

**APPENDIX A
EARLY INTERVENTION SESSION(S) - PLAN OF CARE**

CHILD'S NAME: _____		AKA: _____		MEDICAID #: _____	
DOB: _____		SEX: _____		RELATED DIAGNOSIS: _____/_____	
		ICD-9 CODE		DESCRIPTION	
CURRENT					
EVALUATION/ASSESSMENT		FSP DATE		AUTHORIZING SERVICES	
DATE: _____		(LATEST): _____		FROM: _____ TO: _____	

PROCEDURE CODE: _____ **SERVICE:** _____ **PROVIDER:** _____ (AGENCY)
 _____ (INDIVIDUAL)

Domain (Circle the applicable domain(s)):

- | | | |
|-------------|------------------------------|---|
| GROSS MOTOR | FINE MOTOR | COMMUNICATION SKILLS/LANGUAGE DEVELOPMENT |
| COGNITIVE | SOCIAL/EMOTIONAL DEVELOPMENT | SELF-HELP/ADAPTIVE |

Outcome (from FSP)

Goal:

Actions/Service Plan/Strategies:

Frequency/Intensity/Duration/Location/Funding:

Note: Authorization to increase or decrease frequency, intensity or duration of the recommended services on the FSP must be in advance.

Frequency	Intensity	Duration	Location	Funding Source
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Medical Necessity for Service:

This (These) Early Intervention Session(s) is (are) being provided in addition to the following:	OT	PT	ST
Other services: _____	Comments: _____		

I have completed the following Plan of Care:

Name/Credentials: _____

Address: _____

Signature: _____ **Date of Signature:** _____

Use additional pages to record more information.

EARLY INTERVENTION SESSION(S) - PLAN OF CARE (Cont'd)

CHILD'S NAME: _____	AKA: _____	MEDICAID #: _____
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PROCEDURE CODE: _____ **SERVICE:** _____ **PROVIDER:** _____ (AGENCY)
_____ (INDIVIDUAL)

DOMAIN (Circle the applicable domain(s)):

- GROSS MOTOR FINE MOTOR COMMUNICATION SKILLS/LANGUAGE DEVELOPMENT
- COGNITIVE SOCIAL/EMOTIONAL DEVELOPMENT SELF-HELP/ADAPTIVE

Outcome:(from FSP)

Goal:

Actions/Service Plan/Strategies:

Frequency/Intensity/Duration/Location/Funding:

Note: Authorization to increase or decrease frequency, intensity or duration of the recommended services on the FSP must be in advance.

Frequency Intensity Duration Location Funding Source

Medical Necessity for Service:

PROCEDURE CODE: _____ **SERVICE:** _____ **PROVIDER:** _____

DOMAIN (Circle the applicable domain(s)):

- GROSS MOTOR FINE MOTOR COMMUNICATION SKILLS/LANGUAGE DEVELOPMENT
- COGNITIVE SOCIAL/EMOTIONAL DEVELOPMENT SELF-HELP/ADAPTIVE

Outcome (from FSP):

Goal:

Actions/Service Plan/Strategies:

Frequency/Intensity/Duration/Location/Funding:

Note: Authorization to increase or decrease frequency, intensity or duration of the recommended services on the fSP must be in advance.

Frequency Intensity Duration Location Funding Source

Medical Necessity for Service: