

Bureau of Early Intervention Updates- County Submitted Topics Technical Assistance and Information Systems Questions

Counties would like guidance on the below general topics.

- Transfers in the hub
- Re-open cases

Response:

For information regarding transferring and reopening child cases within the Hub, please refer to [The Transfer, Exit, & Close Tab Job Aid](#) on the Learning Management System (LMS).

Question: Could BEI provide some guidance on the number of screenings, supplemental and multidisciplinary evaluations which are allowed per year.

Response: Early Intervention Program (EIP) regulations at 69-4.30(c)(iii)(b) states,

“One multidisciplinary evaluation (MDE) may be reimbursed within a 12-month period without prior approval of the Early Intervention Official to develop and implement the initial IFSP. The Early Intervention Official shall assess the need for and, if appropriate, approve and notify the department of any additional multidisciplinary or supplemental evaluations provided to a child within a twelve-month period...Additional multidisciplinary or supplemental evaluations provided subsequent to the child's initial IFSP must be required by and performed in accordance with the IFSP as specified in section 69-4.8(l) of this Subpart.”

If, after the initial multidisciplinary evaluation, another MDE is necessary, this can be authorized by the Early Intervention Official and may be completed. Please note that supplemental evaluations are not necessary in many instances, as the MDE is used to establish eligibility for the EIP, and services can be added for eligible children and families with Individualized Family Service Plan (IFSP) team agreement.

In cases where a child who is eligible for the Program is receiving services and an additional service is thought to be needed, the IFSP team may, with proper justification, add the service without an additional evaluation, or may want to recommend a supplemental evaluation be completed in the area of concern. The supplemental evaluation would assist with determining if a specific service would be appropriate to address the child's needs and if the IFSP team can come to agreement, the service could be added to the IFSP.

Once a child is found eligible for the Program, the child does not need to qualify for specific early intervention services. Final decisions about services to be provided to the child shall be made and agreed upon by the parent and Early Intervention Official (EIO). If the EIO does not approve the supplemental evaluation and feels it is not necessary or appropriate and the parent

disagrees, the EIO should inform the parent of their due process rights. If the request for an additional supplemental evaluation is deemed necessary and appropriate by the EIO but would exceed the allowable two supplementals per annual IFSP period, under certain circumstances the EIO and the Department can approve additional supplemental evaluations (Regulation Subpart 69-4.30(c)(2)(iii)(b)).

Information on supplemental evaluations in the EIP can be found in regulations at Section 69-4.8 - Evaluation and Screening of the Child and Assessment of the Child and Family provided at the following link: <https://regs.health.ny.gov/content/section-69-48-evaluatorsscreening-evaluation-and-assessment-responsibilities>.

Current service providers, as part of the IFSP team, can recommend the addition of other services to the child's service plan. This recommendation would then be discussed with the entire IFSP team. Information from the initial evaluation and any recent evaluations along with all other available information including parental concerns, provider report, and professional judgment should be available and if this information is determined as sufficient for use in making a decision, then the IFSP team should discuss this information and determine what services are appropriate and best meet the child and family's needs. If the parent and EIO/D cannot reach an agreement on the IFSP, the parent should be informed of and may utilize their due process rights.

If the EIO or any member of the IFSP team feels that additional information is necessary to ensure the service plan meets the child's and family's needs, or to diagnose a suspected condition, then the EIO could authorize a supplemental evaluation. Program regulation 10 NYCRR69-4.8(l)) requires that all supplemental evaluations must be included in the IFSP. If the IFSP team, including the parent, decides that a supplemental evaluation is needed, the supplemental evaluation must be added to the IFSP.

It is important to keep in mind that the purpose of a supplemental evaluation is not to qualify the child for a specific service, but rather to inform/educate the IFSP team so that it can discuss and make informed decisions about appropriate services for the child/family. If, based on the results of the supplemental evaluation, a parent and other members of the IFSP team determine that one or more types of service(s) are added to the IFSP, those services must also begin no later than 30 days from the date of the parent provides written consent for the services in the IFSP, authorizing the IFSP or amendment.

In addition, a written order is required for supplemental evaluations for services that require a written order or referral.

Question: Please provide additional guidance on conducting bilingual evaluations in the EIP.

