



# Related Services Authorization (RSA) TRAINING MANUAL

12/1/2005

# SEC Related Services Authorization for Independent Provider Training Manual

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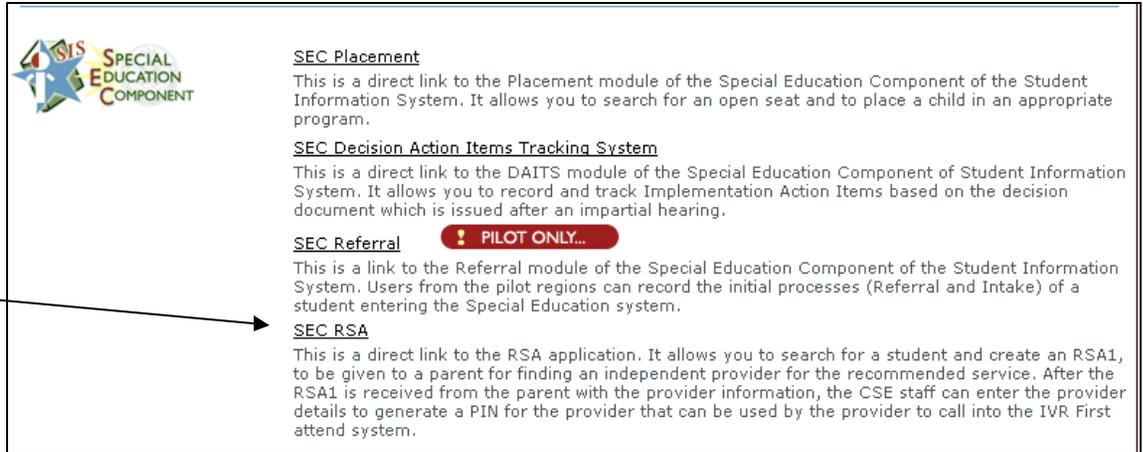
# SEC Related Services Authorization for Independent Provider Training Manual

## How to Sign in

1. Start at the New York City ATS site by typing <https://ats.nycboe.net/> into your URL bar.

2. You will be directed to the SIS part of the DOE website. Scroll down until you see the SEC section.

3. Click on SEC RSA.



The screenshot shows the SIS Special Education Component website. On the left is the logo for SIS Special Education Component. On the right, there are several links with descriptions:

- SEC Placement**: This is a direct link to the Placement module of the Special Education Component of the Student Information System. It allows you to search for an open seat and to place a child in an appropriate program.
- SEC Decision Action Items Tracking System**: This is a direct link to the DAITS module of the Special Education Component of Student Information System. It allows you to record and track Implementation Action Items based on the decision document which is issued after an impartial hearing.
- SEC Referral**: **! PILOT ONLY...** This is a link to the Referral module of the Special Education Component of the Student Information System. Users from the pilot regions can record the initial processes (Referral and Intake) of a student entering the Special Education system.
- SEC RSA**: This is a direct link to the RSA application. It allows you to search for a student and create an RSA1, to be given to a parent for finding an independent provider for the recommended service. After the RSA1 is received from the parent with the provider information, the CSE staff can enter the provider details to generate a PIN for the provider that can be used by the provider to call into the IVR First attend system.

4. A login box may appear: type in your user name and password as you normally do to sign in to your computer.

**Please note:**  
This login box may also appear immediately upon going to the ATS site, step 1 above. Type in your credentials in the same way.



The screenshot shows a Windows login dialog box titled "Connect to ats.nycboe.net". It has a blue header with a key icon. Below the header, it says "Connecting to ats.nycboe.net". There are two input fields: "User name:" and "Password:". The "User name:" field has a dropdown arrow and a small icon. Below the "Password:" field is a checkbox labeled "Remember my password". At the bottom right, there are "OK" and "Cancel" buttons.

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## How to Find a Student

In order to create RSA 1, your first task in authorizing a Related Services Independent Provider for a particular student who is waiting for a recommended related service is to find that student in RSA. Below is the first screen of RSA after you log in.

The screenshot shows the 'SEARCH FOR A STUDENT' interface. It is divided into two main sections: 'STUDENT ID' and 'STUDENT INFORMATION'. The 'STUDENT ID' section has a text input field for 'Student ID' and a 'Find Student' button. The 'STUDENT INFORMATION' section includes fields for 'First Name', 'Last Name', and 'Gender' (set to 'Both'). Below these are two dropdown menus for 'Related Services' and 'Language', both currently set to 'Please select a service' and 'Please select a language' respectively. At the bottom, there are three more dropdown menus for 'REGION 01', 'District 09', and '09X002 (PS 002 MORRISANIA)', followed by a 'Find Students' button.

**Do either 1 or 2**

**1**

**2**

**Option 1**  
Type the Student ID and click "Find Student". That one student will come up in the next screen.

**Option 2**  
Choose Region/District/school plus other options and click "Find Students". This will display multiple students.

