Arizona Early Intervention Program

TEAM-BASED EARLY INTERVENTION SERVICES BILLING MANUAL

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CHAPTER 1 - GENERAL OVERVIEW

The Arizona Department of Economic Security/Arizona Early Intervention Program (ADES/AzEIP) Team-Based Early Intervention Services (TBEIS) Billing Manual, revised October 26, 2023 and effective October 1, 2023 shall be adhered to for all services provided October 1, 2023 and thereafter. This manual contains definitions, billing procedures, and information regarding services, billing codes, tiers, travel, and rates.

For billing information for any services provided to AzEIP eligible children birth to three who additionally become eligible for Division of Developmental Disabilities (DDD) Long Term Care (LTC), please refer to the ADES/DDD webpage for additional rates and billing information: https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers

The AzEIP I-TEAMS Help Desk, at AzEIPITEAMS@azdes.gov or (602) 279-8043, shall always be the first point of contact to assist in resolution of any data system related issues, including any issues that result in a billing error.

For detailed information on utilizing the ITEAMS Data system for all fiscal related data entry, please refer to the AzEIP I-TEAMS Manual: I-TEAMS Manual.

1.1   Service Authorization

The Initial Planning Process (IPP) service authorization is delineated in Chapter 5 of this document. The Individual Family Service Plan (IFSP) team is the authorizing body for determining the type, frequency, intensity, method, duration, and start and end dates for early intervention services identified as necessary to support the family and child to achieve the identified outcomes. Direct services provided to children and families but not documented in the child record and in the AzEIP data system in adherence with AzEIP Policies and Procedures, are not considered authorized and will not be reimbursed.

Apart from early intervention services authorized by the IFSP team, documented on the IFSP, and entered in the ADES/AzEIP data system, ADES/AzEIP has set forth maximum allowable units. (See Chapter 3-8 and Appendix D).

A request may be submitted for approval from ADES/AzEIP to bill beyond the maximum allowable units. Requests must be submitted to ADES/AzEIP with all appropriate documentation.

1.2   Documentation, Data Entry, and General Procedures

All defined early intervention services provided for child and family must be recorded in the ADES/AzEIP data system within ten (10) days of the event occurring. All data must be accurately and timely entered prior to submission of the invoice.. Delayed entries occurring after ten (10) days may be considered noncompliant.

All services must be documented in accordance with applicable State and Federal Laws, Licensing Regulations, AzEIP Policies and Procedures, DDD and ALTCS Billing Policies and Procedures and include all required information.

All invoices are subject to state and federal audits. In the event of an audit, the contractor shall provide books, records, evidence and other documents, including but not limited to Insurance Explanation of Benefits (EOB), Consent(s) to Bill Health Insurance, Evaluation Report(s), and

AHCCCS Member Service Request(s) relevant to services provided to authorized representatives of the State of Arizona and the federal government to inspect within the timeframe requested. Identified noncompliance may result in corrective actions including payment denials, withholding of funds, and/or recoupment of funds.

The contractor must maintain proof of hours worked (e.g., time sheets with dates and start and end time) by all staff billing services to ADES/AzEIP. Records must be made available upon request. All services must indicate the name, role, and credentials of the professional providing the service when invoicing.

All services must be billed by accurate unit increments, unless otherwise defined. Services must be billed in full 15-minute increments or .25 units. One (1) service unit is equivalent to 60 minutes.

Prior to delivering services to the child and family, the contractor shall confirm the child is correctly assigned in the data system. The contractor shall not provide any service for a child assigned to a different contractor. The contractor shall ensure all accurate team members are assigned to the child and provide services accordingly. Failure to ensure a child is assigned to the accurate contractor and team members will always result in a non-billable service.

The contractor shall ensure all entries made into the AzEIP data system are accurately entered into the correct child record. All entries made in the data system shall reflect what is documented in the hard copy of the child file and adhere to documentation requirements detailed in AzEIP Policies and Procedures. No entries should be made based on memory, assumptions, or as a placeholder for the to-be referenced paper document.

Services provided on or after a child turns three years old will not be reimbursed, unless compensatory services were awarded to the child and family because of a formal complaint.

All available funding sources must be identified, coordinated, and accessed in accordance with Individuals with Disabilities Act (IDEA) Part C and AzEIP Policies and Procedures, prior to billing the ADES/AzEIP. The contractor shall invoice in accordance with the federal regulation 34 CFR Subpart F and implement mechanisms to ensure the accuracy and reliability of fiscal data. Fiscal noncompliance must be corrected immediately when identified through, but not limited to, monitoring, post-payment reviews, or audits in accordance with requirements and repay funds to the ADES/AzEIP.

Books, records, evidence, and other documents must be securely stored and maintained in accordance with ADES record retention policy. Documents include but are not limited to Insurance Explanation of Benefits (EOB), Consent(s) to Bill Health Insurance, Evaluation Report(s), Arizona Health Care Cost Containment System (AHCCCS) Member Service Request Form(s), and any documentation relevant to services and billing.

1.3 Non-Billable Services

1.3.1 Exceptions

Whenever services are billed outside of the system parameters as defined in Chapters 5 - 8, they become 'non-billable' in the data system. If a service is deemed 'non-billable' and an exception is requested, required documentation must be submitted for review and approval by AzEIP fiscal staff. The contractor shall:

a. Ensure all line items indicated as 'non-billable' are reviewed internally by the contractor's billing staff. The review shall ensure accuracy and confirmation that all needed corrections are made prior to the final invoice.

b. Enter an exception request, in the AzEIP data system, for that service delivery and provide all necessary documentation for each non-billable service.

1.3.2 Offline Invoices

If the contractor encounters a situation when a service delivery occurred but is not an available service delivery option, an offline invoice may be submitted.

Additionally, there may be instances where data system limitations may require an offline invoice for certain services.

a. Ensure all line items being submitted offline are reviewed internally by the contractor's billing staff. The review shall ensure accuracy of the offline invoice.

b. Contact AzEIPInvoices@azdes.gov and provide all necessary documentation on each offline service item.

1.4 Timely Submission of Invoices

<u>Regular Monthly Invoice Submissions</u>
Invoices for services not billable to insurance, including services without parental consent to bill insurances or with an approved waiver, (Non-TPL) shall be submitted through the ADES/AzEIP data system. All services not considered TPL must be billed within six (6) months after the last day of the service month.