Response: It is the responsibility of the evaluator, chosen by the parent, to determine the need for a bilingual evaluation. This determination must be based on the parent's and the child's dominant/native language and carried out according to EIP regulations. This will ensure that a child is evaluated in their dominant language, and the parent is provided with information in their dominant language or through their preferred method of communication.

In making this decision, evaluators and the family should consider all aspects of what is appropriate and necessary to accurately assess the child's development, as well as what is needed by the parent to understand the procedures and results of the evaluation. If the family requires the services of a bilingual evaluator, or an experienced translator/interpreter to understand the intricacies of the evaluation process, in order to fully participate in the evaluation process or to understand a diagnosis or possible diagnosis, these factors must also be considered and play an important part in the evaluator's determination of whether a bilingual assessment is necessary.

It is important to note that language is complex. A person may appear to understand a language when it is spoken, or may be able to speak a language, but this does not mean that the person understands that same language equally well in written form. Accordingly, the evaluator must determine both the dominant language of the child and the family and conduct the evaluation consistent with that determination.

Pursuant to [10 NYCRR 69-4.8\(b\)\(4\)](#), to the extent feasible and consistent with the parent's preference and consent regarding disclosure to the interpreter, and subject to confidentiality requirements, both the written and oral summary shall be provided in the dominant language or other mode of communication of the parent.

If an evaluator cannot be identified to conduct a bilingual evaluation, the Early Intervention Official should assist the evaluator in arranging for the services of an interpreter. The cost of the interpreter, as well as the cost of the translation of the evaluation summary report, would then be billed by the evaluator at the add-on bilingual evaluation rate. The bilingual rate includes providing the required written summary in the language of the family. The report should be discussed in the language of the family. When feasible, it is also recommended that the report be written in the language of the family, though it is not required. This applies to both core evaluations and supplemental evaluations.

Question: How municipalities can/should handle data change forms for corrections needed in closed IFSPs

Response: PCG will be providing a presentation on correcting closed IFSPs during the 5/19/26 meeting.

Question: What is the process for requesting the addition of new ICD-10 Codes when they are not already in the Hub?

Response: In The Loop Issue 14, [ICD-10 Codes in the EI-Hub](#) released on 1/15/2025, is available on the LMS. The last paragraph of this article provides directions for how to submit a Web-to- Case when a new ICD-10 Code is being requested. The [Infographic – ICD-10 Codes in EI Hub](#) can also be accessed on the LMS.

When a request to consider adding an ICD-10 code to the list of Diagnosed Conditions with a high probability of resulting in developmental delay is received, the request is sent to the Department's medical directors for review, and a determination is made on whether the code is added to the list.

Question: Could BEI clarify the requirements of Local Health Department (LHD) Early Intervention Program (EIP) in obtaining and maintaining scripts for service providers? Is obtaining the script from the medical provider the responsibility of the service provider/agency or the LHD? If not a requirement of the LHD, and the provider/agency pushes back and says other counties get their scripts for them, what resources can you provide the LHD in explaining that it is the responsibility of the provider/agency to obtain their own scripts and upload them into the EI Hub.

Response: Regulations state that services should start *as soon as possible*, but no later than 30 days, once the parent signs for authorization for services in the IFSP. To make sure that services are initiated in a timely fashion, it is in the child and family's best interest for the IFSP team members to work together to obtain required prescriptions so that services can start timely. Providers cannot render the service until the prescription/written orders are in-hand. The county, as oversight of the local EIP, can assist with obtaining the needed prescription(s)/written orders.

If the service coordinator obtains the prescription or written order, this activity is considered to be a billable service coordination activity, and can be billed as such, as long as the activity is documented in service coordination notes and the minimum threshold is met for billing. However, the service coordinator is not the only person who can obtain the prescription or written order. We have provided guidance prior that the EI-Hub requires a "script, written order, or recommendation" in order for a provider to bill for the service.

In the field, the responsibility for requesting and obtaining the required written orders or prescriptions may be regularly assigned to an initial or ongoing service coordinator; however, the parent or any qualified personnel involved in the child's case may request the information, as regulations do not specify which team member is responsible for obtaining the orders. The regulatory requirement speaks only to the obtaining of the required written orders or prescriptions.

In cases where the initial or ongoing service coordinator is the person who requests and obtains the needed orders or prescriptions for the service, they can document the activity and count the time spent on this as a billable service coordination task.

Question: What is required to be uploaded to the HUB in relation to IFSP documents? Is the entire IFSP document required or just the signature pages since an IFSP can be printed from the HUB?

