

Child's Name: _____
DOB: ____/____/____
EI ID: _____

**Initial Service Coordination
Initial Intake Information Outline**

Child's Name: _____ ISC: _____
EI #: _____ ISC#: _____
DOB: ____/____/____

1. Introduction:

- a. Introduce yourself as Initial Service Coordinator
- b. Give Parent Early Intervention Program Parent's Guide
 - i. Pg. 8 (Outline of ALL Early Intervention Steps)
 - ii. Pg. 26 (Parent's Rights – Program is STRICTLY Voluntary)
 - iii. Discuss FAP (Families as Partners)
- c. Give Parents Insurance Letters
 - i. Explain that Insurance Information is Required, but they will not be charged for ANYTHING
 1. ALL Deductibles and Co-Pays are paid for in full by NYC
 2. Premiums or Annuities will NOT be affected in any way.
 3. WILL receive Explanation of Benefits (This is NOT a Bill)
- d. Explain Evaluation Process
 - i. Core Evaluations (What every child is required to have)
 1. consists of:
 - a. Updated Medical (provided by Pediatrician)
 - b. Social History of Child (Done by SW)
 - c. Developmental Evaluation in 5 Basic Areas of Development
 - i. Cognitive, Communication, Physical, Adaptive, and Social-Emotional
 - ii. Supplemental Evaluations in area(s) of concern by specialist
- e. Explain Eligibility
 - i. 33% Delay in 1 area of development OR
 - ii. 25% delay in 2 or more areas of development
- f. Once Evaluations are Complete:
 - i. A written summary of ALL evaluations will be sent by Evaluation Site to Family and NYC EIP
 - ii. Eligibility is determined
- g. If Eligible:
 - i. An IFSP meeting will be held with Family, ISC, Eval Site Rep, and EIOD (City Official) to determine services

2. Review Parents' specific concerns:

Child's Name: _____
DOB: ____/____/____
EI ID: _____

3. Are there any speech concerns? Expressive (pointing, labeling, etc)? Receptive (Understanding, following directions, etc.)?
4. Are there concerns regarding movement (Gross-Motor? Fine-Motor)?
5. Does he/she jump? _____ Does he/she go to the playground? _____
What type of equipment does he/she like?
6. Are there any Sensory Concerns (texture aversions, tags on clothing, doesn't like hands dirty, doesn't tolerate bath-time, etc)?
7. Are there concerns regarding eating/feeding? _____ What type of foods does he/she like/prefer? _____ Does he/she chew? Spit out? _____
8. What are the child's likes/dislikes? Favorite toys? _____
Does he/she explore new toys and the environment? _____
9. Are there any concerns regarding social-emotional development?

Child's Name: _____
DOB: ____/____/____
EI ID: _____

10. Does he/she get along with other children? _____

11. Does he/she have any behavior problems? Tantrums? _____

12. Does he/she listen when told "yes"/"no"? _____

13. Any significant medical history?

- a. Ear Infections? _____
- b. If yes, was an audiological (hearing test) done? _____
- c. If yes, how long ago and what were the test results? _____
- d. Hospitalizations? _____

14. Information for the Evaluators:

- a. Days/Times Available For Evaluations: _____
- b. Best Way to Reach Family: _____
- c. Pets? _____

15. Additional Comments:

**New York City Early Intervention Program
FAMILY INFORMATION FORM**

Child's Name: _____ EI #: _____ DOB: ____/____/____
 (Last) (First)
 Service Coordinator: _____ SC #: _____ Phone #: _____
 Date Form Completed: ____/____/____

Child Lives With: <input type="checkbox"/> Parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Surrogate Parent(s)	
Mother:	Home #: () Work #: ()
Cell #:	Email *
Father:	Home #: () Work #: ()
Cell #:	Email *
Address:	Apt. # School District:
City/Borough	State: Zip Code:
Language(s) spoken at home:	

*Email can only be included with consent

OTHER MEMBERS OF HOUSEHOLD (use codes below)				Relationship Codes:
Name	Relationship	Name	Relationship	
				Relationship Codes: A- Mother I- Foster Mother B- Father J- Foster Father C- Grandmother K- Parent Partner D- Grandfather L- Sibling E- Aunt M- Other F- Uncle N- Not Related G- Stepmother O- Kinship Foster H- Stepfather Care Grandmother U- Unknown P- Kinship Foster Care Other

Foster Care Information:		Child Care Arrangements:																										
Agency Name: _____		<input type="checkbox"/> None <input type="checkbox"/> Day Care Center/Nursery School																										
Contact Person: _____		<input type="checkbox"/> Family Daycare <input type="checkbox"/> Babysitter/Relative (Weekdays)																										
Address: _____		Name: _____																										
City: _____	State: _____ Zip Code: _____	Phone: _____																										
Phone: () Fax: ()																												
Race/Ethnicity : THIS AREA MUST BE COMPLETED FOR EVERY CHILD Check all that apply: Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Native Hawaiian/ other Pacific Islander Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Birth History Hospital of Birth: _____ County of Residence: _____ County of Birth: _____ Wks Gestation: _____ Birth Weight: ____ lbs. ____ ozs or gms If multiple births (twins etc): ____ of ____																										
Family Concerns: What brought you to Early Intervention? _____ _____ _____		Area(s) of Suspected Delay: Check as many as applicable & circle status codes* * Codes: N - No Delay S- Suspected C- Confirmed U- Unknown <table> <tr> <td><input type="checkbox"/> A- Adaptive</td> <td>N</td> <td>S</td> <td>C</td> <td>U</td> </tr> <tr> <td><input type="checkbox"/> B- Cognitive</td> <td>N</td> <td>S</td> <td>C</td> <td>U</td> </tr> <tr> <td><input type="checkbox"/> C- Communication</td> <td>N</td> <td>S</td> <td>C</td> <td>U</td> </tr> <tr> <td><input type="checkbox"/> E - Social/ Emocional</td> <td>N</td> <td>S</td> <td>C</td> <td>U</td> </tr> <tr> <td><input type="checkbox"/> F- Physical</td> <td>N</td> <td>S</td> <td>C</td> <td>U</td> </tr> </table>		<input type="checkbox"/> A- Adaptive	N	S	C	U	<input type="checkbox"/> B- Cognitive	N	S	C	U	<input type="checkbox"/> C- Communication	N	S	C	U	<input type="checkbox"/> E - Social/ Emocional	N	S	C	U	<input type="checkbox"/> F- Physical	N	S	C	U
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<input type="checkbox"/> F- Physical	N	S	C	U																								

FAMILY CONCERNS, PRIORITIES, & RESOURCES

Discuss the sections below after the child's eligibility has been established at the contact before the IFSP meeting.
Family's Routine Activities
(What is the activity?)¹ *Currently Looks like* *What happens during the activity?* *Would Like to Look Like*
(Learning Opportunities)

Family Priority²
(Why is it important?)

Family's Strengths/Resources available to meet priorities: ☐ Characteristics ☐ Knowledge ☐ Time ☐ Strategies ☐ Social Supports ☐ Community Connections
Specify how their Strengths/ Resources will help: ☐ Material Resources ☐ Formal Supports ☐ Other

Resources Needed help the family meet their priorities: ☐ Information ☐ Time ☐ Strategies ☐ Social Supports ☐ Community Connections ☐ Material Resources
Specify what the family will need: ☐ Formal Supports ☐ Other

¹ IFSP page 3, #1
² IFSP page 3, #2

ROUTINE ACTIVITIES WORKSHEET

Routine Activities (RAs)	Specify Activity/les	Is the Activity
1. Eating meals/snacks		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
2. Hanging out		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
3. Playing with others		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
4. Playing with objects		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
5. Playing outside		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
6. Engaging in nurturing, comforting		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
7. Dressing/Undressing/Diapering		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
8. Reading books		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
9. Going for a walk		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
10. Playing in community activities		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
11. Running errands		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
12. Participating in family outings		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
13. Transitioning between activities		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
14. Leaving the house		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
15. Getting ready for bed/Going to bed		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
16. Taking a bath		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
17. Completing morning routine		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
18. Doing chores		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
19. Traveling around in community		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
20. Competing disability needs*		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
21. Other:		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
22. Other:		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
23. Other:		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
24. Other:		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New
25. Other:		<input type="checkbox"/> Enjoyable <input type="checkbox"/> Difficult <input type="checkbox"/> New

* Caretaking routines that are a result of the child's disability.

NYC EARLY INTERVENTION PROGRAM

PARENTAL CONSENT TO INITIATE SERVICE COORDINATION

Child's EI ID No.: _____ Child's DOB: ____/____/____

Child's Name: _____
Last First

I have been informed by the Early Intervention Service Coordinator (ISC) of the various programs and services the Early Intervention Program (EIP) can provide to my child. I have also been informed that in order to provide such services it will be necessary for the Program to coordinate and exchange information with other appropriate service providers.

☐ I consent to the planning and coordination of services for my child.

Signature of Parent/Guardian

Date: ____/____/____

Signature of Initial Service Coordinator

Date: ____/____/____

Service Coordinator ID Number _____

☐ I give permission for my child's service coordinator to send a copy of the following to his/her physician(s): ☐ initial IFSP.

☐ I do not give permission for my child's service coordinator to send a copy of the following to his/her physician(s): ☐ initial IFSP.

Service Coordinator Must Complete:

Date ISC agency received assignment from Regional Office: ____/____/____

Date ISC provided parent(s) the EIP Parent's Guide or directed parent to Guide on SDOH website: ____/____/____

Date ISC reviewed "Your Parent's Rights in the EI Program": ____/____/____

Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: ____/____/____

Name of evaluation site selected by parent: _____

Date referral made to evaluation site: ____/____/____

Note:

- ISC must ensure that a copy of the Parent's Guide is sent to the family within seven (7) business days of referral.
- If parental consent is obtained, a copy of the IFSP should be sent by the ISC upon its completion.

**NYC EARLY INTERVENTION PROGRAM
CONSENT TO RELEASE/OBTAIN INFORMATION**

Child's Name: _____ EI #: _____ DOB: ____/____/____
Address: _____ Apt #: _____
City/Town: _____ State: New York Zip Code: _____

I, (Parent/Guardian's Full Name) _____, seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check one)

☐ I authorize for the information below to be released ☐ I authorize for the information below to be obtained

Specific Information to be released/obtained:

☐ EI Medical Form ☐ Multidisciplinary Evaluation ☐ Supplemental Evaluation(s) Specify: _____
☐ Session Notes ☐ Other: _____ ☐ Individualized Family Service Plan ☐ Provider Progress Notes

I authorize for the information to be (check/complete either A, B, or C):

- A. ☐ Released to all EI providers providing evaluation, service coordination, or services to my child and family
B. Released to the Individual/Agency below:

(Name/ Organization) _____	(Street Address, Borough/City, Zip Code) _____
() _____	() _____
(Telephone Number)	(Fax Number)

C. Obtained from the Individual/Agency below:

(Name/ Organization) _____	(Street Address, Borough/City, Zip Code) _____
() _____	() _____
(Telephone Number)	(Fax Number)

The information will be sent to:

(Name/ Organization) _____	(Street Address, Borough/City, Zip Code) _____
() _____	() _____
(Telephone Number)	(Fax Number)

D. The purpose of the requested information is to: (check all that apply)

- ☐ Establish Early Intervention eligibility
☐ Develop an Individualized Family Service Plan
☐ Start, coordinate and monitor Early Intervention services
☐ Inform the child's physician about my child's services and
☐ Other: _____

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator.
This release ends on the date of my next scheduled IFSP (or, if sooner, specify date ____/____/____).