Please select a service

- Please select a service
- Counseling Individual
- Counseling
- Hearing Services Individual
- Hearing Services
- Occupational Individual
- Occupational Therapy
- Physical Therapy Individual
- Physical Therapy
- Speech Individual
- Speech
- Vision Education Services Individual
- Vision Education Services

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## How to Create a Related Services Authorization (RSA1)

The student on this page was found with a direct input of his ID # here.

Note that Region 01/ District 09/ 09x002 are the default search variables and have been overridden by the individual student ID search above.

NYC Department of Education  
Joel I. Klein, Chancellor

SEARCH FOR A STUDENT

**STUDENT ID**  
Student ID:

**STUDENT INFORMATION**  
First Name:  Last Name:  Gender:   
Related Services:  Language:

1 student found.

**SEARCH RESULTS**

<a href="#">KORY RAMON</a> , F Age: 7 (6/27/1998) 1st grade Attending School: Region 04 , 24Q058 Speaks: Spanish	MAX NWANKWO, MASPETH	Counseling	<input type="button" value="Create RSA"/>	<input type="button" value="Confirm"/>
		Counseling	<input type="button" value="Create RSA"/>	<input type="button" value="Confirm"/>
		Occupational Individual	<input type="button" value="Create RSA"/>	<input type="button" value="Confirm"/>
		Physical Therapy Individual	<input type="button" value="Create RSA"/>	<input type="button" value="Confirm"/>
		Speech	<input type="button" value="Create RSA"/>	<input type="button" value="Confirm"/>

1. Click "Create RSA"

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## How to Create a Related Services Authorization (RSA1) (cont'd)

This screen shows all of the student information. You will need to select contact information and an employee chairperson.

2. Select Contact Information from dropdown lists

3. Select Employee Chairperson from dropdown lists

CREATE RSA 1			
<b>STUDENT INFORMATION</b>			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish
<b>GUARDIAN INFORMATION</b>			
MAX NWANKWO 69-46 GRAND AVENUE 3FL MASPETH , NY 11378			
Related Service Recommended : Physical Therapy Individual Language : English			
Sessions Per Month:	1	Length of Sessions :	30 Minutes
Group Size :	1 Per Group		
<b>CONTACT INFORMATION</b>			
Region:	REGION 04		
Employee:	Please select employee		
Name:			
Address:			
Phone:		Fax:	
<i>Note: If the employee information displayed is incorrect, you may modify it through the CSE Staff Maintenance screen.</i>			
<b>CSE CHAIRPERSON</b>			
Region:	REGION 04		
Employee:	Please select employee		
Name:			
Address:			
Phone:		Fax:	
<i>Note: If the employee information displayed is incorrect, you may modify it through the CSE Staff Maintenance screen.</i>			
			<input type="button" value="Save"/> <input type="button" value="Cancel"/>

4. Click "Save"

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## How to Create a Related Services Authorization (RSA1) (cont'd)

The Transaction History screen for the student will come up. It shows the results of creating the Related Services Authorization that you just accomplished.

NYC Department of Education  
Joel I. Klein, Chancellor

### Transaction History

1 student found.

#### SEARCH RESULTS

[KORY RAMON, F](#) Age: 7 (6/27/1998) MAX MWANKWO, MASPETH  
1st grade  
Attending School: Region 04 , 24Q058  
Speaks: Spanish

Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Occupational Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Physical Therapy Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Speech	<a href="#">Create RSA</a>	<a href="#">Confirm</a>

#### STUDENT TRANSACTIONS

Created Date	Service Name	Type of Transaction	
10/31/2005	Physical Therapy Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form	<a href="#">English</a>
10/31/2005	Occupational Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form	<a href="#">English</a>

6. A login box may appear: type in your user name and password as you normally do to sign in to your computer.

Connect to ats.nycboe.net

Connecting to ats.nycboe.net

User name:

Password:

Remember my password

OK Cancel

5. Click on the language in which you want the RSA letter to print

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## How to Create a Related Services Authorization (RSA1): Letter to parents

The following two illustrations show the two-page letter to parents informing the parents that they should find an independent provider.

**The New York City Department of Education**



Jodi L. Nash  
Commissioner

RSA-1 Form Related Service Authorization

Carol Zimny-Szymony  
Chairperson - Committee on Special Ed.  
Region: 04  
if you are in  
Brooklyn, NY 11221  
Voice: 718-492-0000 | Fax: 022-01-0001

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**RSA - 1 Form Related Service Authorization**

Date: **October 31, 2005**

Dear Parent/Guardian:

Your child has been recommended for the Related Service listed on this form. The New York City Department of Education is currently unable to provide this service. You may, therefore, obtain this service from an independent provider, without cost to you.

Enclosed, please find

- Form-RSA-2, The Related Service Authorization Form** - To be completed by you. The independent provider you select, and returned to the Region at the address above.
- Form-RSA-3, Transportation Reimbursement Voucher and Guidelines for Public Transportation, Private Car, Motorist Taxi Cab or RSA-3A, Transportation Reimbursement Voucher for Private Car Service.**
- Frequently asked Questions & Answers** regarding the RSA process that will help guide you through this process.
- Registry of Independent Providers of Related Services. These Registries are also available on the Department of Education web site at:**  
<http://www.nycenet.edu/Parents/Essentials/SpecialEducation/Documents.html>

Please be assured that the New York City Department of Education will continue to make every effort to provide this service to your child.

