

SIGNATURE FORMS, DOCUMENTATION & VISIT TYPE

	INTAKE	EVAL	ELIGIBILITY MEETING	INITIAL IFSP	REVISION IFSP	ANNUAL EVALUATION	ELIGIBILITY MEETING	ANNUAL IFSP	DISCHARGE
Family Signature Forms	<u>Intake Packet:</u> HIPAA Virtual Visits Consent to Eval Consent to Bill Prior Written Notice (PWN) Patient Demographics Release of Information (ROI)		<u>Post Evaluation Packet:</u> Working Together* Eligibility Determination PWN	<u>IFSP Packet:</u> IFSP Mtg Signature PWN* *(NOT needed if already part of post evaluation packet)	<u>IFSP Packet:</u> IFSP Mtg Signature PWN +/- CTB if adding PT/ST/OT AND private insurance	<u>Reevaluation Packet:</u> HIPAA Virtual Visits Consent to Eval Consent to Bill Prior Written Notice (PWN) +/- Release of Information (ROI)	Post Evaluation Packet: Working Together* Eligibility Determination PWN	IFSP Packet: IFSP Mtg Signature PWN	
Provider Documentation	Intake Note	Individual Evaluations and PSP: Functional Evaluation	Daily Note	Initial IFSP & POC	Revision IFSP & POC	Individual Evaluations and PSP: Functional Evaluation	Daily Note	Annual IFSP & POC	Discharge note
Move forward?	Must be signed by EVALUATION DOS		If Child is Eligible: Post Evaluation Packet If Child is WNL: Eligibility Determination & PWN	Services may NOT start until family has signed IFSP packet	Services may NOT start until family has signed IFSP packet	Evaluation can not take place without signatures	If Child is Eligible: Post Evaluation Packet If Child is WNL: Eligibility Determination & PWN	Services may NOT start until family has signed IFSP packet	Can NOT be enrolled as of the child's 3 rd birthday OR if Part B services have already started