<u>Third Party Liability (TPL)/Insurance Invoice Submissions</u>
TPL (see for further details Chapter 2 – Third Party Liability Billing) invoices for services with parental consent to bill the private or public insurance shall be submitted after the provider has received an approval or denial from the insurance but no later than nine (9) months after the service month.

1.4.1 Overrides

At times it may be necessary to submit invoices after these deadlines have passed. Overrides must always be requested through AzEIPInvoices@azdes.gov and will be submitted by AzEIP personnel if approved.

1.4.2 Prior Fiscal Year Deadlines

Any requests for a prior fiscal year billing must be received by March 31 of the current year. This includes Exception Requests, Offline Invoices, Overrides and Reversals. Offline invoices are not considered to be submitted until documentation is received for each line

item. During this final submission period, all additional requested documentation must be submitted to AzEIP within 7 business days of request and prior to June 10. All invoices containing prior fiscal year lines related to exception requests and reversals must be submitted by June 15 to avoid possible delays in payment.

1.5 Payment Recoupment

Upon request from the ADES, the contractor shall reimburse ADES, or the ADES may deduct from future payments the following:

a. Any amounts received by the contractor from the ADES for services inaccurately reported or found to be unsubstantiated

b. Any amounts paid by the ADES for services also reimbursed by other specific grants, contracts, or payments

c. Any amounts expended for items or purposes determined unallowable by the ADES when the contract provides for the reimbursement of costs

d. Any amounts paid by the ADES for which the contractor's books, records, and other documents are not sufficient to clearly substantiate those amounts were used by the contractor to perform contract services

e. Any amounts received by the contractor from the ADES which are identified as a financial audit exception

f. Any amounts paid or reimbursed in excess of the contract or service reimbursement ceiling without ADES/AzEIP approval

g. Any payments made for services rendered before the contract begin date or after the contract termination date.

1.6 Correcting Reviewed Services

It might, at times, be necessary to update information for reviewed service deliveries. This information may be related to the service itself or to the associated TPL decision information.

1.6.1 Service Delivery Corrections
When the needed change does not impact the amount paid by AzEIP for the service provided, the correction can be made by the help desk, who will simply edit the service. Below is a list of examples of when this type of change might be needed.

- Change Team Member of same discipline rate
- Change date of service
- Change Service Catalog without setting change
- Change setting without rate change
- Change zip code without tier change

Requests must be submitted to ADES/AzEIP with all appropriate documentation via email to AzEIPITEAMS@azdes.gov or by phone at (602) 279-8043.

1.6.2 Reversals

When the correction will require an additional amount to be paid by AzEIP or a reimbursement to be made to AzEIP, a reversal is needed. The Reversal, as the name implies, will reverse the original service delivery completely, so that the previous payment is zeroed out.

After the service delivery has been invoiced and payment has been made for that invoice, the Reversal request can be entered in the AzEIP data system. Reversals, along with the documentation submitted, will be reviewed for approval. Once approved, the AzEIP data system will either create a new service delivery automatically or allow the new service delivery to be entered manually. Approved reversals will be available for submission as part of the invoice creation process.

CHAPTER 2 – THIRD PARTY BILLING/ USE OF PUBLIC OR PRIVATE INSURANCE

Early Intervention Programs (EIPs) must ensure all funding sources (private insurance, Medicaid/Arizona Healthcare Cost Containment System (AHCCCS) health plans, the Division of Developmental Disabilities (DDD), Arizona Long Term Care System (ALTCS) and Mercy Care Division of Child Safety Comprehensive Health Plan (DCS CHP) are accessed before Part C is used as a funding source for early intervention services. However, parents must be fully informed of any potential in-direct costs, related to the use of their insurance. They must provide consent prior to an agency or program attempting to access their private or public insurance. Each child's record must have a current, completed copy of the "Consent to Bill Insurance" form and in the ADES/AzEIP data system, before their private/public health insurance is accessed for payment of ADES/AzEIP services.

If the child is eligible for AHCCCS, the contractor or DDD Support Coordinator must follow the AzEIP/AHCCCS procedures. Adherence to these policies is required prior to requesting a waiver or reimbursement from AzEIP. Technical assistance documents can be accessed on the AzEIP website https://des.az.gov/services/developmental-disabilities/early-intervention/agencies/tools

If service authorizations requested through the AHCCCS Health Plan have not been approved or denied prior to the planned start date for the early intervention service on the IFSP, the service may be invoiced to ADES/AzEIP until the approval or denial from the health plan is received (see TPL waivers section). It is imperative that all information is submitted to AHCCCS timely for reimbursement, as well as any follow up documentation they request, for AzEIP to appropriately cover a potential period when AHCCCS has not yet decided on service authorizations. Once approval is obtained, the costs <u>must</u> shift to the AHCCCS Health Plan (subject to post-payment review).

2.1 Billing for TPL reimbursable services

a. The contractor shall always enter the full and true amount received by the insurance in the AzEIP data system.

b. The contractor must bill the insurance companies in order of most applicable (see section 2.5 Coordination of Benefits) and provide all necessary documentation to the insurance companies for approval of the service.

c. When billing insurance, the contractor should adhere to all billing requirements of the specific companies including obtaining prior authorization, use of the proper forms, and timeliness of claim submission.

d. If an insurance company denies coverage for an early intervention service for an approved reason, the contractor may seek funding from the next available funding source.
   - The service is deemed "Not Medically Necessary"
   - The service is not covered under the family's insurance plan
   - The service is not covered for the child's specific diagnosis
   - Service is not covered for providers who are "out of network" or "not authorized" (private insurance only)
   - Prior authorization from the insurance company is required and could not be obtained.

e. If the private insurance company reimburses the contractor less than the ADES/AzEIP contracted rate for a service, the contractor may bill ADES/AzEIP the difference between

the ADES/AzEIP contracted rate and the insurance payment.

f. If the public insurance payment is less than the ADES/AzEIP contracted rate, the contractor must accept the public insurance payment as payment in full.

g. All required TPL information and documentation must be recorded in the child's record in the ADES/AzEIP data system.

h. Upon request, the contractor shall present the documentation to ADES/AzEIP at any time within the retention period, as described in Chapter 7 of AzEIP Procedure Manual.