Signed: _____ Date: ____/____/____
Relationship to Child: _____

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. Blank consent forms should never be signed by the parent.
Consent to Release/Obtain Information Revised 12/10

**NYC EARLY INTERVENTION PROGRAM
CONSENT TO RELEASE/OBTAIN INFORMATION**

Child's Name: _____ EI #: _____ DOB: ____/____/____
Address: _____ Apt #: _____
City/Town: _____ State: New York Zip Code: _____

I, (Parent/Guardian's Full Name) _____, seek services for my child from the NYC Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check one)

☐ I authorize for the information below to be released ☐ I authorize for the information below to be obtained

Specific Information to be released/obtained:

☐ EI Medical Form ☐ Multidisciplinary Evaluation ☐ Supplemental Evaluation(s) Specify: _____
☐ Individualized Family Service Plan ☐ Provider Progress Notes
☐ Session Notes ☐ Other: _____

I authorize for the information to be (check/complete either A, B, or C):

A. ☐ Released to all EI providers providing evaluation, service coordination, or services to my child and family

B. Released to the Individual/Agency below:

(Name/ Organization) _____		(Street Address, Borough/City, Zip Code) _____	
() _____	() _____		
(Telephone Number)	(Fax Number)		

C. Obtained from the Individual/Agency below:

(Name/ Organization) _____		(Street Address, Borough/City, Zip Code) _____	
() _____	() _____		
(Telephone Number)	(Fax Number)		

The information will be sent to:

(Name/ Organization) _____		(Street Address, Borough/City, Zip Code) _____	
() _____	() _____		
(Telephone Number)	(Fax Number)		

D. The purpose of the requested information is to: (check all that apply)

- ☐ Establish Early Intervention eligibility
☐ Develop an Individualized Family Service Plan
☐ Start, coordinate and monitor Early Intervention services
☐ Inform the child's physician about my child's services and
☐ Other: _____

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator.
This release ends on the date of my next scheduled IFSP (or, if sooner, specify date ____/____/____).

Signed: _____ Date: ____/____/____
Relationship to Child: _____

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. Blank consent forms should never be signed by the parent.
Consent to Release/Obtain Information Revised 12/10

Early Childhood Associates
910 West End Avenue, Suite 1C
New York, New York 10025

PARENTAL CONSENT TO OBTAIN/REVIEW MEDICAL RECORDS

Child's Name: _____ DOB: _____

I, _____, give my consent to have my
Name of Parent/Guardian

child's medical record released by:

Name of Doctor: _____

Address: _____

Telephone: _____

Fax: _____

and sent to:

Early Childhood Associates
910 West End Avenue, Suite 1C
New York, New York 10025
Fax: 212-662-9222

for the purpose of an appropriate and complete Early Intervention evaluation to determine placement and/or services for my child.

I am aware that a physician's health assessment is a **REQUIRED** component of the multidisciplinary evaluation, and that an IFSP meeting to determine my child's eligibility for service cannot occur without this information.

Signature of Parent/Guardian

Date Signed

NYC EARLY INTERVENTION PROGRAM
CONSENT FOR EVALUATION AND SCREENING

Child's Name: _____
EI #: _____ Last _____ First _____ MI _____
DOB: ____/____/____

Date of Referral ____/____/____

Dear Early Intervention Official Designee:

I authorize the evaluation of my child by: _____
Name of Evaluation Site
to determine my child's eligibility for the Early Intervention Program. I understand that several people will be involved in the evaluation process. I also understand that the evaluation site that i have selected will coordinate the evaluation(s) and is the only agency authorized to arrange an Early Intervention evaluation for my child.

I have been informed that I will be involved in my child's evaluation and, I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to the NYC Early Intervention Program. If my child is eligible for the Early Intervention Program, the evaluations will assist in developing my child's Individualized Family Service Plan (IFSP).

Signature of Parent/Surrogate Parent

____/____/____
Date:

Signature of Evaluation Site Representative

____/____/____
Date:

Parental Consent to Use E-mail to Exchange Personally Identifiable Information

Parent's Name: _____

E-mail Address: _____

Child's Name: _____ D.O.B. _____

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, _____, authorize _____ whose e-mail address is _____ to communicate with me at my e-mail address, _____, concerning my child's, _____, participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Early intervention team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

- (1) _____ with the e-mail address _____
- (2) _____ with the e-mail address _____
- (3) _____ with the e-mail address _____
- (4) _____ with the e-mail address _____
- (5) _____ with the e-mail address _____

Parent's Signature _____ Date _____

**NYC EARLY INTERVENTION PROGRAM
(POST-NYEIS) REASON FOR DELAY OF EVALUATION COMPLETION FORM**

Child's Name:	DOB:
EI Number:	Date of Referral to EI: ____/____/____

This form is to be filled out by the Initial Service Coordinator (if needed) and submitted to the Evaluation Agency with the other required paperwork as outlined in the Initial Service Coordination Responsibilities Policy

Parents chose: _____
(Evaluation Site Name) (Provider #)

which was/will be unable to complete the child's evaluation within thirty (30) days of the date of referral to the NYC Early Intervention Program due to the following reason (s):

☐ 1. Waiting List ☐ 2. Evaluator backlog/delay ☐ 3. Other reason (s): _____

The child is now scheduled for an evaluation on (date): _____ / _____ / _____ at _____

(Evaluation Site Name)

(Provider #)

Initial Service Coordinator Signature: _____

Date: ____/____/____ Agency: _____ Phone number: _____

Parent Acknowledgement

I understand that my child is entitled to an evaluation and to the convening of an IFSP meeting within forty-five (45) days of the date of referral to the New York City Early Intervention Program (EIP). I understand that the evaluation site I have selected will not be able to complete the evaluation and send the required report to me and the NYC EIP so that this timeline can be met.

Parent signature: _____ Date: ____/____/____

Parents must never be asked to sign this form before any delays occur.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
COLLECTION OF INSURANCE INFORMATION

NYEIS Child
Reference#:

DATE INSURANCE INFORMATION COLLECTED/UPDATED: mm/dd/yyyy	*Is the Insurance Plan Regulated by New York State? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, has the parent consented to use of their insurance benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Insurance Plan: Primary <input type="checkbox"/> or Secondary <input type="checkbox"/>
Child's Name:	Child's Date of Birth: mm/dd/yyyy	Child's Gender:
Parent/Guardian Name:	Parent/Guardian Date of Birth: mm/dd/yyyy	Parent/Guardian Phone No.:
Insurance Company Name:	Insurance Company Phone No:	Insurance Company Billing Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth: mm/dd/yyyy	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date: mm/dd/yyyy	Policy Effective To Date: mm/dd/yyyy
Is the Plan Child Health Plus? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Plan Medicaid Managed Care? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Plan a self-funded plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date: mm/dd/yyyy	CIN Effective To Date: mm/dd/yyyy
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

Insurance Information reviewed at 6 month IFSP:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed at 12 month IFSP:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed at 18 month IFSP:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed at 24 month IFSP:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____

mm/dd/yyyy

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

COLLECTION OF INSURANCE INFORMATION (continued)

*For assistance in determining whether a particular insurance plan is regulated in New York State, please contact the insurer directly and/or use the additional guidance provided in the tool kit in items #15 and #16.

**The insurance company must be contacted to confirm the billing and claiming address. Once confirmed, this should be entered/verified in NYEIS.

***If the family has a Medicaid card and CIN#, the CIN# must be entered in NYEIS. If the Medicaid coverage is a Medicaid managed care plan, the managed care insurer/insurance information must also be entered on the commercial insurance page and marked "Yes" for Medicaid Managed Care after entering the Medicaid coverage. Please see item #13 in this tool kit for more information.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

Notice of Parent Declination to Provide Insurance Information to the Early
Intervention Program

I, _____(service coordinator), am notifying the State
Department of Health that _____(parent) has declined to provide
health insurance information to the Early Intervention Program and has not provided
documentation that the insurance policy under which their child,
_____(child), is covered is not regulated by New York State
Insurance Law and regulations.

The parent declined for the following reason(s):

Parent Address and Phone Number:

Service Coordinator and Agency (if applicable), Address and Phone Number:

I certify that the following actions were taken in an effort to obtain insurance
information from the parent:

- The service coordinator requested the information of the parent.
Yes ☐ No ☐
- The service coordinator reviewed the protections in Public Health Law and Insurance
Law that assure use of insurance is at no cost to the parent.
Yes ☐ No ☐
- The parent was asked and could not or did not provide documentation from their
insurer that insurance coverage applicable to their child is not governed under New
York State laws and regulations.
Yes ☐ No ☐
- The parent has been informed and understands that this notice is maintained in the
child record and is sent by the service coordinator to the New York State Department
of Health, Bureau of Early Intervention.
Yes ☐ No ☐

Initial/Ongoing Service Coordinator

Date

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

AUTHORIZATION TO RELEASE HEALTH INSURANCE INFORMATION

Pursuant to Section 2559(3)(d) of NYS Public Health Law and
Section 3235-a(c) of the Insurance Law

Insured's (Child's) Name:	Date of Birth: <small>mm/dd/yyyy</small>
Parent/Legal Guardian's Name:	Date of Birth: <small>mm/dd/yyyy</small>
Insurance Company Name:	Insurance Plan Name/Type:
Insurance Company Address:	Insurance Company Phone No:
Policy Holder's Name and Address:	Policy/ID No.: Child's Member ID No.: Group No. (if applicable):
Service Coordinator Name:	Service Coordinator Agency:
Service Coordinator Address:	Service Coordinator Phone No.:
Municipality:	Date Sent to Insurer: <small>mm/dd/yyyy</small>

I request and authorize the release of health insurance coverage information for the insured named above to my child's and family's early intervention service coordinator, provider(s), the municipality which administers the local Early Intervention Program, and the NYS Department of Health and/or its early intervention fiscal agent.