Sincerely,

\_\_\_\_\_  
Wendy Tufty  
Administrator

Mail to: Parent/Guardian:  
**Max Nwankwo**  
**69-46 GRAND AVENUE 3FL**  
**MASPETH, NY 11378**

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**RE:** Student: **Kory Ramon**      DOB: **6/27/98**  
 NYC ID No.: **274-671-809**      CSE Case Number: **26-18162**  
 School: **Q058 - PS 58 - SCHOOL OF HEROES**

Related Service: **Physical Therapy Individual**      Language: **English**

SESSIONS PER MONTH: **1 Times**      LENGTH OF SESSION: **30 Minutes**      GROUP SIZE: **1 Per Group**

If you need help understanding the enclosed information, please telephone the New York City Department of Education at \_\_\_\_\_.

如果您需要有人幫助理解附帶資訊，請電紐約市教育局，電話是 \_\_\_\_\_。

Si w bezwolen you mozun ba w eksplykasyon sou enfòmasyon nou voye ba w nan anviwon sa a, tanpri telefònne Depatman Edikasyon vil Nouyork nan \_\_\_\_\_.

은 정보를 이해하는 데 도움이 될 것으로 생각되면 뉴욕시 교육청에 연락하십시오. (한국어)

Если Вам требуют разъяснения в том, чтобы понять предоставленную информацию,请与我们联系 по номеру в Департамент образования. Help-Fluxka no rewezbony \_\_\_\_\_.

Si necesita ayuda para entender la información adjunta, por favor llame al Departamento de Educación de la Ciudad de Nueva York al teléfono \_\_\_\_\_.

إذا ما احتاجكم لمساعدة في فهم المعلومات المرفقة، نرجو منكم الاتصال هاتفيا بمدارة التعليم بمدينة نيويورك على الرقم التالي \_\_\_\_\_.

اگر آپ کو مسئلہ معلومات کو سمجھنے میں مدد کی ضرورت ہے، تو براہ کرم مورٹن نیو یارک شہر محکمہ تعلیم کو اس نمبر پر فون کریں \_\_\_\_\_.

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## How to Create a Related Services Authorization (RSA1): Letter to parents (cont'd)

Make sure the parent and provider fill out the letter and return to the CSE.



**The New York City Department of Education**  
Joel I. Klein, Chancellor

Date: October 31, 20\_\_

**RSA-2 Form - Student, Parent/Guardian and Independent Provider Authorization**

Please complete the information requested. Attach a copy of the independent provider's New York State Education registration or certificate. In addition, Independent Providers of bilingual Related Services must attach one of the following New York City Department of Education (DOE) license as a teacher of a foreign language: (b) New York State Education Certification as a teacher of foreign language; (c) the passing results of the Language Proficiency Assessment or; (d) State Education Department Bilingual Extension Certificate. All Independent Providers are subject to security clearance have been fingerprinted by the New York Department of Education after July 1, 1990 and maintain security clearance will be incurred by the provider.

\* **Please Note:** Agencies under contract to the Department of Education for the period of 2004-2007 serving as an independent provider for the provision of a specific Related Service shall be paid for those assignments at the same rate as the original contractor who was unable to provide the service.

Please sign this form and return this material to:

Regional District High School CSE Citywide Building RSA - REGION 04  
Address: 88 court st  
Contact Person: Wendy Tuffy  
Name of Student: Kory Ramon  
Student's Address: 68-46 GRAND AVENUE 3FL  
School: Q069 - PS 69 - SCHOOL OF HEROES  
Related Service Recommended: Physical Therapy Individual  
Session frequency: MONTHLY No. of Sessions: 1  
Name of Parent/Guardian: Max Hwanhwa  
Work Telephone No.:  
Name of Independent Provider:  
Home Telephone No.: (718) 428-4238  
Social Security No.:  
Professional Title/Discipline:  
Actual Date of Initiation of Service:  
Services to be provided at:  
 Student's School  Student's Home  Provider's Place of Business  
Related Service Provided: Language \_\_\_\_\_ Length of Session: \_\_\_\_\_ Minutes Group Size: \_\_\_\_\_ per session  
No. of Sessions: \_\_\_\_\_ Per  Month  Week  Day City, State and Zip: \_\_\_\_\_  
Provider's Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Name of Agency (if Appropriate): \_\_\_\_\_  
Agency Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_  
Employer Tax ID No. (if agency): \_\_\_\_\_ \* Rate: \_\_\_\_\_  
Parent / Correspondence to be mailed to:  Provider  Agency  
Circle correct answer above. - Custom agency or other name to IEP type

**Please Note:** Any individual who is a current employee of the New York City Department of Education (unless they have been granted a waiver by their respective regional/city supervisor) or any other city agency may not provide services under this agreement. Any individual who leaves the employ of the New York City Department of Education or any other New York City agency may not provide services under this agreement. These conditions are applicable for a minimum of one year in accordance with the provisions of the New York City Charter (i.e., Section 2804(b)), and Chancellor's Regulation C-110 unless a waiver is obtained. In addition, the provider must not be the evaluator who completed the assessment unless permission has been granted by the Region/Citywide Programs/Clerk 75.