Response: The Bureau of Early Intervention does not require that documents be uploaded to the EI-Hub; however, all documentation must be maintained in accordance with BEI regulations. Municipalities can request items be uploaded based on their policies and procedures and should provide guidance on where documents should be uploaded and how the files should be named. For more information on uploading documents in the EI-Hub, [The Document Tab Job Aid](#) and the [Infographic – Uploading Documents in the EI-Hub](#) can be found on the Learning Management System (LMS). Documents and requested information must be accessible during audits.

Question: Do scripts need to be printed off and placed in the child's record, or can they be just uploaded and stored in the EI Hub? We are trying to eliminate paper charts and if EI documents can just be maintained/stored in the EI-Hub and only be printed off if an audit were to occur, we would greatly appreciate that ability.

Response: The State data system (EI-Hub) is the Department's data system and is not meant to be used as the total repository for child records and is not an electronic record keeping system. Therefore, documentation stored in the State data system does not replace the paper record-keeping requirements or change the recordkeeping responsibilities of early intervention providers, service coordinators, and municipalities, that are outlined in regulation and in Department guidance.

Department guidance on record keeping requirements in the Early Intervention Program is found in:

Early Intervention Program Memorandum (EIP) 2003-1 Guidance on Early Intervention Program Records (https://www.health.ny.gov/community/infants_children/early_intervention/memo03-1.htm). This document summarizes the requirements related to EIP records under applicable State and federal laws and regulations. Early Intervention Program records can be maintained electronically, as per the following information:

Electronic Records:

From *Early Intervention Program Memorandum (EIP) 2003-1 Guidance on Early Intervention Program Records*, regarding Use of Electronic Records and Signatures: The use of electronic records, including electronic signatures, is permissible under Federal Electronic Signatures in Global and National Commerce Act and Article 1 of the State Technology Law.

For Medicaid audit purposes, electronic documentation must be maintained in such a manner that Medicaid audit staff can answer basic questions to determine whether the requirement to prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program has been met. These questions include:

- Does the record itself meet the general and specific requirements of the regulations as to content?
- Is it possible to determine when the record was created?
- Is there a process to prevent records from being altered after they are created?
- If records can be altered, is the alteration process documented?
- Is the actual caregiver (rendering provider) identified in the record?
- If entries are menu driven, are they appropriate to the service provided and is the caregiver identified as having selected the entry?
- Has the provider set up a system of internal controls that ensures that actual completed service delivery drives Medicaid billing?

- Are the records accessible? Records should be maintained in the ordinary course of business so that no “special” programming, software, language, etc., is required to access them.

In general, if an early intervention provider is able to answer these questions about their record keeping system positively, the system would meet Medicaid requirements. Scanned documents, when consistent with the above requirements, are also generally acceptable for Medicaid record-keeping purposes. Additionally, the electronic system must have ability to make records and signatures available on demand to access for audits and/or EI Program reviews. For example, if the original document (e.g., PT note) is scanned, the scanned document would be considered the original document, *as long as the document could be printed and available for audits/monitoring.*

Additionally, child records must be maintained according to Early Intervention Regulation (Section 69-4.26) and any requirements of laws and regulations governing the professions of providers who are licensed, registered or certified under State Education Law. Providers of early intervention services must keep their original child records.

For more information about record retention, please visit Early Intervention Program Regulations Section 69-4.26(b) at http://www.health.ny.gov/community/infants_children/early_intervention/regulations.htm

Although the State data system (EI-Hub) allows for documentation to be added, it is the Department’s data system and is not meant to be used as the total repository for child records and is not an electronic record keeping system. Therefore, documentation stored in the State data system does not replace the paper record-keeping requirements or change the recordkeeping responsibilities of early intervention providers, service coordinators, and municipalities that are outlined in regulation and in Department guidance.

Question: Can BEI please address the challenges that the EIP faces in addressing children with suspected or confirmed hearing loss? Hearing loss is an auto eligible diagnosis, direct referrals coming into the county EIP need to be triaged for either Child Find or EIP depending on suspected or confirmed status/diagnosis, however we have a continued lack of EI audiology providers to do the necessary confirmatory testing.

Response: Early Intervention Program regulations at 10 NYCRR section 69-4.1(l)(2)(iv) provide the definition of audiology in the EIP.