2.1.1 ALTCS Eligible Children

a. Families must provide consent to bill insurance prior to an agency or program attempting to access their health insurance to fund early intervention services, including children that are determined eligible for ALTCS.

b. AzEIP TBEIS contractors must work with ADES/DDD at TPLBenefits@azdes.gov when billing TPL for ALTCS eligible children.

c. AzEIP providers must follow DDD Third Party Liability Guidelines for further billing instructions.
    https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current

2.2 TPL Waiver Requests

a. The contractor may request a TPL Waiver if a service is not covered through the insurance company. After approval by ADES/AzEIP, the contractor can submit TPL eligible services directly to ADES/AzEIP without submitting the claim to the insurance company.

b. Waivers are requested and approved for a specific child and discipline / service type for a specific time period.

c. The contractor shall submit the waiver request through the Insurance/TPL Waiver page of the AzEIP data system for the appropriate service type and health plan. Proper and complete documentation must be submitted for review. Waivers can be approved for most of the approved denial reasons listed in 2.1.

d. The length of the waiver will be determined based on the provided documentation and should coincide with the applicable insurance consent dates.

    o Waiver start date should be after all services that were billed to the health plan. Any services billed to the health plan and denied need to be entered on the Third Party Liability page as denied and billed on a TPL Invoice.

    o Waiver start dates cannot be more than 90 days prior to the date the request is received.

    o For private insurance waivers, the Waiver End Date cannot be more than 1 year past the date of the EOB.

e. TPL Waiver Requests must be resubmitted after expiration.

f. TPL Waivers must also be resubmitted when the corresponding CBI form data on the Insurance Page is updated and the Consent End Date is passed.

g. If the family has a deductible, the contractor must continue to bill the private insurance for the service and bill ADES/AzEIP after each denial until the deductible is met. Waivers are not granted in this circumstance.

h. If prior authorization is received from AHCCCS or private insurance after services begin, documentation indicating the authorization start date can be used to obtain a waiver that is end dated just prior to the authorization start date. If a timely response from the health plan is not received, reach out to the AzEIP fiscal team to determine the appropriate length of the short-term waiver. Documentation showing that the authorization has been requested would still be required.

2.3 Health Savings Account (HSA) / Health Reimbursement Account (HRA)

a. Refer to AzEIP Policy Manual, Chapter 5, which states there will be no out-of-pocket costs to families for early intervention services.

b. Families must be fully informed of any potential costs when consenting to use their High Deductible Health Plan (HDHP) with an HRA or HSA to fund their early intervention services.

c. When a family with HDHP with an HRA or HSA makes an informed decision to consent to bill their insurance, refer to the below table for guidance regarding when to send the child to DDD for eligibility determination. The contractor is encouraged to contact the AzEIP office for further guidance and support on how to proceed with billing.

HDHP Decision	H.S.A. Decision	Send to DDD to Determine Eligibility
Yes	Yes	Yes
Yes	No	Yes
No	Yes	No
No	No	No

HDHP Decision	H.R.A Decision	Send to DDD to Determine Eligibility
Yes	Yes	Yes
Yes	No	No
No	Yes	No
No	No	No

2.4 TPL Invoice Submissions

The contractor shall enter all services, including services billed to TPL, in the data system within ten (10) days of the activity. Delayed service delivery entries occurring after ten (10) days may be considered noncompliant.

If the provided service is a TPL eligible service and the parent has provided consent to bill the responsible person/child's insurance, the contractor must wait until the insurance claim is paid or denied before submitting the invoice to ADES/AzEIP. These services must be billed to

ADES/AzEIP within nine (9) months of the service month.

In the event an insurance company has not responded to the contractor within nine (9) months for a pending claim, the contractor shall submit an invoice to ADES/AzEIP to meet the nine (9) month deadline. The invoice must detail each service, by child and date, for which an insurance claim is pending. After the contractor receives an insurance payment, the contractor must submit a reversal, in the AzEIP data system, to reimburse ADES/AzEIP for the payments made.

2.5 Coordination of Benefits

The contractor shall obtain a separate consent for each insurance covering a child. The contractor must ensure private insurance is billed prior to billing public insurance for all applicable early intervention services. AHCCCS is the payor of last resort unless specifically prohibited by applicable State or Federal law, such as in the case of AzEIP and IDEA Part C. AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted but prior to billing AzEIP for these services.

The contractor shall take reasonable measures to identify potentially legally liable third-party sources. The contractor's coordination of benefits must not result in the delay of the provision of IDEA Part C services, nor result in inappropriate use of Medicaid funding when services are payable by a liable third-party.

The contractor shall coordinate benefits in accordance with 42 CFR 433.135 et seq., A.R.S. §36- 2903, and A.A.C. Title 9, Chapter 28, Article 9 so costs for services otherwise payable by the contractor are cost avoided or recovered from a liable third party [42 CFR 434.6(a)(9)]. The term "State" shall be interpreted to mean "Contractor" for purposes of complying with the Federal regulations referenced above. The contractor must require subcontractors be responsible for coordination of benefits for services provided pursuant to the contract. The two methods used for coordination of benefits are Cost Avoidance and Post-Payment Recovery. The Contractor shall use these methods as described in A.A.C. Title 9, Chapter 28, Article 9, Federal and State law, and ACOM Policy 434.

The contractor must follow AzEIP's System of Payments as further described in the AzEIP Policy Manual in Section 5.2. The contractor must utilize public insurance, such as Medicaid's Title XIX, including Arizona Long Term Care System (ALTCS) and Early Periodic Screening Diagnosis and Treatment (EPSDT), to the maximum extent possible, and ensure appropriate coordination of these payment sources for services.

CHAPTER 3 – DISCIPLINE-SPECIFIC

Services must be provided by qualified personnel in accordance with the ADES/AzEIP policy and procedures and appropriate state licensure requirements. All early intervention professionals must complete their profile in the ADES/AzEIP data system prior to billing.

3.1 Core Team

Definition	See Appendix A
Service Unit	1 hour, billable in 15-minute increments
Service Setting	Home, Community, Other
Discipline	OT, PT, SLP, DSI, Psych, SW
Service Limitation	12 hours per day, per team member across multiple children. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	The service shall be entered by choosing the appropriate service type from the available list according to the discipline. All required fields on that page must be completed.

Administrative activities are not billable to ADES/AzEIP but are included in the billing rate calculations.