Signatures below indicate approval of agreement by the parent and provider and grant permission to CSE to release your child's records to provider. If there is a change in provider a **New Services Authorization** must be submitted.

By providing the Related Service to the student named above, the provider agrees to:

- Save the student at the frequency, duration and in the language specified in the current school year as per the IEP.
- Indicate start date of service initiation/transition with the name of the individual providing service.
- Maintain weekly progress notes, submit a Student Progress Report upon request, attend an IEP conference and complete the appropriate pages of the IEP as set by the Department of Education.
- Provide services in accordance with the New York City Department of Education school outline.
- Accept no more than the maximum rate allowed in payment in full for these services. The rate charged must be no higher than the lowest rate you normally charge. This rate is for direct service only and is the rate regardless of the size of the group being served. Providers will make no request to the parent/provider for payment for services provided.
- Submit invoices directly to the New York City Department of Education in the format required with an out of pocket expenses form to the parent/guardian.
- Carry their own professional malpractice liability insurance.
- Maintain daily attendance records on the official Department of Education attendance booklet, and participate in the collection of data/information requested by the New York State Department of Social Services or other agencies at an additional cost to the DOE in order for the DOE to receive Medicaid reimbursement.

The monthly attendance forms are to be mailed to the following address no later than seven (7) days after the end of the month to:

Secure Corp  
30 Wall Street  
Binghamton, NY 13901-2518

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Done!

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## How to Confirm the RSA (RSA2)

When you get the letter back from the parents with information about the provider and copies of license/certification as applicable, you will go back into the RSA system and input that information to create an RSA 2.

In order to create RSA 2, as with creating an RSA 1, you must search for the student. Below is the first screen of the RSA system after you log in.

The screenshot shows the 'SEARCH FOR A STUDENT' interface of the NYC Department of Education. The page header includes the department logo and the name of the Chancellor, Joel I. Klein. The main content area is divided into sections for 'STUDENT ID', 'STUDENT INFORMATION', and 'REGION'. The 'STUDENT ID' section has a text input field for 'Student ID' and a 'Find Student' button. The 'STUDENT INFORMATION' section includes fields for 'First Name', 'Last Name', and 'Gender' (set to 'Both'). Below these are dropdown menus for 'Related Services' and 'Language'. The 'REGION' section shows 'REGION 01', 'District 09', and '09X002 (PS 002 MORRISANIA)'. A 'Find Students' button is located at the bottom right. Annotations include: a box on the left saying 'Do either 1 or 2' with arrows pointing to '1' (the Student ID field) and '2' (the Related Services dropdown); a callout for 'Option 1' explaining that typing a Student ID and clicking 'Find Student' will show one student; a callout for 'Option 2' explaining that selecting region/district/school and other options and clicking 'Find Students' will show multiple students; and a callout at the bottom right with a hand icon pointing to the 'Find Students' button, stating 'For help on logging into the RSA system, please see page 2 in this manual.' A red dashed box highlights the 'Please select a service' dropdown menu, which is open to show a list of services including Counseling Individual, Hearing Services Individual, Occupational Individual, Physical Therapy Individual, Speech Individual, and Vision Education Services Individual.

**Do either 1 or 2**

**Option 1**  
Type the Student ID and click "Find Student". That one student will come up in the next screen.

**Option 2**  
Choose Region/District/school plus other options and click "Find Students". This will display multiple students.

**Please select a service**  
Please select a service  
Counseling Individual  
Counseling  
Hearing Services Individual  
Hearing Services  
Occupational Individual  
Occupational Therapy  
Physical Therapy Individual  
Physical Therapy  
Speech Individual  
Speech  
Vision Education Services Individual  
Vision Education Services

**For help on logging into the RSA system, please see page 2 in this manual.**

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2) (cont'd)

This is the transaction history screen for the student you searched for. Look for the service requested in the list to the right and click on confirm.

 NYC Department of Education  
Joel I. Klein, Chancellor

### Transaction History

1 student found.

#### SEARCH RESULTS

<a href="#">KORY RAMON</a> , F Age: 7 (6/27/1998) 1st grade Attending School: Region 04 , 24Q058 Speaks: Spanish	MAX NWANKWO, MASPETH	Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
		Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
		Occupational Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
		Physical Therapy Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
		Speech	<a href="#">Create RSA</a>	<a href="#">Confirm</a>

1

#### STUDENT TRANSACTIONS

Created Date	Service Name	Type of Transaction
10/31/2005	Physical Therapy Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>
10/31/2005	Occupational Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>

2. Click "Confirm" for the service you desire

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2)(cont'd)

This next screen asks the user to enter the provider ID or name. This will determine whether the provider is in the system or not.

