# Early Intervention Data System (EIDS) Data Entry Guide for Early Intervention

### Introduction

The following guide provides step-by-step instructions for entering Early Intervention information in EIDS from the perspective of a Service Coordinator. Each section focuses on a different aspect of documentation and provides detailed instructions, including screenshots, of how to enter information. If you have questions or comments about any of the information included, please email EIDS@dodd.ohio.gov. If you have a question related to the Early Intervention program, please contact your county's EI program consultant. Several additional resources related to EIDS are also available, as described subsequently.

#### **EIDS Data Entry Guide Supplement**

This document is intended to supplement the EIDS data entry guide. It provides additional information about data entry scenarios for which DODD frequently receives questions from EIDS users.

#### **EIDS Troubleshooting, Edits, and Other Assistance**

This document provides information regarding how to troubleshoot issues, how to edit data in child records, how submit inquiries, and a table outlining the level of access EI System Administrators and EI Service Coordinators have on each page in EIDS.

#### **Adding and Modifying User Accounts in EIDS**

This document provides step-by-step instructions for adding a user account in EIDS or modifying an existing account, along with a description of each Early Intervention role in EIDS.



# Summary of Updates to EIDS Reflected in the Data Entry Guide

A list of changes made in recent EIDS releases follows. Applicable edits and additions to data entry instructions are included throughout this guide.

#### February 2019

Implemented several changes in preparation for the new rules and to do some general clean-up

- "Text" and "Web" were added as options for the *Contact Method* field on the Contact Log page
- The "Program Contractor Referral Form (HEA #8045)" dropdown option in the *Contact from Category* on the *Contact Log* page was updated to "EI 8045"
- The *Discipline* fields on the **Evaluation** and **Assessment** pages were renamed to *Profession/Discipline*
- The bottom portion of the **Assessment** page was reorganized for child assessments and an **Observation** field was added to indicate whether observation was used as part of the child assessment
- The IFSP Type field was added to the IFSP page
- The "Not applicable: IFSP is not an initial or annual IFSP" dropdown option was removed from the COS items on the **IFSP** page and the page logic was adjusted so these fields are not required when "Periodic Review" is selected for the **IFSP Type** field
- "Resource-Based Family Outcome" was added as a dropdown option to the *El Service Type* field and the transition outcome dropdown choice was renamed to "Transition-based outcome – Service Coordination only"
- The **IFSP** page was updated so that when the *Service is needed to meet the following outcome* field is updated, the data entered in this field on previous IFSPs is retained rather than overwritten
- The fields, *Parent consented to TPC*? and *Child is potentially eligible for Part B*? were added to the **Transition Planning Conference** page
- The **Transition Planning Conference** page was edited so it cannot be saved if the **Transition** *Planning Conf Mtg Date* entered is more than nine months prior to the child's third birthday
- A **Transition Steps and Services** page was added to capture the steps and services associated with the transition outcome as well as the date the steps and services were added to the IFSP
- The "Not applicable: IFSP is not an initial or annual IFSP" dropdown option was removed from the COS items on the **IFSP** page

#### **June 2019**

Implemented several changes primarily so data collection was consistent with new EI rules and forms:

- A page to document referrals to HV and a report to extract HV referral data were added
- The requirement for Hearing, Vision, and Nutrition screenings to be part of the 45-Day timeline was removed
- The dropdown options for the evaluator and assessor professions/disciplines were updated
- NAS and elevated blood lead levels were added to the *Diagnosis on the List* dropdown
- "Out of State Eligibility" was removed as a standalone eligibility reason
- What was previously the **Need for Services** page was updated to be the **E&A Summary** page with different dropdown options to document the result of the evaluation and assessment process
- A page to document SOP information and a report to extract SOP data were added

Department of Developmental Disabilities

- The field *Service is needed to meet the following outcome* was renamed to *Service is needed to meet the following outcome(s)* and a reminder message was added indicating that all outcomes for the service should be entered
- Fields no longer utilized were removed; "Provider" and "Other" were added to the *Transition Planning Conference Participants* field; and "Community program" was added as a dropdown option for the *What destination was identified on the IFSP for transition at age 3?* field on the *Transition Planning Conference* page
- A report to extract all Transition data entered into EIDS was added
- "Child screened and not suspected of having a disability" and "Child transitioned to part B services with an IEP prior to three years of age" were added as dropdown options to the *Exit Reason* field with applicable options available in the *Exit Destination* field

#### **April 2020**

- The field *The outcome(s) below address(es)* was added to the IFSP page
- Added "System Reason COVID-19" to the NCR fields

#### January 2021

• The caregiver *Email Address* field was adjusted to be required. An option was added to select if a parent does not have or chooses not to share an email address.



# **Table of Contents**

Dashboard and Child Search	1
Viewing Contacts	2
Viewing Referrals	2
Viewing History	2
Referrals to Home Visiting	3
Demographic Information	3
Caregivers	
Case Notes	
Manage Documents	
Screenings	
Eligibility	
Diagnosis on the List	7
Diagnosis on the Form (EI-12)	7
Developmental Evaluation	8
Informed Clinical Opinion (ICO)	8
Assessments	9
Child Assessment	10
Family-Directed Assessment	11
Completion of Eligibility and Assessment Process	11
System of Payments (SOP)	12
IFSP	12
Child Outcomes Statements	14
Service(s) Not Yet Coordinated	14
Resource-Based Family Outcomes	15
Transition Outcomes	15
LEA Notification	16
Periodic Reviews and Annual IFSPs	16
Service Start Dates	17
Redetermination	
Transition	19
Transition Steps and Services	19
Transition Planning Conference (TPC)	19
Exit	20
Non-Compliance Reasons (NCRs)	21



# **Dashboard and Child Search**

Upon logging in to EIDS, Service Coordinators have a view of their "Dashboard," which contains a list of all children currently assigned to them. Child records can be accessed by clicking on the "Edit" (pencil) icon next to the ETID. The "Early Intervention Messages" box shows relevant data system information, including information about upcoming or recent changes, planned outages, and known bugs.

