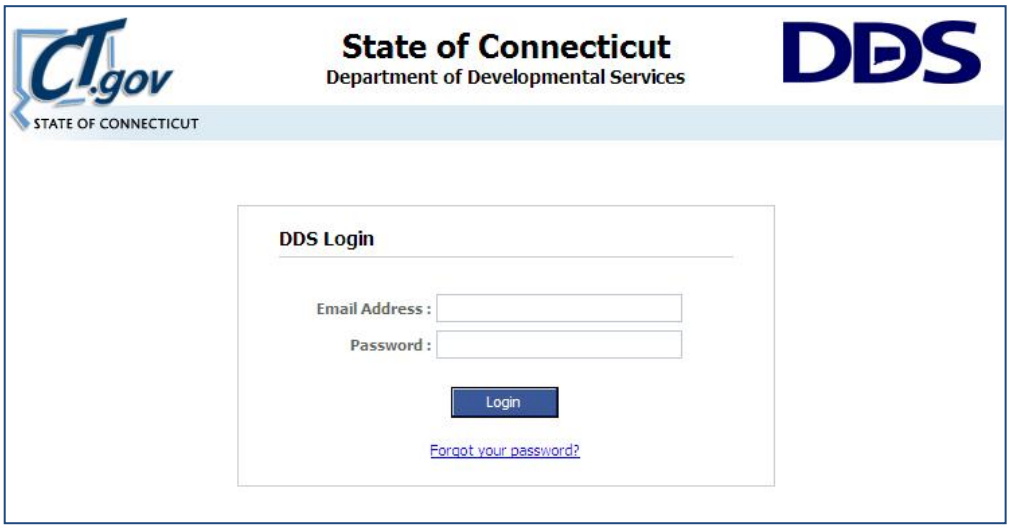
Connecticut Birth to Three Online Data System Manual

Welcome to the manual for the NEW Connecticut Birth to Three Data System named SPIDER for Service Provider Individual Data Entry Resources. This is designed to be used on a computer. Hyperlinks, bookmarks and search functions will make this a more useful tool than printing it out. The manual is organized by what you see on the screen in the order it appears. View the index for content specific topics. This is the first version of the manual for SPIDER and will only improve with your help.

Contents

Logging In

The website address is **https://www.ddsapp.ct.gov** (Don't forget the "s" after http.)
Only authorized users that have registered with the department will be able to log in



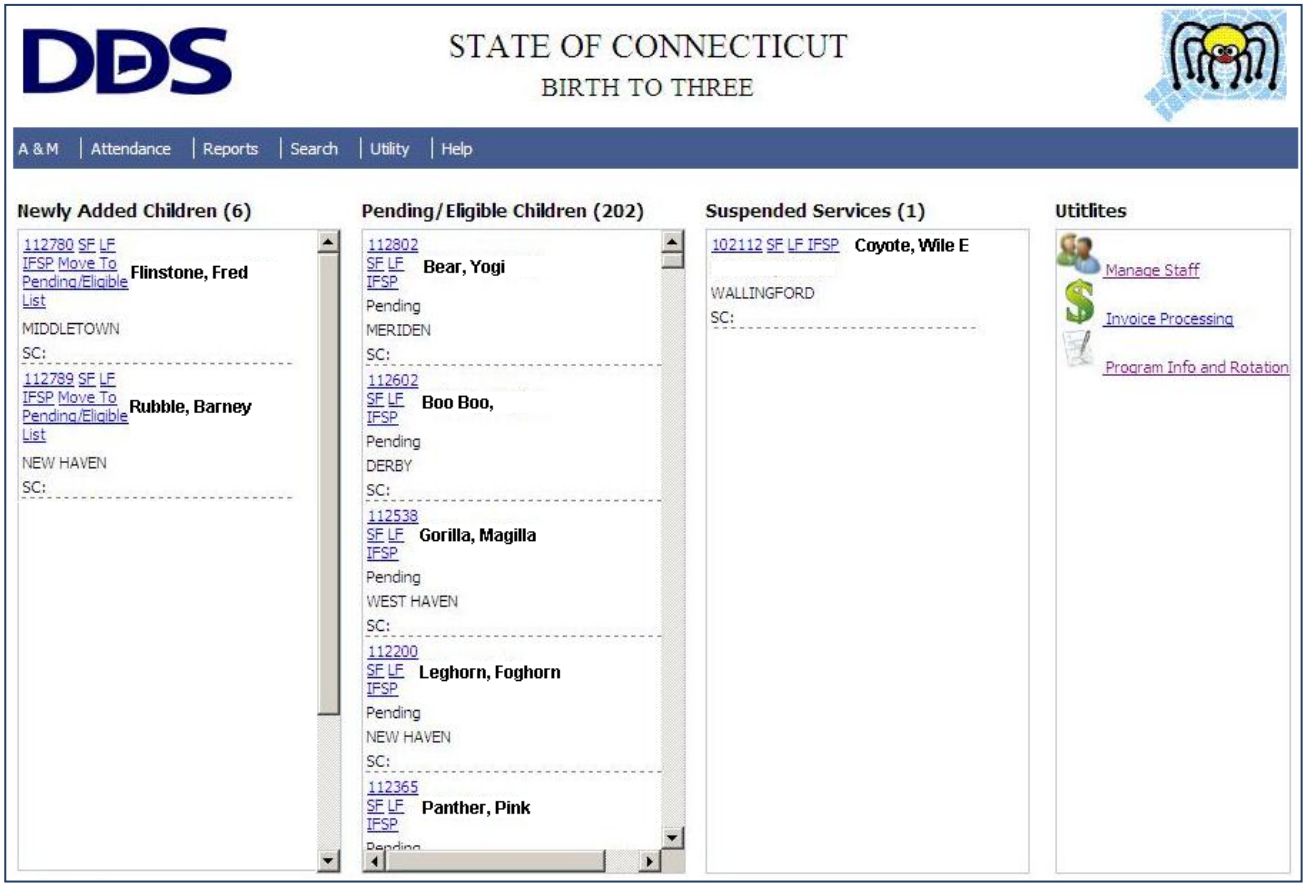
If you cannot log in contact Sandy Booth for assistance.

Successfully logging in will bring you to the DDS Gateway opening screen.

Click Provider All to proceed

This screen also notifies you when your current password will expire and gives you a link to change it.

Roster Screen



The Tabs across the Top of the Roster Screen

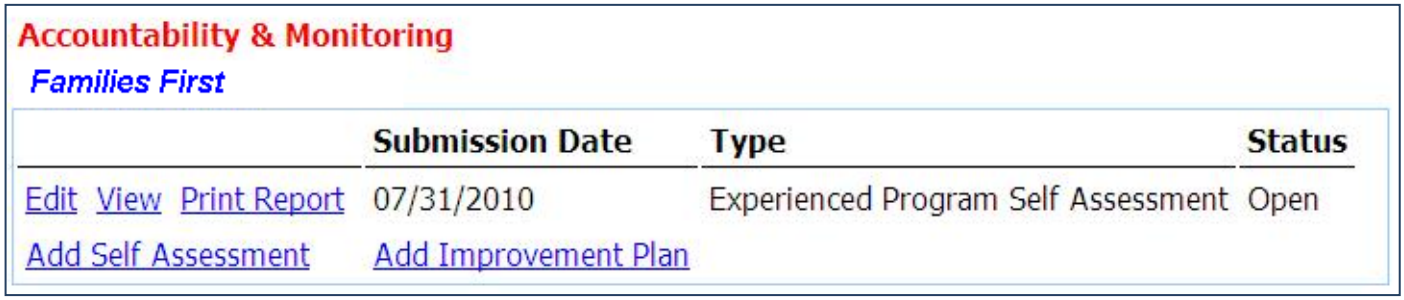
The tabs are described in order. The tabs change from screen to screen. The name of the tab that you are currently viewing will not be included in list of available tabs at the top of the screen.

A & M – This opens the Monitoring and Accountability Network (SPIDER-MAN)

This is where programs enter self-assessment data. It is also where improvement plans are developed and updated.

Any Monitoring components already developed will be listed.

To enter the results of a NEW Self Assessment click Add Self Assessment



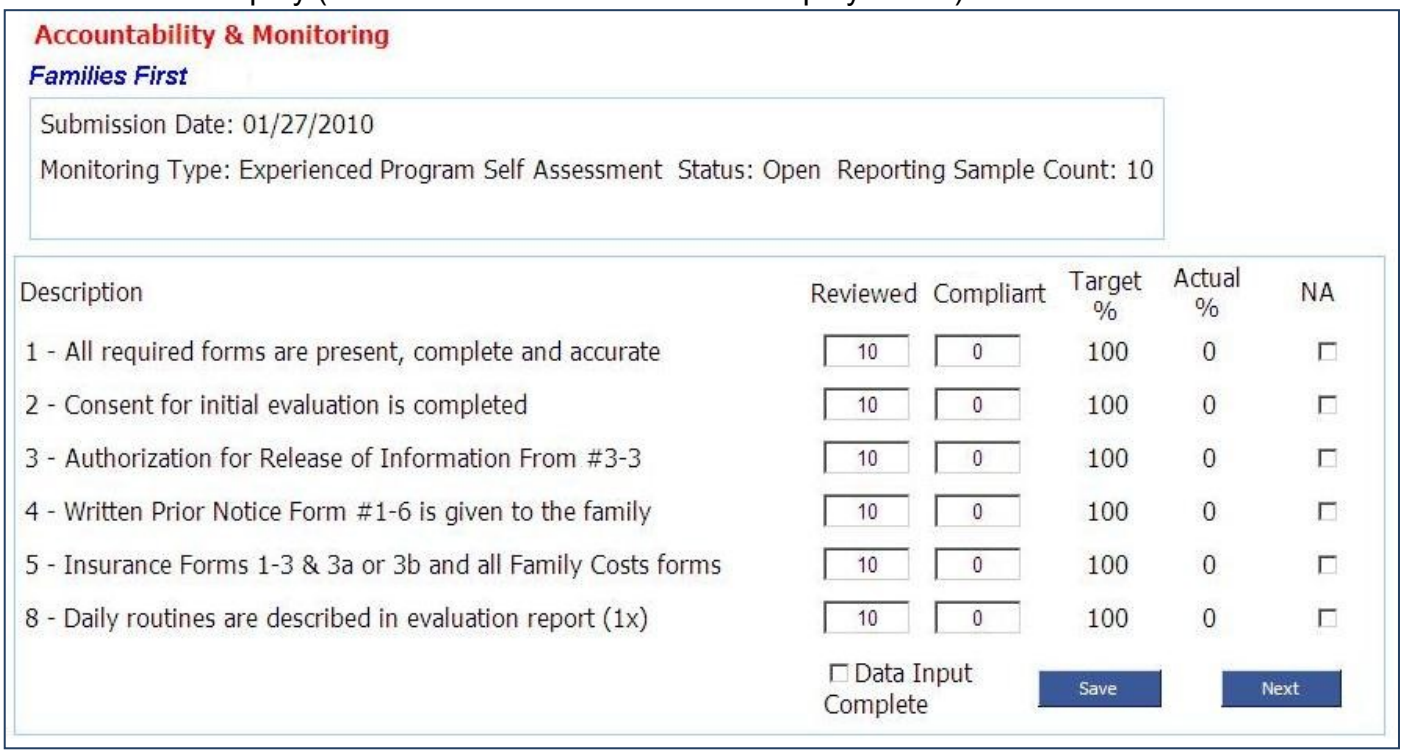
You can also Edit, View (read only), and Print a report that summarizes the item.

Add Self Assessment

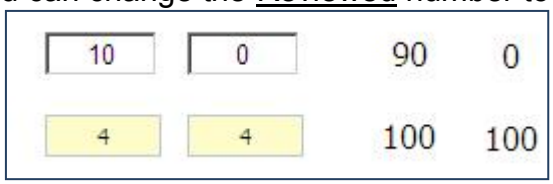
When you click Add Self Assessment a pop-up widow will open. Enter the Submission Date, the sample count (10% minimum of 10) and select the type of self assessment you are completing.

This list will include APR data, complaint data, data verification, focused monitoring, & other types.

Then Click OK. The list of current measures will be displayed. If completing an Experienced Program Self Assessment, only those measures listed as Experienced in the Current Monitoring Measures will display (note measures 6 and 7 do not display below).



If there are not enough records to meet your sample size (i.e. only 8 children have a teacher on their IFSP and are insured by Medicaid) then you can change the Reviewed number to reflect the actual number of records that were reviewed.



Enter the number of records that met the requirements for each measure in the Compliant column (even though not all the measures are compliance measures). The Actual % will be calculated.

If a measure is not applicable (i.e. the program has no children enrolled for whom a surrogate parent is required or there are no EIAs, COTAs, or PTAs on any IFSPs) then check NA.

Description	Reviewed	Compliant	Target %	Actual %	NA
38 - All visit notes by an EI assistant, associate, COTA,PTA,BCABA,SWI are co-signed	13	0	90	0	☑

After you have entered all your Self-Assessment data check Data input Complete and email Anna.Hollister@ct.gov to let her know. You will receive a letter from the lead agency identifying those compliance measures that are not at 100% and the performance measures that need significant improvement. When you get the letter, you will have 30 days to complete an Improvement Plan and enter it into SPIDER. To do so click the A&M tab from the Roster Screen. It will list the self-assessment or other monitoring activities that occurred.