2. Type in the Provider ID or the first/last names provided for you by the parent

**NYC Department of Education**  
Joel I. Klein, Chancellor

**STUDENT INFORMATION**

Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

**SEARCH FOR A PROVIDER**

**PROVIDER ID**

Provider ID:  **Find Provider**

**PROVIDER INFORMATION**

First Name:  Last Name:  **Find Provider**

3. Click on "Find Provider"

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2): Assigning a provider

Once you have found the provider you can assign the RSA to that provider, shown here.

The screenshot shows the NYC Department of Education system interface. At the top, it displays the department's logo and name, along with the Chancellor's name, Joel I. Klein. Below this is a section for 'STUDENT INFORMATION' with the following details: Student: KORY RAMON, NYC ID No: 274671809, Region: 04, School: 24Q058 PS 58 - SCHOOL OF HEROES, DOB: 6/27/1998, CSE Case Number: 26-18162, District: 24, and Language: Spanish. A 'SEARCH FOR A PROVIDER' section follows, containing a 'PROVIDER ID' field with the value '984454545' and a 'Find Provider' button. Below that is a 'PROVIDER INFORMATION' section with 'First Name' and 'Last Name' fields, both highlighted in yellow, and another 'Find Provider' button. A message states '1 Provider found.' The 'SEARCH RESULTS' section shows a table with one entry: '984454545 Tessa Schwartz', with an 'Assign to this Provider' button next to it. An 'Add New Provider' button is also visible above the search results.

STUDENT INFORMATION			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

SEARCH FOR A PROVIDER

PROVIDER ID

Provider ID:

PROVIDER INFORMATION

First Name:  Last Name:

1 Provider found.

SEARCH RESULTS

984454545	Tessa Schwartz	<input type="button" value="Assign to this Provider"/>
-----------	----------------	--

1

Provider was found in the system.

Note: If the provider that the parent wants is not found in the system, you can click on "Add New Provider" to register that person. Please see page 16 in this manual.

1. Click on "Assign to this Provider"

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2): Assigning a license

Now that you've assigned a provider, you must choose the license appropriate to the RSA. (Some providers will have more than one license listed.)

**NYC Department of Education**  
Joel I. Klein, Chancellor

### Assign Provider

STUDENT INFORMATION			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

PROVIDER INFORMATION			
Provider Name:	Tessa Schwartz		
Address:	500 First Avenue Queens NY 11111		
Phone Number:	718-999-1234		
Social Security No:	984454545		

PROVIDER LICENSE CERTIFICATION			
<b>PROVIDER LICENSE RESULTS</b> <a href="#">Add New Certificates/Licenses</a>			
984454545	Physical Therapy	NYSED license as a Physical Therapist 123456 11/16/2005	<b>Assign to this License</b>
1			

Please note: if the provider has a license that isn't shown here, you can add it. Please see page 22 in this manual.

2. Click on "Assign to this License" for the license that you want

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## How to Confirm the RSA (RSA2): Assigning a license (cont'd)

This screen shows the details of the provider and license you have chosen.

Please note: Delivered through Agency and Payment through Agency are optional checkboxes, and open up their respective sections if clicked on.

CONFIRM RSA	
<b>STUDENT INFORMATION</b>	
Student: KORY RAMON	DOB: 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish
<b>PROVIDER INFORMATION</b>	
Provider Name: Tessa Schwartz	
Address: 500 First Avenue Queens NY 11111	
Phone Number: 718-999-1234	
Social Security No: 984454545	
<input checked="" type="checkbox"/> Delivered through Agency	
<b>PROVIDER AGENCY INFORMATION</b>	
List Of Current Agencies	
<input type="radio"/> Please select an agency <input type="button" value="v"/>	
<input checked="" type="checkbox"/> Payment through Agency	
Tax ID:	Rate \$: <input type="text"/>
Related Service Recommended : Physical Therapy Individual Language : English	
Sessions Per Month: 1	Length of Sessions : 30 Minutes
Group Size : 1 Per Group	
<b>GUARDIAN INFORMATION</b>	
MAX NWANKWO 69-46 GRAND AVENUE 3FL MASPETH , NY 11378	
<b>CONTACT INFORMATION</b>	
Name: Carol Smitty-Anthony	
Address: 65 court st	Brooklyn, NY 11201
Phone: 718-935-0000	Fax: 000-001-0001
<i>Note: If the employee information displayed is incorrect, you may modify it through the CSE Staff Maintenance screen.</i>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

3. Click on "Save"

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2): Assigning a license (completed)

The Transaction History screen for the student will come up.