⊞Ho	me	Reports	Administration	ET Info	System Admin		
	iboard			Early Interv	vention Messages		
	<b>7-1-19</b> : Welcome to EIDS ©						
Mand	y Pearson Caselo	ad					
Edit	<u>et id</u>	<u>County</u>	Child's Name	<u>Status</u>	Birth Date	Parent	Address
2	0000000001	BEIS Test County	Williams, Natalia	Referred - Early Interventio	n 09-28-16	Williams, Keisha	1234 Main St. Aniwhere Obio 43215

To search for a child record that is not on your dashboard, click on the "Child Search" left-menu option. Type in known child information and click "Search" to display a list of all relevant matches.

Search Criteria	Search Results	
		Search Clear All
County:	BEIS Test County 🔻	
Child Last Name:	First:	
ET ID:		
	🖲 Birth Date Search 🔍 Due Date Search 🔲 Search a date range	
Child DOB:		
Caregiver Last Name:	First:	
Туре:	New Referral(s)	



# **Viewing Contacts**

To view the contacts made regarding the child, navigate to the "Contact Log" left-menu option. Click on the "View" (folder) icon to see a specific contact.

	Child	Parent	Service Coordi	nator	Status		
Contact Log Demographics	Williams, Natalia DOB: 9/28/2016	Williams, Keisha 1234 Main St.	Pearson, Mandy Logan County DD		Early Intervent	ion	
aregivers	ET ID: 000000001	Anywhere, Ohio 43215 (614) 879-0001	6/15/2018		Redetermination Not	Needed	
eferrals		k.williams@gmail.com					
V Referrals		-					
rly Intervention +							
it Child							
anage Documents	Contact Log Cont	act Details					
se Notes							(
insfer Child							
story							
							New
	View Date	I	n/Out/Correction	Referrer/Contact Type		CC User Name	
	🧭 Fri - 6/15/2018 -	7-25 AM	n	Parent		Hammond, Taylor	

# **Viewing Referrals**

To view information regarding the child's referral(s), navigate to the "Referrals" left-menu option. Click the "Edit" (pencil) icon to view information about a specific referral.

Contact Log Demographics Caregivers	DOB	<b>1</b> ims, Natalia : 9/28/2016 0: 0000000001	1234 Anyv	nt ms, Keisha Main St. vhere, Ohio 43215 879-0001		Service Coordina Pearson, Mandy Logan County DD 6/15/2018	tor	Status Early Intervention 6/25/2018 Redetermination Not Needed
Referrals				iams@gmail.com				
HV Referrals	_							
Early Intervention +		Referral List	Referral Detail					
Exit Child								
Manage Documents Case Notes								
Transfer Child		Referral Date	Referral Source Type	Referred To (	Category		Contractor	
History	2	6/15/2018	Parent	Ongoing HMG	suspected Early Inter	vention	Early Intervention (BEIS Test	County Early Intervention Contractor)
	Ø	6/15/2018	Parent	Central Coord	ination			

# **Viewing History**

To view a snapshot of everything that has been entered into a child's record, navigate to the "History" option on the left menu. This page includes a list of all contacts, referrals, SC assignments, eligibility, assessments, IFSPs, TPCs, Transition Steps and Services, and exits.

Early Intervention + Exit Child	History	List Deletion History List					
Manage Documents							
Case Notes Transfer Child	Actual Date	Туре	Additional Note	Created By	Created On	Updated By	Updated On
History	7/24/2018 (9/28/2019)	IFSP		Taylor	5/15/2019 7:58:13 AM		
	6/25/2018 (6/22/2019)	Need - Early Intervention		Taylor	5/15/2019 7:48:33 AM		
	6/25/2018 (6/25/2019)	Assessment Tool/Method - Bayley Scales of Infant Development- -III	45-Day requirement	Taylor	5/15/2019 7:47:23 AM		



# **Referrals to Home Visiting**

To document a referral made to an ODH-administered home visiting program (Help Me Grow Home Visiting, MIECHV, or Moms and Babies First), navigate to the "HV Referrals" left-menu option and click "New HV Referral."

HV Referrals	
Early Intervention +	Home Visit Referral List Home Visit Referral Detail
Exit Child	
Manage Documents	
Case Notes	
Transfer Child	New HV Referral
History	
T motory	

Once on the Home Visit Referral Detail page, add the Home Visiting referral date and any comments, then press "Save."

Home Visit Referral List Home Visit Referral Detail
HV Referral Date: / / / III
Save

**Note:** Adding this information in EIDS will not make a referral to Home Visiting. All referrals are processed through Central Intake.

### **Demographic Information**

To add or update demographic information in EIDS, click on the "Demographics" left-menu option. Add all relevant child demographic information and click "Save" at the bottom of the page to update the demographic information.

	Child	Parent	Service Coordinator	Status
Contact Log	Williams, Natalia	Williams, Keisha	Pearson, Mandy	Early Intervention
Demographics	DOB: 9/28/2016 ET ID: 0000000001	1234 Main St. Anywhere, Ohio 43215	Logan County DD 6/15/2018	6/25/2018 Redetermination Not Needed
Caregivers	2110.000000001	(614) 879-0001	0/10/2010	Redetermination Not Needed
Referrals		k.williams@gmail.com		
HV Referrals				
Early Intervention +	Demographics			
Exit Child				
Manage Documents		* Country	BEIS Test County	
Case Notes		** Birth Date:		
Transfer Child		** Due Date:		
History				
		* Legal Last Name:		
		** Legal First Name:	Natalia	
		Legal Middle Name:		
		Nickname:	Tallie	
Carl State		SSN:		
		** Sex:		
	** Method to	collect race and ethnicity:	Parent Self Report OParent Declined: Observed	
		** Ethnicity:	Non-Hispanic 🔻	
		* Race(s):	American Indian or Alaska Native	
			🔲 Asian (Asian, Chinese, Filipino, Japanese, Korean, Vi	etnamese, Asian Indian)
			Black or African American	
			Native Hawaiian or Other Pacific Islander (Native Ha	waiian, Other Pacific Islander, Samoan,
			Guamanian or Chamorro)	
			Other	
	** To she shill	I an anticipation with the address	White	
	** Is the child	d receiving WIC benefits?:	Ves Vo	

*Note:* The *Birth Date, Legal Last Name, Legal First Name, Sex, Method to collect race and ethnicity, Ethnicity, and Race(s) fields are required in order to enter E&A summary information.* 



# Caregivers

To view or modify the primary caregiver's information in EIDS, navigate to the "Caregivers" leftmenu option. Update the primary caregiver information, if applicable, and press "Save."