Accountability & Monitoring

Families First

	Submission Date	Type	Status
Edit View Print Report	07/31/2010	Experienced Program Self Assessment	Closed
Add Self Assessment	Add Improvement Plan		

Add Improvement Plan

When you click this you will be prompted to enter the date of a letter sent to you listing findings of non-compliance, and measures needed improvement. This is called a "Findings" letter.

Provider Input

Enter Date Of The Findings Letter: 08/31/2010

Monitor Type: Improvement Plan

Status: Open

OK

Click OK to proceed.

Then check the boxes for the measures that are listed in the findings letters and any others that you would like to work on.

Accountability & Monitoring

Families First

Submission Date: 08/31/2010

Monitoring Type: Improvement Plan Item Selection Status: Open

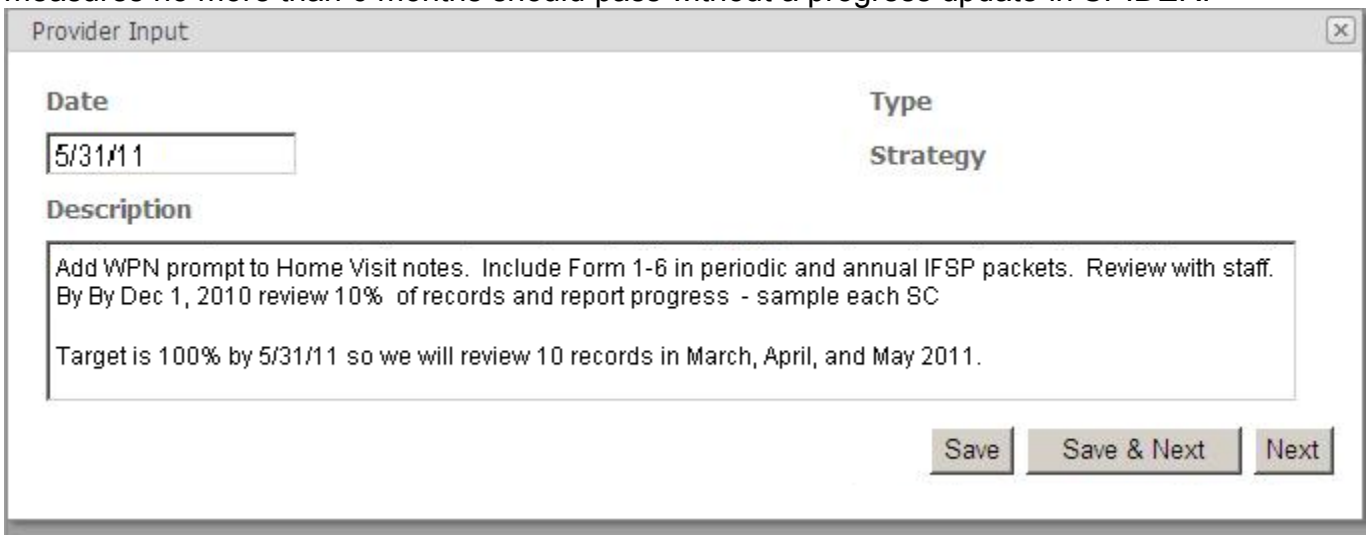
Description	Include In IP
1 - All required forms are present, complete and accurate	☐
2 - Consent for initial evaluation is completed	☐
3 - Authorization for Release of Information From #3-3	☐
4 - Written Prior Notice Form #1-6 is given to the family	☑
5 - Insurance Forms 1-3 & 3a or 3b and all Family Costs forms	☐
8 - Daily routines are described in evaluation report (1x)	☐

☐ Data Input Complete

Save Next

When all the measures have been selected, click Data Input Complete. This will bring you to a screen for each measure and you will be able to enter your improvement strategies and progress updates. The lead agency will record when correction has been verified.

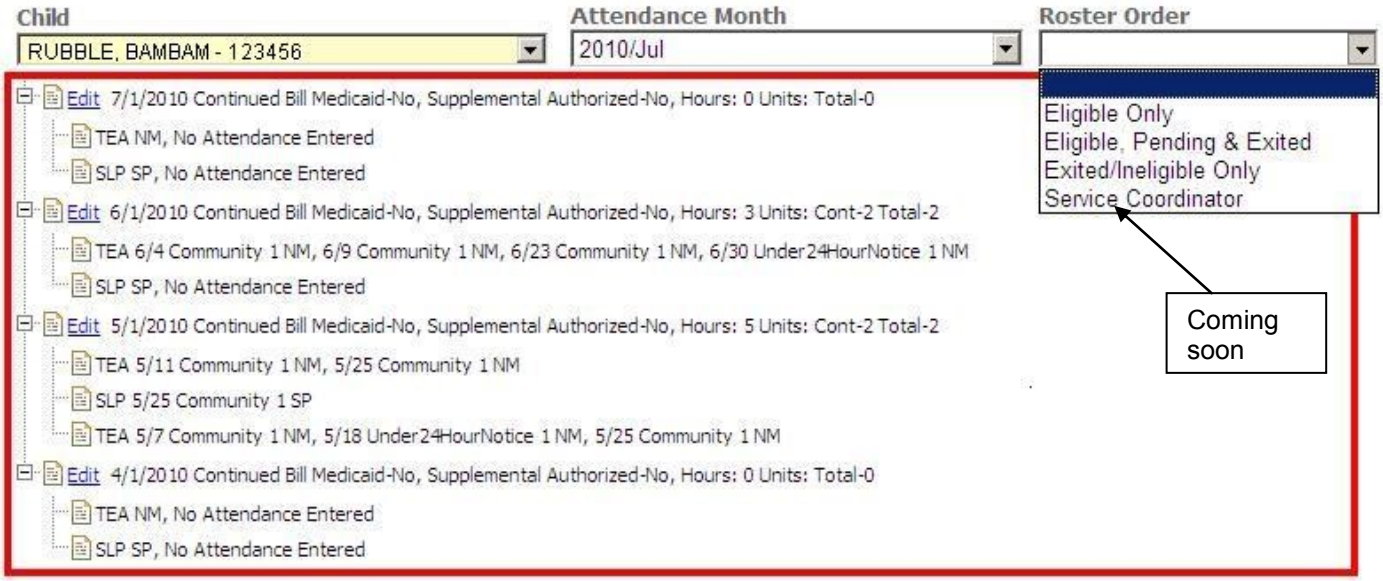
Click Add Strategy and a pop-up window will open. For compliance measures, enter the due date for correction as the Date. This date will be identified in the findings letter. Include any strategies you will implement as well as how and when you will measure progress. For compliance measures no more than 6 months should pass without a progress update in SPIDER.



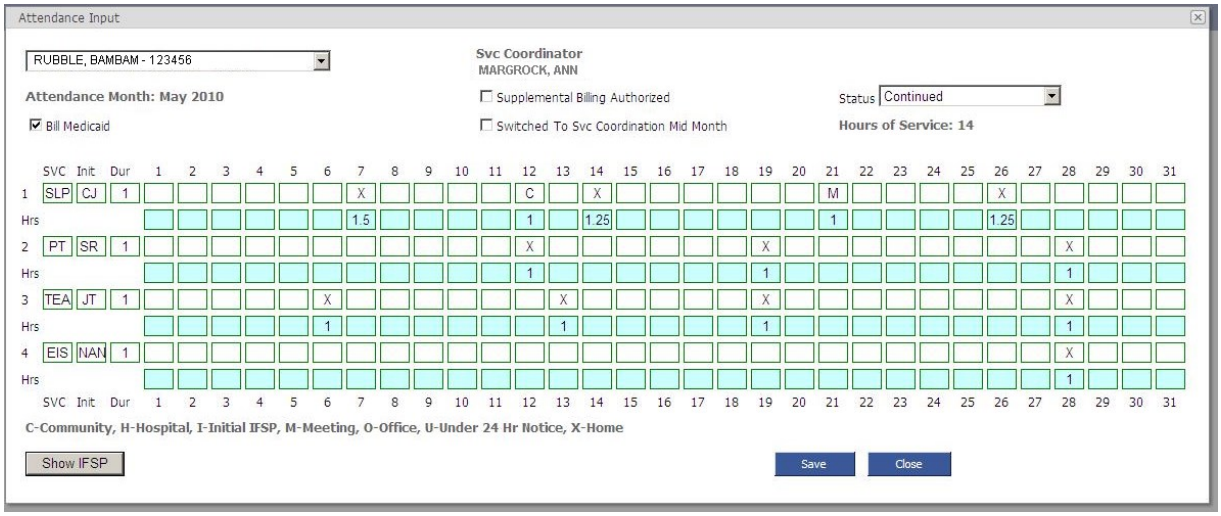
After completing strategies or progress updates for all measures as required, click Save and email Anna Hollister that the plan or progress update has been competed.

Attendance – This opens the Attendance Input screens

When you click the Attendance Tab you'll see a summary of the Attendance records. The Child box offers a drop-down of list of enrolled children. Only the current and most recent months are listed. Future months are not displayed. To view previous months click the drop down for Attendance Month. This reorders the display of months. You can also re-order the display of the records by the four options in the Roster Order drop to box. Clicking on a plus sign (+) next to a date expands the attendance data for that month.



Click Edit to open the attendance grid for the month you want to enter to view or edit.
NOTE: THE IFSP DATA MUST HAVE BEEN ENTERED FIRST.



Name: Child's name from case record. Use drop drown menu to select another child from your roster without having to return to the roster screen for attendance processing. This drop down will list all children in the roster order you select by name and case number.
Bill Medicaid: Click if the State should bill Medicaid.
Supplemental Billing Authorized: Check box to indicate that authorization from Fiscal Office for billing has been approved. Autism Specific Programs and Hearing Impaired Programs can check this without authorization.
Switched to Svc Coordination mid month: Check box to indicate that the family has switched to receiving services at no cost during a month.
Status: Must select one status. Check accuracy if already filled in. Click here to read more about the Attendance Status detail.

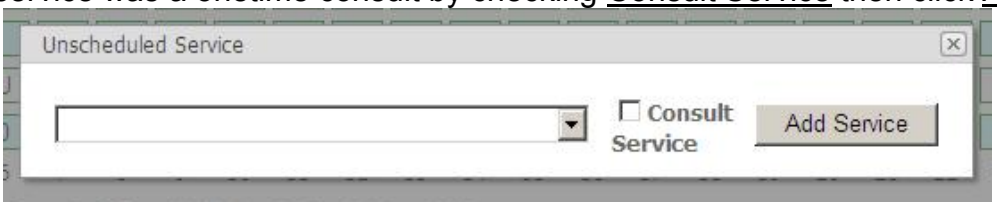
Enter Attendance Data:
Use “Evaluation” (EVL) for the initial evaluation only. Do not put an X on the discipline(s) performing the evaluation.
Double clicking on a white cell for the dates on which services were provided will populate the cell with the default primary location code set and the default time for the visit as entered in the IFSP will appear in the blue cells. You can then edit each cell if the location was different than expected (e.g.”C” vs. “X”) and/or the duration of the visit was different than planned.
Initials: Initials of the providers are populated from the most recent IFSP if they were entered before the last day of the previous month.
Service Detail Grid: Use the following attendance codes
C = Community; any community site including childcare, libraries, parks, grocery stores.
H = Hospital visit
M = Meeting; this includes annual or periodic IFSP meetings (not the initial IFSP), transition, team and PPT meetings
(the family must be present)
O = Office visit
S = Services At No Cost; "S" can only be use when a family is receiving services at no cost to the family.
POP-UP ALERT – the attendance status must be set to Services at no Cost 1st or you cannot commit the data.
U = Under 24 hours notice; any time a scheduled visit does not occur and the family did not cancel at least 24 hours prior to the visit
X = Home visit
I = Initial IFSP meeting which is:
- On a different day from the initial evaluation
- Within 45 days of the call to Child Development Infoline or
- More than 45 days from the call to Child Development Infoline if the delay was at the family's request or
- Within 30 days sent to program.

The child's first service cannot be coded as "M" it can only be C, H, O, X or U indicating that direct service was provided or a planned visit was cancelled within 24 hours by the family.
NOTE: If the IFSP reads as “EI team”, it will not show up on the attendance as “team”, instead programs should use an “M” on the date for each person who was at the meeting.
To correct an IFSP that was entered incorrectly or to add an Unscheduled Service you must first click the Show IFSP Button. The current IFSP will display and the button will now read Hide IFSP.

Hide IFSP | Save | Close

	What Will Happen	Delivered By	How Often	Time(s) Per	For Hr (s)	Start Date	End Date	Initials	New
Add	EI Visit	Physical Therapist	1	Week	1	04/21/2010	04/14/2010	CG	Y
Add Unscheduled Service									

Click Add to add that line from the IFSP to the attendance grid if you need two lines.
Click Add Unscheduled Service to open a new window. Select the service and indicate whether or not the service was a onetime consult by checking Consult Service then click Add Service.



