



NYC EARLY INTERVENTION PROGRAM

ASSIGNMENT AND CHANGE OF SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR

Child's EI ID Number:	Child's DOB:	
Child's Name: (Last, First)		
Service Coordinator:	SC NPI#:	
SC Agency Name:	Tel. #	Fax #

Complete sections as applicable. Changes are not official until approved by the EIOD.

[] SECTION I: PROVIDER OF SERVICE ASSIGNMENT (Pended IFSP SA)		
Provider Name:		State Provider ID:
IFSP Type:	IFSP Start Date	IFSP End Date
Service Type:		Intensity:
Anticipated Date: _____		
Parent was notified of this change on (date): _____ SC signature: _____		

[] SECTION II: CHANGE IN SERVICE PROVIDER AGENCY	
FROM:	TO:
Provider Name:	
State Provider ID:	
EI-Hub Service Authorization (SA) Number (Ref # of the SA being requested for amendment):	
Anticipated Date: _____	
Parent was notified of this change on (date): _____ SC signature: _____	

[] SECTION III: ONGOING SERVICE COORDINATOR (OSC)	
FROM:	TO:
OSC Agency Name:	
State Provider ID:	
OSC Name:	
SC NPI#:	
EI-Hub SA Number (Ref # of the SA being requested for amendment):	
Anticipated Date: _____	
Parent Consent: I have been consulted about the changes to my Ongoing Service Coordinator and consent to the assignment of the OSC indicated above.	
Parent/Guardian Signature: _____ Date: ____/____/____	

[] SECTION IV: CHANGE IN SERVICES	
A separate form for each service must be completed when the following requests are made:	
<ul style="list-style-type: none">• Changes to a service type currently on the IFSP (Method, Location, and Frequency can be requested on a single form)• Adding Ongoing Service Coordination units• Adding a service type to an IFSP• Terminating a service type currently on an IFSP	
Service Type:	
<input type="checkbox"/> Add Service Type <input type="checkbox"/> Method <input type="checkbox"/> Location <input type="checkbox"/> Termination of Service <input type="checkbox"/> Frequency/Duration (Mins./Days/Weeks)	
<input type="checkbox"/> Add Ongoing Service Coordination Units - Number of Units being requested: _____	
EI-Hub Service Authorization Reference Number (Ref # of the SA being requested for amendment):	
Anticipated Date: _____	
Parent Consent: I have been consulted about the change in services and have reviewed the justification for those changes. I consent to the addition of and/or changes to the service type indicated above.	
Parent/Guardian Signature: _____ Date: ____/____/____	



NYC EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR COMPLETION ASSIGNMENT AND CHANGE OF SERVICE(S)/SERVICE PROVIDER/SERVICE COORDINATOR INSTRUCTIONS FOR COMPLETION

GENERAL INSTRUCTIONS:

The Service Coordinator (SC) must complete this form when:

- A provider of service (agency/appendix agreement holder) is identified by the Ongoing Service Coordinator when an Early Intervention provider agency for a specific authorized service had not been identified at the time of the IFSP meeting.
- There is a proposed change in Service(s), Service Provider, or Ongoing Service Coordinator.

After completing the identifying information about the child and the currently assigned service coordinator, place an "X" the appropriate section and complete/attach the relevant information. Parental signature is required for sections III and IV only.

- **For changes related to Section I or Section II**, SC must send this completed form and attach this completed form along with the appropriate documentation to the draft IFSP in the EI-Hub. Refer to the **Amendment Policy** for detailed procedures.
- **For changes related to Section III or Section IV**, SC must send this completed form, obtain signed parental consent, and attach the completed form along with the appropriate documentation to the draft IFSP in the EI-Hub. Refer to the **Amendment Policy** for detailed procedure.

SECTION I - SERVICE PROVIDER ASSIGNMENT

Complete the Service Provider Name and State Provider Early Intervention Number of the identified service provider for a pended IFSP Service Authorization. Provide the IFSP Type, IFSP Start Date, IFSP End Date, Service Type, and Intensity to ensure assignment accuracy.

- The provider and service authorization information can be found in the service authorization in the EI-Hub:
 - *From Cases Assigned to My Caseload, search for the child by name or ID number.*
 - *When the case appears, click the Edit button.*
 - *Click on the Services tab*
 - *Look in the Services grid for the service authorization*
 - *The service type and agency and therapist name, as well as start and end dates and service authorization number, will appear in the grid. For more information, click on the Edit button to access all service authorization details.*

A provider agency/rendering provider assignment does not require a parent signature. **However, the date that the parent was notified of the provider agency/rendering provider assignment must be provided.**

SECTION II - SERVICE PROVIDER CHANGE

Complete the Service Provider Name and State Provider Early Intervention Number of the current **and** the new service provider.

- The current provider information is located in the Service Authorization (SA) you want to amend in the EI-Hub.
 - *From Cases Assigned to My Caseload, search for the child by name or ID number.*
 - *When the case appears, click the Edit button.*
 - *Click on the Services tab*
 - *Look in the Services grid for the service authorization to be changed.*
 - *The service type and agency and therapist name, as well as start and end dates and service authorization number, will appear in the grid. For more information, click on the Edit button to access all service authorization details.*
- When the new service provider information is identified, their information can be found through the EI Hub

“provider lookup”:

- *From the EI Hub Home screen, click Provider on the left side, then click Lookup.*
- *Search fields appear.*
- *Select “provider” from the Select Provider Type dropdown.*
- *Enter the agency name in the “Provider Name” field.*
- *Click Search.*
- *The agency’s State ID will appear in the grid, along with service types provided.*

A change in provider agency/rendering provider does not require a parent signature. **However, the date that the parent was notified of the change in provider agency/rendering provider must be provided.**

SECTION III – ONGOING SERVICE COORDINATOR

Indicate the Service Coordinator (SC) names, SC NPI #, and State Provider ID # for the current and proposed Service Coordinators/Service Coordination Agency.

- The current provider information is located by selecting *the Service Authorization Reference number for the Service Coordination SA you wish to amend*. Refer to the EI-Hub steps in Section II above.
- The new service provider information is obtained through the EI Hub “provider lookup.” Refer to the EI-Hub steps in Section II above.

The parent's written consent is necessary when there is a change in the Ongoing Service Coordinator (OSC). The reason for the change must be kept on file at the service coordination agency.

SECTION IV- CHANGE IN SERVICES

This form must be submitted in the EI-Hub reflecting only changes being requested with the **Justification for Change in Frequency, Duration, or Length of Service Form**, progress notes, recent evaluations and the required justification. Refer to the policy on **Amendments** in Chapter 7 of the Policy and Procedure Manual for instructions on requesting an addition to ongoing service coordination units.

PLEASE NOTE:

To request a change in Initial Service Coordination units, refer to the **Changes in Initial Service Coordinator or Initial Service Coordination Units Policy**.