	Child	Parent		ice Coordinator			Status
Contact Log	Williams, Natalia	Williams, Keisha		on, Mandy			Early Intervention
Demographics	DOB: 9/28/2016	1234 Main St.		n County DD			6/25/2018
Caregivers	ET ID: 000000001	Anywhere, Ohio 43215 (614) 879-0001	6/15/2	2018			Redetermination Not Needed
Referrals		k.williams@gmail.com					
		ic will divise grindit.com					
HV Referrals							
Early Intervention +	Caregiver and Pare	nt Detail					
Exit Child							
Manage Documents				_			
Case Notes		* Relationship to Child:		~			
Transfer Child		* Parent?:					
History		* Last Name:	Williams				
istory 2005		* First Name:	Keisha				
		Middle Name:					
and the second second		SSN:					
267 S 45 3							
		* Primary Phone:	(614) 879 - 0001	ext.	🗆 No F	Phone	
Real Property lines		** Accepts Texts:		Inknown	,		
		Secondary Phone:		ext.			
		* Email Address:	k.williams@gmail.com			□No ema	nil/chose not to share
		* Street Address:	1234 Main St.				
							Enter the zip code to auto-populate the city and state
		**City/State:	Anywhere, OH 🛛 🗙 **2	(ip: 43215			
	*Is the f	amily currently homeless?:	OYes ●No				

**Note:** The **Relationship to Child, Last Name, First Name, Primary Phone, Email Address, Street Address,** and **Primary Language** fields are required in order to be able to enter E&A Summary information.

To add an additional caregiver, scroll to the bottom of the "Caregiver and Parent Detail" screen and select "Add Additional Caregiver." A new screen will be displayed to input information about another caregiver. Add the relevant information and click "Save."

Caregiver and Parent Detail		
* Relationship to Child:		
* Parent?	O Yes  No	
* Last Name:		
* First Name:	Trevor	
Middle Name:		
SSN:		
* Primary Phone:	(614) 879 -0002 ext.	No Phone
** Accepts Texts:	Yes No Oluknown	
Secondary Phone:	() - ext.	
* Email Address:		☑ No email/chose not to share
* Street Address:	1234 Main St.	
		Enter the zip code to auto-populate the city and state
	Anywhere, OH ✓ **Zip: 43215	
*Is the family currently homeless?		
Preferred method of communication:		lail
* Primary Language:	English 🗸	
Additional Caregivers for this Child		Add Additional Complete
View Name	Relationship to Child	Add Additional Caregiver Primary
2 Williams, Keisha	Mother	
Other Children of Caregiver		
This caregiver is not associated with any other children in Early	Track	
The caregiver is not associated war any error children in Edity	reader.	
		Add Note Delete Save

**Note:** If caregiver information is updated in a child record for a caregiver who is linked to multiple children, the caregiver information will automatically update in all linked child records.



### **Case Notes**

Though not required in EIDS, case notes can be documented by navigating to the "Case Notes" left-menu option and then clicking "New."

Early Intervention + Exit Child	Case Note List Case Note Detail
Manage Documents	
Case Notes	
Transfer Child	Click 'New' to add a new case note or select an existing note to edit.
History	
3	New

The *Case Note Date* and *Created By* fields are automatically generated. Document all other applicable information and press "Save."

Case Note Date:       5/15/2019 12:55:09 PM         *Case Note Subject: <ul> <li>*Case Note Subject:</li> <li>ALL</li> <li>Assessment</li> <li>Caregiver</li> <li>Child</li> <li>Eligibility</li> <li>Evaluation</li> <li>Exit</li> <li>Family Support</li> <li>IFSP</li> <li>Miscellaneous</li> </ul> <ul> <li>Case Note Subject:</li> <li> <li> <li>Miscellaneous</li> </li></li></ul> <ul> <li>Child</li> <li>Eligibility</li> <li>Evaluation</li> <li>Exit</li> <li>Family Support</li> <li>IFSP</li> <li>Miscellaneous</li> </ul>
*Case Note Type:       •         *Case Note Subject:       •         Created By:       ALL         *Narrative:       •         *Narrative:       •         Child       Eligibility         Evaluation       Exit         Family Support       IFSP
*Case Note Type:       •         *Case Note Subject:       •         Created By:       ALL         *Narrative:       •         *Narrative:       •         Child       Eligibility         Evaluation       Exit         Family Support       IFSP
*Case Note Subject:       ALL         Created By:       ALL         *Narrative:       Caregiver         Child       Eligibility         Evaluation       Exit         Family Support       IFSP
Created By:       ALL         Assessment       Caregiver         Child       Eligibility         Evaluation       Exit         Family Support       IFSP
*Narrative:       Assessment         Caregiver       Child         Eligibility       Evaluation         Exit       Family Support         IFSP       IFSP
*Narrative: Caregiver Child Eligibility Evaluation Exit Family Support IFSP
Child Eligibility Evaluation Exit Family Support IFSP
Evaluation Exit Family Support IFSP
Exit Family Support IFSP
Family Support IFSP
IFSP
Wiscellaneous
Newborn home visit
Referals
Screening
Service Coordinator
Save Delete Transition
* Indicates required field.
Home Visitor
Environment Version 4.0.30319.42000 Build Number: # 0.0.0 Site Intake Form 34 PM Home Visit Tools

### **Manage Documents**

Central Intake uploads referral documents and other relevant documents into child records. To view uploaded documents, navigate to the "Manage Documents" left-menu option and click on the "View" (folder) icon next to the document of interest.

Manage Documents Case Notes Transfer Child					
	File Name	Document Type	Document Title	Created/Modified By	Created/Modified On
	N-052019105208. Williams Referral	Referral-Other	N. Williams Referral	Taylor Hammond	5/20/2019 10:52:08 AM



## **Screenings**

To enter screening information in EIDS, navigate to the "Screenings" left-menu option by clicking on the "Early Intervention" menu choice or clicking the "+" symbol next to "Early Intervention." Once on the "Screenings" menu choice, click the "New" button.