Attendance Status

These are described below in the order that they appear on the screen which was based on the order of prevalence.

A child's attendance status might follow the following order.
Pending > Eval Only > NA > New > Continued > Discontinued OR if the Evaluation, initial IFSP and 1st Service all occur within the first month New > Continued > Discontinued

Continued: A child who was enrolled last month and continues to be enrolled the following month (e.g., s/he is continuing in the program from last month.) When Continued is selected, the status will default to Continued for the next month. The status for a child who continues to receive services after being NEW the previous month will automatically now be displayed as Continued.

If a child's attendance status on the previous month was Svc Coordination prior to the first direct service being delivered, select Continued for the month in which the first direct service is provided (after the IFSP has been revised and signed by the doctor.) Programs will be paid 2 units of service for that month and subsequent months.

If a family decides to decline direct services that have already begun and elects services at no cost during the first or second half of a month, select Continued. Programs must check the box "Switch to Service Coordination Mid-Month." Programs will be paid 2 units for that month as long as at least 1 direct service was provided. The attendance/billing status of Svc Coordination will begin with the next month.

If a child's attendance/billing status on the previous month was Svc Coordination, and at any time during the child's current enrollment the attendance/billing status of Continued had been selected, select Continued for the month in which direct services resume. Programs will be paid 2 units as long as at least 1 direct service is provided.

New: A child began receiving services from Birth to Three for the first time in your program. To be considered New the child's direct services must have started in the reporting month (e.g., at least one service date must be filled in for something other than the evaluation.)

If a child is evaluated, had an initial IFSP & begins direct services in the same month, select New.
If a child has an initial IFSP meeting and begins direct services in the same month select, New.

The status for a child who continues to receive services after being NEW the previous month will automatically display as Continued.
Programs will be paid 1 or 2 units depending on the 1st date of service.

What's "New" Table

	April	***May***	***June***
What happened	Eval only	IFSP only	1st Service
Attendance Status	Eval Only	NA	New
Units*	1	1	1 or 2
What happened	Eval only	nothing	IFSP and 1st Service
Attendance Status	Eval Only	NA	New
Units*	1	0	2 or 3
What happened	Eval & IFSP only	1st Service	Next Service
Attendance Status	Eval Only	New	Cont
Units*	2	1 or 2	2
What happened	Eval & IFSP only	nothing	1st Service
Attendance Status	Eval Only	NA	New
Units*	2	0	1 or 2
What happened	Eval, IFSP and 1st Service	nothing	Next Service
Attendance Status	New	Cont	Cont
Units*	2-4	0	2

*estimates assuming other required criteria are met

N/A: None of the above. A child was evaluated in a previous month and may have even had an initial IFSP, but direct services did not begin yet OR a child was found eligible in a previous month and exited in a subsequent month prior to receiving direct services.

Evaluation Only: = A child was evaluated ONLY or a child was evaluated and an IFSP was completed during the month but no direct services were provided. If directly after the initial evaluation a family of an eligible child decides to accept only services at no cost, the attendance/billing status Evaluation Only is selected. This is true even if an IFSP and service coordination visit are also completed in the same month. Programs will be paid 1 unit for the evaluation. The attendance/billing status of Svc Coordination will begin with the next month when "Service Coordination Only" is checked on the Eligibility Info tab.

Discontinued: A child exited the Birth to Three System. Discontinued is used if a child's attendance/billing status was New or Continued in the previous month. Programs will be paid 1 or 2 units depending on the exit date. Do not use Discontinued if Service Coordination Only is checked on the Eligibility Info tab in that case, use Svc Coor Exit

Transferred In:A child who was transferred from another program to your program.

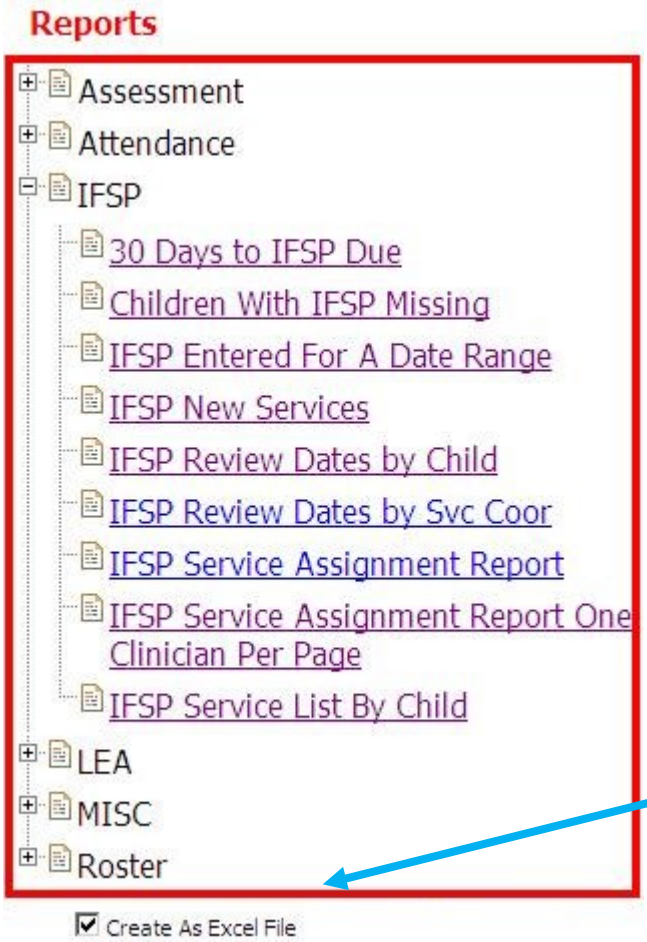
Transferred Out::A child who was transferred out of your program to another program.

Pending: (This is the default for new records.) No determination of eligibility has yet been made.

Svc Coordination: Service Coordination Only is selected only for a full month during which a family has decided to accept services provided at no cost to families. The only attendance code allowed will be "S". Programs will be paid a set rate per month for each child marked as SC Only even if the annual assessment is completed during the visit. Service Coordination only must be checked on the Eligibility Info tab. NOTE: No income information is necessary for this status.

Svc Coor Exit: A child who was receiving service coordination only then exits the program.

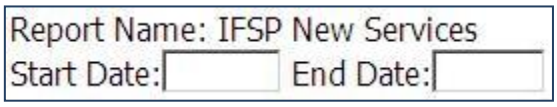
Reports – This opens a list of reports



There are a number of reports available and new ones are being added on a regular basis.

To expand the list click on the report type heading.

Then click on the report name (nothing will happen and doubling clicking won't help.) You'll see the name of the report at the top center of the screen.



Some reports will prompt you to enter data as filters for the report range.

When ready click Run Report at the right of the screen.

NOTE: If you check the box at the bottom of the list next to Create As Excel File it will export the file without a print preview.

IMPORTANT: NEVER EMAIL IDENTIFIABLE INFORMATION VIA THE INTERNET UNLESS THE FILE IS PASSWORD PROTECTED. Programs must adhere to the State of CT Policies and Procedures about protecting electronic data. http://www.ct.gov/doit/site/default.asp > IT Policies and Standards. Some reports prompt you for date ranges or other filters.

The reports currently fall into 6 groups. The links below take you directly to a more detailed description of each report below and on the pages that follow.

Assessment ►
Attendance ►
IFSP ►
LEA ►
MISC ►
Roster ►

Reports + Assessment

This information is collected from Form 3-18 or the Child Outcome Summary Form (COSF) which can be found in the Birth to Three Procedures Manual Forms.

- *Assessments By Name* – lists ALL eligible children and their scores by child's last name
- *Assessments Grouped By Service Coordinator* – same report sorted by Service Coordinator
- *Assessments Grouped Service Coordinator 1 Per page*– same report with page breaks
- *Exited Children Scores* – lists only children who exited between the start and stop dates you enter in the pop-up screen.

Reports + Attendance

- *Attendance Grid* – blank grid for one month (no dates)
- *Attendance Grids By Child* – prints completed attendance grids for all children alphabetically
- *Attendance Grids By Service Coordinator* – same report by SC with pages breaks after each
- *Attendance Grids For Individual Service Coordinator* - same report but you select one SC
- *Medicaid Children* – lists children for whom Medicaid will be billed, Name, DOB, SC, #, Plan
- *Monthly Supplemental Report* –service details for children with approved supplemental req.
- *Transfer In/Out Report* – Lists all children transferred in from another program or transferred out of your program.

Reports + IFSP

- *30 DaysTo IFSP Due* – lists children without IFSPs that have 30 days before the IFSP is due.
- *Children With IFSP Missing* – lists all eligible children without IFSP dates.
- *IFSP Entered For A Date Range* –children with an IFSP entered during time period you select.
- *IFSP New Services* – lists all services by child marked as "Y" for New in the IFSP.
- *IFSP Review Dates By Child* - lists of all active children on the roster with the initial IFSP date, periodic, and annual review dates. Sorted by Child's Last Name
- *IFSP Review Dates By Svc Coor* – same report but sorted by Service Coordinator
- *IFSP Service Assignment Report* – lists the services provided by each early interventionist according to the latest IFSP, if the initials of the provider were entered.
- *IFSP Service Assignment Report One Clinician Per Page* – same report but with page breaks
- *IFSP Service List by Child* – lists all of the current IFSP services scheduled to be delivered.

Reports + LEA

- *LEA Information Release Form 3-3 Not Signed* – only for 3-3 to the LEA (may not be useful?)
- *LEA Referral Form 3-8 Not Signed* – children over 20 months (?) old with no 3-8 signed

Reports + MISC

- *Primary Physicians List* – lists the practices and physician names for all enrolled children

Reports + Roster

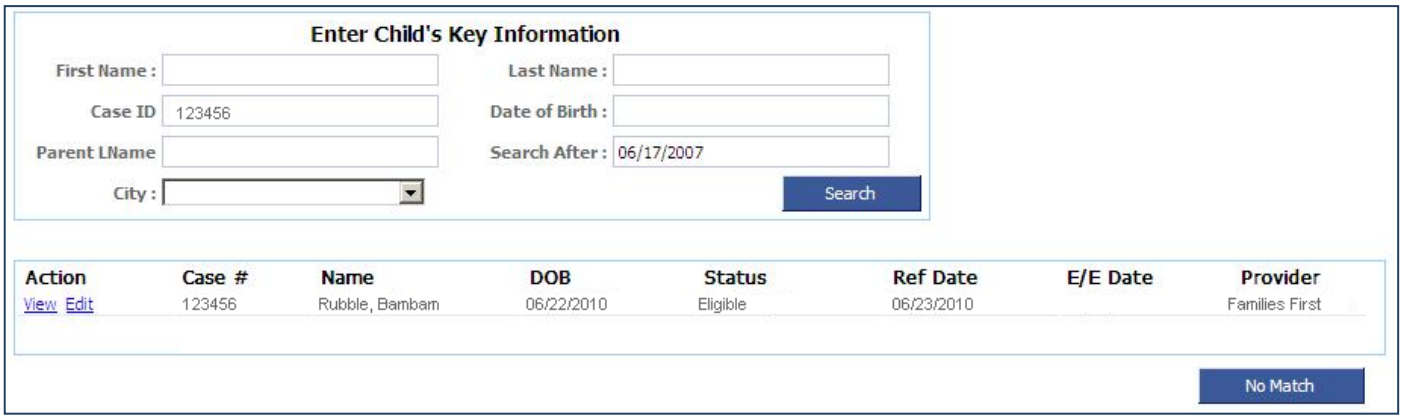
Choose the filters you want and click either Print or Preview the reports below:

- *Bill Medicaid Children* – lists ALL children with Bill Medicaid checked (vs. 1 attendance month)
- *Insurance Carrier By CarrierName* (no)- lists insurance for ALL enrolled children by last name
- *Milestone Date* – by child referral date, Init. IFSP Due, Init. IFSP, Last IFSP, Due dates for next Periodic Review & Annual, Referral to LEA due by 2 ½ & actual, Trans Conf due & actual.
- *Milestone Date by Service Coordinator*– same report sorted by service coordinator
- *Roster By DOB* – displays the information sorted by child's DOB.
- *Roster By Last Name* – displays the information sorted by child's name
- *Roster By Service Coordinator* – displays the information by assigned Service Coordinator
- *Roster By Town of Residence* – displays the information sorted by child's town of residence.

Search - This opens a screen to search for a specific record.

Records are filtered to only search for children born after a date 3 years ago and it changes. Change this date to look for older records. Enter data in only **one** field and click start search.

The results of the search will display below the Search window.