Examples of non-billable activities that are not reimbursable by ADES/AzEIP include, but are not limited to:

- Travel
- No shows
- Unsuccessful contact attempts
- Administrative duties
- Scanning paperwork
- Interoffice communications
- Internal audit procedures
- Broad communications to families
- Texting

3.2 Service Coordination – Dedicated

Definition	A dedicated service coordinator (SC) is an early intervention professional who solely provides service coordination to the family and does not have any other role on the team. This individual cannot act as Team Lead.
Service Unit	1 hour, billable in 15-minute increments

Service Setting	Home, Community
Discipline(s)	SC
Service Limitation	12 hours per day, per SC. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child Record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	Billable service coordination activities are identified in the contract and include:

- coordinating evaluations and assessments to determine initial and on-going eligibility
- participating in the development of the initial IFSP
- facilitating annual Individualized Family Service Plans and other periodic reviews
- assisting families identify and access available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate (see Appendix C)

For service coordination activities that are billable but below the 15-minute allotted billing increment, SCs must ensure they log all activities on their service coordination logs, including time spent, and only bill once they reach a 15-minute increment for a single child record. Billable activities include, but are not limited to:

- coordination of services
- coordinating evaluations and assessments to determine initial and on-going eligibility
- assisting families identify and access available agency and community supports and services
- facilitating meetings and reviews
- communication with families
- sending emails

Payment for Service Coordination travel is built into the Service Coordination rate. All activities, including travel, must be recorded in the Service Coordination log.

Administrative duties such as scanning and uploading paperwork, internal audit procedures, and broad communication to families are not billable service coordination activities.

3.3 Service Coordination – Dual Role

Definition	A dual role service coordinator is an early intervention professional who is chosen as the Team Lead for the child and serves as the family's service coordinator.
Service Unit	1 hour, billable in 15-minute increments
Service Setting	Home, Community

Discipline(s)	SC-OT, SC-PT, SC-SLP, SC-DSI
Service Limitation	12 hours per day, per service coordinator dual role. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child Record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	Billable service coordination activities are identified in the contract and include:

- coordinating evaluations and assessments to determine initial and on-going eligibility
- participating in the development of the initial IFSP
- facilitating annual IFSP and other periodic reviews
- assisting families identify and access available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate (see Appendix C).

Dual Role Service Coordination is reimbursed at the core team discipline specific rate.

For service coordination activities that are billable but below the 15-minute allotted billing increment, service coordinators must ensure they log all activities on their service coordination logs, including time spent, and only bill once they reach a 15-minute increment for a single child record. Examples of billable activities include, but are not limited to:

- coordination of services
- coordinating evaluations and assessments to determine initial and on-going eligibility
- assisting families identify and accessing available agency and community supports and services
- facilitating meetings and reviews
- leaving voice messages
- sending emails

Payment for Dual Role Service Coordination is billed at the discipline specific rate.

CHAPTER 4 – SERVICE SETTING

Early intervention services must, to the maximum extent possible, be provided in settings and at times convenient to families. Natural environments are those settings that are natural or typical for a same-aged child without a disability and may include the home or community settings, such as the park, restaurant, or a childcare provider.

4.1 Natural Rate

Definition	Settings that are natural or normal for the child's age peers who have no disabilities.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Home, Community
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, SC
Documentation	Child Record, IFSP, and ADES/AzEIP data system.
Rules	See Appendix C

4.2 Clinical Rate

Definition	Service provided in a non-natural environment.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Other
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, SC
Documentation	Child Record, IFSP (including justification if applicable), and ADES/AzEIP data system.
Rules	See Appendix C

4.3 Telehealth Rate

Definition	Service provided utilizing an alternative service delivery method while the family is in a natural environment and the provider is not present in that environment.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Alternative
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, SC
Documentation	Child Record, IFSP (including justification if applicable), and ADES/AzEIP data system.
Rules	See Appendix C

CHAPTER 5 – INITIAL PLANNING PROCESS

The contractor shall invoice the actual and <u>true number</u> of units used for provided services, but no more than the <u>maximum</u> units identified below, per child, during each initial planning process (IPP) function. The below activities outline unit utilization for potential functions during the initial planning process. Since not every function is implemented with each referral, not all units will be billed for each child. Additional units may be authorized with approval from ADES/AzEIP as requested on an individual basis.

5.1 Service Coordination Non-Direct

Activity Description	Process referral and coordinate initial visit with family, coordinate with the ADES/AzEIP service providing agency (ASDB, DDD) to determine if eligible, provide resources.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	N/A
Service Delivery	Service Coordination Non-Direct
Multiple Children	Yes
Service Setting	Other
TPL Service	No
Maximum units	4 units
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	This service is considered service coordination non-direct, as no face-to-face contact is made with the child and family. Every child determined AzEIP eligible with a consent to share Personally Identifiable Information (PII) or bill insurance will be sent to DDD to determine eligibility. When a child has records with evidence of hearing differences or vision loss the records should be sent to ASDB for eligibility determination, if not already ASDB eligible.

5.2 Initial Home Visit – No Screening

Activity Description	Initial home visit with the child and family to provide information about early intervention, including but not limited to family rights, financial matters, and, as appropriate, obtaining consents. This visit may include an Otoacoustic Emissions (OAE) hearing screening, completion of health, child and family screenings, and the completion of the AzEIP Hearing Screening Tracking Form and the Vision Screening Checklist. However, no developmental screening utilizing an AzEIP approved screening tool was conducted.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	No

Service Delivery	Initial Visit – No Screening
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	No
Maximum units	2 units
Documentation	ADES/AzEIP data system, contact log, initial visit documents.
Rules	Service delivery must be entered as direct service units according to discipline.

5.3 Initial Home Visit – Screening

Activity Description	Initial home visit with the child and family to provide information about early intervention, including but not limited to family rights, financial matters, and obtaining all appropriate consents. This visit may include an Otoacoustic Emissions (OAE) hearing screening, completion of health and developmental screenings, and the completion of the AzEIP Hearing Screening Tracking Form and the Vision Screening Checklist. Additionally, all screenings must be provided utilizing an AzEIP approved tool.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	No
Service Delivery	Initial Visit – Screening
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	No
Maximum units	2 units
Documentation	ADES/AzEIP data system, contact log, initial visit documents, consent to screen, screening documents.
Rules	Service delivery must be entered as direct service units according to discipline.

5.4 Record Review – Initial Eligibility

Activity Description	Review of medical records for ADES/AzEIP eligibility based on established condition, or recent, appropriate evaluation(s).
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A

Service Delivery	Record Review
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	1 Discipline; 1 Unit
Documentation	ADES/AzEIP data system, contact log, medical records reviewed, Prior Written Notice stating eligibility based on records.
Rules	Record review must be completed by an appropriate professional with expertise. For example, a speech evaluation must be reviewed by a Speech Language Pathologist. Cannot be billed if an evaluation has been completed within the IPP.