Early Intervention -	Screening List Screening Detail
Service Coordinators	
Screenings	
Eligibility	
Assessments	New
E&A Summary	No screenings are assigned to this child. Click 'New' to assign a new screenings to this child.
SOP	

Select the appropriate screening from the *Screening Name* dropdown. Enter the date the screening was administered, name of the person who administered the screening, and the results, then click "Save."

Screening List Screening Detail	
*Screening Name:	
Screening Date: / / / /	
**Non-Compliance Reason: 🔻	
Child's age in months at time of Screening: Get Age	
* Administered By:	
	Add Note Save
* Indicates required field.	
** Indicates conditionally required field	

# **Eligibility**

To document eligibility, click on "Early Intervention" on the left-menu and then click on "Eligibility." Then select the relevant eligibility type from the dropdown labeled "New." Each eligibility type is explained in more detail subsequently.





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#### **Diagnosis on the List**

Select the domain(s) in which the child is expected to have a delay and the diagnosis from the **Diagnosed Physical or Mental Condition** drop down. "Yes" must be selected for at least one of the domains in order to save the diagnosis information. Enter the date documentation was *received*, along with the NCR, if applicable. Click "Save" to add the diagnosis on the list. If documentation is received indicating the child has more than one diagnosis on the list, repeat the process for each diagnosis.

Eligibility Assessment Summary Diagnosis Detail	Evaluation Detail Out of State Eligibility
Diagnosis Type: Diagnosis on List	
	t least one of the following domains needs to be answered "yes")
delays expected?:	
Communication:	<b>T</b>
Social and Emotional:	<b>T</b>
Adaptive:	T
Cognitive:	T
Physical:	T
*Diagnosed Physical or Mental Condition:	T
*Documentation Obtained Date:	
**Non-Compliance Reason:	
* Indicates required field. ** Indicates conditionally required field	Add Note Save

#### **Diagnosis on the Form (EI-12)**

Select the domain(s) in which the child is expected to have a delay and enter the name of the diagnosis in the **Diagnosed Physical or Mental Condition** box. "Yes" must be selected for at least one of the domains in order to save the diagnosis information. Enter the date documentation was *received* on form EI-12, along with the NCR, if applicable. Click "Save" to add the diagnosis on the form. If documentation is received indicating the child has more than one diagnosis on the form, repeat the process for each diagnosis.

Eligibility Assessment Summary Diagnosis Deta	il Evaluation Detail Out of State Eligibility
Diagnosis Type: Diagnosis on Form	
*Based on the diagnosis, in which domains are delays expected?:	(At least one of the following domains needs to be answered "yes")
Communication:	T
Social and Emotional:	T
Adaptive:	Y
Cognitive:	Y
Physical:	Y
*Diagnosed Physical or Mental Condition:	
Diagnosis ICD-9 or ICD-10 Code:	
*Documentation Obtained Date:	
**Non-Compliance Reason:	•
* Indicates required field. ** Indicates conditionally required field	Add Note Save



#### **Developmental Evaluation**

Select either the Bayley or Battelle from the *Evaluation Tool Name* dropdown. Enter the date the evaluation was completed, along with the NCR, if applicable. Enter the name of the evaluator(s), the profession(s)/discipline(s), and the scores for each domain and sub-domain. Click "Save" to add the evaluation.

Eligibility Assessment Summary	Diagnosis Detail	Evaluation Detail	Out of State Eligibility	
Evaluations determine Part C eligibility	Evoluation Tool N			
		ame: Bayley Scales of I		
	Evaluation		2018	
Child's age in months at ti			Get Age	
	* Administered B			
Profession/Discipline 1 fo			nguage pathologists 🔹 🔻	
Profession/Discipline 2 fo			<b>T</b>	
		y #2: Kevin Hartley		
** Profession/Discipline 1 fo	or Administered b	y #2: Developmental	specialists, as certified by the Department	
Profession/Discipline 2 fo	or Administered b	y #2:	Υ	
* Cognitive Score:	Score Range 40-7	70 (2 0 SD) T	]	
* Social Emotional Score:			]	
		-77.5 (1.5-1.99 SD) V	]	
* Receptive Communication Score:	<b>v</b>	· · · ·		
* Expressive Communication Score:				
* Fine Motor Score:				
* Gross Motor Score:				
	ocore range o.o	14.45 (No Doldy)		
			Add Note	Save
* Indicates required field.				
** Indicates conditionally required field				

In order for an evaluation to be valid for eligibility, two separate disciplines/professions must be represented by the evaluator(s) and must indicate a delay in at least one area. EIDS will recognize that the eligibility requirement has been met once multiple professions/disciplines are represented and a delay in at least one area is indicated.

**Note:** If a child was evaluated and not found to be eligible, enter the results of the evaluation, then exit the child with the reason "Child/Family not eligible."

#### **Informed Clinical Opinion (ICO)**

To enter ICO as the eligibility reason, first follow the instructions above for entering an evaluation tool. If the scores of the evaluation do not indicate a delay in any domain, questions will appear at the bottom of the page regarding whether it is the opinion of the evaluator(s) that the child has a delay, and in which domain(s). Check the box next to each applicable domain and click "Save" to add an ICO eligibility.



Department of Developmental Disabilities

Eligibility Assessment Summary Diagnosis Detail Eva	luation Detail Out of State Eligibility	
Evaluations determine Part C eligibility *Evaluation Tool Name:	Battelle Developmental Inventory-2	
Evaluation Date		
Child's age in months at time of Evaluation Tool:		
* Administered By #1:		
Profession/Discipline 1 for Administered by #1:		•
Profession/Discipline 2 for Administered by #1:		<b></b>
** Administered By #2:		
** Profession/Discipline 1 for Administered by #2:		•
Profession/Discipline 2 for Administered by #2:		
* Cognitive Score: Score Range 77.6-92.5		
* Adaptive Score: Score Range 77.6-92.5		
* Personal-Social Score: Score Range 77.6-92.5		
* Receptive Language Score: Score Range 5.6-8.5 (N		
* Expressive Language Score: Score Range 5.6-8.5 (N		
* Fine Perceptual Motor Score: Score Range 5.6-8.5 (N		
* Gross Motor Score: Score Range 5.6-8.5 (N	lo Delay) ▼	
	hat the child has a delay despite the above tool results:	
Eva	aluator #1 indicated a delay in the following domain(s):	Communication
		Social and Emotional
	Adaptive	
		Cognitive
		Physical
The informed clinical opinion of Evaluator #2 is t	hat the child has a delay despite the above tool results:	Yes 🔻
Eva	aluator #2 indicated a delay in the following domain(s):	Communication
		Social and Emotional
		Adaptive
		Cognitive
		Physical
		Add Note Save

**Note:** If more than one evaluator completed the tool, the evaluators must agree on the domain(s) in which the child has a delay.