I authorize the exchange of information between these parties and the insurer named above for the purposes of facilitating claiming and assisting in the adjudication of claims for services rendered under the Early Intervention Program:

I further consent and authorize providers who submit claims to the above referenced insurer to provide such information as may be required by the insurer to facilitate claiming and payment for services rendered under the Early Intervention Program.

This request applies only to health insurance coverage under the insured's policy, plan or benefit package for the purposes of facilitating payment from the insurer for services rendered under the Early Intervention Program.

Parent/Guardian's Signature: _____

Date Signed: _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

REQUEST FOR COVERAGE INFORMATION
Pursuant to Section 3235-a(c) of New York State Insurance Law

Child's Name (First/MI/Last):	Child's Date of Birth: <small>mm/dd/yyyy</small>
Municipality:	Date Sent to Insurer: <small>mm/dd/yyyy</small>
Name of Parent/Legal Guardian:	Phone No.:
Insurance Company/Plan Name:	Insurance Company Address:
Policy Holder Name and Address:	Policy Holder Relationship to Child:
Policy Holder Date of Birth: <small>mm/dd/yyyy</small>	Policy No. for Billing:
Policy Holder Employer Name:	Policy Holder Employer Address:
Child's Member Identification No.:	Group No. (if applicable):
Early Intervention Service Coordinator:	Service Coordination Agency:
Service Coordinator Phone No.:	Service Coordinator Fax No.:
Service Coordinator Address:	

Dear Insurer:

This form requests information about the above named child's insurance coverage. The parent/guardian of the above named child has authorized release of this information (authorization form enclosed). As per requirements in Section 3235-a(c) of the New York State Insurance Law, we request that you complete and return this form to the Early Intervention Program at the address provided above. Section 3235-a(c) of the State Insurance Law requires this information to be returned within 15 days of request. Provision of this information will assist both the authorized providers and the insurer in claims processing.

Please provide the following requested information regarding the above named child's benefits as the insured.

Is the child's health coverage:

- | | | |
|---|------------------------------|-----------------------------|
| a) A health insurance policy, plan or benefit package
regulated under New York State Law | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Child Health Plus | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Other government plan (e.g., Medicaid Managed Care) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) A self-insured plan governed by ERISA or other plan not subject
to regulation under New York State Insurance Law? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please indicate the effective dates of coverage for this policy: _____

NYEIS Child
Reference#:

Child's Name (First/MI/Last):

Child's Date of Birth:

mm/dd/yyyy

Visit Limit Information

If the child's insurance policy, plan or benefit package **IS** a policy regulated by New York State Insurance Law and **IS NOT** Medicaid, Champus, or a self-insured plan or other plan not subject to New York State Insurance Law, please indicate the number of annual visits available for the covered services identified below (if no coverage is available, please indicate by placing a 'N' in the second column and a '0' in the third column).

Service	Covered (Y/N)	Number of Annual Visits
Applied Behavior Analysis		
Assistive Technology/Durable Medical Equipment		
Audiology Services		
Nursing Services		
Diagnostic and Evaluation Services		
Nutrition Services		
Occupational Therapy		
Physical Therapy		
Psychological Services		
Social Work Services		
Special Instruction		
Speech Language Therapy		
Vision Services		

Is prior authorization for covered services required?

Yes ☐

No ☐

Are there specific referral procedures that must be followed?

Yes ☐

No ☐

If yes, please describe the procedures that must be followed:

Please provide the name, telephone number, and email address of an appropriate contact person for questions about the information on this form:

Name

Phone

E-mail

Please return completed form to the Early Intervention Service Coordinator at the address on the first page of this form. Thank you for your assistance.

NYEIS Child
Reference#:

Insurance
Tool Kit Item 8
Form E

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

WRITTEN REFERRAL FROM PRIMARY HEALTH CARE PRACTITIONER
DOCUMENTATION OF MEDICAL NECESSITY FOR THIRD PARTY CLAIMING
Pursuant to Section 2559(3)(a)(ii) of New York State Public Health Law

Child's Name (First/MI/Last):	Child's Date of Birth: mm/dd/yyyy
Name of Parent/Legal Guardian:	Phone No.:
Service Coordinator:	Phone No.

Dear Primary Care Practitioner:

Pursuant to New York State Public Health Law Section 2559(3)(a)(ii), parents are required to provide the Early Intervention Program with a written referral from a primary health care practitioner as documentation of the medical necessity of early intervention services for their children who have been found eligible through a multidisciplinary evaluation for the Early Intervention Program. This information is sought in order to facilitate claims and payment processing for these services from third party insurance. The New York State, Bureau of Early Intervention developed this form to facilitate a complete and accurate referral. However, you may use the form of your choosing provided it contains all the required information. Thank you for your support in providing the information requested below.

Patient Assessment and Relevant Medical History

--

Diagnosis, including diagnosed condition or developmental delay (and accompanying ICD code), relating to the need for Early Intervention Program services

--

Early Intervention Program Services identified in the child's Individualized Family Service Plan (IFSP)

Service Type	Frequency/Duration	Prior Auth No. (Insurance use only)
	Per the IFSP	
	Per the IFSP	
	Per the IFSP	

Service Type	Frequency/Duration	Prior Auth No. (Insurance use only)
	Per the IFSP	
	Per the IFSP	
	Per the IFSP	

I understand that the Early Intervention Program services listed above may require ongoing evaluation/assessment to be conducted on a regular basis by a qualified professional to evaluate the progress of the child.

I refer _____ (child) to the Early Intervention Program to obtain the services identified in his/her IFSP.

Practitioner Signature: _____ (original) Date: _____

Practitioner Name (Print): _____ Phone No.: _____

Practitioner Address: _____

New York State License No.: _____ NPI No.: _____

NYEIS Child
Reference#:

Insurance
Tool Kit Item 11
Form F

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

CONSENT TO BILL NON-REGULATED INSURANCE

TODAY'S DATE: mm/dd/yyyy	*Is the Insurance Plan Regulated by New York State: Yes <input type="checkbox"/> No <input type="checkbox"/>
Child's Name:	Child's Date of Birth: mm/dd/yyyy
Insurance Company Name:	Insurance Plan Name/Type:
Insurance Company Address:	Insurance Company Phone No:
Policy Holder's Name:	Policy Holder's Relationship to Child:
Policy Holder's Address:	Policy/ID No.: Child's Member ID No.: Group No. (if applicable):
Name of Service Coordinator:	Service Coordinator's Phone Number:
Consent Effective From Date: mm/dd/yyyy	Consent Effective To Date: mm/dd/yyyy

Please Read

I understand that I can decide if I wish to give my permission for my health insurance plan, which is not regulated by New York State Insurance Law, to be billed to help pay for the Early Intervention Program services my child and family receive.

I understand that my consent is voluntary, that I can revoke my consent at any time, and that the revocation of consent will not be retroactive.

I understand that if I give this permission, my insurance benefits may not be protected by State Insurance or Public Health Law and that my insurer may not be prohibited from:

- Applying the early intervention services to the policy's lifetime or annual monetary or visit limits.
- Discontinuing or not renewing my insurance coverage because my child receives early intervention services.
- Increasing my insurance premiums because my child is receiving early intervention services.

Consent to Bill Non-Regulated Insurance

☐ I give my consent to my Early Intervention Program providers to access benefits through my health insurance plan, which is NOT regulated by New York State Insurance Law, to help pay for the early intervention services my child and family receive.

☐ I do NOT give my consent to my Early Intervention Program providers to access benefits through my health insurance plan, which is NOT regulated by New York State Insurance Law, to help pay for the early intervention services my child and family receive.

Parent Name

Parent Signature

Date

**Information and Parental Consent for Use of Private Insurance
to Cover Early Intervention Services**

When a child's parent has insurance that is subject to the New York State Insurance Law it is a required payment source for services provided under the Early Intervention Program. Private health insurance is used to help pay for early intervention services for children like yours who can be helped by these important services.

Under NYS Public Health Law and regulations:

1. Your Early Intervention Official (EIO) must collect information and documentation about your child's insurance coverage, including Medicaid and other government payers. Your service coordinator will collect this information and give it to your EIO. This information includes: the type of insurance policy or health benefits plan, the name of the insurer or plan administrator, the policy or plan identification number, the type of coverage in the policy and any other information needed to bill your insurance. Your service coordinator will explain your rights and responsibilities, and the protections that the law provides for families.
2. Your EIO must collect your social security number and your child's social security number.

The early intervention services your child needs will be provided at no cost to your family. You will not be required to pay any out-of-pocket costs, such as deductibles or co-payments, for services your child and family receive in the Early Intervention Program. In addition, New York State Insurance Law prohibits insurers from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps"). This means that any payment made by your insurance company for early intervention services will not decrease your family's total insurance coverage.

If the use of your private insurance would result in any cost to your family (such as if your employer is self-insured and not prohibited from applying early intervention payments against a policy cap), your insurance will not be billed without your informed consent. Incidental costs, such as the time needed to file an insurance claim or the postage needed to mail the claim, are not considered a cost to your family.

Your insurance will be billed unless you provide documentation that it is not subject to NYS Insurance Law.

If your insurance is NOT subject to Insurance Law you can choose to sign a special consent form to allow NYC EIP to bill your insurance anyway.

The early intervention services available to your child and family will not be limited to what is covered by your insurance. Your Early Intervention Official has to make sure that appropriate early intervention services are provided to your child, even if you have no insurance.

**ACKNOWLEDGEMENT OF NEW YORK CITY EI PROGRAM INTENT TO EXERCISE
SUBROGATION RIGHTS**

I understand that the New York City Early Intervention Program intends to seek payment from third party payors covered by the New York State Insurance Law.

 I give the New York City Early Intervention Program permission to seek reimbursement from my health insurance company. I authorize the release of any medical information or other information necessary to process claims. I authorize payment of medical benefits to the New York City Early Intervention Program. I have been informed that under the Public Health Law and Insurance Law the use of insurance is at no cost to me.

 I understand that the New York City Early Intervention Program has the right to access my insurance information if my plan is subject to NYS insurance law

 My insurance is not covered by NYS law, but I give permission to the New York City Early Intervention Program to seek reimbursement from my health insurance company. I authorize the release of any medical information or other information necessary to process claims. I authorize payment of medical benefits to the New York City Early Intervention Program.

Policyholder Signature

Date

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
PARENT LETTER REGARDING REGULATED INSURANCE**

February 2013

Dear Parent,

In New York State, early intervention services must be provided at no cost to families. However, New York State's system of payments for the Early Intervention Program includes the use of public insurance (such as Medicaid and Child Health Plus) and private insurance (such as CDPHP, UHC, and others) for reimbursement of early intervention services. These important sources of funding help to secure the availability of early intervention services for future generations.

Under Public Health Law, providers of early intervention services are required to bill public and private insurance for early intervention services first, before submitting bills for payment by your municipality. Private insurance will only be billed if your insurance policy is subject to New York State law, or with your consent if your insurance policy is not subject to State law.

