

OFFICE OF RELATED SERVICES

PreK Transmittal Process

Transmittal Process

Intent: In order to improve the preschool transmittal process, the Office of Related Services has developed a user-friendly automated process to be implemented throughout the city's Committees on Pre-school Education.

Goals:

- Provide a standard method for identifying students in need of related services in order to ensure the timely delivery of mandated services and ensure all students are fully served
- Standardize the preschool transmittal process in order to facilitate communication between CPSEs and agencies contracted to provide related services.

What the Transmittal Looks Like

- The first four columns of the transmittal include information to help you and the CPSE administrator manage all of the mandates being passed back and forth.
- The transmittal number will always be unique and stay with the mandates on the transmittal once accepted.
- The batch date is the date the mandate was entered into CAP and has been added to help CPSE administrators keep track of which mandates they've already pulled from our database for transmittal.

A	B	C	D	E
TO BE COMPLETED BY CPSE ADMINISTRATOR				
TRACKING			INITIAL CPSE TRANSMITTAL	
CONTRACTING AWARD TIER SENT TO	AWAITING STATUS	TRANSMITTAL NUMBER	BATCH DATE	STUDENT LAST NAME
Primary	Awaiting Agency Respo	CSE32014050101OT		

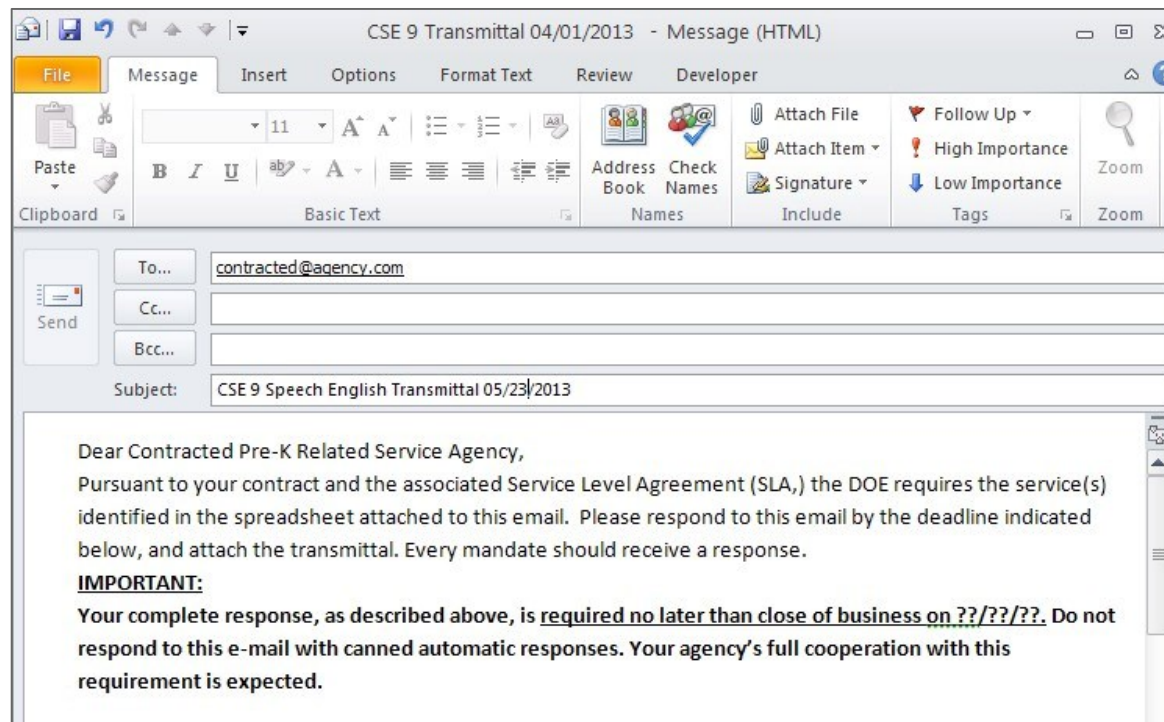
What the Transmittal Looks Like

- In an effort to help agencies and providers serve students quickly and efficiently, we have included the responsible location information.
- The type of location a child attends during the school day will depend on the child’s main program recommendations, IS, or CP.
- CPSE administrators will still fill in the Site Locations necessary.