5.5 Evaluation – Initial Eligibility

Activity Description	Completion of multidisciplinary evaluation utilizing an AzEIP approved tool to determine ADES/AzEIP eligibility. This includes the full completion of the Developmental Evaluation Report, using the ADES/AzEIP Developmental Evaluation Report template.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Evaluation
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	OT, PT, SLP
Maximum units	Not dependent on the duration of an evaluation. Refer to Appendix C.
Documentation	ADES/AzEIP data system, Contact Log, Developmental Evaluation Report, Prior Written Notice.
Rules	Evaluation includes report writing and must be completed by two different disciplines, not including a dedicated service coordinator. Cannot be billed if record review has been billed within the IPP.

5.6 Child and Family Assessment – Initial after Record Review

Activity Description	Completion of a Child and Family Assessment by at least two professionals representing core team disciplines and a dedicated service coordinator, when SC is not dual role, after determining eligibility based on record review.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW

IFSP Service	N/A
Service Delivery	Child and Family Assessment - Initial
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	SC: 2 Units; Non-SC Disciplines: 2 Units per discipline
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities, and concerns as well as the child's present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

5.7 Child and Family Assessment – Initial after Evaluation

Activity Description	Completion of a Child and Family Assessment by at least two professionals representing core team disciplines including one who participated in the eligibility determination, and a dedicated service coordinator, when SC is not dual role, after determining eligibility based on evaluation.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW
IFSP Service	N/A
Service Delivery	Child and Family Assessment - Initial
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	SC: 2 Units; Non-SC Disciplines: 1 Unit per discipline
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP.
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities, and concerns as well as present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

5.8 Individualized Family Service Plan – Initial

Activity Description	The initial IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW
IFSP Service	N/A
Service Delivery	IFSP Initial Meeting
Multiple Children	Yes
Service Setting	Home, Community, Alternative
Maximum units	SC: 1.5 Units; Non-SC Disciplines: 1.5 Units per discipline
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC.

5.9 Individualized Family Service Plan – Interim

Activity Description	The interim IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) who will be involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	IFSP Interim Meeting
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	SC: 1.5 units, Non-SC Disciplines: 1.5 Units per discipline
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC. See AzEIP Policies and Procedures for further details.

CHAPTER 6 – ONGOING SERVICES

The contractor shall invoice the actual and <u>true number</u> of units used for provided services, but no more than the <u>maximum</u> units identified in this manual. The following activities outline unit utilization for potential services after the IPP. Since not every function is implemented with each referral, not all units will be billed for each child. Additional units may be authorized with approval from ADES/AzEIP as requested on an individual basis. For additional units refer to 1.1 Service Authorization. Each service type has a maximum unit limit defined below and in Appendix D. Services provided by ASDB do not apply toward the maximum units set forth below. Additionally, there is a total maximum of 15 allowable units, which is limited per child per day across all team members.

Child and Family Assessments and IFSP Meetings

6.1 Child and Family Assessment – Other or Annual

Activity Description	Completion of a Child and Family Assessment by dedicated service coordinator when SC is not dual role and all current IFSP team members.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Registered Dietician, Physician, Nurse
IFSP Service	N/A
Service Delivery	Child and Family Assessment Other, Child and Family Assessment Annual
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	SC: 2 units; Non-SC Disciplines: 1 Units per discipline
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities, and concerns as well as present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

6.2 Individualized Family Service Plan – Addendum and Annual

Activity Description	The addendum and annual IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of all current IFSP team members.

Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	IFSP Addendum Meeting, IFSP Annual Meeting
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	SC: 1.5 Units; Non-SC Disciplines: 1.5 Units per discipline
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member and SC.

Direct IFSP Services

6.3 Team Lead

Activity Description	A direct visit with the child and family that directly assists the family to achieve their IFSP outcomes. Only one discipline can be assigned as the team lead and is the only discipline who can bill for a Team Lead service delivery.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Speech Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Transportation Services, Vision Services
Service Delivery	Team Lead
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	Used only by the TL who has been identified on the IFSP, for an IFSP direct service provided to the child and family.

6.4 Joint Visit

Activity Description	A direct visit with the child and family and TL that directly assists the family to achieve their IFSP outcomes. See IFSP Service for joint visit activities.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Registered Dietician, Physician, Nurse
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services
Service Delivery	Joint Visit
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one core team member and the TL.

6.5 Non-Team Lead

Activity Description	A direct visit with the child and family that directly assists the family to achieve their IFSP outcomes, without the TL, when it is appropriate for a separate visit.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Registered Dietician, Physician, Nurse
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services
Service Delivery	Non-Team Lead
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	OT, PT, SLP

Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one core team member. Used when the TL is not present at the visit. This does not include scheduling conflicts.

6.6   Service Coordination

Activity Description	A direct service coordination activity in which face-to-face contact was made with the child and family.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	Yes
Service Delivery	Service Coordination
Multiple Children	Yes
Service Setting	Home, Community, Alternative**,** Other
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	For additional information refer to Chapter 3. Note that when Service Coordination activities are provided in-between IFSPs (also known as IFSP gap), a maximum of 1 unit is allowed and is not considered an IFSP service.

Non-Direct Services

6.7 Team Lead – Non-Direct

Activity Description	Non-direct service provided to the child and family that directly assists the family in achieving their IFSP outcomes.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Team Lead – Non-Direct
Multiple Children	No
Service Setting	Other
TPL Service	No

Maximum units	3 Units within calendar quarter
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	Used by the TL for any non-direct service provided to the child and family. Synthesizing progress on IFSP across all IFSP team members resulting in a single quarterly report. Communication with health care, childcare, or educational providers with whom the family is involved, for the purpose of sharing information to support the child/family or gathering information that will be used to inform the IFSP team. Ordering Assistive Technology equipment or other devices to assist the family in achieving an outcome.

6.8   Service Coordination Non-Direct

Activity Description	A non-direct service coordination activity in which no face-to-face contact was made with the child and family.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	N/A
Service Delivery	Service Coordination Non-Direct
Multiple Children	Yes
Service Setting	Other
TPL Service	No IFSP
Maximum units	'Actual' amount of service coordination non-direct time
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	Activities include:

- coordinating the process of evaluations and assessments to redetermine eligibility
- assisting families identify and access available agency and community supports and services. This may include identifying non-contractor services per the IFSP
- facilitating the development of a transition plan for preschool services, if appropriate. This may include contacting and coordinating with programs that the family may be interested in when the child turns three years old
- For additional information refer to AzEIP Policies and Procedures, Chapter 3.