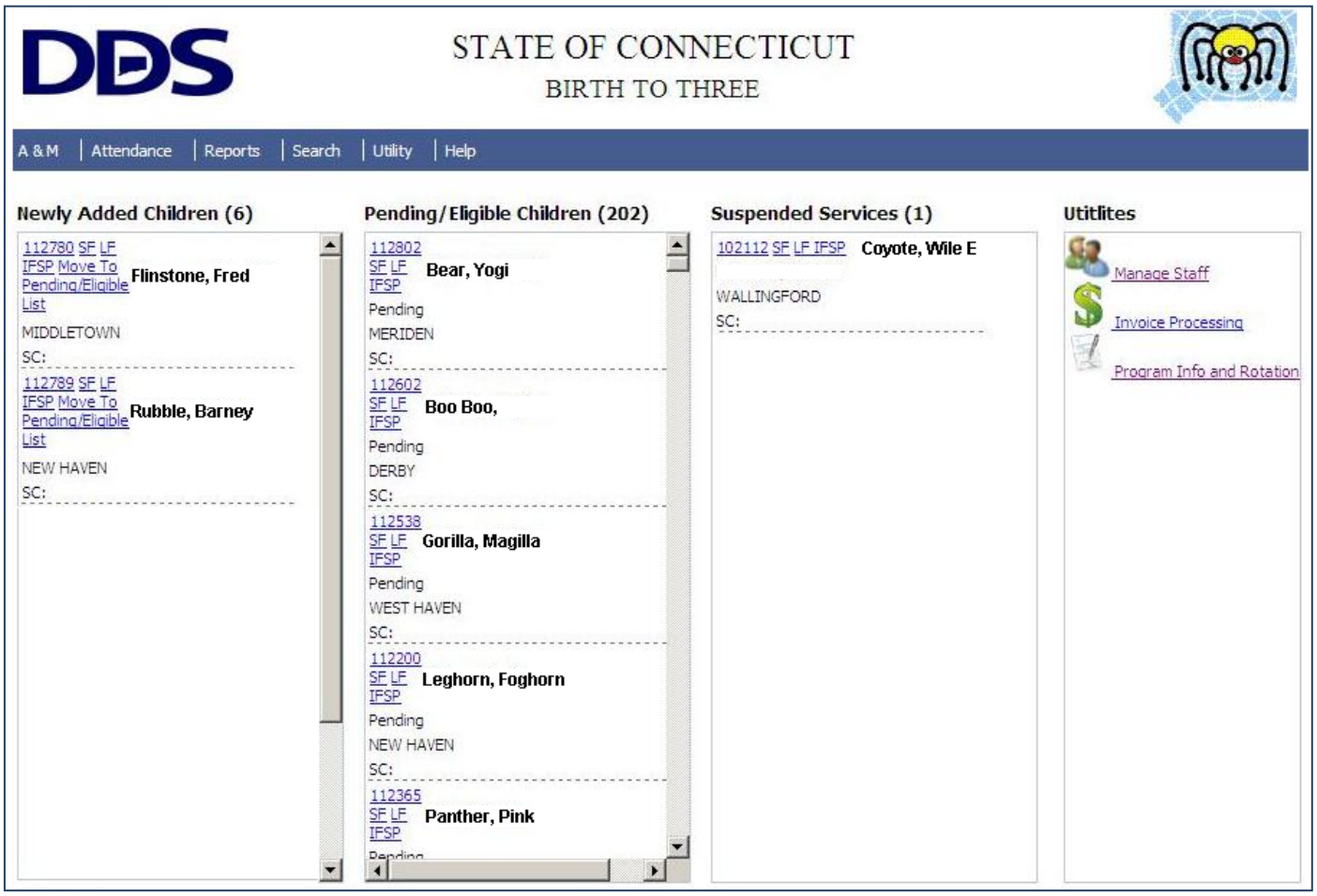


Clicking on View is in Read Only mode and has no Save buttons
Clicking on Edit allow you to make changes

If your search produces no results check that there are no blank spaces in the field. This is done by double clicking in it and then deleting any blank spaces that are highlighted with blue.

Utility - This is currently not being used.

The Four Roster Screen Columns



Below the "Tabs" in the blue navigation bar the screen is divided into 4 columns. From left to right they are described below. The first 3 are gateways to child records screens

(Ctrl +) Click here to jump to the section that describes the Child Record Screens.

Four links are found in the roster columns for each child:

The child's Birth to Three number - To open a child's record click on the child's Birth to Three number.

SF **-** This stands for Short Form and will open a one page enrollment form

LF **-** This stands for Long Form and will open the original three page enrollment form

IFSP **–** This will open a blank IFSP with the some information filled out

Newly Added Children

This includes both new referrals and transfers. You must actively move the record from this column to Pending/Eligible. To do so just click on "Move to Pending/Eligible List" – as of this version clicking on any link activates the same function so be careful before clicking.

Pending/Eligible Children

The default order of the list is by Status and then by the child's last name. Use the scroll bars to find the child's record or use the Search Tab in the blue navigation bar.

Unavailable - for example the child is in the hospital (used sparingly)
Pending - children awaiting an eligibility determination
Eligible - children currently eligible
Autism Assessment - (for Autism Specific Programs only)

Suspended Services
This column lists record for children when direct services have been suspended. Questions about this should be directed to the Fiscal Unit.

Utilities
This column includes links to applications that programs use to manage their data.

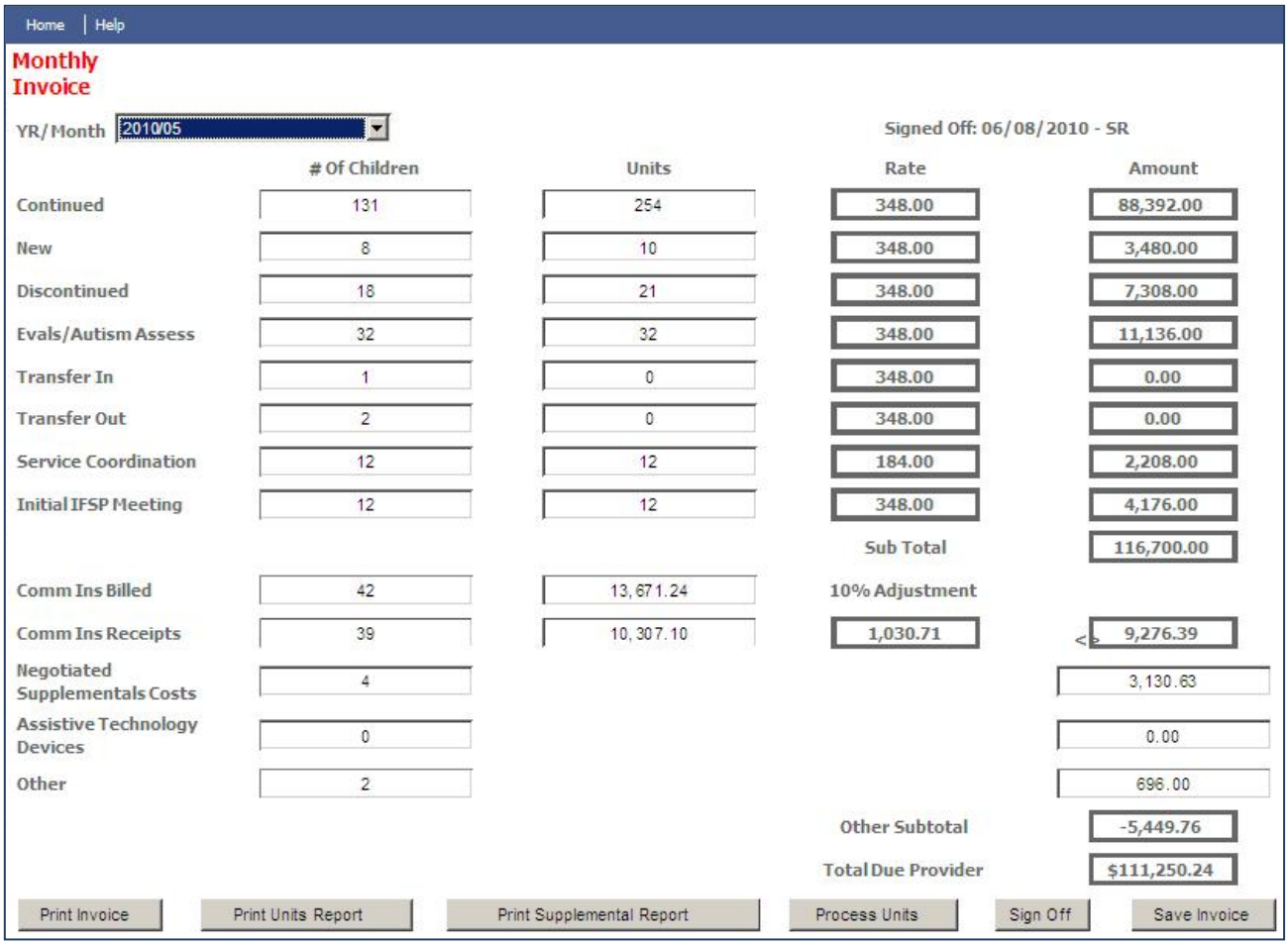
Manage Staff

This is where all service coordinators, evaluators and service providers must be listed in order for them to appear in the drop down lists throughout SPIDER. When you mouse over a letter, the staff on your list appear below the alphabet. Click on the green "+" sign to add a new person.

Click on a name to manage the information. A new window will open. Complete all the fields. In that screen you can choose your own Display Name style.

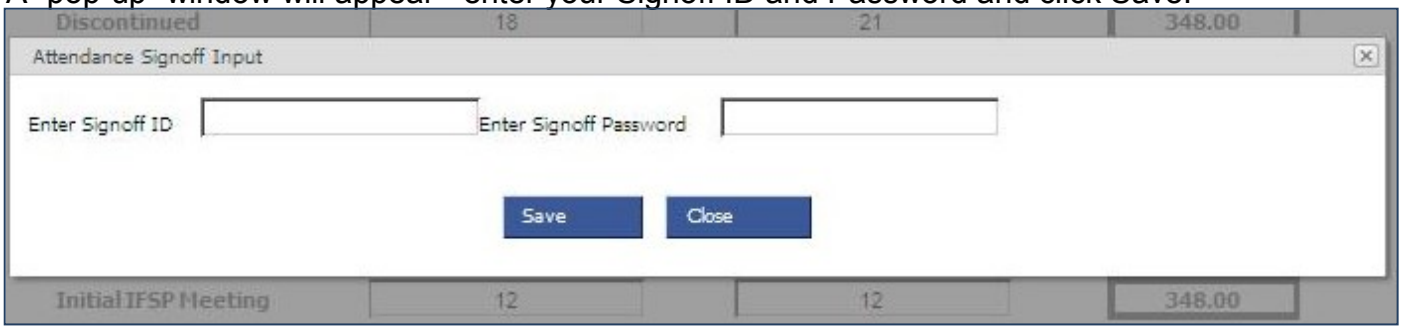
Invoice Processing

This is competed after all the attendance data for the month has been entered. The screen will open with empty cells. Select the YR/Month from the drop down list then click Print Units Report and Supplemental Report to check for accuracy. Make changes as needed and when ready click Process Units. Fill in the Commercial Insurance Billed, Comm. Ins. Receipts and other Adjustments. Print Invoice to check for accuracy. Click Save Invoice if you are not ready to sign off. When you come back to this screen use the YR/Month drop down to re-open the data for the month.



Once everything is correct for the month, click Save Invoice and then click the Sign Off button

A “pop-up” window will appear - enter your Signoff ID and Password and click Save.



Reconciliation changes can be made in attendance but programs should not click Process Units again. Instead changes should be made directly into the cells on the Monthly Invoice screen. Click Save and notify the Fiscal Office. They can print the revised invoice at central office.