P	Q	R	S	T	U
TO BE COMPLETED BY CPSE ADMINISTRATOR					
PROGRAM RECOMMENDATION	RESPONSIBLE LOCATION	PRESCHOOL NAME	PRESCHOOL ADDRESS	PRESCHOOL ZIP CODE	HOME DISTRICT
▼	▼	▼	▼	▼	▼

Upon Receipt of the Transmittal

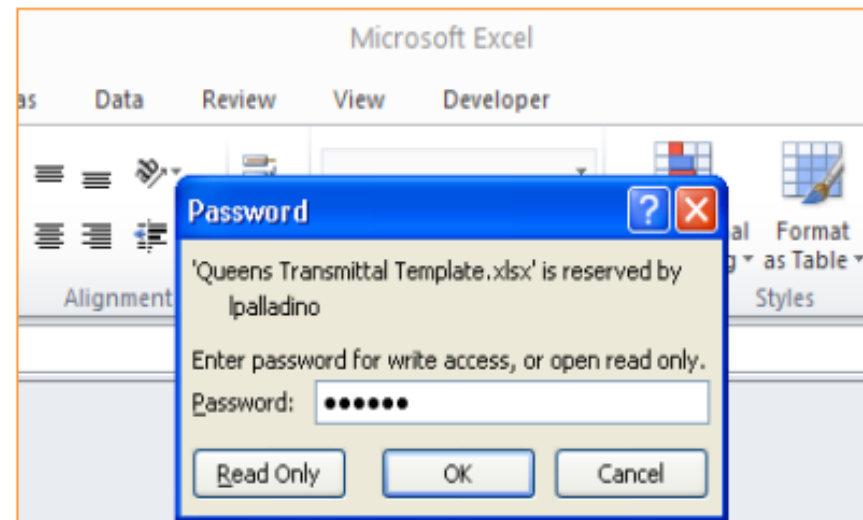
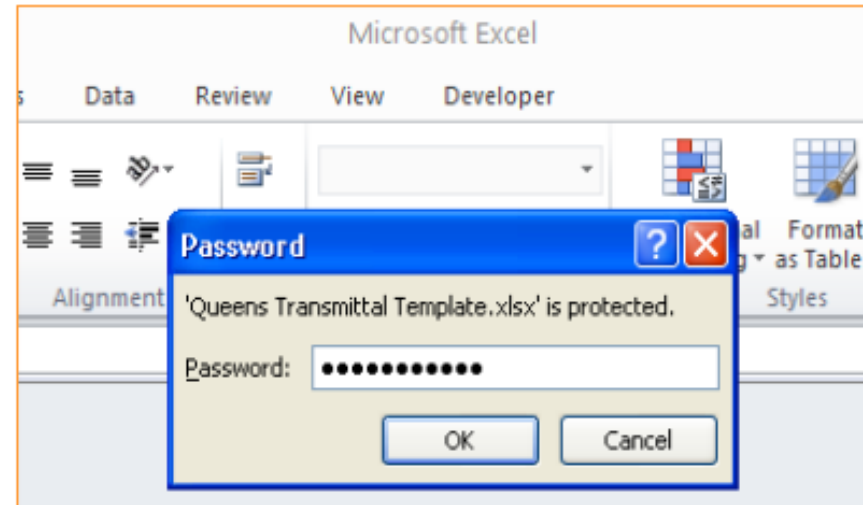
- The CPSE representative will send an e-mail to your agency's point of contact.*
- The e-mail will provide the date by which your agency must respond, instructions for completing the transmittal, and the transmittal will be attached (Microsoft Excel File).



* The Office of Related Services can only support one contact per agency for all communications. E-mail lpalladino2@schools.nyc.gov to update contact information for your agency.

Upon Receipt of the Transmittal

- You must save the transmittal to your desktop or other location on your computer in order to fully be able to fully access the transmittal.
- The attachment will require two passwords to open.
- The first password grants read-only permissions.
- The second password allows the transmittal to be modified.
- The CPSE representative will provide the passwords via a separate communication.



Completing the Transmittal

- Select your agency's name from the drop-down menu in cell AF3. Your agency's name will automatically fill down Column AE.

AE	AF	AG
TO BE COMPLETED BY AGENCY		
AGENCY TRANSMITTAL ACCEPTANCE/REJECTION		
AGENCY NAME:	Select Name	
AGENCY NAME	Select Name	AGENCY ACCEPTS/REJECTS
Select Name	123456789	Accept
Select Name	123456789	Accept
Select Name	123456789	Accept
Select Name	123456789	Accept
Select Name	123456789	Accept
Select Name	123456789	Accept
Select Name	123456789	Accept

- Provide your agency's Tax ID # in Column AF. If the Tax ID provided does not match DOE records, the color of the number entered will turn red; where it matches the number entered will turn green.

Completing the Transmittal

- Indicate whether you accept or reject each mandate in Column AG.
- For each mandate accepted, you must provide the date you accepted the mandate (Column AH), the proposed Scheduled Start Date (Column AI), the receiving frequency (Columns AJ). The receiving frequency is the only portion of the mandate that may be reduced for partial service.
- For each mandate accepted, you must also enter the Provider's Last Name, First Name and Social Security Number in Columns AN, AO and AP respectively.

AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP
ACCEPTANCE/REJECTION										
Select Name										
AGENCY TAX ID	AGENCY ACCEPTS/REJECTS	DATE AGENCY ACCEPTED	SCHED START DT	F	DUR	G	LN	PROVIDER LAST NAME	PROVIDER FIRST NAME	SS#
123456789	Accept	MO/DA/YR	MO/DA/YR	0	0	0	0			
123456789	Accept	MO/DA/YR	MO/DA/YR	0	0	0	0			
123456789	Accept	MO/DA/YR	MO/DA/YR	0	0	0	0			
123456789	Accept	MO/DA/YR	MO/DA/YR	0	0	0	0			
123456789	Accept	MO/DA/YR	MO/DA/YR	0	0	0	0			

Completing the Transmittal

- After filling in the provider's information, save and send the transmittal back to the CPSE representative.
- The representative will return the transmittal after your agency has been authorized to contact each student's parents to begin scheduling services.
- **Again, you must save the transmittal to your desktop or another location in order to be able to fully access the transmittal.**

Authorization to Contact the Parent

- The CPSE representative will indicate the date you are authorized to contact the parent in Column AQ.
- Indicate in Column AR whether you were able to make arrangements with the parent by selecting “Yes” or “No” from the drop down menu. You must log two outreach attempts if you were unable to schedule services, and indicate why in Column AJ.
- Responses are limited to the following options:
 - **Parent Declined Service** – Parent no longer wishes to have his/her child receive the mandated service.
 - **Scheduling Conflict (Time)** – Agency was unable to secure a provider at the appropriate time.
 - **Scheduling Conflict (Location)** – Agency was unable to secure a provider at a service location that is consistent with the child’s IEP.
 - **No Available Providers** – Agency does not have a provider available who can serve the student.
 - **Other** – Should only be used if the aforementioned are inapplicable. Please be brief if you believe you must provide a status other than those recommended above.

AQ	AR	AS	AT	AU	AV	AW
CPSE	AGENCY			CPSE	AGENCY	AGE
AUTHORIZED TO CONTACT PARENTS	SERVICES SCHEDULED YES/NO	FIRST DATE OF OUTREACH	SECOND DATE OF OUTREACH	REASON UNABLE TO SCHEDULE	Reason Unable to Schedule Please select one of the options from the dropdown menu to indicate why your agency was unable to schedule services. If "Other", please type a brief response.	STAR
MO/DA/YR	No	MO/DA/YR	MO/DA/YR	Parent Declined Service	MO/DA/YR	MO/DA/YR
MO/DA/YR		MO/DA/YR	MO/DA/YR	Scheduling Conflict (Time)	MO/DA/YR	MO/DA/YR
MO/DA/YR		MO/DA/YR	MO/DA/YR	Scheduling Conflict (Location)	MO/DA/YR	MO/DA/YR
MO/DA/YR		MO/DA/YR	MO/DA/YR	No Available Providers	MO/DA/YR	MO/DA/YR
MO/DA/YR		MO/DA/YR	MO/DA/YR	Other: (please be brief)	MO/DA/YR	MO/DA/YR
MO/DA/YR		MO/DA/YR	MO/DA/YR		MO/DA/YR	MO/DA/YR

Authorization to Begin Services

- After your agency has indicated whether it was able to schedule services for all previously accepted mandates, save and return the transmittal to the CPSE representative.
- The CPSE representative will send your agency the transmittal with the Authorization to begin serving each accepted and scheduled mandate.
- Authorization Package for each student will be sent via a separate communication.
- Service providers must provide all services in accordance with the student's approved IEP. Under no circumstances may a provider offer Related Services prior to receiving notification from the CPSE to do so.
- All service providers must receive from the CPSE representative, prior to the initiation of service, a copy of the student's complete evaluation package, signed Final Notice of Recommendation, IEP and authorization to provide services.

Completing the Transmittal

- Enter the actual start date for each student in column AW, and the service location requested by the parent in column AX. Save all updates and return the transmittal to the CPSE administrator after all first attends for this transmittal number have been collected.

AV	AW	AX	AY
CPSE	AGENCY AGENCY FIRST ATTEND		CPSE
AUTHORIZATION PACKAGE SENT	ACTUAL START DT	SERVICE LOCATION	CAP FIRST ATTEND ENTRY DATE
MO/DA/YR	MO/DA/YR		01/00/00
MO/DA/YR	MO/DA/YR	Home	01/00/00
MO/DA/YR	MO/DA/YR	Office	01/00/00
MO/DA/YR	MO/DA/YR	UPK	01/00/00
MO/DA/YR	MO/DA/YR	CBO	01/00/00
MO/DA/YR	MO/DA/YR		01/00/00
5 MO/DA/YR	MO/DA/YR		01/00/00

- The CPSE representative will return the transmittal after the first attend date has been entered into CAP. This also serves as the notification to begin billing for services rendered.