

first steps



Guide to Creating Individualized Family Service Plan Service Authorizations

- 1. Navigate to the "Services" tab
- 2. Select the "Services Information" panel
- 3. Click "Add"







Completing Initial Service Information

The system will automatically open to the "Service Information" panel

- 4. Select "State" as the "Pay Source"
- 5. Type "Direct Child Treatment" as the "Program"

rvice Information	*Pay Source	
ogram Information	State Step 4	✓
ervice Delivery	*Program	
ervice Details	Direct Child Treatment Step 5	0
ompany Assignment	*Centire Tune	
herapist Assignment	server type	
CD-10 Diagnoses	*Enrollment Status	
	Select V	
	Authorization #	
		1
		Submit



Completing Initial Service Information

- 6. Select the type of service being authorized as the "Service Type" (e.g., Physical Therapy)
- 7. Select "Inactive" as the "Enrollment Status"
- 8. Click "Submit"

*Pay Source	
State	~
*Program	
Direct Child Treatment	•
*Service Type	
Physical Therapy Step 6	~
*Enrollment Status	
Inactive Step 7	
Authorization #	
Step 8	<i></i> Submit
	first steps

Creating an IFSP Service Authorization Automatic Generation of Authorization Number

Once "Submit" is clicked, the system will automatically generate the authorization number

*Pay Source	
State	· · · · · · · · · · · · · · · · · · ·
*Program	
Direct Child Treatment	0
*Service Type	
Physical Therapy	
*Enrollment Status	
	1
Active	
Authorization #	
A 204 EE 67224 2 642 42	4
A2013307321301342	·
	Submit





Creating an IFSP Service Authorization Service Delivery Details

9. Navigate to the "Service Delivery" tab

Service Authorization	IFSP Service
Service Information Program Information	IFSP Type
Service Delivery	Step 9 Status
Service Details	In Progress
Company Assignment	
ICD-10 Diagnoses	IFSP End Date
	*Start Date *End Date
	l l l l l l l l l l l l l l l l l l l
	Enrollment Services Maintenance
	Session Duration Minutes





Service Delivery Details – Fields with No Action Required

			A
IFSP Type			
IFSP Status			
In Progress			
IFSP Start Date			
IFSP End Date			
*Start Date		*End Date	
03/08/2021	di ta	09/10/2021	
Service Type Description			
Physical Therapy			
*0			





Creating an IFSP Service Authorization Completing Service Delivery Details

- 10. Enter the "Start Date" of the service authorization
- 11. Enter the "End Date" of the service authorization

*Start Date		*End Date		
03/08/2021 Ste	p 10 🔹 🖉	09/10/2021	Step 11	com.
Service Type Description				
Physical Therapy				
*Quantity				
1				Ð
*Frequency Unit				
Weekly 🗸				
^t Length				
15-Minutes				```
ession Duration Minutes				
15				dir.
* Sessions Authorized				
26 🛷				
Location Type				
Home				•
ocation Type Other				
				SH ²
Physician Approval				Submit
				• •



Creating an IFSP Service Authorization Service Delivery Details – Fields with No Action Required

*Start Date	*End Date	
Service Type Description		
*Oupptity		
1		ð
*Frequency Unit		
Weekly	~	
*Length		
15-Minutes		~
Session Duration Minutes		
15		ø
# Sessions Authorized		
26 🖋		
Location Type		
Home		~
Location Type Other		
		Ø

Physician Approval

Submit





Completing Service Delivery Details

- 12. Enter the "Quantity" (e.g., "2" for two times per month, "4" for four times per year)
- 13. Select the "Frequency" of visits (e.g., Weekly, Monthly, Annual, Total)
- 14. Select the "Length" as the number of minutes per visit

Quantity 1 Step 12	ď
1 Step 12 Frequency Unit Step 13 Weekly Step 13 Length Step 14 15-Minutes Step 14	1
PFrequency Unit Weekly Step 13 15-Minutes 15 25 Sessions Authorized	
Weekly Step 13 ILength Step 14 IS-Minutes Step 14 IS Step 14 I	
15-Minutes 15 15 26 26	
15-Minutes Session Duration Minutes 15 # Sessions Authorized 26	
Session Duration Minutes 15 # Sessions Authorized 26	~
15 # Sessions Authorized	
# Sessions Authorized	SAR.
26	
20 0	
Location Type	
Home	~
location Type Other	
	Cart -
Physician Approval	Submit