Referral to the Early Intervention Program (EIP) in the infant's county of residence can take place at two main junctures in the newborn hearing screening process:

At-Risk of Delay: If an infant who has failed their initial hearing screening does not receive a follow-up screening within 60 days post-discharge, the facility responsible for reporting data to the Department (usually the birth facility) may refer the family to the municipality for the purpose of facilitating a second hearing screening (child is considered At-Risk for developmental delay). These follow-up screenings are not reimbursable by the EIP.

Suspected of Delay: After an infant fails two hearing screenings, they should be referred to the municipal EIP for a confirmatory (diagnostic) hearing test (child is considered suspected of having a developmental delay). This audiological evaluation is reimbursable by the EIP. For children referred to the EIP on the basis of two failed newborn hearing screenings, the evaluator may first provide an audiological evaluation to screen the child to determine whether a hearing loss exists. Early Intervention Guidance Memorandum 2003-03 contains additional information: https://www.health.ny.gov/community/infants_children/early_intervention/memo03-3.htm

In order to report audiological evaluations through the EIP, a provider must have Department of Health (DOH) approval to provide evaluations. An audiological evaluation is an EIP service if performed as part of a multidisciplinary evaluation or as a supplemental evaluation identified as a need on a child's IFSP. In order for a diagnostic hearing test to be completed and reimbursed through the EIP as part of an IFSP, the need for the testing must be clearly stated and supported by the information included in the Individualized Family Service Plan (IFSP) document, as agreed upon by the IFSP team. This could be done by stating the type of testing, reasons the IFSP team is recommending the testing, and outcomes that will be achieved by the testing.

Diagnosis of Hearing Loss: Children referred to the EIP with a diagnosis of hearing loss that has an ICD-10 code which establishes the child's Program eligibility, must have a multidisciplinary evaluation to determine current levels of function in each of the five developmental domains. The EIP list of Qualifying ICD-10 Codes, including codes related to hearing loss can be found here: [Diagnosed Conditions with a High Probability of Resulting in Developmental Delay \(April 2026\)](#)

Question: How are the goals on page 5 of the of the IFSP Parent desired outcomes/goals written? There have been some suggestions of using SMART goal formats. This page appears to be for parents/caregivers so how should the goals/outcomes look?

Response: Early Intervention regulations are silent on the use of a specific format for writing child and family outcomes on the IFSP. Section 69-4.11 provides the following guidance: (a)(10)(iv) a statement of the measurable results or measurable outcomes expected to be achieved for the child and the family (including pre-literacy and language and numeracy skills, as developmentally appropriate for the child), including timelines, and the criteria and procedures that will be used both to determine whether progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services is necessary; Individual municipalities may have their own policies and procedures for writing outcomes on IFSPs. The Department's training *Individualized Family Service Plans in the EIP* offered through the New York State Early Intervention Program Online Professional Development Center (NYSEIPOPDC), provides resources for determining and writing family and child-centered outcomes. [Early Intervention Training Online | NYSEIPOPDC](#)

The family-directed assessment might also be useful to help families determine their resources, priorities, and concerns related to caring for and enhancing their child's development and can assist the IFSP team in developing appropriate family outcomes.

Question: Can BEI provide an update on expansion of SC billable activities as we are aware that new guidance is pending?

Response: The document has been revised and is in the Department's review and approval process. Additional service coordination activities have been deemed billable and included in the revised document, as such. The proposed changes will be shared with the Early Intervention Coordinating Council's Provider Capacity Workforce Taskforce, and we anticipate dissemination of the revised document this summer.

In relation to the PCG Help Desk -

Question: Who is monitoring PCG's help desk metrics? Are they aware tickets are closed for unresolved issues?

Response: BEI meets with the Call Center Manager and staff each week. Metrics are reviewed and assessed. If there is an outstanding issue that a user believes is unresolved, the Call Center should be contacted to ensure that there is a ticket that is logged and can be worked to be resolved. BEI is aware that some tickets related to closed IFSPs were closed, pending Full Release 2.

Question: Are there any updates from PCG on the new IFSP logic that prevents changes to current IFSP when next IFSP in system?

Response: PCG will provide a presentation on the closed IFSP functionality during the 5/19/2026 meeting.

Question: Is there a possibility of municipalities engaging in UAT testing prior to major re-releases of the HUB?

Response: The EI-Hub Stakeholder Group was formed to ensure stakeholder feedback on system updates.