Other Meetings

6.9 Transition Conference

Activity Description	The Transition Conference shall be billed by all disciplines attending a Transition Conference. Please refer to AzEIP Policies and Procedures regarding detailed information for Transition Conferences.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Transition Conference
Multiple Children	Yes
Service Setting	Home, Community, Alternative, Other
TPL Service	No
Maximum units	4 units per discipline per referral
Documentation	ADES/AzEIP data system, Contact Log, Transition Conference Summary, IFSP
Rules	At minimum, the SC

6.10 Meeting

Activity Description	A meeting attended by at least one member of the child's team and facilitated by a person or organization outside of the AzEIP Service Providing Agency.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Nurse, Physician, Registered Dietician
IFSP Service	N/A
Service Delivery	Meeting
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	1.5 units
Documentation	ADE ADES/AzEIP data system, Contact Log, Meeting documentation (Individualized Education Plan (IEP), etc.)

Rules	Service Delivery item is not to be used to bill for any AzEIP required meetings. This item is intended to bill for meetings with outside agencies or individuals in support of the family. Examples include doctor visits, DCS Meetings, and meetings with a school or district other than Transition Conferences. Not billable during IPP.

Eligibility Determination

6.11   Record Review – Eligibility Redetermination

Activity Description	Review of medical records to determine if ADES/AzEIP eligibility can be redetermined based on an established condition, or recent, appropriate evaluation(s).
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Record Review
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	1 Discipline; 1 Unit
Documentation	ADES/AzEIP data system, contact log, medical records reviewed, Prior Written Notice stating eligibility based on records.
Rules	Record review must be completed by an appropriate professional with expertise. For example, a speech evaluation must be reviewed by a Speech Language Pathologist. Cannot be billed if an evaluation has been completed to redetermine eligibility.

6.12   Evaluation – Eligibility Redetermination

Activity Description	Completion of multidisciplinary evaluation utilizing an AzEIP approved tool to redetermine ADES/AzEIP eligibility. The multidisciplinary team writes the evaluation report, using the ADES/AzEIP Developmental Evaluation Report template.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Evaluation

Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	OT, PT, SLP
Maximum units	Not dependent on the duration of an evaluation. Refer to Appendix C.
Documentation	ADES/AzEIP data system, Developmental Evaluation Report, Contact Log, Prior Written Notice
Rules	Evaluation ***must*** be completed by ***two*** different disciplines, not including a dedicated service coordinator. Cannot be billed if a record review service has been billed prior to an evaluation being completed. The Evaluation Report is not billed separately and must be completed by the disciplines who conducted the evaluation.

Other Services

6.13   Assistive Technology (AT) Assessment

Activity Description	Completion of a child assessment by a qualified professional, in coordination with the Team Lead, to identify assistive technology needs.
Discipline(s)	OT, PT, SLP, DSI, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist
IFSP Service	Assistive Technology Services
Service Delivery	Assistive Technology Assessment
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	No
Maximum units	2 Disciplines; 2 Units each
Documentation	ADES/AzEIP data system, Contact Log, IFSP, any applicable assessment report.
Rules	At minimum, one IFSP team member.

6.14   Assistive Technology (AT) Service

Activity Description	A direct visit with the child and family that directly assists in the selection, acquisition, or use of an assistive technology device.
Discipline(s)	OT, PT, SLP, DSI, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist

IFSP Service	Assistive Technology Services
Service Delivery	Assistive Technology Services
Multiple Children	Yes
Service Setting	Home, Community, Alternative
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member.

6.15 Other Early Intervention Services

Activity Description	A service provided with the child and family that directly assists the family to achieve their IFSP outcomes and does not meet any other ongoing service type.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Nurse, Physician, Registered Dietician
IFSP Service	Other EI Services
Service Delivery	Other Service
Multiple Children	No
Service Setting	Home, Community, Alternative
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.16 Health Services

Activity Description	A service provided with the child and family that directly assists the family to achieve their IFSP outcomes.
Discipline(s)	Physician, Nurse
IFSP Service	Health Services
Service Delivery	Health Services, JV, NTL
Multiple Children	Yes

Service Setting   Home, Community, Alternative

TPL Service   No

Maximum units   Defined in IFSP

Documentation   ADES/AzEIP Data system, Contact Log, IFSP

Rules   At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.17 Medical Service

Activity Description   A service provided with the child and family that directly assists the family to achieve their IFSP outcomes.

Discipline(s)   Physician IFSP Service Medical Services

IFSP Service   Yes

Service Delivery   Medical Services, JV, NTL

Multiple Children   Yes

Service Setting   Home, Community, Alternative

TPL Service   No

Maximum units   Defined in IFSP

Documentation   ADES/AzEIP Data system, Contact Log, IFSP

Rules   At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

CHAPTER 7 - Team Conferencing

7.1 Team Conferencing (also referred to as Team Meeting)

Activity Description	A collaborative weekly meeting which includes all core team members, and other service providing agencies, as appropriate, to discuss the progress in the children who are assigned to the early intervention program.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Team Conferencing
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	Up to 7 Disciplines; 0.75 Units each per calendar quarter
Documentation	ADES/AzEIP data system, quarterly progress report, team meeting agenda.
Rules	At least two disciplines must be present to invoice.

CHAPTER 8 – Data Entry

8.1 Data Entry

Activity Description	Child-specific data entry into the ADES/AzEIP data system.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, or designated data entry specialist
IFSP Service	N/A
Service Delivery	Data Entry
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
Maximum units	.25 units per child per calendar quarter
Documentation	ADES/AzEIP data system
Rules	Data entry cannot be used for billing activities, such as creating invoices or billing insurance. Data entry must be for child-specific data by the defined disciplines above. Contractors must ensure data entry billing is individualized for each child record and not billed on behalf of all child records at a given time.

Appendix "A" – Definitions

1. <u>Arizona State Schools for the Deaf and the Blind (ASDB)</u> – an AzEIP service providing agency that serves infants and toddlers, from birth to three (3) years of age who have a significant auditory or visual impairment. ASDB will provide the vision and/or hearing specialist on early intervention teams under the AzEIP TBEIS contracts.