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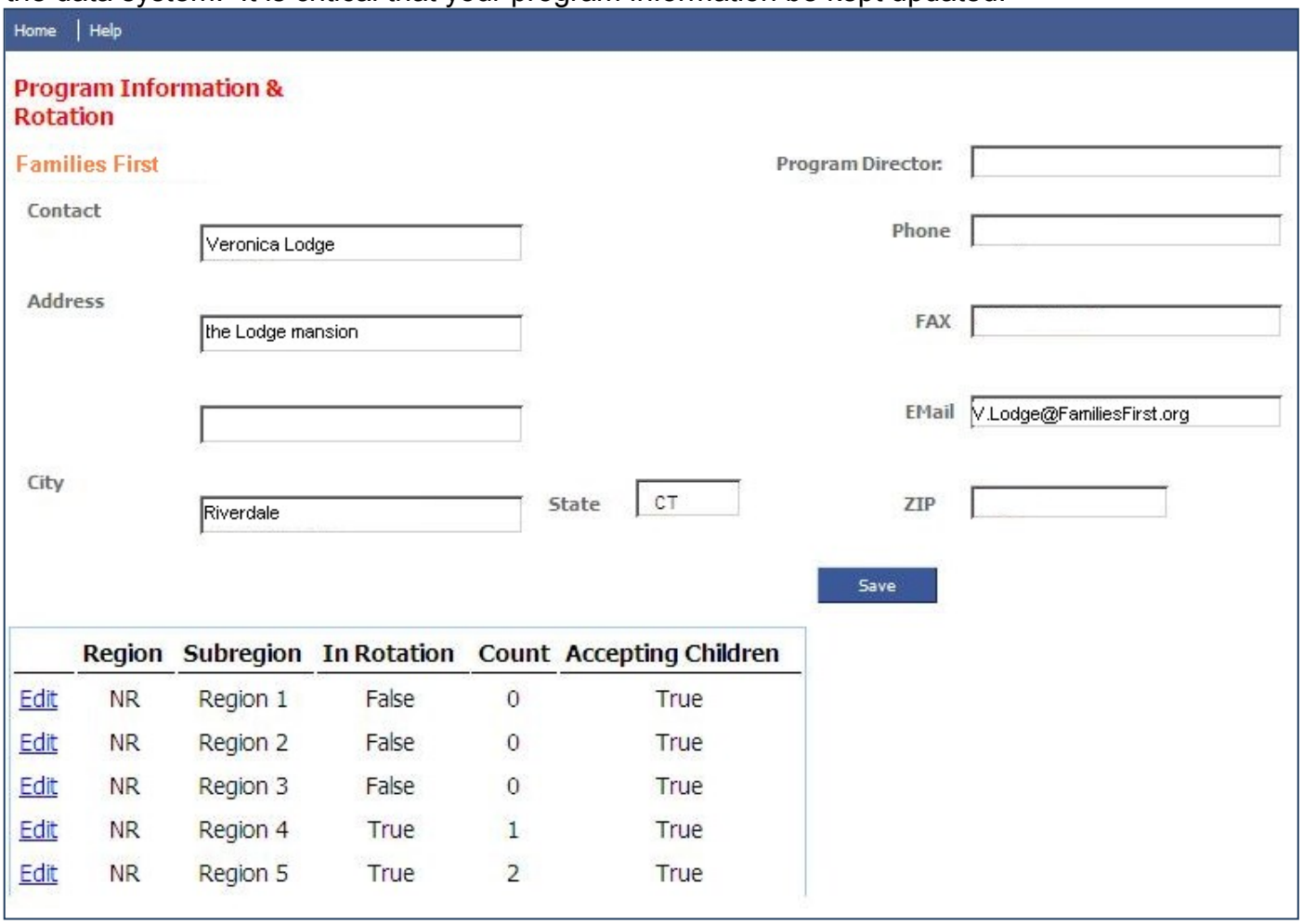
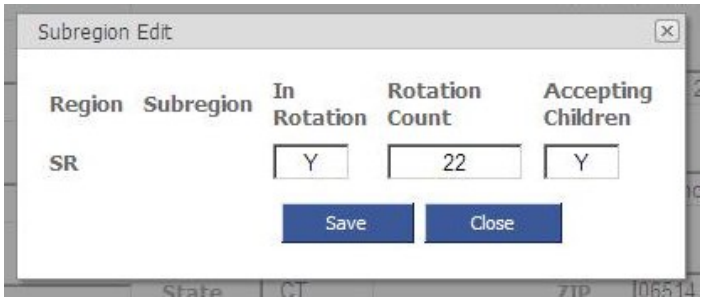
Program Info and Rotation

This module is important for managing referral rotation. It is also where provider contact information is updated. This information is used by the lead agency and is printed on reports in the data system. It is critical that your program information be kept updated.



To update the rotation status for your program or a subregion click on Edit.

A pop-up window will appear.



To place your program in rotation enter “Y” in the In Rotation field and enter the number of referrals that can be accepted in the Rotation Count field. Once the Rotation Count number is reached, the system will automatically switch rotation to “N”. To be continually open Enter “Y” in the In Rotation field and “99” in the Rotation Count field. To accept children by family request only, enter “N” for In Rotation, the number in the Rotation Count, and “Y” in Accepting Children.

The Child Record Screens

The Tabs Across the Top of the Child Record Screens

All of the screens that are unique to a specific child record have the following tabs across the top. The tab for the screen that you are viewing will not be displayed. Click the link to any tab listed below to jump to that section of this manual. (Help is not functioning as of 9/29/10.)

Home | Autism Assessment | Case Assessment | Case Info | Child Info | Concerns | Contact Info | Eligibility Info | Exit | IFSP | Insurance Info | Parent Info | Provider Info | Referral Source | Help

Home
Autism Assessment
Child Outcomes (temp Case Assessment)
Case Info
Child Info
Concerns
Contact Info
Eligibility Info
Exit
IFSP
Insurance Info
Parent Info
Provider Info
Referral Source

When you click on a child's Birth to Three number from the opening roster screen, the default screen to open will be the Case Information screen (PENDING: Child Info). This manual will follow the tabs from left to right. Also, all screens have the following navigation buttons

Save | Save & Next | Next

Home

From the child record this option takes you back to the roster screen

Autism Assessment

This tab is can be viewed by all programs but it can only be edited by staff at one of the Autism Specific Programs.

Autism Assessment

Assessing Program:

Referred Date:

IDEA Classification

Evaluation Date

☐ Autism Diagnosed Prior to Referral

Evaluator

Discipline

License Number

Save | Save & Next | Next

<u>IDEA Classification:</u> Select one option.
<u>Evaluation Date:</u> Enter the date the previous determination was made
<u>Referral Date:</u> This is automatically populated when the autism button is clicked.
<u>Autism Diagnosed Prior to Referral:</u> Check this if you have copies of reports indicating that the child was previously diagnosed as having Autism .
<u>Evaluator:</u> This drop down list will display the staff unique to the program.
<u>Discipline:</u> Select the appropriate discipline from the drop down list.
<u>License Number:</u> The License number for the evaluator.

Child Outcomes

This temporarily reads as "Case Assessment" and will be changed soon. This screen is where you enter the child outcome summary data collected on Form 3-18 (COSF) at entry and at exit.

Child Outcomes Information

Assessed at Entry Date: 10/01/2009 Assessed at Exit Date: 05/28/2010

	Entry	Exit	At Exit Has The Child Shown Any New
Positive Social Relationship	3	4	☑ Skills/Behavior related to social relationships
Acquiring and Using Knowledge and Skills	3	4	☑ Skills/Behavior related knowledge
Taking Appropriate Action To Meet Needs	3	3	☑ Skills/Behavior related to appropriate action needs

	Not Yet		Emerging		Somewhat		Completely
Score Values:	1	2	3	4	5	6	7

Save | Save & Next | Next

At Entry the screen does not include the check boxes on the right. Those appear when you "Tab off" the exit scores.

Assessed at Entry Date: Date program completed the form 3-18 with the family shortly after the initial IFSP meeting.
For Positive Social Relationships, Acquiring and Using Knowledge and Skills, and Taking
The Entry Score is a value between 1 and 7 as determined by the IFSP team including the parent(s).

Assessed at Exit Date: Date program completed the form 3-18 with the family at prior to exit.
The Exit Score is also a value between 1 and 7.

When you "Tab off" the exit scores, At Exit has the child shown any new: appears for each area if the exit score is less than 7. Answers to the questions are required. Click on the box to indicate that Yes the child has acquired ANY new skills. Leaving this blank means the child has regressed or has not acquired ANY new skills during their enrollment.

NOTE: If the rating is the same at exit as it was at entry (5 and 5 above) the answer to the ANY new skills question must be Yes because the child is now older and must have acquired new skills to remain at a level of 5. Also if a child's score has increased you cannot leave this unchecked.

(PENDING: Data error checks)

Case Information or Case Info

Case Info

Service Coordinator: Ranger Smith (Type the last name first)
Phone: 860-555-1234
Phone Extension:
Enrollment Date: 04/12/2010
Date To Program: 04/13/2010
Exit Date:
Release Info to LEA (Form 3-3): (Y-Yes or Blank)
Date Form 3-3 Signed:
Referral to LEA (Form 3-8): O (Y-Yes, N-No, O-Not Yet, R-Revoked)
Date Form 3-8 Signed:
Transition Conference Date:
☐ LEA Invited But Did Not Particapate
Referral Reason: Boo is cruising on tip-toes; pulls to stand; sits without support; crawls; able to get into sitting position; born full-term

Transfer | Autism Assessment | Save | Save & Next | Next

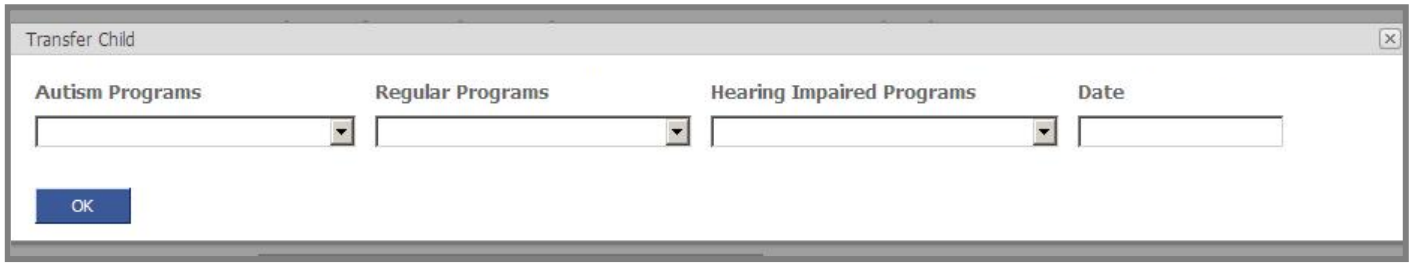
Service Coordinator: Type the Last Name to make the list from Manage Staff appear.
Phone Number: This is the number for the program based on the Program Info Screen.
Enrollment Date: This will be populated with the date the information was received by Infoline. NOTE: The enrollment date starts the 45 day count to the initial IFSP meeting deadline in IDEA.
Date to Program: This is not editable and will be populated with the date the child's electronic record was sent to your program.
Release Info to LEA (Form 3-3): This is for those times when a general consent to release information form is used instead of an LEA referral form (e.g. children under 18 months old.) If this is blank, when the Referral to LEA data is entered, PENDING: that data will automatically populate these fields.) Once consent has been received, enter "Y" and the date the parent signed. NOTE: Once a general release has been signed, the child's name will be included in the data sent to the LEAs.
Referral to LEA (Form 3-8): Automatically defaults to "O" indicating that Form 3-8 has "Not Yet" been signed. If Form 3-8 has been signed "Yes" by the parent, change the "O" to "Y" and enter the date the form was signed. These forms should be mailed to the LEA within 2 weeks of the parent signature date.
If the parent signs "do not to refer to LEA" enter "N" and enter the date Form 3-8 was signed.
If a parent changes his or her mind you should change the data as soon as possible replacing the Y or N with R for "revoked" and the date signed with the new signature date. The history of the first date is stored.
NOTE: If this data shows "O", as if the parent never signed Form 3-8, the child's name and contact information will be sent to the LEA if the child is age 2½ or older when the data is sent by the lead agency to the CT State Department of Education in April, August and December.
Transition Conference Date: Enter the date that the transition conference was held. Late referrals to Birth to Three are filtered out of compliance data reports.
LEA invited but did not participate: Check this box if the LEA was invited but did not participate in the Transition Conference. Make sure that there is documentation in the child's record that the LEA was invited appropriately in advance.

NOTE: Plan the conference as early as possible (up to 9 months prior to age three) and if the LEA cannot participate after being given ample notice and taking their schedule into consideration, then the meeting must be held without them.

The Transfer and Autism Assessment buttons are explained on the next page.

Transfer Button

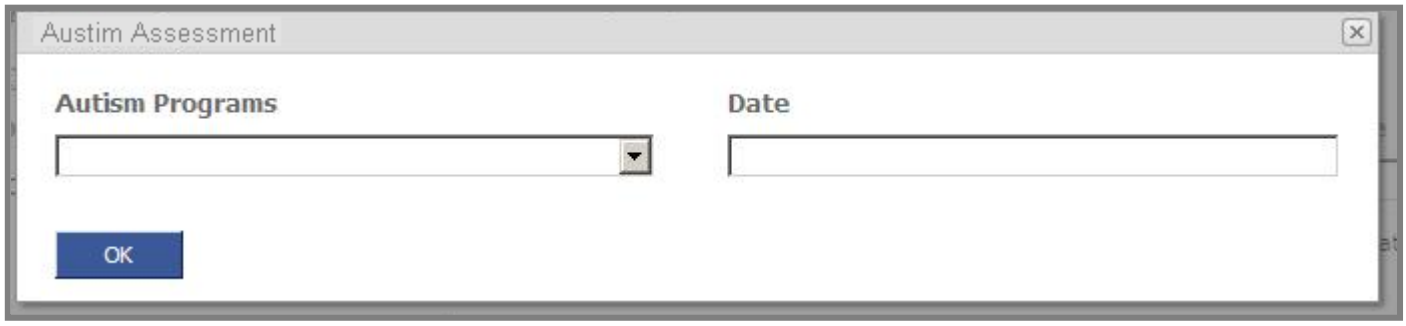
Clicking this button opens a window to transfer a child's electronic record to a program *that you have already contacted and that has already agreed to take the transfer*.
In most cases Form 3-3 should be signed by the parent before completing the transfer.



Be sure to chose the correct program as some programs have very similar names. Follow up with the program after clicking Transmit and mail the paper record quickly.
NOTE: Be very familiar with the Payment Procedure regarding transfers and who gets paid for which unit. To cancel click the close icon "X" in the top right corner of the pop up.

