI lookup and improved duplicate checks. • IFSP copy logic now limits selections to appropriate next actions. • Future-dated address functionality added. • Service logging fixes for co-visits and makeup visits. • Resolution of issues related to: <ul style="list-style-type: none"> ◦ Missing edit buttons. ◦ Children incorrectly remaining on caseloads. 	



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	<p>2026 Enhancements Under Review</p> <ul style="list-style-type: none">• Ability to edit closed IFSPs (initially PCG/BEI only).• Deleting draft IFSPs.• Panel consolidation to reduce navigation burden.• Improvements to amendment logic.• Potential reopening of IFSPs for limited corrections (e.g., transportation authorizations). <p>County Issues Raised</p> <ul style="list-style-type: none">• Longer load times post-release (PCG reports system within SLA).• Loss of delete permissions for MuniProgAll role.• Errors editing draft IFSPs.• Errors assigning therapists or service coordinators.• Inconsistent behavior when amending IFSPs.• IFSP approvals requiring multiple attempts.• Loss of copy buttons in some IFSP views. <p>Guidance</p> <ul style="list-style-type: none">• Counties were asked to submit Dynamics ticket numbers for all issues so PCG can investigate.• Many issues likely configuration-related and resolvable once identified. <p>Call Center Feedback</p> <ul style="list-style-type: none">• Counties expressed:<ul style="list-style-type: none">○ Frustration with repeated escalations.○ Perception that county staff often know more than call center agents.○ Desire for dedicated county-specific support.• BEI and PCG acknowledged concerns and expressed openness to:<ul style="list-style-type: none">○ Reviewing recordings.○ Additional training.○ Partnering with NYSACHO on a county satisfaction survey.	
Next Steps & Follow-Up	<p>BEI and PCG will:</p> <ul style="list-style-type: none">• Explore ATD reporting options.• Consider clarification letters on auto-qualifiers.• Review Hub issues raised with supporting tickets.• Discuss call center improvements and potential survey collaboration.	