Under New York State Public Health Law (PHL):

- Your service coordinator must collect, and you must provide, information and documentation about your child's insurance coverage, including public and private insurance. This information includes: the type of insurance policy or health benefits plan, the name of the insurer or plan administrator, the policy or plan identification number, the type of coverage in the policy and any other information needed to bill your insurance. Your service coordinator will explain your rights and responsibilities, and the protections that the law provides for families. [PHL§2543(3); PHL§2559(3)(a)(i)]
- Your Early Intervention Official must collect, and you must provide, your social security number and your child's social security number. This information will be maintained in a secure and confidential manner. [PHL§2552(2)]

The following protections are ensured under New York State Public Health Law (PHL) and New York State Insurance Law (SIL) for insurance plans that are regulated by New York State, when public and private insurance is used to pay for early intervention services.

1. **The early intervention services your child needs will be provided at no cost to your family.** You cannot be asked to pay any out-of-pocket costs, such as deductibles or co-payments, for any services your child and family receive in the Early Intervention Program. The Early Intervention Official will arrange for payment of all co-payments and deductibles. [PHL§2557(1); PHL§2559(3)(b)]

2. Insurers are prohibited from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps"). This means that any payment made by your insurance company for early intervention services will not decrease your family's total insurance coverage. [PHL§2559(3)(c); SIL§3235-a(b)]
3. Insurers are prohibited from charging any early intervention services paid against visit limits in your policy. This means that early intervention visits reimbursed by the insurer cannot reduce the number of visits otherwise available to your child and family for health care. [SIL§3235-a(b)]
4. The early intervention services available to your child and family will not be limited to what is covered by your insurance. Your Early Intervention Official has to make sure that appropriate early intervention services are provided to your child, even if your insurance does not cover these services or if you have no insurance. [PHL§2559(1)]
5. Your health insurance company cannot discontinue or fail to renew your insurance coverage solely because your child is receiving services through the Early Intervention Program. [SIL§3235-a(d)]
6. Your health insurance company cannot increase your health insurance premiums solely because your child and family are receiving services through the Early Intervention Program. Your child's eligibility for home and community-based waiver programs will not be affected by use of public health insurance (i.e., Medicaid) to pay for early intervention services. Receiving early intervention services does not preclude participation in home and community-based waiver programs.
8. Early intervention services in your IFSP must still be provided even if you decline to provide insurance information. If you decline to provide your insurance information to your service coordinator, your service coordinator must certify that you have been fully informed about the protections in State law when insurance is used for early intervention services. The service coordinator must also document the reason why you declined to provide insurance information. [PHL§2552(1)]
9. Early intervention services in your IFSP must still be provided even if you do not have private or public insurance coverage. You cannot be required to obtain health insurance coverage as a condition of participating in the Early Intervention Program, although your service coordinator can assist you with referral and application for public benefits if you choose. [PHL§2552(1); PHL§2559(1)]
10. If your private insurance is not regulated by New York State (such as if your employer is self-insured) and the use of private insurance would result in any cost to your family (including loss of benefits), your insurance plan will not be billed unless you give informed written consent. [PHL§2559(3)(a)]
- If your family has both private insurance and public insurance (Medicaid) coverage, claims for payment of early intervention services will first be billed to your private insurance and only the remaining balance will be billed to public insurance for payment.

New York State Public Health Law gives the municipality and provider the right of 'subrogation' to reimbursement under your policy, to the extent that the municipality has paid for early intervention services or the provider has delivered services covered by your policy. This means that any payment for early intervention services made by private insurance must be made directly to the early intervention provider. Should payment be made to you in error, please notify your service coordinator or Early Intervention Official. These individuals can assist you in returning these payments to the provider. This is important to ensure your provider is paid for early intervention services delivered to your child and family. [PHL§2559(3)(d); SIL§3235-a(c)]

If you have any questions about the information in this letter, please ask your service coordinator or Early Intervention Official, or call or e-mail the New York State Department of Health, Bureau of Early Intervention at 518-473-7016 or bei@health.state.ny.us.

Sincerely,

Brenda Knudson-Chouffi
Co-Director, Bureau of Early Intervention

Donna Noyes
Co-Director, Bureau of Early Intervention

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
PARENT LETTER REGARDING NON-REGULATED INSURANCE**

February 2013

Dear Parent,

In New York State, early intervention services must be provided at no cost to families. However, New York State's system of payments for the Early Intervention Program includes the use of public insurance (such as Medicaid and Child Health Plus) and private insurance (such as CDPHP, UHC, and others) for reimbursement of early intervention services. These important sources of funding help to secure the availability of early intervention services for future generations.

Under Public Health Law, providers of early intervention services are required to bill public and private insurance for early intervention services first, before submitting bills for payment by your municipality. Private insurance will only be billed if your insurance policy is subject to New York State law, or with your consent if your insurance policy is not subject to State law.

Under New York State Public Health Law (PHL):

- Your service coordinator must collect, and you must provide, information and documentation about your child's insurance coverage, including public and private insurance. This information includes: the type of insurance policy or health benefits plan, the name of the insurer or plan administrator, the policy or plan identification number, the type of coverage in the policy and any other information needed to bill your insurance. Your service coordinator will explain your rights and responsibilities, and the protections that the law provides for families. [PHL§2543(3); PHL§2559(3)(a)(i)]
- Your Early Intervention Official must collect, and you must provide, your social security number and your child's social security number. This information will be maintained in a secure and confidential manner. [PHL§2552(2)]

The New York State Public Health Law (PHL) and New York State Insurance Law (SIL) contain certain protections regarding the child's covered benefits for insurance plans that are regulated by New York State law, when public and private insurance is used to pay for early intervention services.

If your insurance plan is not regulated by New York State, the protections in State Insurance or Public Health Law would not apply to your insurance plan. Under these circumstances:

1. Your insurer may not be prohibited from applying the early intervention services to the policy's lifetime or annual monetary limits or from reducing the number of visits otherwise available.
2. Your insurer may not be prohibited from discontinuing or failing to renew your health insurance coverage because your child is receiving EIP services.
3. Your insurer may not be prohibited from increasing your insurance premiums because your child is receiving EIP services.

Your written consent is necessary in order for your health insurance plan which is not regulated by New York State to be accessed to help pay for early intervention services. If you decide you do not want to give written permission for the Early Intervention Program to bill your health insurance plan, the services in your IFSP must still be provided. [PHL§2552(1)]

If you decide to give your written permission for your health insurance plan to be accessed to pay for early intervention services, the following protections are in place for you:

1. **The early intervention services your child needs will be provided at no cost to your family. You will not be asked to pay any out-of-pocket costs, such as deductibles or co-payments, for any services your child and family receive in the Early Intervention Program. The Early Intervention Official will arrange for payment of all co-payments and deductibles by the municipality. [PHL§2557(1); PHL§2559(3)(b)]**
2. **The early intervention services available to your child and family will not be limited to what is covered by your insurance. Your early intervention official has to make sure that appropriate early intervention services are provided to your child, even if your insurance does not cover these services. [PHL §2552(1); PHL§2559(1)]**

New York State Public Health Law gives the municipality and provider the right of 'subrogation' to reimbursement under your policy, to the extent that the municipality has paid for early intervention services or the provider has delivered services covered by your policy. This means that any payment for early intervention services made by private insurance must be made directly to the early intervention provider. Should payment be made to you in error, please notify your service coordinator or Early Intervention Official. These individuals can assist you in returning these payments to the provider. This is important to ensure your provider is paid for early intervention services delivered to your child and family. [PHL§2559(3)(d); SIL§3235-a(c)]

If you have any questions about the information in this letter, please ask your service coordinator or Early Intervention Official, or call or e-mail the New York State Department of Health, Bureau of Early Intervention at 518-473-7016 or bei@health.state.ny.us.

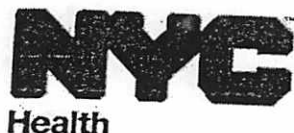
Sincerely,

**Brenda Knudson-Chouffi
Co-Director**

**Donna Noyes
Co-Director**

Bureau of Early Intervention

Bureau of Early Intervention



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

Marie B. Casalino, MD, MPH
Assistant Commissioner

NYC DOHMH
Bureau of Early Intervention
2 Gotham Center, CN 12
42-09 28th St, 18th Floor
Queens, NY 11101-4132

347 396-6828 tel
347 396-6982 fax

FREQUENTLY ASKED QUESTIONS **USE OF PRIVATE HEALTH INSURANCE IN EARLY INTERVENTION**

Why is my insurance being used? I was advised that Early Intervention is a free service.

- Early Intervention services are at no cost to parents. Using private insurance to pay for services is required under the Early Intervention Program if such insurance is available and covered by NYS Insurance Law. Billing private insurance for your child's Early Intervention services is a normal part of helping to support the program. Parents are not required to pay co-pays or any other costs.
- Your insurance will be billed unless you provide documentation that it is not subject to NYS Insurance Law

Why am I receiving bills from my insurance company?

- The forms you are receiving are not bills but Explanation of Benefit Statements (EOBs). When New York City submits a claim to your insurance company, the company is required to notify you.

The statement mentions that I am responsible for certain costs. Is that true?

- New York City will pay any deductible or co-payment that your insurance imposes for Early Intervention services. In addition, you will not be required to pay any claims that are denied by your health insurance carrier due to lack of coverage, use of an out-of-network service provider, etc. **Parents are not responsible for any costs related to their child's services.**
- When you get a statement or EOB from your insurance company, remember that you are not responsible for any deductions or co-pays. The statements you receive are for your records. The forms you are receiving are not bills but Explanation of Benefit Statements (EOB). As the policy holder, you are notified of any claims being submitted to access your insurance **and should retain these documents for your records.**
- When New York City submits a claim to your insurance company, the company is required to notify you.

Will this affect any services that my family receives outside of Early Intervention that is claimed to my insurance company?

- Under the New York State Insurance Law, payment for Early Intervention services **cannot** be applied to the lifetime

or annual monetary caps on the child/family's insurance policy. Use of third party insurance payment for Early Intervention services will not be applied against the lifetime or annual monetary limits specified in your insurance policy and will not reduce the number of visits otherwise available under the policy.

Please note that the New York City Early Intervention Program will bill only those insurance plans that are covered by New York State Insurance Law, unless you specifically consent to billing a non-covered insurance plan.

My insurance company sent me a check. What should I do with it?

- If your insurance company sends you a check, endorse it and send it to the Early Intervention Program to help pay for your child's services.

Send the check and EOB to the attention of:

Assunta Rozza
Assistant Commissioner, Bureau of Finance and Revenues
NYC Department of Health and Mental Hygiene
Gotham Center, CN# 15-86
42-09 28th Street
Queens, New York 11101-4132

DO NOT CASH OR DEPOSIT THE CHECK.