### Assessments

To enter assessment information in EIDS, navigate to the "Assessments" left-menu option. Once on the "Assessments" menu choice, click the "New" button.

Early Intervention – Service Coordinators	Assessment List Assessment Detail
Screenings	
Eligibility	
Assessments	
E&A Summary	Na assessment and/methods are assisted as this shild
SOP	No assessment tool/methods are assigned to this child. Click: New' to assign a new assessment tool/methods to this child.
IFSP	



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#### **Child Assessment**

Select the assessment tool name or method from the **Assessment Tool/Method Name** dropdown. Enter the date the assessment was completed, along with the NCR, if applicable. Enter the name of the assessors(s) and the profession(s)/discipline(s).

Select "Yes" or "No" to each of the items under the "Were the following included as part of the Child Assessment?" heading. At least two of these questions must be answered as "Yes" in order for the assessment to be valid. Select "Yes" or "No" to indicate whether each of the domains was assessed utilizing the selected tool or method. Click "Save" to add the assessment.

Assessment List Assessment Detail	
*Assessment Tool/Method N	ame: Bayley Scales of Infant Development-III
Assessment Tool/Method	Date: 06 / 25 / 2018
Child's age in months at time of Assessment Tool/Me	
* Administered By	/ #1: Kate Metz
Profession/Discipline 1 for Administered by	/ #1: Speech and language pathologists
Profession/Discipline 2 for Administered by	
** Administered By	
	/ #2: Developmental specialists, as certified by the Department
Profession/Discipline 2 for Administered by	v #2:
Were the following included as part of the Child Assessment?:	
* Child History Review: Yes •	
* Parent Interview: Yes •	
* Educational/Medical/Other Record Review:	
* Evaluation results, when Yes <b>v</b> applicable:	
* Observation: Yes •	
Were the following domains assessed using this tool/method?:	
* Adaptive: Yes V	
* Cognitive: Yes •	
* Communication(including Yes •	
Expressive and Receptive Language):	
* Physical (including Fine Yes •	
Perceptual Motor, Gross Motor, Hearing, Vision, and Nutrition):	
* Social Emotional: Yes •	
Additional Information:	
* Indiantes assumed field	Add Note Save
* Indicates required field. ** Indicates conditionally required field	
maloateo oonationaliy required neid	

All five domains must be assessed and two separate professions/disciplines must be represented in order for the child assessment to be valid. However, these domains can be assessed utilizing different tools or methods, and across different dates. EIDS will recognize that the child assessment requirement has been met once an assessment or multiple assessments have been entered that represent multiple professions/disciplines and indicate that all five domains have been assessed.



#### **Family-Directed Assessment**

To document the Family-Directed Assessment (FDA), follow the instructions above for adding a new assessment. In the **Assessment Tool/Method Name** drop down, select "Family Assessment," *regardless of whether a listed method was used*. Enter the date the FDA was offered and whether the family completed it. If the FDA was completed, document the date of completion along with the NCR, if applicable. If it was not completed, leave the **Completed Date** field blank. Click "Save" to add the FDA.

Assessment List Assessment	Detail
	*Assessment Tool/Method Name: Family Assessment v
	Assessment Offered Date: 06 / 22 / 2018
Child's age in months at t	time of Assessment Tool/Method: 20 Get Age
	*Did family complete: Yes •
	**Completed Date: 06 / 22 / 2018
Routine	5:
Strength	51
Supports and Service	51
Resources	51
Prioritie	51
Concerns	52
	Add Note Save

### **Completion of Eligibility and Assessment Process**

To view a summary of the evaluation and assessment in EIDS, as well as enter the date the evaluation and assessment process was completed and the result of the process, navigate to the "E&A Summary" left-menu option. Once on the E&A Summary page, click "New."

Early Intervention -	
Service Coordinators	Eligibility and Assessment List Eligibility and Assessment Summary
Screenings	
Eligibility	
Assessments	New
E&A Summary	No Eligibilities have been entered for this child.
SOP	No Englowing index been intered to this child.
IECO	

Enter the date that the eligibility determination and assessment process was complete – if completed over multiple days, this should be the latest date out of the eligibility, child assessment, and family assessment. Then, select the result of the evaluation and assessment process from the *Eligibility and Assessment process result:* drop down menu.

Early Intervention – Service Coordinators	Eligibility and Assessment List Eligibility and Assessment Summary	
Screenings		
Eligibility		
Assessments	* Eligibility and Assessment process 06 / 25 / 2018	
E&A Summary		
SOP	* Eligibility and Assessment process The IFSP team, including the family, have decided to develop IFSP outcomes result:	•
ICOD		



# System of Payments (SOP)

To enter SOP information in EIDS, navigate to the "SOP" left-menu option. Once on the SOP page, click "New."

Early Intervention –	SOP List System Of Payments	
Service Coordinators		
Screenings		
Eligibility		
Assessments		New
E&A Summary		
SOP		
IFSP		

Enter the data, as documented on Form EI-15, then press "Save."

SOP List System of Payments	
Documentation: Ohio Medicaid Card Ohio WIC Card Parent Income	
Parent has chosen not to share financial information	
Family income less than or equal to Healthy Start Eligibility for uninsured children (206% FPL) :	
I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is :	
Date of Parent Signature : / / /	
	Save Cancel

**Note:** There is not a specific reminder message for SOP; however, SOP forms must be completed within the first 45 days after the child is referred to EI prior to the IFSP, and prior to each annual IFSP. Therefore, anytime the messages indicate the IFSP is due, the EI-15 also needs to be completed and entered into EIDS.

### **IFSP**

To enter IFSP information in EIDS, navigate to the "IFSP" left-menu option. Once on the IFSP page, click the "New" or "Review" button.