Autism Assessment Button

Clicking this button opens a window to add the child's electronic record to the program selected for an Autism Assessment. This is not a Transfer. Your program retains the child as part of your enrollment until the transfer is completed.



Child Information or Child Info

Much of this information is entered by Child Development Infoline. **Please check it for accuracy.**

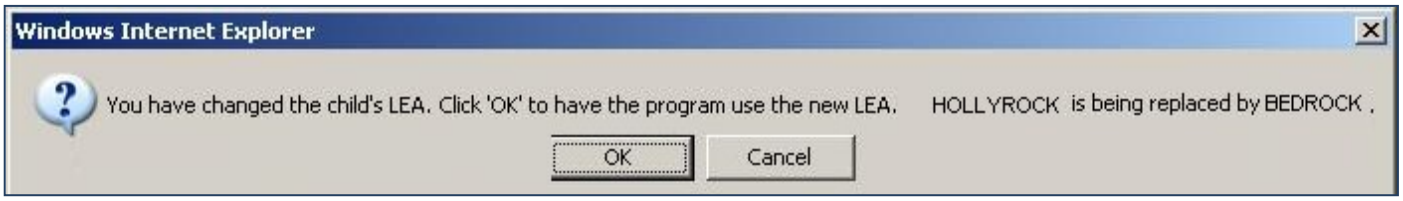
Child Info

Last Name: Flintstone
First Name: Pebbles
Generational Suffix:
Gender: F
DOB: 03/30/2009
Resides With: Parent
Last Name: Flintstone
First Name: Wlima
Cell:
Last Name: Flintstone
First Name: Fred
Home: 860-555-1234
Work:
Current Address: 345 Stonecave Road
Town: East Bedrock
State: CT
ZIP: 06110
Town of Residence: Bedrock
LEA: Bedrock

Save | Save & Next | Next

Town is the mailing address (formerly City) for example Northfield vs. Litchfield
Town of Residence: This is the official town or city in which the child resides and is one of only 169 in the state. The data will link automatically to the township in Town as needed.
LEA: This it the responsible LEA for that child and 90% of the time it will be the town in which the child and family reside. For children in foster care this may be different.
NOTE: The notification data that is sent from Birth to Three to the schools goes to the LEA town. Regional School Districts are no longer permitted in this list.

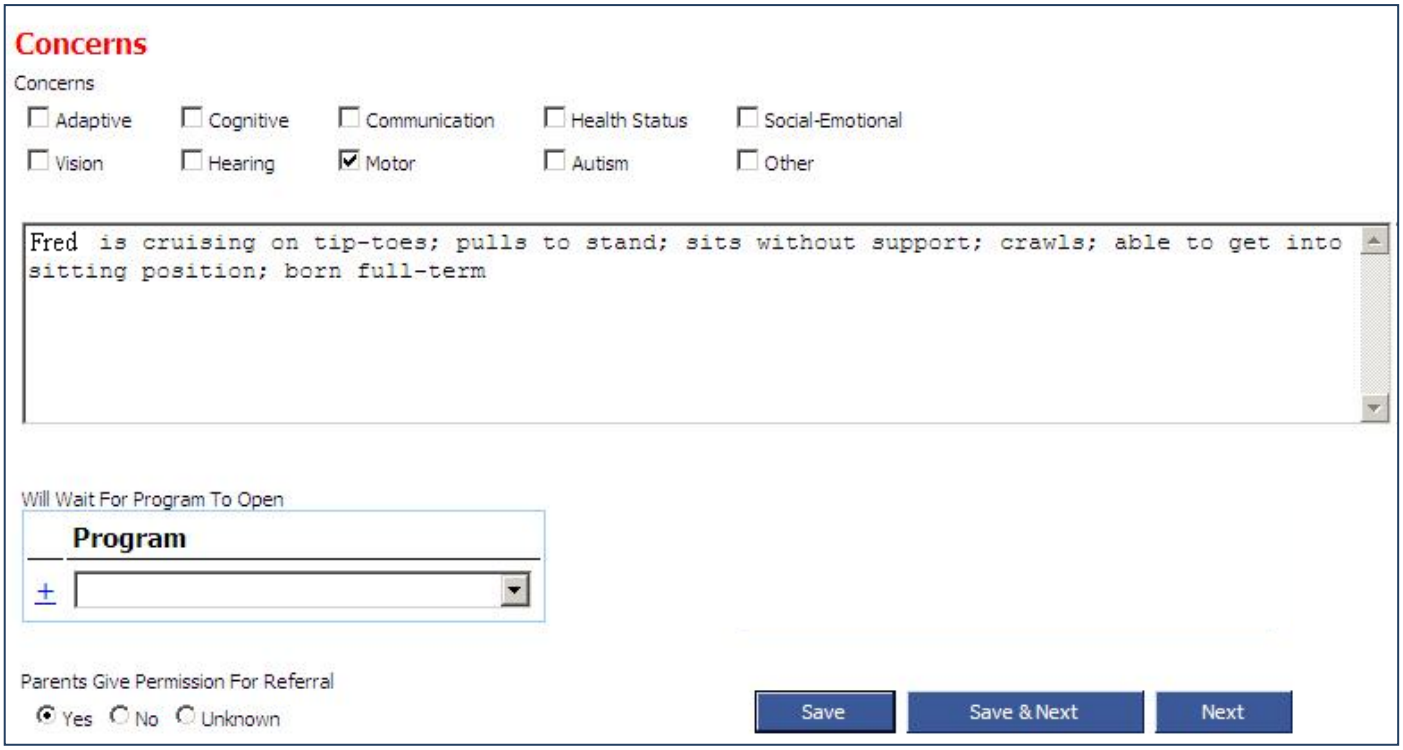
If you change the Town you will be prompted to make sure that that all three "town" fields are correct. (Old graphic from SPCases)



For a child whose name is changed due to adoption after enrollment in Birth to Three, you can change the child's name on the Child Info tab (i.e. Child's Last Name, First Name, and Middle Initial). The next time you enter the record, the child's name will be changed, although the old name may appear for one month on the attendance report. In the special accommodation field, enter the child's previous name and other information such as his previous insurance policy number.

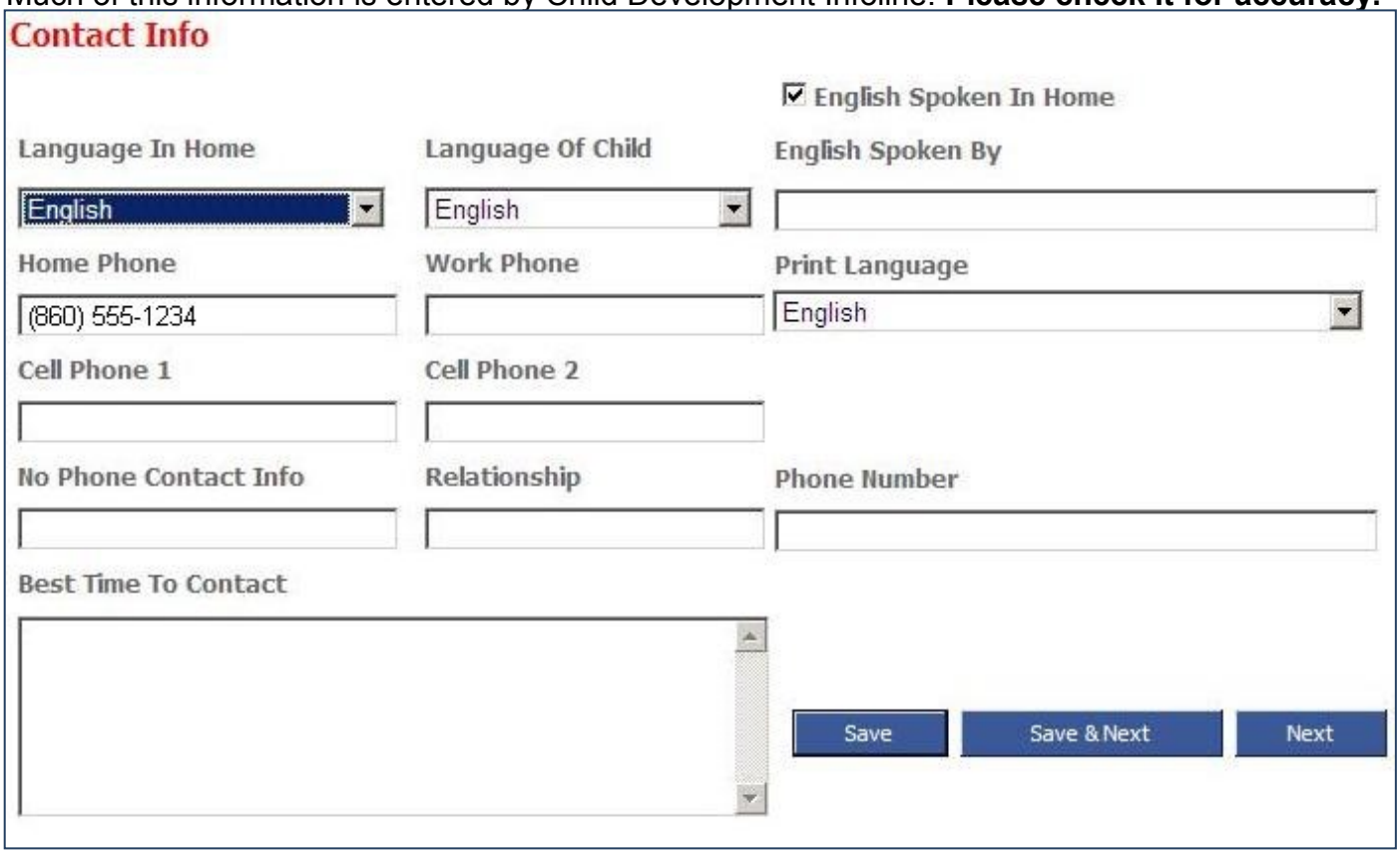
Concerns

This tab displays the information collected about the referrals concerns. It cannot be edited.



Contact Info

Much of this information is entered by Child Development Infoline. **Please check it for accuracy.**



It is very important to keep this data current. This is used by the lead agency and billing contractors to contact families. If the language field's are not correct you can change them. A work extension number will be added. For now enter it in Best Time to Contact.

Eligibility Info

Eligibility Info

☐ Service Coordination Only

Eligibility Status: Eligible
Date Determined: 07/03/2008
Evaluation Location: Home

Evaluation Provider
Reachout, Inc.

Evaluator | Discipline | License Number
DEVELOPMENTAL THERAPIST
OCCUPATIONAL THERAPIST

Eligibility
- None
- Diagnosed Condition Lv 1
- ~~Diagnosed Condition Lvl 2~~
- Eval 2 SD in 1 Area
- Eval 1.5 SD in 2 Areas
- Clinical Opinion of Delay

ICD9
984.9
Diagnosed Condition
984.9 - Lead Intoxication

Race
Hispanic/Latino
Yes No
☑ White
☐ Black
☐ Asian
☐ Hawaiian/Pacific Islander
☐ American Indian/Alaskan Native

Evaluation Notes

Save | Save & Next | Next

Eligibility Status: Use the drop down menu to change the status from the default, Pending . If you choose "not eligible" a pop-up window will appear prompting you to choose the "not-eligible" ICD9 code, (V71.89) which then is recorded in the ICD9 field.
Date Determined: This is the date of evaluation or the date when another eligibility status was ultimately determined (e.g. "Parent Refused" or the child "Turned Three). For children with diagnosed conditions this can be the date the diagnosis was reviewed and confirmed to be eligible by a CTB23 evaluator. This date should not change.
Services at No Cost Box: Click if the family of an eligible child has chosen services at no cost only. NOTE: you must come back to this screen from attendance and check the box if a family changes to services at no cost mid-month
Evaluator: These names come from the Manage Staff utility. You can also enter the name and discipline of a person who meetings the CT personnel standards in under the license number type in (out of state or not B23 EI Staff)
Eligibility Determined By:

- *None* - for children not evaluated
- *Diagnosed condition Lv 1*- you must select one of the official Diagnosed Conditions listed. This will fill in the ICD9.
- *-2.0 SD in 1 area* – you will be prompted to select if eligibility was based on "speech delay only with biological factors" (per the Birth to Three System Guideline #3). Click "yes" or "no". In addition, choose the Delayed Condition from the list. This will insert the corresponding ICD9.
- *-1.5 SD in 2 areas* - choose the Delayed Condition from the list and the ICD9 will be filled in.
- *Clinical opinion* - choose the Delayed Condition from the list and the ICD9 will be filled in.