Whom can I contact if I have questions regarding use of my private health insurance coverage?

There are many sources of information about the use of private health insurance in the Early Intervention Program. They include:

- ❖ The NYS Department of Health, Bureau of Early Intervention website:
http://www.health.state.ny.us/community/infants_children/early_intervention/memo03-2.htm#_toc42408102
- ❖ NYC Call Center (311)
- ❖ Your Service Coordinator
- ❖ The NYC Department of Health and Mental Hygiene, Office of Early Intervention Consumer Affairs – Beverly Samuels (347) 396-6828



NYC EARLY INTERVENTION PROGRAM
EVALUATION PROVIDERS
BOROUGH: MANHATTAN

Wednesday, July 11, 2012

EI PROGRAM NAME:	ABC Early Intervention Program	PA # 18400
PROGRAM CONTACT:	Christina Zaccario Miller 404 East 91st Street, New York, NY 10128 Telephone: 212-369-2010 Extension: 302 Fax: 212-369-4394	E-Mail: czaccario@a-b-c.org
EI PROGRAM NAME:	Ability Builders for Children	PA # 65900
PROGRAM CONTACT:	Oliver Trinidad 3175 East Tremont Avenue, 2nd Fl, Bronx, NY 10461 Telephone: 718-239-8239 Extension: 8090 Fax: 212-208-4689	E-Mail: otrinidad@abckidsny.com
EI PROGRAM NAME:	All About Kids	PA # 44900
PROGRAM CONTACT:	Cathleen Grossfeld 255 Executive Drive, LL 105, Plainview, NY 11803 Telephone: 516-576-2040 Extension: 19 Fax: 516-576-1615	E-Mail: cathy.grossfeld@allaboutkidsny.com
EI PROGRAM NAME:	AlliedMedix Resources	PA # 69300
PROGRAM CONTACT:	Rahuldeb Mukerji 33-10 Queens Boulevard, Ste 301, Long Island City, NY 11101 Telephone: 718-593-4121 Extension: 113 Fax: 718-268-2646	E-Mail: rmukerji@alliedmedix.com
EI PROGRAM NAME:	AMAC Early Intervention Program	PA # 69800
PROGRAM CONTACT:	Nyla Lamm 25 West 17th Street, New York, NY 10011 Telephone: 212-645-5005 Extension: 3201 Fax: 212-645-0170	E-Mail: nyla.lamm@amac.org
EI PROGRAM NAME:	Amerimed Early Intervention Program	PA # 60500
PROGRAM CONTACT:	Alex Margulis 1655 East 13th Street, Brooklyn, NY 11229 Telephone: 718-434-8677	E-Mail: amargulis@msn.com Fax: 718-434-7703
EI PROGRAM NAME:	Bank Street Family Center	PA # 34300
PROGRAM CONTACT:	Murray Kelley 610 West 112th Street, New York, NY 10025 Telephone: 212-875-4573	E-Mail: mkelley@bankstreet.edu Fax: 212-875-4572
EI PROGRAM NAME:	Bilinguals	PA # 52100
PROGRAM CONTACT:	Abigail De La Cruz 60 Madison Avenue, 8th Fl, New York, NY 10010 Telephone: 212-684-0099 Extension: 325 Fax: 212-679-7867	E-Mail: adelacruz@bilingualsinc.com
EI PROGRAM NAME:	Center for Hearing and Communication	PA # 20600
PROGRAM CONTACT:	Lois K. Heymann 50 Broadway, 6th Fl, New York, NY 10004 Telephone: 917-305-7860	E-Mail: lheyman@chchearing.org Fax: 917-305-7851
EI PROGRAM NAME:	Challenge Early Intervention Center	PA # 62400
PROGRAM CONTACT:	Stuart A. Ibel 649 39th Street, Brooklyn, NY 11232 Telephone: 718-851-3300	E-Mail: ibel.challenge@thejnet.com Fax: 718-972-0696

EI PROGRAM NAME:	Children's Home Intervention Program (CHIP)	PA # 50700
PROGRAM CONTACT:	Patricia Fronduto 4024 Amboy Road, Staten Island, NY 10308 Telephone: 718-984-9022 Extension: 232 Fax: 718-967-2073	E-Mail: pfronduto@chipny.com
EI PROGRAM NAME:	City Pro Group	PA # 53200
PROGRAM CONTACT:	Angela Risman 2625 East 14th Street, Ste 200, Brooklyn, NY 11235 Telephone: 718-769-2698	E-Mail: angela@cityprogroup.com Fax: 718-769-2317
EI PROGRAM NAME:	Clarke School - New York	PA # 63100
PROGRAM CONTACT:	Meredith Berger 80 East End Avenue, New York, NY 10028 Telephone: 212-585-3500	E-Mail: mberger@clarkeschools.org Fax: 212-585-3300
EI PROGRAM NAME:	Dynamic Center	PA # 68400
PROGRAM CONTACT:	Aniceli Bourdierd-Tejada 2 Corporate Drive, Central Valley, NY 10917 Telephone: 866-533-1020	E-Mail: atejada@dynamictherapy.org Fax: 866-679-0871
EI PROGRAM NAME:	Early Childhood Associates	PA # 59600
PROGRAM CONTACT:	Eric Lewy 825 West End Avenue, New York, NY 10025 Telephone: 212-662-9200 Extension: 201 Fax: 212-662-9222	E-Mail: eric.lewy@gmail.com
EI PROGRAM NAME:	Functional Life Achievement	PA # 46700
PROGRAM CONTACT:	Mia Chew 236 2nd Avenue, New York, NY 10003 Telephone: 212-683-8905 Extension: 116 Fax: 212-683-8906	E-Mail: miache w@flaserve.com
EI PROGRAM NAME:	Hand In Hand Development	PA # 60800
PROGRAM CONTACT:	Chaim Lax 465 Grand Street, 2nd Fl, New York, NY 10002 Telephone: 212-420-1999 Extension: 113 Fax: 212-420-1910	E-Mail: chaim113@hihdev.com
EI PROGRAM NAME:	Happy Dragon Child and Family Service Center	PA # 68200
PROGRAM CONTACT:	Pei Ling Pisciotta 30-04 146th Street, Flushing, NY 11354 Telephone: 718-446-9021 Extension: 117 Fax: 718-271-0722	E-Mail: supervisor@happydragoneip.com
EI PROGRAM NAME:	Happy Dragon Children Learning Center	PA # 70200
PROGRAM CONTACT:	Pei Ling Pisciotta 98-25 Horace Harding Expressway, Corona, NY 11368 Telephone: 718-271-5637 Extension: 117 Fax: 718-271-0722	E-Mail: supervisor@happydragoneip.com
EI PROGRAM NAME:	Hear Our Voices	PA # 62900
PROGRAM CONTACT:	Wilma Gutierrez 1600 Parkview Avenue, Suite B, Bronx, NY 10461 Telephone: 718-829-7744 Extension: 11 Fax: 718-829-7745	E-Mail: wgutierrez@skhov.org

EI PROGRAM NAME:	Hebrew Academy for Special Children (HASC)	PA # 16600
PROGRAM CONTACT:	Julie Ben-Zvi 1311 55th Street, Brooklyn, NY 11219 Telephone: 718-851-6100 Extension: 5806 Fax: 718-437-6654	E-Mail: julie.ben-zvi@hasc.net
EI PROGRAM NAME:	Helen Keller Services for the Blind	PA # 11300
PROGRAM CONTACT:	Haviva Novogroder 57 Willoughby Street, Brooklyn, NY 11201 Telephone: 718-522-2122 Extension: 2321 Fax: 718-522-6983	E-Mail: hnovogroder@helenkeller.org
EI PROGRAM NAME:	HTA Of New York	PA # 66600
PROGRAM CONTACT:	Concepcion Jusino, Jr. 150 Broadway, Ste 1701, New York, NY 10038 Telephone: 212-732-5427 Extension: 211 Fax: 212-964-9607	E-Mail: concepcion.jusino@htaofny.com
EI PROGRAM NAME:	Important Steps	PA # 65700
PROGRAM CONTACT:	Zhanna Reznik 2447 Eastchester Road, 2nd Fl, Bronx, NY 10469 Telephone: 718-882-2111 Extension: 104 Fax: 718-882-2117	E-Mail: jreznik@importantsteps.com
EI PROGRAM NAME:	Institute for Basic Research	PA # 68800
PROGRAM CONTACT:	Anne Gordon 1050 Forest Hill Road, Staten Island, NY 10314 Telephone: 718-494-5122 Fax: 718-494-4806	E-Mail: annesgordon@gmail.com
EI PROGRAM NAME:	John A. Coleman School	PA # 17100
PROGRAM CONTACT:	Rhina Cuevas 300 Corporate Boulevard South, Yonkers, NY 10701 Telephone: 914-294-6173 Fax: 914-294-6179	E-Mail: rhina.cuevas@setonpediatric.org
EI PROGRAM NAME:	Kennedy Child Study Center	PA # 13100
PROGRAM CONTACT:	Kathryn Almquist 151 East 67th Street, New York, NY 10021 Telephone: 212-988-9500 Extension: 231 Fax: 212-628-9193	E-Mail: kalmquist@kenchild.org
EI PROGRAM NAME:	KinderKare	PA # 64500
PROGRAM CONTACT:	David Saidoff 511 Hempstead Avenue, West Hempstead, NY 11552 Telephone: 516-565-0388 Fax: 516-565-2782	E-Mail: david@kidsei.com
EI PROGRAM NAME:	Lexington Hearing & Speech Center	PA # 35300
PROGRAM CONTACT:	Adele Agin 74-20 25th Avenue, East Elmhurst, NY 11370 Telephone: 718-350-3110 Fax: 718-458-1367	E-Mail: aagin@lexnyc.org
EI PROGRAM NAME:	Lighthouse International	PA # 17200
PROGRAM CONTACT:	Kelly Bang-Kim 111 East 59th Street, New York, NY 10022 Telephone: 212-821-9471 Fax: 212-821-9274	E-Mail: kkelly@lighthouse.org

