## **CHILD TIMELINE**

A brief overview of how the Early Intervention process flows

Reviewing the evaluation results with the family to ensure it reflects the child accurately and they understand the options:

If the child **DOES** qualify for services, the family can choose to

1) enroll OR 2) decline

If the child does **NOT** qualify for services, make sure the family understands they can reach out to PIC again anytime before the child's 3rd birthday

The process of evaluation, initial/annual IFSP, POC, IFSP- 6 Month Revision is on a yearly cycle based on the date of the INITIAL evaluation



A POC (Plan of Care) is developed by each provider delivering services to the child (per the IFSP) that includes the goals decided upon with the family and is signed off by the child's Primary Care Physician (PCP). This needs to be created prior to providing any service and we have 14 days to have the PCP sign off on the document for most insurance companies to cover our services. POCs are per discipline and valid for 6 months. If new goals are made at an IFSP Revision between scheduled IFSP, a new POC is needed

6 MONTH REVIEW IFSP



**POC** 

6 MONTH ELIGIBILIT





**REFERRAL** 

Referrals are received and processed by the Referral Specialists. The child is assigned at weekly team meetings to a Primary Service Provider (PSP).



INTAKE

The PSP meets with the caregiver(s) to review their concerns and medical history for the child.



**EVALUATION** 

Two providers of different disciplines
evaluate the child to see if the child will
qualify for services either by: 1) 50% delay
in 1 or more domains
2) Part C Qualifying diagnosis

3) Informed Clinical Opinion



**IFSP** 

An IFSP (Individualized
Family Service Plan) is a
game plan developed
with the family to address
their concerns and
develop goals, agree
upon which services will
be most helpful,
frequency, and set
expectations for both
family and provider.



POC

An IFSP (Individualized Family Service Plan) is reviewed with the family to ensure their concerns are being addressed and review/update goals, add or discontinue services, increase or decrease frequency. Overall to review expectations for both family and provider.

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Part C eligibility is required to be determined yearly.

Two providers of different disciplines evaluate the child to see if the child will continue to qualify for services either by: 1) 50% delay in 1 or more domains 2) Part C Qualifying diagnosis 3)Informed Clinical Opinion

45 DAYS

This is a state requirement due to our Part C funding: all children must be processed within 45 days of receiving the referral. The only valid reason for a delay is due to family circumstances, not the agency or provider.