The screenshot shows the NYC Department of Education Transaction History screen. At the top, it displays the department's logo and name, along with the Chancellor's name, Joel I. Klein. Below this, the page is titled "Transaction History" and indicates "1 student found." The "SEARCH RESULTS" section lists the student KORY RAMON, F, Age: 7 (6/27/1998), MAX NWANKWO, MASPETH, Counseling, 1st grade, Attending School: Region 04, 24Q058, and Speaks: Spanish. To the right of the student information, there are five rows of service categories, each with "Create RSA" and "Confirm" buttons: Counseling, Counseling, Occupational Individual, Physical Therapy Individual, and Speech. Below the search results, a "STUDENT TRANSACTIONS" table is displayed with the following data:

Created Date	Service Name	Type of Transaction
10/31/2005	Physical Therapy Individual	Independent Provider Approval Letter <a href="#">English</a>
10/31/2005	Physical Therapy Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>
10/31/2005	Occupational Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>

4. Click on the language in which you want the Assignment letter to print

# SEC Related Services Authorization for Independent Provider Training Manual

## How to Confirm the RSA (RSA2): The letter to the provider

This illustration shows the letter to the provider giving the information about the Related Service Authorization.

  
Joel I. Klein,  
Chancellor

**The New York City Department of Education**

**RSA - 2 Independent Provider Approval**

Date: **October 31, 2005**

Dear Independent Provider,

The New York City Department of Education has approved your request to provide the service of **Physical Therapy Individual** for Pin Number **43591972005**. Your approved start date for this service is assigned to:

**Student Information:**

Name of Student: <b>Kory Ramon</b>	Student ID No.: <b>274671809</b>
School: <b>Q058 - PS 58 - SCHOOL OF HEROES</b>	District: <b>24</b>
Region: <b>04</b>	City, State and Zip: <b>MASPETH, NY 11378</b>

**Related Service:**

Recommended: <b>Physical Therapy Individual</b>	Language: <b>English</b>
No. of Sessions: <b>PER MONTH: 1</b>	Length of Session: <b>30 Minutes</b>

**Parent/Guardian Information:**

Name: <b>Max Nwankwo</b>	Work Telephone No.:
Home Telephone No.: <b>(718) 428-4339</b>	

**Provider Information:**

Name: <b>Tessa Schwartz</b>	SS#: <b>984454545</b>	NYS License/Certificate #: <b>123456</b>
Residing at: <b>500 First Avenue, Queens, NY 11111</b>		
Name of Agency (if Appropriate):		
Agency Address:		City, State and Zip :
Employer Tax ID No. (if agency):		City, State and Zip: <b>Brooklyn, NY 11201</b>

**If you have any questions regarding this letter, please contact:**

Region: District/High School CSE/Citywide Issuing ESA: <b>REGION 04</b>	
Address: <b>65 court st</b>	Telephone No.: <b>718-935-6000</b>
or call:	
Contact Person: <b>Carol Smirny-anthony</b>	

\* **Please Note:** Agencies under contract to the Department of Education for the period of 2004-2007 serving as an independent provider for the provision of a specific Related Service shall be paid for those assignments at the same rate as the original contractor who was unable to provide the service.

Date RSA-2 Form Approved: **October 31, 2005** \_\_\_\_\_  
Auditing Signature

Name of Individual Authorized to Approve Services: \_\_\_\_\_  
**Carol Smirny-anthony**



**Done!**

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider

If the provider is not in the RSA system, you must add the name of that person as shown below.

This screen picks up on searching for a provider (page 12 in this manual). If the provider that the parent wants is not found in this system, you can click on “Add New Provider” to register that person.

**NYC Department of Education**  
Joel I. Klein, Chancellor

STUDENT INFORMATION			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

**SEARCH FOR A PROVIDER**

PROVIDER ID	
Provider ID:	<input type="text" value="363636363"/> <input type="button" value="Find Provider"/>

PROVIDER INFORMATION		
First Name:	<input type="text"/>	Last Name: <input type="text"/> <input type="button" value="Find Provider"/>

0 Providers found.

**SEARCH RESULTS**

1

1. Click on “Add New Provider”

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider (cont'd)

**NYC Department of Education**  
Joel I. Klein, Chancellor

---

**Assign Provider**

---

**STUDENT INFORMATION**

Student: KORY RAMON	DOB: 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish

---

**PROVIDER INFORMATION**

First Name of Provider:	<input type="text"/>	Last Name of Provider:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Street #</small>	<small>Street Name</small>	<small>Suite #</small>
City:	<input type="text"/>	State:	<input type="text"/>
			Zip Code: <input type="text"/>
Phone Number:	<input type="text"/>	Extension:	<input type="text"/>
	<small>(Format: 999-999-9999)</small>		
Social Security No:	<input type="text"/>		
	<small>(Format: xxx-xx-xxxx)</small>		
Approved Service Start Date:	<input type="text"/>		

2. Fill in all appropriate details

3. Click "Add Provider"

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider (cont'd)



**NYC Department of Education**  
Joel I. Klein, Chancellor

### Assign Provider

STUDENT INFORMATION			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

PROVIDER INFORMATION	
Provider Name:	Joseph Quandry
Address:	900 Second Avenue Staten Island NY 11111
Phone Number:	718-909-0909
Social Security No:	363636363

PROVIDER LICENSE CERTIFICATION	
Related Service:	Counseling
Certificate/License:	NYSED certificate of Guidance Counseling
Certificate/License Number:	<input type="text"/>
Expiration Date:	<input type="text"/>

4. Complete the license certification details

5. Click "Save"

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider (cont'd)

This is the final Add Provider screen before you are returned to the regular Confirm RSA procedure. At this point you can either assign this license to the case, or you can add another license.



**NYC Department of Education**  
Joel I. Klein, Chancellor

### Assign Provider

STUDENT INFORMATION			
Student:	KORY RAMON	DOB :	6/27/1998
NYC ID No:	274671809	CSE Case Number:	26-18162
Region:	04	District:	24
School:	24Q058 PS 58 - SCHOOL OF HEROES	Language:	Spanish

PROVIDER INFORMATION	
Provider Name:	Joseph Quandry
Address:	900 Second Avenue Staten Island NY 11111
Phone Number:	718-909-0909
Social Security No:	363636363

PROVIDER LICENSE CERTIFICATION	
<b>PROVIDER LICENSE RESULTS</b>	<a href="#">Add New Certificates/Licenses</a>
363636363 Counseling NYSED certificate of Guidance Counseling 50000 11/26/2005	<a href="#">Assign to this License</a>
1	

6. Click "Assign to this License" if you want this license; OR
7. "Add New..." to add another license

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider (cont'd)

This screen shows all the details of your Confirm RSA choices, with the new provider included. Save the screen, and you will be returned to the transaction history for this student.

Please note: Delivered through Agency and Payment through Agency are optional checkboxes, and open up their respective sections if clicked on.

CONFIRM RSA	
<b>STUDENT INFORMATION</b>	
Student: KORY RAMON	DOB: 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish
<b>PROVIDER INFORMATION</b>	
Provider Name: Joseph Quandry	
Address: 900 Second Avenue Staten Island NY 11111	
Phone Number: 718-909-0909	
Social Security No: 363636363	
<input checked="" type="checkbox"/> Delivered through Agency	
<b>PROVIDER AGENCY INFORMATION</b>	
List Of Current Agencies	
<input type="radio"/> Please select an agency	
<input checked="" type="checkbox"/> Payment through Agency	
Tax ID:	Rate \$:
Related Service Recommended : Occupational Individual Language : English	
Sessions Per Month: 1	Length of Sessions : 30 Minutes
Group Size : 1 Per Group	
<b>GUARDIAN INFORMATION</b>	
MAX NWANKWO 69-46 GRAND AVENUE 3FL MASPETH , NY 11378	
<b>CONTACT INFORMATION</b>	
Name: Wendy Tuffy	
Address: 123 112th street	Queens, ny 11429
Phone: 718-935-4601	Fax: 718-935-2358
<i>Note: If the employee information displayed is incorrect, you may modify it through the CSE Staff Maintenance screen.</i>	
<input type="button" value="Save"/>	<input type="button" value="Cancel"/>

8. Click on "Save"

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New Provider (completed)

**NYC Department of Education**  
Joel I. Klein, Chancellor

**Transaction History**

1 student found.

**SEARCH RESULTS**

[KORY RAMON](#), F Age: 7 (6/27/1998) MAX NWANKWO, MASPETH  
1st grade  
Attending School: Region 04 , 24Q058  
Speaks: Spanish

Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Counseling	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Occupational Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Physical Therapy Individual	<a href="#">Create RSA</a>	<a href="#">Confirm</a>
Speech	<a href="#">Create RSA</a>	<a href="#">Confirm</a>

1

**STUDENT TRANSACTIONS**

Created Date	Service Name	Type of Transaction
10/31/2005	Occupational Individual	Independent Provider Approval Letter <a href="#">English</a>
10/31/2005	Physical Therapy Individual	Independent Provider Approval Letter <a href="#">English</a>
10/31/2005	Physical Therapy Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>
10/31/2005	Occupational Individual	RSA-1 Letter Authorizing Independent Provider with Authorization Form <a href="#">English</a>

**Please note: if you wish to change the provider after going through this process, you must terminate the provider in CAP. The system will register the termination overnight. You can now assign a new provider. Please see page 25 to learn how to log back into a student's information after closing the browser.**

**Congratulations!**  
You have confirmed your RSA with the new provider.

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New License

If a license for the provider isn't shown, you can add it to the Provider License Certification screen.

Assign Provider	
<b>STUDENT INFORMATION</b>	
Student: KORY RAMON	DOB: 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish
<b>PROVIDER INFORMATION</b>	
Provider Name: Tessa Schwartz	
Address: 500 First Avenue Queens NY 11111	
Phone Number: 718-999-1234	
Social Security No: 984454545	
<b>PROVIDER LICENSE CERTIFICATION</b>	
<b>PROVIDER LICENSE RESULTS</b>	<a href="#">Add New Certificates/Licenses</a>
984454545 Physical Therapy NYSED license as a Physical Therapist 123456 11/16/2005	<a href="#">Assign to this License</a>
1	

1. Click on "Add New Certificates/Licenses" to add a license

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New License (cont'd)