EI PROGRAM NAME:	Little Sisters of the Assumption Family Health Service	PA # 14100
PROGRAM CONTACT:	Nydia Torres 333 East 115th Street, 4th Fl, New York, NY 10029 Telephone: 646-672-5255 E-Mail: ntorres@lsafhs.org Fax: 212-987-1699	
EI PROGRAM NAME:	Los Ninos Services	PA # 56900
PROGRAM CONTACT:	Edita Diaz 535 8th Avenue, 2nd Fl, New York, NY 10018 Telephone: 212-787-9700 E-Mail: edita.diaz@losninos.com Extension: 317 Fax: 212-787-4418	
EI PROGRAM NAME:	Marathon Infants & Toddlers	PA # 41800
PROGRAM CONTACT:	Anita Giuliani 220-18 Horace Harding Expressway, Oakland Gardens, NY 11364 Telephone: 718-423-0056 E-Mail: miteip@aol.com Extension: 16 Fax: 718-229-5370	
EI PROGRAM NAME:	Metro Therapy	PA # 59400
PROGRAM CONTACT:	Danielle Pepe 94-09 Jamaica Avenue, Jamaica, NY 11421 Telephone: 718-846-9821 E-Mail: dani@metrotherapy.com Fax: 718-846-9527	
EI PROGRAM NAME:	New York Center for Infants and Toddlers	PA # 40400
PROGRAM CONTACT:	Evelyn J. Blanck 328 East 62nd Street, New York, NY 10065 Telephone: 212-752-7575 E-Mail: ejblanck@msn.com Extension: 303 Fax: 212-752-7564	
EI PROGRAM NAME:	New York Child Resource Center	PA # 43400
PROGRAM CONTACT:	Yvette Morales Martinez 348-350 East 146th Street, Bronx, NY 10451 Telephone: 718-585-0600 E-Mail: nycrc@optonline.net Extension: 12 Fax: 718-585-0152	
EI PROGRAM NAME:	New York Eye & Ear Infirmary Early Intervention Program	PA # 40700
PROGRAM CONTACT:	Stacy Marino 380 2nd Avenue, 9th Floor, New York, NY 10010 Telephone: 212-979-4621 E-Mail: smarino@nyee.edu Fax: 212-353-5731	
EI PROGRAM NAME:	New York League for Early Learning	PA # 19600
PROGRAM CONTACT:	Nancy Petrucelli 292 Madison Avenue, 2nd Fl, New York, NY 10017 Telephone: 212-418-0320 E-Mail: npetrucelli@yai.org Fax: 212-751-6840	
EI PROGRAM NAME:	New York Presbyterian Hospital	PA # 57700
PROGRAM CONTACT:	Eneida Becote 525 East 68th Street, Bx 578, New York, NY 10065 Telephone: 646-962-5958 E-Mail: enb2004@med.cornell.edu Fax: 646-962-0259	
EI PROGRAM NAME:	Northside Center for Child Development Day School	PA # 19900
PROGRAM CONTACT:	Angelina Fernandez 1301 5th Avenue, New York, NY 10029 Telephone: 212-426-3455 E-Mail: afernandez@northsidecenter.org Fax: 212-426-8976	



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EI PROGRAM NAME:	Personal Touch Early Intervention Program	PA # 46300
PROGRAM CONTACT:	Karen Lopez-Telfair 158-13 72nd Avenue, Fresh Meadows, NY 11365 Telephone: 718-380-7600 Extension: 501 Fax: 718-380-6092	E-Mail: klopez@pthomecare.com
EI PROGRAM NAME:	QSAC Early Intervention Program	PA # 58200
PROGRAM CONTACT:	Kristen DuMoulin 245-37 60th Avenue, Little Neck, NY 11362 Telephone: 718-728-8476	E-Mail: kdumoulin@qsac.com Fax: 718-229-7359
EI PROGRAM NAME:	Renaissance Health Care Network	PA # 30900
PROGRAM CONTACT:	Victoria Pinderhughes 115 West 116th Street, New York, NY 10027 Telephone: 212-961-5752	E-Mail: victoria.pinderhughes@nychhc.org Fax: 212-865-3581
EI PROGRAM NAME:	Right Start, Inc.	PA # 69900
PROGRAM CONTACT:	Anna Markova 1580 Dahill Road, Brooklyn, NY 11204 Telephone: 718-375-2505	E-Mail: rightstartny@yahoo.com Fax: 718-375-2472
EI PROGRAM NAME:	St. Mary's Hospital Early Intervention Program	PA # 34600
PROGRAM CONTACT:	Denise Padilla 5 Dakota Drive, New Hyde Park, NY 11042 Telephone: 718-281-8620	E-Mail: dpadilla@stmaryskids.org Fax: 516-302-8657
EI PROGRAM NAME:	Step by Step Infant Development Center	PA # 12100
PROGRAM CONTACT:	Chava Halberstam 1049 38th Street, Brooklyn, NY 11219 Telephone: 718-633-6666 Extension: 0	E-Mail: rsh1049@gmail.com Fax: 718-633-5331
EI PROGRAM NAME:	StriVright	PA # 58600
PROGRAM CONTACT:	Pnina Bravmann 3321 Avenue M, Brooklyn, NY 11210 Telephone: 718-531-1800 Extension: 4866	E-Mail: pbrav@strivright.com Fax: 718-421-5395
EI PROGRAM NAME:	Sunny Days Consulting Services	PA # 61600
PROGRAM CONTACT:	David Salzberg 1535 Richmond Avenue, 3rd Fl, Staten Island, NY 10314 Telephone: 718-556-1616 Extension: 19	E-Mail: dsalzberg@sunnydays.com Fax: 718-442-9962
EI PROGRAM NAME:	TheraCare of New York	PA # 21100
PROGRAM CONTACT:	Nancy Calderon 116 West 32nd Street, 8th Fl, New York, NY 10001 Telephone: 212-564-2350 Extension: 2106	E-Mail: nancycalderon@theracare.com Fax: 212-564-2578
EI PROGRAM NAME:	Therapeutic Imprints	PA # 55300
PROGRAM CONTACT:	Irma Pereira 1120 Morris Park Avenue, Ste 2B, Bronx, NY 10461 Telephone: 718-409-6977 Extension: 11	E-Mail: ipereira@theraimprints.com Fax: 718-409-6946



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EI PROGRAM NAME: TLC Early Childhood Program

PA # 22800

PROGRAM CONTACT: Lois Cohen
1723 8th Avenue, Brooklyn, NY 11215
Telephone: 718-290-2736

E-Mail: lois.cohen@TLCKids.org
Fax: 718-290-2800

EI PROGRAM NAME: University Settlement Society of New York

PA # 60900

PROGRAM CONTACT: Bonnie Cohen
184 Eldridge Street, New York, NY 10002
Telephone: 212-453-4510

E-Mail: bonnie@universitysettlement.org
Fax: 212-777-0549



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EI PROGRAM NAME: Ability Builders for Children **PA # 65900**

PROGRAM CONTACT: Oliver Trinidad E-Mail: otrinidad@abckidsny.com
3175 East Tremont Avenue, 2nd Fl, Bronx, NY 10461
Telephone: 718-239-8239 Extension: 8090 Fax: 212-208-4689

EI PROGRAM NAME: All About Kids **PA # 44900**

PROGRAM CONTACT: Cathleen Grossfeld E-Mail: cathy.grossfeld@allaboutkidsny.com
255 Executive Drive, LL 105, Plainview, NY 11803
Telephone: 516-576-2040 Extension: 19 Fax: 516-576-1615

EI PROGRAM NAME: AlliedMedix Resources **PA # 69300**

PROGRAM CONTACT: Rahuldeb Mukerji E-Mail: rmukerji@alliedmedix.com
33-10 Queens Boulevard, Ste 301, Long Island City, NY 11101
Telephone: 718-593-4121 Extension: 113 Fax: 718-268-2646

EI PROGRAM NAME: Amerimed Early Intervention Program **PA # 60500**

PROGRAM CONTACT: Alex Margulis E-Mail: amargulis@msn.com
1655 East 13th Street, Brooklyn, NY 11229
Telephone: 718-434-8677 Fax: 718-434-7703

EI PROGRAM NAME: Bilinguals **PA # 52100**

PROGRAM CONTACT: Abigail De La Cruz E-Mail: adelacruz@bilingualsinc.com
60 Madison Avenue, 8th Fl, New York, NY 10010
Telephone: 212-684-0099 Extension: 325 Fax: 212-679-7867

EI PROGRAM NAME: Center for Hearing and Communication **PA # 20600**

PROGRAM CONTACT: Lois K. Heymann E-Mail: lheyman@chchearing.org
50 Broadway, 6th Fl, New York, NY 10004
Telephone: 917-305-7860 Fax: 917-305-7851

EI PROGRAM NAME: Children's Home Intervention Program (CHIP) **PA # 50700**

PROGRAM CONTACT: Patricia Fronduto E-Mail: pfronduto@chipny.com
4024 Amboy Road, Staten Island, NY 10308
Telephone: 718-984-9022 Extension: 232 Fax: 718-967-2073

EI PROGRAM NAME: City Pro Group **PA # 53200**

PROGRAM CONTACT: Angela Risman E-Mail: angela@cityprogroup.com
2625 East 14th Street, Ste 200, Brooklyn, NY 11235
Telephone: 718-769-2698 Fax: 718-769-2317

EI PROGRAM NAME: Clarke School - New York **PA # 63100**

PROGRAM CONTACT: Meredith Berger E-Mail: mberger@clarkeschools.org
80 East End Avenue, New York, NY 10028
Telephone: 212-585-3500 Fax: 212-585-3300

EI PROGRAM NAME: Cooper Kids Therapy Associates **PA # 55800**

PROGRAM CONTACT: Ellen Cooper E-Mail: ellen@cooperkidstherapy.com
2 Roosevelt Avenue, Ste 300, Syosset, NY 11791
Telephone: 516-496-4460 Extension: 111 Fax: 516-921-4432