Race : Programs are required to enter this data. This information is about the child and **must be selected by the family**. The two part Ethnicity and Race questions are required by the US Department of Education and are defined by them as follows:

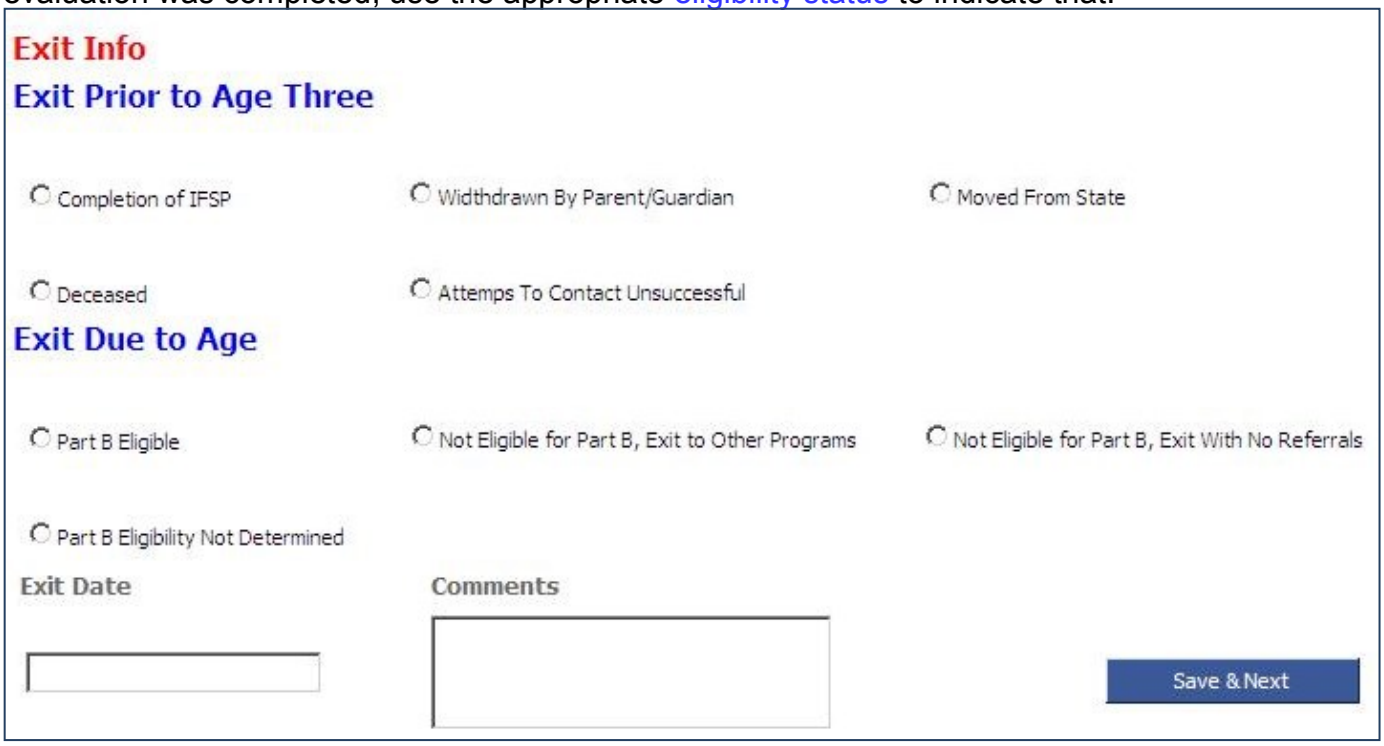
1) *Hispanic/Latino* - Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2) *Race*
   White - having origins in any of the original peoples of Europe, the Middle East, or North Africa
   Black/African American - having origins in any of the black racial groups of Africa.
   Asian - having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
   Native Hawaiian or Other Pacific Islander - having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
   American Indian or Alaska Native - having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

NOTE: More than one RACE may be selected

This mirrors the US Census data and is required for all children. Only as a last resort if a family refuses to respond to the two part question only the service coordinator may use observer identification. They should consider any prior records or sibling information, or first-hand knowledge, country of birth, home language, ancestry.

Exit

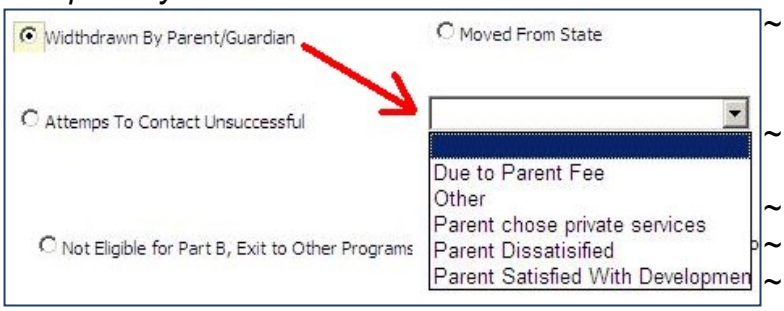
Only children who have been determined to be eligible can "exit" from Birth to Three. If the family declined the evaluation or was unavailable for the evaluation or the child turned 3 before the evaluation was completed, use the appropriate eligibility status to indicate that.



Remember to update the attendance records for exited children for the month they exited. The attendance record will automatically be marked as discontinued.

Exit Prior to Age 3:

- Completion of IFSP – The child completed the IFSP before reaching age 3 and no longer requires early intervention services. This category should also be used for a child who may not have completed all IFSP outcomes/goals but who is doing so well that *the whole IFSP team agrees* that early intervention is no longer needed. Include all children who have not reached age 3, have completed their IFSP, and no longer require services from Part C.
- Withdrawn by Parent/Guardian – This includes children whose parent(s) declined all services after an IFSP was in place, as well as children whose parents declined to consent to IFSP services and who were provided written or verbal indication of withdrawal from services. NOTE: the Withdrawal Reasons box only appear if Withdrawn by Parent Guardian is selected. While there may be more than one reason, chose the most accurate and *primary* reason for the decision.



~ Parent Satisfied with development (The whole IFSP team does not agree.)
~ Parent Dissatisfied with development (for any reason)
~ Parent chose private services
~ Other
~ Due to Parent Fee

- Moved from State – The child has moved out of state. Do not check if a child moved within the State (i.e., from one program to another) if services are known to be continuing. Include all children who moved out of state before their third birthday. Do not report a child who moved within State (i.e., from one program to another).
- Deceased – The child has died. Include all children who died before their third birthday, even if their death occurred close to age three.
- Attempts to Contact Unsuccessful – This Includes children, under the age of three, who had an active IFSP, and for whom staff has been unable to contact or locate the family or child after repeated, documented attempts.

Exit Due to Age: NOTE: Only a Planning and Placement Team can determine eligibility for Part B.

- Part B Eligible – A PPT meeting was held and the child was determined to be eligible for Part B. This includes children who receive Part B services in conjunction with Head Start.
- Not Eligible for Part B, Exit to Other Programs – A PPT meeting was held and the child was determined to be not eligible for Part B, and was referred to other programs, which may include preschool learning centers, Head Start (but not receiving Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition.
- Not Eligible for Part B, Exit with No Referrals – A PPT meeting was held and the child was determined to be not eligible for Part B, but was not referred to other programs.
- Part B, Eligibility Not Determined – A PPT meeting was NOT COMPLETED. Use this for children who reach their third birthday and their Part B eligibility has not been determined. This category includes children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made. This ALSO includes children for whom the parent(s) did not consent to a referral to their LEA.

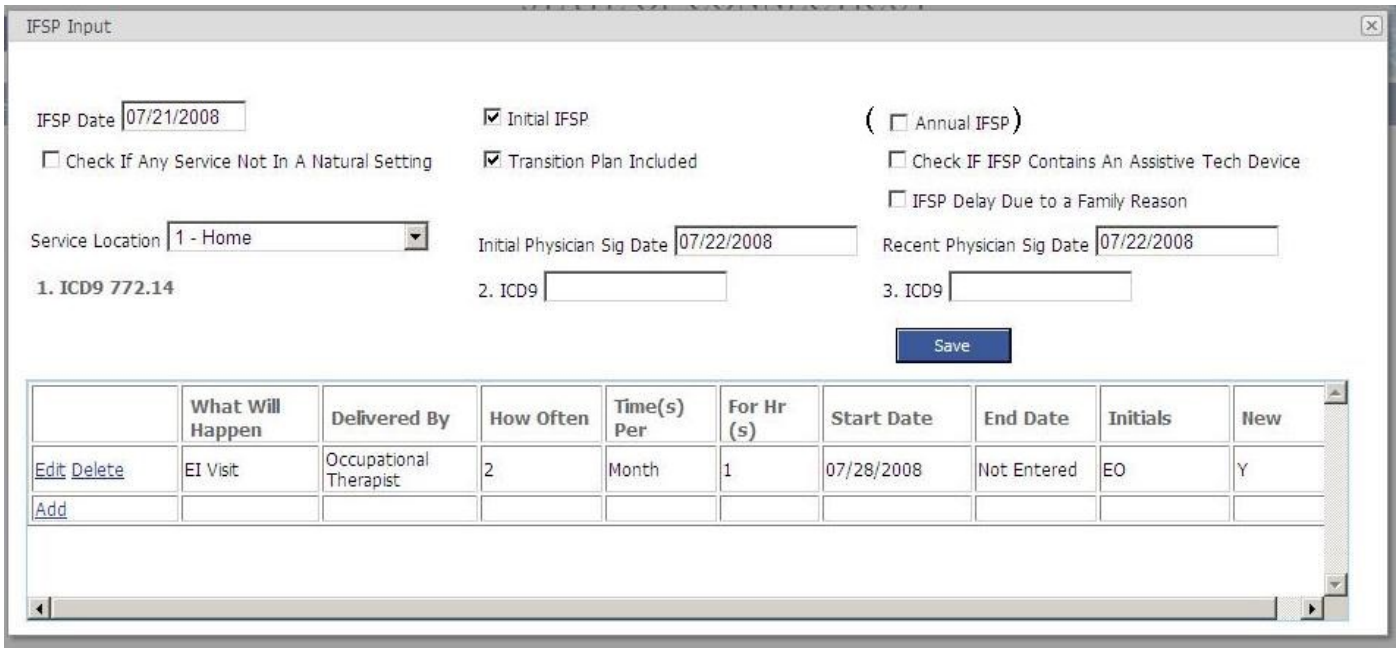
NOTE PENDING AS OF 9/29/10: At the beginning of each day you'll see a list of any children who have turned three and who do not have exit data in SPIDER.

IFSP

When you click on the IFSP tab you will see a list of the child's IFSPs or the Add IFSP button if there are no IFSPs in the system. The list has the most recent on top. Click the plus ("+") sign next to each IFSP to view a summary of the services on that plan.

Click Copy to make a new IFSP based on one already entered. You can Delete an IFSP entered in error or Edit an existing one. All three options and Add New IFSP open a new pop-up window in which you can enter or edit the data. Click Save to commit and close or use the "X" to close without saving.

To add a blank IFSP or an initial IFSP click the Add New IFSP button. Doing so will open a screen with no data in the IFSP fields.



IFSP Date: Is the date of the meeting when the parent signed the IFSP.
Check off the boxes indicating whether the IFSP is an Initial IFSP or an Annual Evaluation of the IFSP. IFSP screens after the Initial will not have the Initial IFSP checkbox visible.
Check if any Service Not in a Natural Setting: Click the box if ANY service cannot be achieved in a natural setting. Note: ANY means ANY.

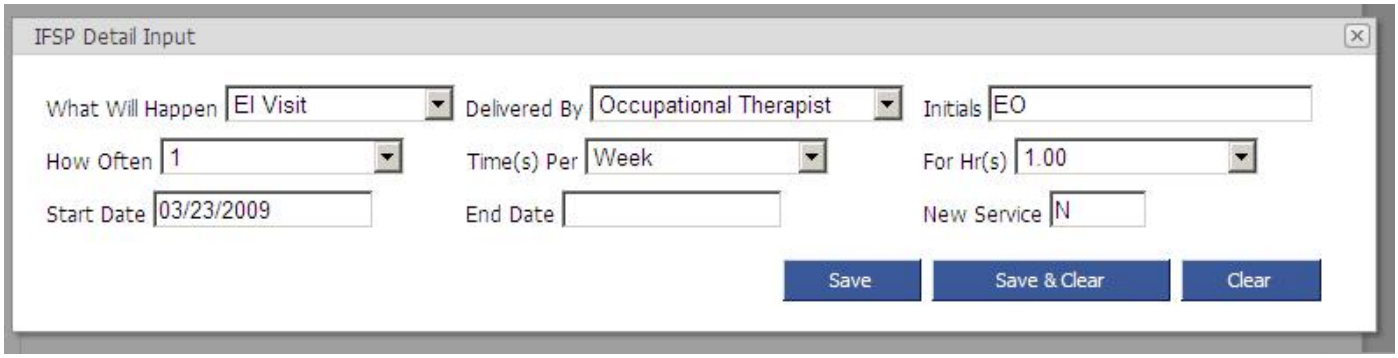
Transition Plan Included: Click this box to confirm that every Initial and Annual IFSP contains a Transition Plan. NOTE: This is an IDEA compliance measure and a required field.
Check if the IFSP contains an Assistive Tech Device: Click the box if the IFSP includes an Assistive Tech Device, even if the device is less than $250.
If it is an initial IFSP and the meeting is over 45 days from referral you will be prompted to check off "IFSP Delay Due to a Family Reason box" *if applicable*. If checked, there should be backup documentation in the child's record.
Service Location :This is the PRIMARY service location.
The Service Location should correspond to the first service listed but if not, it MUST be the location where the most total hours of service:

- *Home:* Services are provided in the principle residence of the child's family or caregivers.
- *Setting Designed for Typical Children*: Services are provided in a program regularly attended by a group of children who are developing typically. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and childcare centers.
- *Hospital (inpatient):* Hospital refers to a residential medical facility. Child must be receiving services on an inpatient basis.
- *Residential Facility:* Residential facility refers to a treatment facility, which is not primarily medical in nature, where the infant or toddler currently resides.
- *Service Provider Office*: Provider location services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g. 45 minutes) to receive services.
- *Settings designed for children with delays*: This setting refers to an organized group program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas.
- *Other:* Any service setting not included in the settings or programs listed above. For example, if the only component of the infant's early intervention services is parent counseling during which the child is not present, and the child receives no direct service, count as "other."