Creating an IFSP Service Authorization Service Delivery Details – Fields with No Action Required

*Start Date		End Date	
03/08/2021	(dela	09/10/2021	SH1
Service Type Description			
Physical Therapy			
*Quantity			
1			647
*Frequency Unit			
Weekly 🗸			
*Length			
			~
Session Duration Minutes			
15			SHI'S
# Sessions Authorized			
26			
Home			~
Location Type Other			
			SAR
 Physician Approval 			



Submit



Completing Service Delivery Details

- 15. Select the "Location Type" (Where service is most likely to occur)
- 16. If "Location Type" is "Other", type description of location in the "Location Type Other" field
 - \circ "Location Type" for virtual services is where the child is located
- 17. Check "Physician Approval" once the Physician has signed the IFSP
- 18. Click "Submit"



Assigning Agency to IFSP Service Authorization

19. Navigate to the "Company Assignment" panel

20. Select the agency/independent provider that will be providing the service as "Company Name" 21. Click "Submit"

ice Information gram Information ice Delivery	Company Name ABC Agency	Step 20	Step 21	Submit	
pany Assignment	Step 19				
lit Form					

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Assigning Direct Service Providers to an IFSP Service

- 22. Navigate to the "Therapist Assignment" panel
- 23. Click "Add"

vice Delivery vice Details mpany signment	ogram	-						10
rvice Details mpany signment Prev No data available in table Showing 0 to 0 of 0 entries Prev Next Step 22	rvice Delivery	Therapist 🔶	From Date 🔶	To Date 🍦	Clinical Supervisor	Step 23	Add	÷
Showing 0 to 0 of 0 entries Prev Next Step 22	rvice Details	No data available in ta	ble					
nerapist ssignment Step 22	ompany	Showing 0 to 0 of 0 er	tries				Prev	Next
U-10 DIAPROSES	nerapist ssignment Ste	o 22						
	nerapist ssignment D-10 Diagnoses	p 22						
	Ssignment Sherapist Ssignment SD-10 Diagnoses	p 22						
	Assignment Therapist Assignment CD-10 Diagnoses	p 22						
	Assignment Therapist Assignment CD-10 Diagnoses	p 22						

Assigning Direct Service Providers to an IFSP Service

- 24. Navigate to the "Therapist Assignment" panel
- 25. Select the provider's name as "Therapist"

Select Step 24			~	
from Date				
03/01/2021				
o Date				
02/28/2022				
linical Supervisor				
Select			~	
Submit Step 25				
				ب

Activating the IFSP Service Authorization

26. Navigate to the "Service Information" panel

- 27. Select "Active" as the "Enrollment Status"
- 28. Click "Submit"

ram Information	Source								
	State								
ice Delivery	*Program								
ice Details	Direct Child Treatment								
pany Assignment	*Service Type								
apist Assignment	Physical Therapy								
	*Enrollment Status								
	Active Step 27								
	Authorization #								
	A2015567321361342								
	Step 28 Submit								

Creating an IFSP Service Authorization Viewing the Authorized Service in the Child's Record

- 29. Navigate to the "Services" tab
- 30. View the newly authorized service listed in the grid

vices Information	Q 10 ¥											
	IFSP Type	IFSP Start Date	Service Type	Therapist	Start Date	End Date 👙	Quantity 🕴	Frequency	Intensity 🍦	Authorization #	Status 🍦	PAR Form Add
			Development Therapy		3/5/2021	3/25/2021	1	WEEKLY	30	A18392641956896	ACTIVE	Edit Inactive
Step 30			Physical Therapy		3/5/2021	6/25/2021	1	WEEKLY	60	A18392641956895	ACTIVE	Edit Inactive
	Showing 1	to 2 of 2 entries										Prev 1 Next





First Steps Early Intervention Case Management System

For assistance, contact the PCG Helpdesk:

877-522-1065



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Hours: Weekdays 8 a.m. - 5 p.m. ET