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EI PROGRAM NAME:	Dynamic Center	PA # 68400
PROGRAM CONTACT:	Aniceli Bourdierd-Tejada 2 Corporate Drive, Central Valley, NY 10917 Telephone: 866-533-1020	E-Mail: atejada@dynamictherapy.org Fax: 866-679-0871
EI PROGRAM NAME:	E. Sholom	PA # 69500
PROGRAM CONTACT:	Crystal Crawford 134-11 Kew Gardens Road, Richmond Hill, NY 11418 Telephone: 718-441-0155 Extension: 111	E-Mail: ccrawford@beaboveip.com Fax: 718-850-4720
EI PROGRAM NAME:	Early Childhood Associates	PA # 59600
PROGRAM CONTACT:	Eric Lewy 825 West End Avenue, New York, NY 10025 Telephone: 212-662-9200 Extension: 201	E-Mail: eric.lewy@gmail.com Fax: 212-662-9222
EI PROGRAM NAME:	Easter Seals Child Development Center Early Intervention Program	PA # 65100
PROGRAM CONTACT:	Beronica Gonsalves 2433 East Tremont Avenue, Bronx, NY 10461 Telephone: 718-409-4227 Extension: 234	E-Mail: bgonsalves@eastersealsny.org Fax: 718-409-5708
EI PROGRAM NAME:	Emilia's Kids	PA # 68300
PROGRAM CONTACT:	Tiffany Rosado 84-03 57th Avenue, Elmhurst, NY 11373 Telephone: 718-899-9060	E-Mail: Tiffany@emiliaskids.com Fax: 718-899-9061
EI PROGRAM NAME:	Functional Life Achievement	PA # 46700
PROGRAM CONTACT:	Mia Chew 236 2nd Avenue, New York, NY 10003 Telephone: 212-683-8905 Extension: 116	E-Mail: miachew@flaserve.com Fax: 212-683-8906
EI PROGRAM NAME:	Hand In Hand Development	PA # 60800
PROGRAM CONTACT:	Chaim Lax 465 Grand Street, 2nd Fl, New York, NY 10002 Telephone: 212-420-1999 Extension: 113	E-Mail: chaim113@hihdev.com Fax: 212-420-1910
EI PROGRAM NAME:	Happy Dragon Child and Family Service Center	PA # 68200
PROGRAM CONTACT:	Pei Ling Pisciotta 30-04 146th Street, Flushing, NY 11354 Telephone: 718-446-9021 Extension: 117	E-Mail: supervisor@happydragoneip.com Fax: 718-271-0722
EI PROGRAM NAME:	Happy Dragon Children Learning Center	PA # 70200
PROGRAM CONTACT:	Pei Ling Pisciotta 98-25 Horace Harding Expressway, Corona, NY 11368 Telephone: 718-271-5637 Extension: 117	E-Mail: supervisor@happydragoneip.com Fax: 718-271-0722
EI PROGRAM NAME:	Hear Our Voices	PA # 62900
PROGRAM CONTACT:	Wilma Gutierrez 1600 Parkview Avenue, Suite B, Bronx, NY 10461 Telephone: 718-829-7744 Extension: 11	E-Mail: wgutierrez@skhov.org Fax: 718-829-7745



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EI PROGRAM NAME:	HTA Of New York	PA # 66600
PROGRAM CONTACT:	Concepcion Jusino, Jr. 150 Broadway, Ste 1701, New York, NY 10038 Telephone: 212-732-5427 Extension: 211 Fax: 212-964-9607	E-Mail: concepcion.jusino@htaofny.com

EI PROGRAM NAME:	IAHD - St. Mary's Preschool	PA # 12900
PROGRAM CONTACT:	Estherina Delacruz 2213 East Tremont Avenue, Bronx, NY 10462 Telephone: 718-683-3780	E-Mail: edelacruz@iahdny.org Fax: 718-863-0611

EI PROGRAM NAME:	Important Steps	PA # 65700
PROGRAM CONTACT:	Zhanna Reznik 2447 Eastchester Road, 2nd Fl, Bronx, NY 10469 Telephone: 718-882-2111 Extension: 104 Fax: 718-882-2117	E-Mail: jreznik@importantsteps.com

EI PROGRAM NAME:	Institute for Basic Research	PA # 68800
PROGRAM CONTACT:	Anne Gordon 1050 Forest Hill Road, Staten Island, NY 10314 Telephone: 718-494-5122	E-Mail: annesgordon@gmail.com Fax: 718-494-4806

EI PROGRAM NAME:	Jackson Children's Services	PA # 52600
PROGRAM CONTACT:	Tracy Meyer 88-23 31st Avenue, East Elmhurst, NY 11369 Telephone: 718-779-8800 Extension: 205 Fax: 718-779-2070	E-Mail: tmeyfern@aol.com

EI PROGRAM NAME:	John A. Coleman School	PA # 17100
PROGRAM CONTACT:	Rhina Cuevas 300 Corporate Boulevard South, Yonkers, NY 10701 Telephone: 914-294-6173	E-Mail: rhina.cuevas@setonpediatric.org Fax: 914-294-6179

EI PROGRAM NAME:	Kennedy Child Study Center	PA # 13100
PROGRAM CONTACT:	Kathryn Almquist 151 East 67th Street, New York, NY 10021 Telephone: 212-988-9500 Extension: 231 Fax: 212-628-9193	E-Mail: kalmquist@kenchild.org

EI PROGRAM NAME:	KinderKare	PA # 64500
PROGRAM CONTACT:	David Saidoff 511 Hempstead Avenue, West Hempstead, NY 11552 Telephone: 516-565-0388	E-Mail: david@kidsei.com Fax: 516-565-2782

EI PROGRAM NAME:	Lexington Hearing & Speech Center	PA # 35300
PROGRAM CONTACT:	Adele Agin 74-20 25th Avenue, East Elmhurst, NY 11370 Telephone: 718-350-3110	E-Mail: aagin@lexnyc.org Fax: 718-458-1367

EI PROGRAM NAME:	Lighthouse International	PA # 17200
PROGRAM CONTACT:	Kelly Bang-Kim 111 East 59th Street, New York, NY 10022 Telephone: 212-821-9471	E-Mail: kkelly@lighthouse.org Fax: 212-821-9274



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EI PROGRAM NAME:	Los Ninos Services	PA # 56900
PROGRAM CONTACT:	Edita Diaz 535 8th Avenue, 2nd Fl, New York, NY 10018 Telephone: 212-787-9700 Extension: 317 Fax: 212-787-4418	E-Mail: edita.diaz@losninos.com
EI PROGRAM NAME:	Marathon Infants & Toddlers	PA # 41800
PROGRAM CONTACT:	Anita Giuliani 220-18 Horace Harding Expressway, Oakland Gardens, NY 11364 Telephone: 718-423-0056 Extension: 16 Fax: 718-229-5370	E-Mail: miteip@aol.com
EI PROGRAM NAME:	Metro Children's Services	PA # 56200
PROGRAM CONTACT:	Rochelle Friedman 162-16 Union Turnpike, Ste 303, Fresh Meadows, NY 11366 Telephone: 718-264-7250 Extension: 119 Fax: 718-264-7922	E-Mail: rjfriedman@metrochildrens.com
EI PROGRAM NAME:	Metro Therapy	PA # 59400
PROGRAM CONTACT:	Danielle Pepe 94-09 Jamaica Avenue, Jamaica, NY 11421 Telephone: 718-846-9821	E-Mail: dani@metrotherapy.com Fax: 718-846-9527
EI PROGRAM NAME:	New York Center for Infants and Toddlers	PA # 40400
PROGRAM CONTACT:	Evelyn J. Blanck 328 East 62nd Street, New York, NY 10065 Telephone: 212-752-7575 Extension: 303 Fax: 212-752-7564	E-Mail: ejblanck@msn.com
EI PROGRAM NAME:	New York Child Resource Center	PA # 43400
PROGRAM CONTACT:	Yvette Morales Martinez 348-350 East 146th Street, Bronx, NY 10451 Telephone: 718-585-0600 Extension: 12 Fax: 718-585-0152	E-Mail: nycrc@optonline.net
EI PROGRAM NAME:	New York Eye & Ear Infirmary Early Intervention Program	PA # 40700
PROGRAM CONTACT:	Stacy Marino 380 2nd Avenue, 9th Floor, New York, NY 10010 Telephone: 212-979-4621	E-Mail: smarino@nyee.edu Fax: 212-353-5731
EI PROGRAM NAME:	New York League for Early Learning	PA # 19600
PROGRAM CONTACT:	Nancy Petrucelli 292 Madison Avenue, 2nd Fl, New York, NY 10017 Telephone: 212-418-0320	E-Mail: npetrucelli@yai.org Fax: 212-751-6840
EI PROGRAM NAME:	Northside Center for Child Development Day School	PA # 19900
PROGRAM CONTACT:	Angelina Fernandez 1301 5th Avenue, New York, NY 10029 Telephone: 212-426-3455	E-Mail: afernandez@northsidecenter.org Fax: 212-426-8976
EI PROGRAM NAME:	Personal Touch Early Intervention Program	PA # 46300
PROGRAM CONTACT:	Karen Lopez-Telfair 158-13 72nd Avenue, Fresh Meadows, NY 11365 Telephone: 718-380-7600 Extension: 501 Fax: 718-380-6092	E-Mail: klopez@pthomecare.com



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EI PROGRAM NAME:	QSAC Early Intervention Program	PA # 58200
PROGRAM CONTACT:	Kristen DuMoulin 245-37 60th Avenue, Little Neck, NY 11362 Telephone: 718-728-8476	E-Mail: kdumoulin@qsac.com Fax: 718-229-7359
EI PROGRAM NAME:	Renaissance Health Care Network	PA # 30900
PROGRAM CONTACT:	Victoria Pinderhughes 115 West 116th Street, New York, NY 10027 Telephone: 212-961-5752	E-Mail: victoria.pinderhughes@nychhc.org Fax: 212-865-3581
EI PROGRAM NAME:	Right Start, Inc.	PA # 69900
PROGRAM CONTACT:	Anna Markova 1580 Dahill Road, Brooklyn, NY 11204 Telephone: 718-375-2505	E-Mail: rightstartny@yahoo.com Fax: 718-375-2472
EI PROGRAM NAME:	St. Mary's Hospital Early Intervention Program	PA # 34600
PROGRAM CONTACT:	Denise Padilla 5 Dakota Drive, New Hyde Park, NY 11042 Telephone: 718-281-8620	E-Mail: dpadilla@stmaryskids.org Fax: 516-302-8657
EI PROGRAM NAME:	Step by Step Infant Development Center	PA # 12100
PROGRAM CONTACT:	Chava Halberstam 1049 38th Street, Brooklyn, NY 11219 Telephone: 718-633-6666 Extension: 0	E-Mail: rsh1049@gmail.com Fax: 718-633-5331
EI PROGRAM NAME:	StriVright	PA # 58600
PROGRAM CONTACT:	Pnina Bravmann 3321 Avenue M, Brooklyn, NY 11210 Telephone: 718-531-1800 Extension: 4866	E-Mail: pbrav@strivright.com Fax: 718-421-5395
EI PROGRAM NAME:	Sunny Days Consulting Services	PA # 61600
PROGRAM CONTACT:	David Salzberg 1535 Richmond Avenue, 3rd Fl, Staten Island, NY 10314 Telephone: 718-556-1616 Extension: 19	E-Mail: dsalzberg@sunnydays.com Fax: 718-442-9962
EI PROGRAM NAME:	TheraCare of New York	PA # 21100
PROGRAM CONTACT:	Nancy Calderon 116 West 32nd Street, 8th Fl, New York, NY 10001 Telephone: 212-564-2350 Extension: 2106	E-Mail: nancycalderon@theracare.com Fax: 212-564-2578
EI PROGRAM NAME:	Therapeutic Imprints	PA # 55300
PROGRAM CONTACT:	Irma Pereira 1120 Morris Park Avenue, Ste 2B, Bronx, NY 10461 Telephone: 718-409-6977 Extension: 11	E-Mail: ipereira@theraimprints.com Fax: 718-409-6946
EI PROGRAM NAME:	University Settlement Society of New York	PA # 60900
PROGRAM CONTACT:	Bonnie Cohen 184 Eldridge Street, New York, NY 10002 Telephone: 212-453-4510	E-Mail: bonnie@universitysettlement.org Fax: 212-777-0549



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EI PROGRAM NAME: Up Wee Grow

PA# 52200

PROGRAM CONTACT: Pilar Echavez

E-Mail: pilar@upweegrow.com

3 Greenhills Road, Huntington Station, NY 11746

Telephone: 516-777-8777 Extension: 17 Fax: 516-777-3293

List of Non-Regulated Insurance Plans

The following is a list of insurance plans that are NOT regulated by the New York State Department of Financial Services. These plans are NOT subject to New York State Insurance Law with regard to the Early Intervention Program. Please note that the items in this list are plan names.