2. <u>Child and Family Assessment</u> – to identify family's priorities, resources, and interests, and present levels of development of the initial Individualized Family Service Plan (IFSP).

3. <u>Contractor</u> – the organization contracted with ADES/AzEIP to provide team-based early intervention services.

4. <u>Coordination of Benefits</u>- the activities involved in determining medical coverage benefits, including Medicaid, when a child has coverage through an individual, entity, insurance, or program that is liable to pay for health care services prior to seeking payment from the AzEIP.

5. <u>Core Team</u> – the team of Early Intervention Professionals who support and provide early interventions services to children and their families who are referred to and eligible for AzEIP.

6. <u>Data System</u> – any ADES electronic data system that contractors will be required to use to collect and report data to AzEIP.

7. <u>Day</u> -
   a. Day means calendar day unless otherwise indicated as business day.
   b. Business day means Monday through Friday, except for Federal and State holidays (unless holidays are specifically included in the designation of business day, as in § 300.148(d)(1)(ii)).

8. <u>Division of Developmental Disabilities (DDD)</u> – an AzEIP service providing agency and division in the ADES that serves infants and toddlers who are eligible under A.R.S. §36-551(17).

9. <u>Early Intervention Services</u> – developmental services identified in IDEA, Part C, C.F.R. Section 303.13 (b).

10. <u>Explanation of Benefits (EOB)</u> - a document that states the third party insurance company's potential liability for a claim that arises out of a contract of insurance. An EOB indicates how the payment was calculated and any reasons for non-payment.

11. <u>Evaluation</u> – the procedures used by qualified personnel to determine a child's initial and continuing eligibility for ADES/AzEIP.

12. <u>Individualized Family Service Plan (IFSP)</u> – a collaboratively written plan by early intervention professionals and the family that identifies the agreed upon early intervention services for an AzEIP eligible infant or toddler and their family.

13. <u>IFSP Gap</u> – the timeframe in which there is at least 1 day between IFSP end date and the new IFSP date (i.e. IFSP end date is 7/1/19 and new IFSP date is 8/1/19, the gap would be 7/2/19 – 7/31/19)

14. <u>IFSP Meeting</u> – a meeting convened by a Service Coordinator to develop an initial, annual, or periodic review of the IFSP as outlined in AzEIP Policy and Procedures.

15. <u>IFSP Team</u> – the following group of individuals who must participate in each initial, periodic, and annual IFSP meeting:

    a. IDEA Parent(s)

    b. other family members, if requested by the parent(s)

    c. an advocate or any other person outside of the family, if requested by the parent(s)

    d. the designated AzEIP or DDD service coordinator

    e. the person(s) directly involved in conducting the assessment/evaluations

    f. person(s) who will be providing services, if appropriate.

16. <u>Initial Planning Process (IPP)</u> – the events and activities that must be completed within forty-five (45) days of receiving a referral, including eligibility determination and development of the IFSP.

17. <u>Joint Visit (JV)</u> – a direct service provided by an early intervention professional who visits a family with the Team Lead and uses coaching practices to support achievement of the outcomes identified on the IFSP.

18. <u>Non-Direct</u> –the designated Team Lead (OT, PT, SLP, DSI, PSYCH, SW) and the Service Coordinator are the only professionals who can bill for time working on behalf of the family, and not in direct contact with the family. Core team members who are not the designated Team Lead for a family, or the designated Service Coordinator may not bill for non-direct time.

19. <u>Non-Team Lead (NTL)</u> – as a short term IFSP methodology, NTL is used when a team member meets alone with a family without the Team Lead.

20. <u>Service Coordinator (SC)</u> – the early intervention professional who supports the family to ensure services are provided as written on the IFSP. Every child is assigned either a dedicated or dual role service coordinator.

    a. Dedicated SC: the service coordinator solely provides service coordination to the family and does not have any other role on the team and cannot act as Team Lead.

    b. Dual Role SC: the early intervention professional (OT, PT, SLP, DSI) who is chosen as the Team Lead for the child and serves as the family's service coordinator.

21. <u>State Fiscal Year</u> - Arizona's fiscal year is from July 1 through June 30 with the number of the fiscal year being the second year in the range. The ADOA/GAO allows payments for services occuring during any given fiscal year to be processed during that current year and one subsequent fiscal year.

22. <u>System of Payments</u> – Arizona's system of payments for early intervention services includes public benefits or insurance or private insurance. It does not include family fees, sliding fees or the use of IDEA, Part B funds. Arizona does not receive funds from a responsible person under the system of payments established under C.F.R § 303.520€ (1)-(3) and therefore is not included in AzEIP's fiscal policies.

23. <u>Team Lead</u> – the primary core team member who acts as the liaison between the family and the IFSP team for the provision of TBEIS.

24. <u>Third Party Liability</u> - the resources available from a person or entity that is, or may be, by agreement, circumstance or otherwise, liable to pay all or part of the medical expenses incurred by a family.

25. <u>Waivers</u> – allows for payment of early intervention services that are denied by the health plan or insurance company.

Appendix "B" – Zip Codes/ Tier Table

Each ZIP code is assigned one of four tier designations and each tier designation is assigned a rate by discipline or group of disciplines and service setting.

Zip Code	Tier	County	Region
85001	Base	Maricopa	R04b
85002	Base	Maricopa	R04b
85003	Base	Maricopa	R04b
85004	Base	Maricopa	R04b
85005	Base	Maricopa	R04b
85006	Base	Maricopa	R04b
85007	Base	Maricopa	R04b
85008	Base	Maricopa	R05
85009	Base	Maricopa	R04b
85010	Base	Maricopa	R05
85011	Base	Maricopa	R04a
85012	Base	Maricopa	R04a
85013	Base	Maricopa	R04a
85014	Base	Maricopa	R04a
85015	Base	Maricopa	R04a
85016	Base	Maricopa	R05
85017	Base	Maricopa	R04a
85018	Base	Maricopa	R05
85019	Base	Maricopa	R04a
85020	Base	Maricopa	R04a
85021	Base	Maricopa	R04a
85022	Base	Maricopa	R02
85023	Base	Maricopa	R02
85024	Base	Maricopa	R02
85025	Base	Maricopa	R05
85026	Base	Maricopa	R04b
85027	Base	Maricopa	R02
85028	Base	Maricopa	R05
85029	Base	Maricopa	R04a
85030	Base	Maricopa	R04b
85031	Base	Maricopa	R03
85032	Base	Maricopa	R02
85033	Base	Maricopa	R03
85034	Base	Maricopa	R04b
85035	Base	Maricopa	R06