Initial Physician Sig. Date: Enter date (MM/DD/YYYY) of initial physician's signature. (This initial date never changes.) No services can begin prior to this date.
Recent Physician Sig. Date: Enter date (MM/DD/YYYY) of the most recent physician's signature on Periodic Reviews and Annual IFSPs.
1. ICD9: This is populated from the information selected on the Eligibility Info tab
2. ICD9: and 3. ICD9: Enter these on this screen as appropriate.

In the service grid click Add to add a service row or Edit one. Another pop-up window will open. Note: you will not be prompted after clicking Delete

For each service row complete the cells as follows;



Click in each cell to Select What Will Happen, Delivered By, How Often, Time(s) Per and For Hour(s) and select options from the required Drop Down menus. Scroll down the menus to view all the options and pick the one that best matches the paper IFSP

Type the Start Date, End Date, Initials
For existing services from the previous IFSP that do not change at the periodic review the start date remains the same. The start date for a new or changed service is determined by the team during the review. NOTE: For an *annual* evaluation of an IFSP the start date for every service should be based on the dates written in the new IFSP as determined by the IFSP team.
Filling in the initials box with the therapist initials, will enable you to use many of the reports that are available. If initials are entered before the first of the month, they will show in attendance.

Enter whether this is a New service where Y = Yes and N= No

Deciding whether a service is NEW
All periodic reviews should be entered into SPCases even if there are no changes.

- The default "New Service" value is YES for all lines on an Initial IFSP
- If the "Delivered By" (a.k.a. service) was listed on the previous IFSP it is not new.
- If a service is listed more than once, change any additional services after the first one to NO since they are not really new, they are just different (less frequent, new location, etc.)
- BCBA, BCBS, EIA, EIS, ESP and Teacher are all special instruction and therefore only the first one is "New" (The first should be the one that is planned to occur first or most often.)
- Use Vision Services instead of EI Visit to differentiate BESB staff from your staff. These will be filtered out of the timely services analysis. NOTE: Use BSB as the Initials to assist with reconciling Attendance. It cannot be used to calculate supplemental rates nor will the program be paid if the BESB visit is the only visit during that month.
- Realistic start dates should be based on discussions with the family. If the projected start date is more than 45 days from the IFSP meeting the service will be filtered out of the timely services analysis.

IFSP FAQs
Q: If a child is receiving SERVICES AT NO COST do I still need to enter an IFSP?
A: Yes, in the drop down box under WHAT WILL HAPPEN select Assessment, DELIVERED BY select the discipline you project might do it, Use the Initials for the service Coordinator, HOW OFTEN – 1, TIMES PER – Year. This is never a new service.

Q: As directed in the IFSP Handbook we did not put Home/Daycare on the same line on the paper IFSP and used a separate line for each location. Do I have to enter this service twice in the data system?
A: No, you only need to enter the service once in the data system but you should enter the correct primary service code for wherever the service will occur most.

For Example: SLP 3 X pm in the Home on paper IFSP
SLP 1 X pm in the Community on paper IFSP
Enter SLP 4 X pm in the data system with 1 for Home as the location code
Then in attendance on the SLP line use X for the Home and C for the Community visit.

Insurance Info

Insurance Info

Eligible for Medicaid
- ○ Yes
- ◉ No

Condition Related To
- ○ Child's Employment
- ○ Auto Accident
- ○ Other Type Accident
- ◉ None of These

Authorize Insurance Billing
- ◉ Yes
- ○ No
- ○ No Insurance

Medicaid Provider

Medicaid Number

Primary Insurance Carrier: SLATE QUARRIES CORP

Policy ID: 001234567

Group ID: 001234567

Secondary Insurance Carrier

Policy ID

Group ID

Income Level

☐ Income Selected is Adjusted(Form 1-9b)

Family Size: 3 or less

Rate 0.00

Other Benefits

Save | Save & Next | Next

Eligible for Medicaid: Check Yes if the child is eligible for Medicaid. If the child has BOTH Medicaid and commercial health insurance click Yes.
Authorized Insurance Billing: Parent signed Informed Consent to Bill Health Insurance Plans Exempt from State Insurance Mandates Form 1-3 and 1-3a authorizing billing or has indicated no insurance.
Medicaid Provider: Chose from the drop down list of options in CT
Medicaid Number: If the child is insured by Medicaid, enter the child's DSS Medicaid Number. This number is always a 9 digit # beginning with 00 – this is not the child's insurance plan number. The Medicaid number filled on the insurance information form 1-3a should always be the DSS number. NOTE: Do not input green card numbers in this field.
Primary Insurance Carrier: Use the drop down for a list of most common insurance plans or enter a new carrier.
Policy ID: Policy ID Numbers of Primary and Secondary Insurers
Group ID: Group ID Numbers of Primary and Secondary Insurers
Secondary Insurance Carrier: Use the drop down for a list of most common insurance plans or enter a new carrier.
NOTE: Use the Anthem/Blue Cross name from the drop down menu for all in or out of state and federal Anthem/Blue Cross plans.
Income Level: This area will be not editable if a child is Medicaid eligible. Click the income level reported by the family on Family Cost Participation Form 1-9a. Depending upon entries in Eligible Medicaid and Authorized Insurance Billing boxes the family's monthly rate will be displayed accordingly. NOTE: The family income level should be changed whenever Form 1-9a is re-signed or an adjustment has been approved.
Income Selected is Adjusted (Form 1-9b): Check this box if Form 1-9b is on file.

For the child you are viewing, any siblings who were or are in Birth to Three will be displayed.
Family Size: Input family size information reported on Form 1-9a. Remember to update this whenever needed as it impacts family cost participation.
Other Benefits: Free text field to enter in other benefits.

Parent Info

This screen is self explanatory

Parent Info

Parent 1 Last Name: Rubble
First Name: Betty
Parent 2
Rubble
Barney
Parent Contact Information

	Number	Type
Add		

Parent Notes

Save | Save & Next | Next

Provider Info

The first screen to open is a list of all the other providers that are working with this family.

Provider Info

	MD/Other	Primary	Contact	Phone	Fax
Edit View Delete	DR. QUADRI	True		(860) 231-8064	(___) ___-____
Edit View Delete	CCMC	False		(860) 545-9100	
Add					

Next

WARNING:

Clicking Delete removes the line without any prompt.

When you click Edit, View, or Add a pop-up window opens.

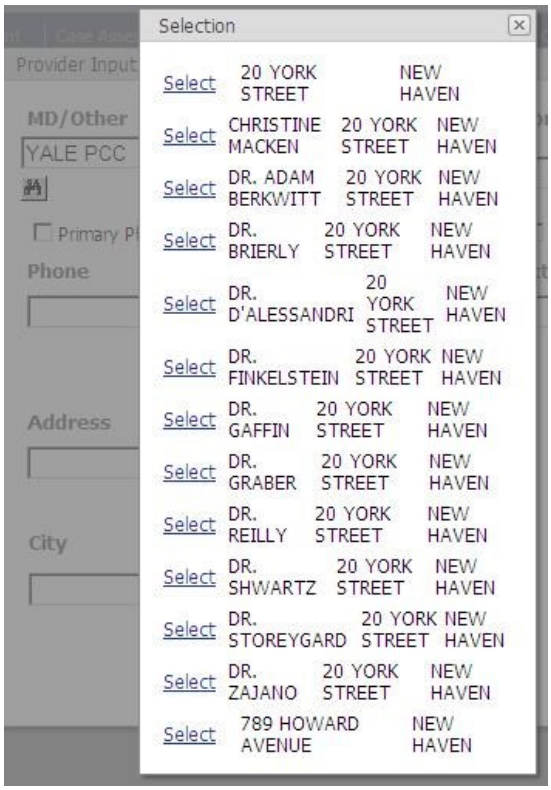
Provider Input

MD/Other: BEDROCK PEDIATRICS
Contact: Dr. Livingstone
NPI:
☑ Primary Physician
☐ Add To Resource List
Phone: (860) 555-1234
Ext:
Fax: (860) 555-1234
Address: 11 Stony Hill
City: Bedrock
State: CT
Zip Code: 06033

Save | Save & Clear

MD/Other: The name of the practice (e.g. ProHealthCare Physicians).

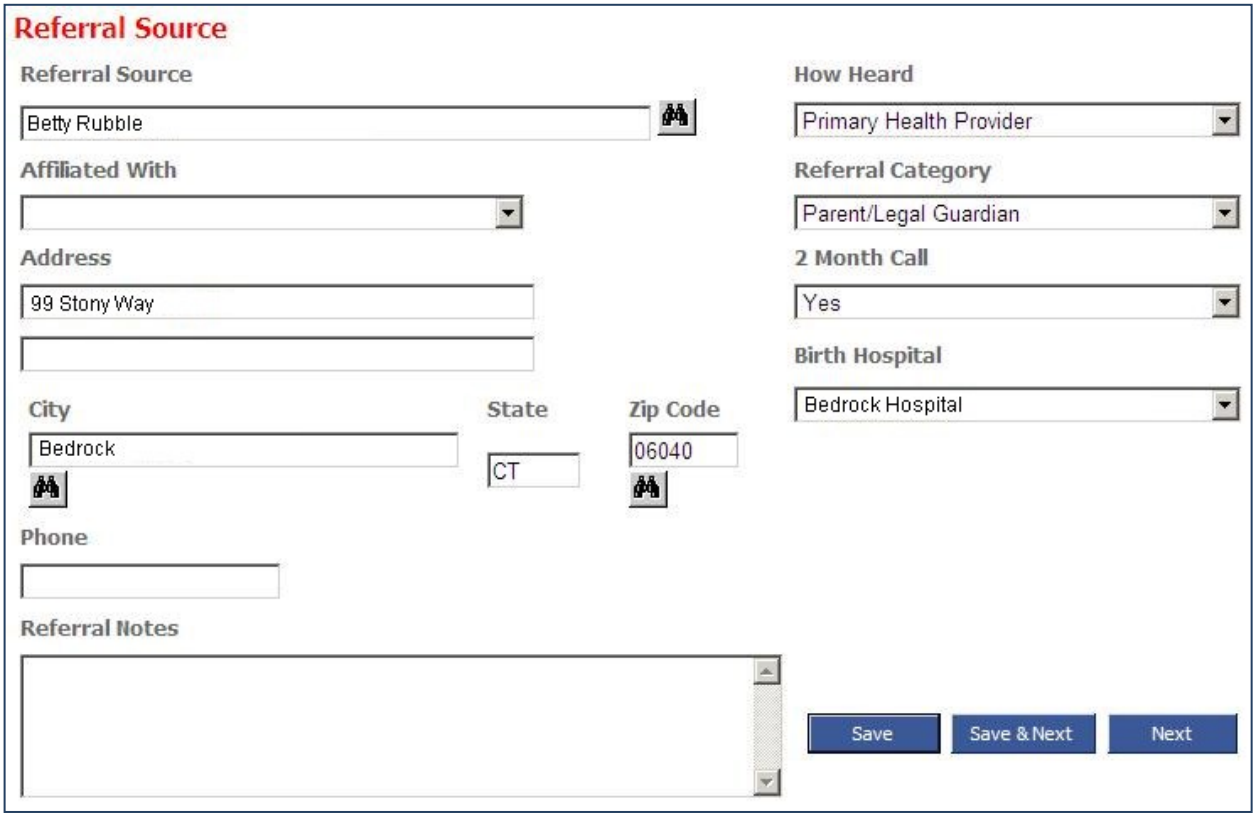
You can look up a provider by clicking typing part of t
The information like the first letter of the name
or the name of the clinic. Then click on the binoculars
to see a list of options. Click Select and the Information
that is already available will appear in the fields.



If the MD/Other provider is not listed just close the window
By click the Close icon (X top right) and fill in the
Information.

Contact: Name of professional, the physician.
NPI: Enter the National Provider Identification code
as applicable
Primary Physician: Check if yes
Add to resource List: Check if this is a new provider
Phone: Provider phone allows for extension numbers
Ext: Phone Extension
Fax: Physician's fax number
Address: Physician's address
City: Physician's City use drop down for a list of 169 towns
State: Physician's State
Zip: Physician's Zip Code
Service Provided: Professional service provided, (e.g. orthotics)
After Provider Input is complete, click Save and then close the Pop-up window by clicking the X in the top right corner.

Referral Source



This is completed at Child Development Infoline and cannot be edited by program staff.

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