It is important to note that this is only a sample of non-regulated plans based on submitted claims.

This list does NOT contain all the non-regulated plans that service coordinators may identify.

This means that if a plan is on this list it is not regulated. If a plan is not on this list, it may or may not be regulated.

Non-Regulated Insurance Plans	Non-Regulated Insurance Plans
1199 National Benefit Fund	Island Group Admin
Accordia National	I B E W Local 1249 Insurance Fund
America's Choice Health Plan	Local 1 Wine and Liquor Union
AMERIGROUP - NEW JERSEY	Local 147 Construction Workers
Ameri Health	LOCAL 812 HEALTH FUND/ VISTA PLAN
Beacon	Local 338 Multiplan (Health & Welfare)
BC/BS Federal Employee Program	Magna Care
Chesterfield Resources, Inc.	Martin's Point US Family Health Plan
Christian brothers	Meritain Health
Consolidated Health Plan	National Health Administrators
CoxHealth	NOVA Health Care Administrators
Crossroads Healthcare Local 812	Premier Health Plan
Elmco	Providence Health Plan
Empire Primera	Qualcare
FIRST HEALTH NETWORK - IMG	Resolve
Great West Healthcare	Starmark
Harvard Pilgrim	Stationary Engineers Local 670
Health Care Plus	Total Care
Healthnet	Tricare
Health Quest	Tufts Health Plan
Horizon	Ultra Benefits
HTH Worldwide	UNITED MEDICAL RESOURCES
Hudson Healthcare	US Family Health Plan
Humana	Westchester Teamsters Local 456 Health & Welfare Fund
IBA LLC	



List of New York State Regulated Insurers as of November 2013

The following is a list of insurance companies that are regulated by the New York State Department of Financial Services and are subject to New York State Insurance Law with regard to the Early Intervention Program (EIP).

It is important to note that some regulated insurers also administer benefits for self-funded plans. Self-funded plans, with few exceptions, are not regulated by New York State Insurance Law. Early Intervention (EI) Service Coordinators, Providers or billers should **contact the insurer to determine if the policy is self-funded or a fully insured and regulated policy** (see the "List of Things to Ask" below).

Also, please note the following additional information:

- The Child Health Plus program is administered by a number of health plans throughout the state. In all cases, the Child Health Plus program's administrator is subject to New York State Insurance Law with regard to the Early Intervention Program.
- Medicaid Managed Care plans are administered by a number of health plans throughout the State. For Medicaid Managed Care, services are billed directly to Medicaid, not the Medicaid Managed Care plan. These plans must be identified as Medicaid Managed Care in NYEIS.
- Health Savings Accounts (HSAs) are not considered insurance and information regarding these accounts should not be collected from the family or entered into NYEIS or KIDS.
- Plans that are issued or written outside of New York State, but may be administered by one of the companies listed below, are not regulated.
- Blue Cross/Blue Shield plans that are issued or written in another State are not regulated even though the claims are sent to the local address for processing.

NYS Regulated Health Insurance Providers (Listed in two columns alphabetically)

The bullets below each insurance provider are other names, including product (plan) names and 'DBAs', that the insurance provider may use. These other names are for informational purposes only.

Please be aware, there are many self-funded policies that are written by the companies on this list, therefore, service coordinators still need to contact the insurer (see the "List of Things to Ask" below).

Aetna	Health Plus Amerigroup
Aetna Health	• Health Plus - GTESS
Affinity Health Plan	Hudson Health Plan
	Independent Health (IHA)
	• Independent Health Association
	• Independent Health Association Inc.
Assurant Health	MetroPlus Health Plan
Atlantis Healthcare - d/b/a Easy Choice	MVP
	• Mohawk Valley Physicians
	• Mohawk Valley Physicians Health Plan
	• MVP HealthCare-Schenectady HMO
CDPHP - Capital District Physicians Health Plan	Neighborhood Health Providers
Cigna	Nippon



Emblem Health - Emblem health is NOT a licensed company, but owns GHI and HIP	Orange-Ulster School District Health Plan
GHI - Group Health Inc.	<ul style="list-style-type: none"> Orange-Ulster
GHI - New York	Oxford
HIP	<ul style="list-style-type: none"> Oxford Freedom Plan Oxford USA
Empire Health Choice	State-wide Schools Cooperative Health Plan
Empire Healthchoice	<ul style="list-style-type: none"> S W S C H P /empire Blue Cross
<ul style="list-style-type: none"> Empire BC/BS Empire BCBS of NY Empire Blue Cross Blue Shield Anthem - Empire (Church Street) BC/BS Empire 	St. Lawrence/Lewis Counties School District Employees Medical Plan
	<ul style="list-style-type: none"> St. Lawrence/Lewis BOCES
	Suffolk Health Plan
	United Health Care
	<ul style="list-style-type: none"> United Health Care-Empire Plan United Healthcare United HealthCare, The Empire Plan United Healthcare/oxford Americhoice (handles UHC Medicaid Mgd Care coverage. May also have CHP).
Empire Plan - claims submitted to United Healthcare.	Univera
<ul style="list-style-type: none"> Empire N. Y. S. Government Employee Empire Plan Empire United Health Care 	
Excellus	Wellcare Healthy Choice
<ul style="list-style-type: none"> Blue Choice of Rochester B C/ B S Of Rochester BC/BS of Utica Watertown (HMO Blue) Blue Cross/Blue Shield - Central NY BLUE CROSS/BLUE SHIELD of CNY(4809) H M O Blue Option The BC/BS of Central NY/Rochester 	
Fidelis Care	
<ul style="list-style-type: none"> Fidelis Child Health Plus Plan 	
Health First	
Health Now	
<ul style="list-style-type: none"> Bc/bs Of W N Y (traditional Blue) BC/BS of Western New York BC/BS WNY Blue Shield of NENY Blue Shield of NENY/Community Blue Blue Shield of Northeast NY Community Blue Healthnow-BC/BS of Western, Northeastern NY 	



Family Insurance ID Card Information

To Determine if a Plan is Self-funded and Not Regulated

The following is information received from some insurers regarding statements contained on their ID cards that would identify insurance plans that are self-funded and, therefore, not regulated.

Excellus – For self-funded plans, on the back of the ID card under the phone numbers is language that states Excellus BlueCross BlueShield, an independent licensee, provides Administrative Claims payment services only.

Empire – For self-funded plans, Healthchoice/Empire Healthchoice cards will have information similar to what is described above for Excellus.

MVP – For self-funded plans, an Employer group logo is included on the card along with the MVP logo. For example, the ID card will include the GE or IBM logo.

CDPHP – For self-funded plans, an Employer group logo is included on the card along with the CDPHP logo. 'CDPHN' is typically the sign indicating a self-funded plan.

United Healthcare – For self-funded plans, the ID card has the words "Administered by". The ID card has the words "Insured by" for fully insured insurance plans.

Independent Health – For self-funded plans, the ID card describes coverage as "self-funded."

What You Need to Know for Contacting an Insurer

- List of things to know before calling
 - **Product**- Business term referring to the "type" of Insurance Policy/Plan. We use the family's Subscriber ID# to help the Insurance Agent identify the "Product" or type of Insurance plan.
 - **Insurance Companies**- Act as "Administrators" of many "Products" (aka insurance plans) for many Companies. Some Companies may offer several Insurance plans. These Insurance Plans may or may not be New York State Regulated.
 - **NOTE**: A Health Insurance Policy can be written so they are covered in more than one State. Regulation depends upon which State wrote or issued the policy. That State is the State that regulates the policy.
- How to get to the right person when calling an insurance company
 - Select "Non- Member" option if there is one. If not, proceed as "Member" and enter "Policy Number". This will send you to the Department who manages this type of policy. Make your way through the prompts to speak to a Representative.
 - Tell them who you are, where you are calling from and why you are calling. Reassure the Representative you are looking to find out what type of "Product" it is. Reassure the Representative you are asking for general information about the Policy, not specific information about the child/family.

- List of things to ask when you connect to the person who can help you with product information
 - Ask what type of product it is, i.e., is it a fully insured plan, self-funded plan, Health Spending Account, etc.
 - If it is a fully insured plan, ask where it was issued or written. If the plan was issued or written in New York State, it is Regulated/Insured by New York State. If the Representative states it's a privately-owned policy or is written/issued from another State, it is not regulated by New York State.
 - Ask the Representative for the Address or Fax number for where to send the "Request for Coverage Information" form and to whose attention.
 - Ask the Representative for the 'Claims Address' and the 'Correspondence Address' (these addresses may be different and may affect providers' notice of subrogation). Document the correspondence address in the comments section of the insurance page in NYEIS.

What You Need to tell Parents about the Use of Third-party Insurance for the EIP

Under New York State Public Health Law, EIP services must be provided at no cost to parents.

Commercial Insurance and Medicaid are part of New York State's system of payments for early intervention services. These third party payors are important resources for the EIP.

- 1) Insurance will only be accessed for reimbursement of early intervention services if the family's policy is subject to New York State Insurance Law (regulated), or with parental consent, if the policy is not subject to New York State Insurance Law (non-regulated).
- 2) EI services, including service coordination, evaluations, and services included in the child's IFSP must be provided even if the parent declines to provide insurance information or if the child is uninsured.
- 3) Protections for use of regulated insurance:
 - a. Parents do not pay any out-of-pocket costs, such as deductibles or co-payments
 - b. Insurers are prohibited from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps")
 - c. EI visits reimbursed by the insurer cannot reduce the number of visits otherwise available to the child and family for health care
 - d. Insurers cannot discontinue or fail to renew a family's insurance coverage solely because a child is receiving EI services
 - e. Insurers cannot increase health insurance premiums solely because a child is receiving EI services
- 4) If a family's insurance plan is not regulated by New York State, the plan will not be billed unless the parent gives informed written consent
- 5) See additional information in the Service Coordination Insurance Tool Kit. The tool kit is posted on EIBilling in the Knowledge Base and is available at the following web address:
<https://support.eibilling.com/KB/a49/insurance-tool-kit.aspx?KBSearchID=8143>.