Early Intervention -				
Service Coordinators	IFSP List Details Service Dates			
Screenings				
Eligibility				
Assessments				
E&A Summary	To view the current IFSP, click on the pencil. New			
SOP	To add an IFSP review, click on the Review button			
IFSP	No IFSP assigned to this child.			
Archived COSF				
Transition				

Enter all the applicable information on the "Add IFSP Detail" tab. All outcomes addressed by the selected service, and at the selected frequency and session length, should be added in the *Service is needed to meet the following outcome(s)* box exactly as they are written or typed on the grid on section 4 of the IFSP Form (EI-04). For example, do not enter only "Outcome #1." Instead, write out the outcome exactly as it appears on the IFSP form. If a service is listed more than once on the grid, it should be entered more than once in EIDS, with the associated



outcome(s). The session length should reflect the total time that will be spent addressing all outcomes at a visit. When all the needed information has been entered, select the applicable option for *Next Workflow Step* at the bottom of the page and click "Next" to proceed with data entry or save the IFSP.

Add IFSP Detail	
*IFSP date:	07 / 24 / 2018
*IFSP Type:	
*The outcome(s) below address(es):	Developing positive social relationships
Select all that apply	Acquiring and using new skills and knowledge
	Taking actions to meet needs
	Family participation, family well-being, or information
	Transition
** Developing Positive Social-emotional relationships Relative to same age peers:	
** Acquiring and using Knowledge and Skills - Relative to same age peers:	child is not yet using skills expected of his/her age. He/she does however use many important ; 🔻
** Taking appropriate action to meet needs, getting from	child shows occasional use of some age expected skills, but more of his/her skills are not yet a
place to place, taking care of basic needs - Relative to	
same age peers:	
FSP Service:	
	Speech-language pathology services
*Location/Setting:	
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this	Outcome 1: Tallie will use one to two words to tell mom what she wants to
service in the format "Outcome #: Outcome Text"	eat for lunch. Outcome 2: Keisha and Trevor want to have a family story at bedtime.
	A
**Justification is provided on the IFSP:	
	Direct/In-Person •
	21 Times/ 180 Days T
	0 T Hours 45 Minutes
*Provider Agency:	
*Funding Source:	CBDD •
*Parent's rights given to parents:	07 / 24 / 2018
**Child's school district:	Smithville S.D. 0000
Transition contact info shared with LEA:	
Transition contact info shared with LEA History:	
*Next Workflow Step:	Save IFSP and Add Another Service
	Save IFSP and Return to IFSP List
* Indicates required field.	
* * Indicates conditionally required field.	
	Next Cancel

**Note:** When entering the first IFSP in your county after a child has been transferred, "Initial after County Transfer" should be selected for IFSP Type if the IFSP is a periodic review. If the IFSP is the initial ever IFSP for the child, "Initial" should be selected and if redetermination and the annual IFSP are completed, "Annual" should be selected.



#### **Child Outcomes Statements**

To enter Child Outcome Summary (COS) statements on an initial or annual IFSP in EIDS, select the appropriate statement from each of the three dropdowns, as documented on the IFSP form.

*IFSP date: *IFSP Type:	
** Developing Positive Social-emotional relationships - Relative to same age peers:	
to same age peers:	
** Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to	child shows occasional use of some age expected skills, but more of his/her skills are not yet a
same age peers:	

The COS statements are required if the IFSP Type is "Initial," "Annual," or "Initial after County transfer." If you are entering a periodic IFSP review and did not complete a COS, leave these fields blank.

#### Service(s) Not Yet Coordinated

When an Early Intervention service has been identified by the IFSP team as needed to address an outcome, but that service is not yet coordinated, the "Service(s) not yet coordinated" option should be chosen from the *EI Service Type* drop down. The only other required field when choosing this option is *Service is needed to meet the following outcome(s)*. This field should be used to identify the service needed that has not yet been coordinated, as well as the outcome(s) it is needed to meet.

Please update the selected service's information.	
*EI Service Type:	Service(s) not yet coordinated
*Location/Setting:	T
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Special Instruction putcome 1: <u>Tallie</u> will tell mom what she wants to eat at lunch time. Outcome 2: Mom and dad want to have a family story time.
**Justification is provided on the IFSP:	V
Method:	T
*How Often:	Times/
*Session Length:	▼ Hours ▼ Minutes
*Provider Agency:	T
*Funding Source:	Υ
	Save Service Cancel



#### **Resource-Based Family Outcomes**

When an IFSP team has written an outcome for the family that is strictly resource-based and only needs to be addressed by the Service Coordinator, the "Resource based family outcome" option should be chosen from the *El Service Type* dropdown. The only other required field when choosing this option is *Service is needed to meet the following outcome(s)*.

IFSP Service:	
	Resource based family outcome
*Location/Setting:	T
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Outcome X: Insert resource-based family outcome here
**Justification is provided on the IFSP:	T
Method:	
*How Often:	▼ Times/ ▼
*Session Length:	▼ Hours ▼ Minutes
*Provider Agency:	Υ
*Funding Source:	T

#### **Transition Outcomes**

If a service will be provided to meet the transition outcome(s), this service should be added to the IFSP in EIDS just like any other service, as described earlier in this section.

*EI Service Type:	Speech-language pathology services <pre> •</pre>
*Location/Setting:	Community •
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	
**Justification is provided on the IFSP:	T
Method:	Direct/In-Person V
*How Often:	18 Times/ 180 Days T
*Session Length:	0 ▼ Hours 45 ▼ Minutes
*Provider Agency:	FCBDD
*Funding Source:	CBDD 🔻

If Service Coordination is the only service needed to meet the transition outcome, select "Transition-based outcome – service coordination only" from the EI Service Type dropdown. The only other required field when choosing this option is *Service is needed to meet the following outcome(s)*.

*EI Service Type:	Transition-based outcome - service coordination only 🔻
*Location/Setting:	τ
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"	Outcome X: Insert transition outcome here
	1
**Justification is provided on the IFSP:	T
Method:	<b>T</b>
*How Often:	▼ Times/ ▼
*Session Length:	▼ Hours ▼ Minutes
*Provider Agency:	
*Funding Source:	▼



#### **LEA Notification**

The default response for the **Transition contact info shared with LEA** field is "Yes," so when a family opts out of sharing contact information with the LEA, ensure that "No" is selected and record the date the family opted out of notification.