2. Choose appropriate selections from the Related Service and the Certificate/License dropdowns

Assign Provider	
<b>STUDENT INFORMATION</b>	
Student: KORY RAMON	DOB: 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish
<b>PROVIDER INFORMATION</b>	
Provider Name: Tessa Schwartz	
Address: 500 First Avenue Queens NY 11111	
Phone Number: 718-999-1234	
Social Security No: 984454545	
<b>PROVIDER LICENSE CERTIFICATION</b>	
Related Service:	Speech
Certificate/License:	NYSED license as a Speech Pathologist
Certificate/License Number:	<input type="text"/>
Expiration Date:	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Counseling

Counseling

Hearing Services

Occupational Therapy

Physical Therapy

Speech

Vision Education Services

3. Fill in the Certificate/License number and the Expiration date

4. Click "Save"

# SEC Related Services Authorization for Independent Provider Training Manual

## Adding a New License (completed)

Assign Provider	
<b>STUDENT INFORMATION</b>	
Student: KORY RAMON	DOB : 6/27/1998
NYC ID No: 274671809	CSE Case Number: 26-18162
Region: 04	District: 24
School: 24Q058 PS 58 - SCHOOL OF HEROES	Language: Spanish
<b>PROVIDER INFORMATION</b>	
Provider Name: Tessa Schwartz	
Address: 500 First Avenue Queens NY 11111	
Phone Number: 718-999-1234	
Social Security No: 984454545	
<b>PROVIDER LICENSE CERTIFICATION</b>	
<b>PROVIDER LICENSE RESULTS</b> <a href="#">Add New Certificates/Licenses</a>	
984454545 Physical Therapy NYSED license as a Physical Therapist 123456 11/16/2005	<a href="#">Assign to this License</a>
984454545 Speech NYSED license as a Speech Pathologist 98768786 10/27/2006	<a href="#">Assign to this License</a>
1	

5. Click on "Assign for this License" for the License you have added

**Done! You can turn back to page 14-15 to see the results and complete the process.**

# SEC Related Services Authorization for Independent Provider Training Manual

## Getting Back into RSA after Closing

There are a few instances in which you will want to re-enter the RSA system, even if you have gone through the processes as detailed in this manual.

1. Changing the provider if the wrong person was put in:  
If you need to change the provider, you must first terminate that person in CAP. It will change overnight, then you can re-enter the RSA system. The original information about the provider will have gone away and you can redo the authorization.
2. Printing either letter out a second time:  
Please follow the steps below.

1. Do a search for the student

2. Click on the student's name

SEARCH FOR A STUDENT					
<b>STUDENT ID</b>					
Student ID:	<input type="text" value="274671809"/>	<input type="button" value="Find Student"/>			
<b>STUDENT INFORMATION</b>					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Gender:	<input type="button" value="Both"/>
Related Services:	<input type="button" value="Please select a service"/>		Language:	<input type="button" value="Please select a language"/>	
<input type="button" value="REGION 01"/>	<input type="button" value="District 09"/>	<input type="button" value="09X002 (PS 002 MORRISANIA)"/>			
					<input type="button" value="Find Students"/>
1 student found.					
SEARCH RESULTS					
<a href="#">KORY RAMON, F</a>	Age: 7 (6/27/1998)		MAX NWANKWO, MASPETH	Counseling	<input type="button" value="Create RSA"/> <input type="button" value="Confirm"/>
1st grade				Counseling	<input type="button" value="Create RSA"/> <input type="button" value="Confirm"/>
Attending School: Region 04 , 24Q058				Occupational Individual	<input type="button" value="Create RSA"/> <input type="button" value="Confirm"/>
Speaks: Spanish					

# SEC Related Services Authorization for Independent Provider Training Manual

The Transaction History screen for the student will come up.

The screenshot shows the NYC Department of Education website. At the top, it says "NYC Department of Education" with the logo and "Joel I. Klein, Chancellor". Below that is a blue header "Transaction History" and the text "1 student found." A "SEARCH RESULTS" section lists student information: **KORY RAMON**, F, Age: 7 (6/27/1998), MAX NWANKWO, MASPETH, Counseling, 1st grade, Attending School: Region 04, 24Q058, Speaks: Spanish. To the right of the student name are "Create RSA" and "Confirm" buttons. Below the student name is a list of services: Counseling, Occupational Individual, Physical Therapy Individual, and Speech. Each service has a "Create RSA" and "Confirm" button. The "Create RSA" button for Physical Therapy Individual is highlighted. Below the search results is a table titled "STUDENT TRANSACTIONS" with columns "Created Date", "Service Name", and "Type of Transaction". The table contains two rows: one for Physical Therapy Individual and one for Occupational Individual, both dated 10/31/2005 and labeled "RSA-1 Letter Authorizing Independent Provider with Authorization Form" with a link to "English".

3. Click on the language in which you want the RSA letter to print

4. A login box will appear: type in your user name and password as you normally do to sign in to your computer.



At this point the letter that you clicked on will come up, as on pages 7 or 15 in this manual, and can be printed out.

**Congratulations! You have confirmed re-entered RSA and navigated to the letters.**