UF Department of Pediatrics College of Medicine UNIVERSITY of FLORIDA

NCES PLAN OF CARE (EI and ITDS)

early steps North Central

Florida HEALTH Children's Medical Services

Child's Name: _____ DOB: _____ Gender: _____ Medicaid #: _____

ESID#: _____ Eligibility Date: _____ IFSP Date: _____

Authorization Start Date: _____ Authorization End Date: _____

ICD-10 Code: _____ Diagnosis Description: _____

Early Interventionist Name: _____ Service Coordinator: _____

Areas Addressed:

Gross Motor ☐	Fine Motor ☐	Social-Communication ☐
Cognitive ☐	Social-Emotional ☐	Adaptive/Self-help ☐
Vision ☐	Hearing ☐	Behavior ☐

Three-Month Outcome(s) for Authorization Period:

Six-Month Outcome(s) for Authorization Period:

Strategies/Activities to Reach Outcomes(s) for Authorizations Period:

Procedure Code: _____ Service Frequency: _____

Service Length: _____ Service Location: _____

Medical Necessity: If child is a Medicaid recipient, the services reimbursed by Medicaid Must be medically necessary (Refer to IFSP Services Page)

Licensed Professional Name: _____ Credential: _____

Agency: _____ License #: _____

Licensed Professional Signature: _____ Date: _____

Early Interventionist Signature: _____ Date: _____

Updated 2.7.24