*IFSP date:	07 / 24 / 2018
*IFSP Type:	
*The outcome(s) below address(es):	Developing positive social relationships
Select all that apply	Acquiring and using new skills and knowledge
	Taking actions to meet needs
	Family participation, family well-being, or information
	Transition
*Parent's rights given to parents:	07 / 24 / 2018
**Child's school district:	Smithville S.D. 0000 🗸
Transition contact info shared with LEA:	● Yes ○ No

**Note:** The **Child's School District** should correspond to the address where the child resides (e.g., the foster family's address if the child resides in foster care or the address of the residential parent assigned by the court if the child's parents are divorced).

#### **Periodic Reviews and Annual IFSPs**

To enter a periodic review or annual IFSP, navigate to the "IFSP" left-menu option and click on "Review."

Early Intervention – Service Coordinators	IFSI	P List Details	ervice Dates		
Screenings					
Eligibility					
Assessments		To view the current IFSP, click on the pencil.			
E&A Summary	To add a	To add an IFSP review, click on the Review button			
SOP		State	IF SP Date	Service Coordinator	Service Agency
IFSP	2	Complete	7/24/2018	Pearson, Mandy	Logan County DD
Archived COSE					

Enter all of the data as described previously in this section. Select the "Continue Service" box for any service(s) that is/are still needed to meet outcomes. Add an end date for any service(s) that is/are not continuing. If new services need to be added, and any services from the previous IFSP are continuing, click the, "Save IFSP and Add Another Service" button. The "Add New Service" box should only be used if all services listed on the previous IFSP have ended.

Edit Start Date Continue Service End Date	Provider Name	<u>Service Type</u>	Service Location
8/1/2018	FCBDD	Speech-language pathology services	Home
Add New Service			
*EI Service Type:		•	
*Service Provider Name:		T	
*Location/Setting:		<b>T</b>	
**Service is needed to meet the following outcome(s): Note: Enter all outcomes being addressed with this service in the format "Outcome #: Outcome Text"			
**Justification is provided on the IFSP:	•		
Method:	۲		
*How Often:	<ul> <li>Times/</li> </ul>		
*Session Length:	<ul> <li>Hours</li> <li>Minutes</li> </ul>	5	
*Funding Source:	•	·	
*Next Workflow	Step: O Save IFSP and Ac		



**Note:** The **How Often** dropdown only goes to "10" when utilizing the "Add New Service" box. If a service with a higher frequency is being added in this manner, choose any number for **How Often**. After saving the IFSP, navigate back to the IFSP and click on the "Edit" (pencil) icon. Update the **How Often** field to reflect the correct number of times the service will be delivered in the specified timeframe.

To update information about a service from the previous IFSP that is continuing, press the "Edit" (pencil) icon next to the appropriate service prior to selecting "Continue Service." Update the applicable fields and then choose "Save Service" to return to the main IFSP Review page. Add new outcomes and/or remove outcomes no longer being addressed to reflect the outcomes listed on the IFSP Form.

Edit Start Date Continue Service	End Date		Provider Name	Service Type		Service Location
8/1/2018		•	FCBDD	Speech-language p	athology services	Home
	Edit Service					
	*EI Service Type:	Speech-	language pathology	services	V	
	*Location/Setting:	Home		•	]	
**Service is needed to meet the follo Note: Enter all outcomes being service in the format "Outcome	addressed with this	Outcome Outcome	1: <u>Tallie</u> will t 3: <u>Tallie</u> will s	ell mom what s it and partici	he wants to eat at lun pate in story time at '	ch time. the library.
**Justification is Pro	vided on the IFSP:	•				
	Method:	Direct/In-	-Person 🔻			
	*How Often:	18 🔻 Tii	mes/ 180 Days 🔻			
	*Session Length:	0 T H	ours 45 🔻 Minutes			
	*Provider Agency:			•		
	*Funding Source:	CBDD	•	]		
	[	Save Ser	vice Cancel Edi	t		

### **Service Start Dates**

To add service start dates, navigate to the "IFSP" left-menu option. Once on the "IFSP" menu choice, click the "Service Dates" tab. From here, enter the date(s) that the service(s) was/were first delivered, along with the NCR, if applicable. If the service(s) was/were never delivered check the "Never delivered" box and add the appropriate NCR.

IFSP List	Details	Service Dates		
IF SP Date	<u>Type Name</u>	Provider Name	Start Date	End Date
7/24/2018	Speech- language pathology services	FCBDD	08 / 01 / 2018 Never delivered	
i Indicates rec * Indicates co	quired field. onditionally req	uired field		Save

**Note:** In order to enter a periodic IFSP review or annual IFSP, all services from the previous IFSP need to have a start date entered. If an IFSP occurs prior to the start of a service from the previous IFSP, check the "Never Delivered" box and select the appropriate noncompliance reason, then add the service to the new IFSP (as if you're entering a new service).



Hover the mouse anywhere over the service line to see the corresponding outcome(s) being addressed.

IF SP Date	Type Nam	e Provider Name	Start Date	End Date	
7/24/2018	Speech- language pathology	FCBDD	09 / 01 / 2018 Never delivered		
services Outcome 1: Tallie will tell mom what she wants to eat at lunch time. Outcome 2: Mom and dad want to have a					
* Indicates required field.					

# **Redetermination**

See the **Eligibility**, **Assessment**, **Completion of Eligibility and Assessment Process**, and **IFSP** sections for details regarding how to document components required for redetermination.

Redetermination is due one year from the initial IFSP or from the previous time redetermination was completed, regardless of whether the child transferred counties or was exited and re-referred to the program, unless that date falls within 90 days of the child's third birthday. The redetermination due date is always displayed in the header of a child's record in EIDS. If redetermination does not need to be completed, the header reads "Redetermination Not Needed." Beginning 180 days prior to the redetermination due date, there are also messages in red text at the top of the child record to indicate the date redetermination is due and what is required.

Child	Parent	Service Coordinator	Status
Williams, Johnny DOB: 1/17/18 ET ID: 0123456789	Williams, Keisha 1234 Main St. Anywhere, Ohio 43215 (614) 879-0001 k.williams@gmail.com	Pearson, Mandy Logan County DD 6/15/2018	Early Intervention 6/25/2018 Redetermination Due Date: 9/28/2019
The following must be comp	leted by 9/28/2019 for redeterminat	ion: Eligibility, Child Assessment, F	amily Assessment, IFSP

**Note:** Due to an EIDS system error, redetermination messages are not displayed for children who have transferred counties. If you have any questions about when redetermination is due, contact <u>eids@dodd.ohio.gov</u> or your EI program consultant.



# **Transition**

To enter Transition Steps and Services and Transition Planning Conference (TPC) information in EIDS, navigate to the "Transition" left-menu option.

Early Intervention – Service Coordinators	Transition Planning Conference <u>Transition Steps and Services</u>
Screenings	
Eligibility	
Assessments	Child's School District: Smithville S.D. 0000
E&A Summary	Child's Third Birthday: 9/28/2019
SOP	Days Until Child's Third Birthday: 112
IFSP	* Did the parent consent to a Transition Planning Conference?   • Yes  No
Archived COSF	* Transition Planning Conf Mtg Date: 01 / 12 / 2019
Transition	** Reason Transition Meeting Date Was Delayed:

#### **Transition Steps and Services**

To enter Transition Steps and Services information in EIDS, select the "Transition Steps and Services" tab of the Transition page

Enter the date transition steps and services were included on an IFSP at least 90 days, but not more than nine months prior to the child's third birthday, along with the NCR, if applicable. The Transition Steps and Services date must be no more than nine months prior to the child's third birthday in order to save the page. Add the specific steps and services needed to achieve the transition outcome(s) exactly as they are documented on Section 4 of the IFSP Form under "Strategies: What steps and activities, including who and when, will help us meet the IFSP outcome?" Press "Save" to add the Transition Steps and Services information.

Transition Planning Conference Transition Steps and Services	
Child's School Di	strict: Columbus City S.D. 2503
	thday: 9/28/2019
Days Until Child's Third Bir	thday: 243
* Transition Steps and Services Date:	01 / 12 / 2019 🚥
* Transition Steps and Services:	Keisha will arrive early to
	give Natalia time to explore
	the library. During story Time, Keisha will give Tallie
	Add Note Save

### **Transition Planning Conference (TPC)**

To enter TPC information in EIDS, select the "Transition Planning Conference" tab on the Transition page.

Enter the TPC date on the Transition Planning Conference page, along with the NCR, if applicable. Document whether the parent(s) consented to having a TPC. If the parent(s) did not consent, enter the date the TPC was declined. If the parent(s) did consent, enter the TPC date, who was in attendance at the meeting, whether the child is potentially eligible for Part B, and the destination of the child's transition from EI at age three. The TPC date must be no



more than nine months prior to the child's third birthday in order to save the page. Click "Save" to add the TPC information.

Transition Planning Conference	2				
Child's School District:	Smithvillo S D, 0000				
Child's Third Birthday:					
Days Until Child's Third Birthday:	· · ·				
* Did the parent consent to a Transition Planning Conference?	Yes ONO				
* Transition Planning Conf Mtg Date:					
** Reason Transition Meeting Date Was Delayed:		]	v		
* Transition Planning Conference Participants:	Service Coordinator	() Voc	○ No		
		○ Yes	No		
		Yes	O No		
	LEA Representative		O No		
		○ Yes	No		
		Yes	No		
		○ Yes	No		
		Yes	○ No		
	EI Service Provider	Yes	○ No		
	Other				
	Other				
* Child is potentially eligible for Part B?	Yes ONO				
* What destination was identified on the IFSP for transition at	1 00101100010011	ith IEP	•		
* Indicates required field.					
** Indicates conditionally required field					
				Add Note	Save

### Exit

To document an exit, navigate to the "Exit Child" left-menu option. Once on the "Exit Child" menu choice, click the "New" button.

Early Intervention + Exit Child	Б	it List Exit Detail			
Manage Documents					
Case Notes				ird Birthday 9/28/2019	
Transfer Child		Days	; Until Child's Th	ird Birthday 130	
History					New
		Category	Exit Date	Exit Reason	Exit Destination
		Central Coordination	6/15/2018	All applicable program referrals made	No Destination Identified

Enter the *Exit Date, Exit Reason* (see the EI Exit Reason Definitions document for a complete list with definitions), and *Exit Destination*. Select the appropriate COS statements from the dropdowns and indicate whether the child showed new skills or behaviors in each area, as documented on the standalone COS form. Click "Save" to save the Exit.



Exit List Exit Detail

Child's Third Birthday: Days Until Child's Third Birthday: *Exit Date:	
*Exit Reason:	
Did the child have an IEP in place on his/her 3rd B-day?	○ Yes ○ No ○ Not Eligible for Part B
*Exit Destination:	Ŧ
* Developing Positive Social-emotional relationships - Relative to same age peers: * Has the child shown any NEW SKILLS or BEHAVIORS related to developing positive social-emotional relationships since the last Child Outcomes Summary rating?	
* Acquiring and using Knowledge and Skills - Relative to same age peers: * Has the child shown any NEW SKILLS or BEHAVIORS related to acquiring and using knowledge and skills since the last Child Outcomes Summary rating?	↓
* Taking appropriate action to meet needs, getting from place to place, taking care of basic needs - Relative to same age peers: * Has the child shown any NEW SKILLS or BEHAVIORS related to Taking appropriate action to meet needs, getting from place to place, taking care of basic needs since the last Child Outcomes Summary rating? * Indicates required field.	
** Indicates conditionally required field	Add Note Save

**Note:** COS statements are not required, and all of the COS fields should be left blank, if the child never had an IFSP or if exit reason is one of the following:

- Child is deceased
- Loss of contact with family

### **Non-Compliance Reasons (NCRs)**

El rules and regulations include required timelines for several different processes, including those related to the 45-Day timeline, Timely Receipt of Services (TRS), Transition Steps and Services, Notification to the LEA/SEA, and Transition Planning Conferences (TPC). If timelines are missed for any of these, an explanation, or NCR, is required. As such, EIDS will prompt for the NCR to be entered if the item being documented was completed after the required due date. See the EI NCR Examples document for a list of NCRs, along with examples of when each may be used.

# ▼ Parent/Child Reason Couldn't Locate/Reach Parent Emergency-Related Closure HMG Staff Error HMG System Reason System Reason - COVID-19