Zip Code	Tier	County	Region
85036	Base	Maricopa	R04b
85037	Base	Maricopa	R06
85038	Base	Maricopa	R05
85039	Base	Maricopa	R04b
85040	Base	Maricopa	R04b
85041	Base	Maricopa	R04b
85042	Base	Maricopa	R04b
85043	Base	Maricopa	R06
85044	Base	Maricopa	R07
85045	Base	Maricopa	R07
85046	Base	Maricopa	R02
85048	Base	Maricopa	R07
85050	Base	Maricopa	R02
85051	Base	Maricopa	R04a
85053	Base	Maricopa	R02
85054	Base	Maricopa	R02
85060	Base	Maricopa	R05
85061	Base	Maricopa	R04a
85062	Base	Maricopa	R05
85063	Base	Maricopa	R03
85064	Base	Maricopa	R05
85065	Base	Maricopa	R04b
85066	Base	Maricopa	R04b
85067	Base	Maricopa	R04a
85068	Base	Maricopa	R04a
85069	Base	Maricopa	R04a
85070	Base	Maricopa	R07
85071	Base	Maricopa	R04a
85072	Base	Maricopa	R05
85073	Base	Maricopa	R04b
85074	Base	Maricopa	R04b
85075	Base	Maricopa	R03
85076	Base	Maricopa	R07
85078	Base	Maricopa	R02
85079	Base	Maricopa	R04a

Zip Code	Tier	County	Region
85080	Base	Maricopa	R02
85082	Base	Maricopa	R04b
85083	Base	Maricopa	R02
85085	Base	Maricopa	R02
85086	Base	Maricopa	R02
85087	1	Maricopa	R02
85097	Base	Maricopa	R06
85098	Base	Maricopa	R04b
85117	1	Pinal	R09
85118	1	Pinal	R09
85119	1	Pinal	R09
85120	1	Pinal, Maricopa	R09
85121	2	Pinal	R08
85122	2	Pinal	R08
85123	2	Pinal	R08
85127	1	Maricopa	R09
85128	2	Pinal	R08
85130	2	Pinal	R08
85131	2	Pinal	R08
85132	2	Pinal	R08
85135	3	Gila	R09
85137	2	Pinal	R09
85138	2	Pinal	R08
85139	2	Pinal, Maricopa	R08
85140	1	Pinal	R09
85141	2	Pinal	R08
85142	1	Pinal, Maricopa	R09
85143	1	Pinal	R09
85145	1	Pinal	R11
85147	2	Pinal	R08
85172	2	Pinal	R08
85173	3	Pinal	R09
85178	1	Pinal	R09
85190	1	Maricopa	R09
85191	2	Pinal	R08

Zip Code	Tier	County	Region
85192	3	Gila, Pinal	R09
85193	2	Pinal	R08
85194	2	Pinal	R08
85201	Base	Maricopa	R05
85202	Base	Maricopa	R05
85203	Base	Maricopa	R07
85204	Base	Maricopa	R07
85205	Base	Maricopa	R09
85206	Base	Maricopa	R09
85207	Base	Maricopa	R09
85208	Base	Maricopa	R09
85209	Base	Maricopa	R09
85210	Base	Maricopa	R07
85211	Base	Maricopa	R05
85212	Base	Maricopa	R09
85213	Base	Maricopa	R07
85214	Base	Maricopa	R07
85215	Base	Maricopa	R09
85216	Base	Maricopa	R09
85224	Base	Maricopa	R07
85225	Base	Maricopa	R07
85226	Base	Maricopa	R07
85233	Base	Maricopa	R07
85234	Base	Maricopa	R07
85236	Base	Maricopa	R07
85244	Base	Maricopa	R07
85246	Base	Maricopa	R07
85248	Base	Pinal, Maricopa	R08
85249	Base	Maricopa	R08
85250	Base	Maricopa	R05
85251	Base	Maricopa	R05
85252	Base	Maricopa	R05
85253	Base	Maricopa	R05
85254	Base	Maricopa	R02
85255	Base	Maricopa	R02

Zip Code	Tier	County	Region
85256	Base	Maricopa	R05
85257	Base	Maricopa	R05
85258	Base	Maricopa	R05
85259	Base	Maricopa	R02
85260	Base	Maricopa	R02
85261	Base	Maricopa	R05
85262	Base	Maricopa	R02
85263	Base	Maricopa	R02
85264	Base	Maricopa	R02
85266	Base	Maricopa	R02
85267	Base	Maricopa	R02
85268	Base	Maricopa	R02
85269	Base	Maricopa	R02
85271	Base	Maricopa	R05
85274	Base	Maricopa	R05
85275	Base	Maricopa	R07
85277	Base	Maricopa	R09
85280	Base	Maricopa	R05
85281	Base	Maricopa	R05
85282	Base	Maricopa	R05
85283	Base	Maricopa	R05
85284	Base	Maricopa	R05
85285	Base	Maricopa	R05
85286	Base	Maricopa	R08
85287	Base	Maricopa	R05
85295	Base	Maricopa	R08
85296	Base	Maricopa	R07
85297	Base	Maricopa	R08
85298	Base	Maricopa	R08
85299	Base	Maricopa	R07
85301	Base	Maricopa	R03
85302	Base	Maricopa	R03
85303	Base	Maricopa	R03
85304	Base	Maricopa	R01
85305	Base	Maricopa	R03

Zip Code	Tier	County	Region
85306	Base	Maricopa	R01
85307	Base	Maricopa	R03
85308	Base	Maricopa	R01
85309	Base	Maricopa	R03
85310	Base	Maricopa	R01
85311	Base	Maricopa	R03
85312	Base	Maricopa	R03
85318	Base	Maricopa	R01
85320	1	Maricopa	R01
85321	3	Pima	R13
85322	2	Maricopa	R03
85323	BASE	Maricopa	R06
85324	3	Yavapai	R10
85325	3	La Paz	R20
85326	1	Maricopa	R06
85327	Base	Maricopa	R02
85328	3	La Paz	R20
85329	Base	Maricopa	R06
85331	Base	Maricopa	R02
85332	3	Yavapai	R10
85333	3	Maricopa, Yuma	R16
85334	3	La Paz	R20
85335	Base	Maricopa	R01
85336	3	Yuma	R16
85337	1	Maricopa	R06
85338	Base	Maricopa	R06
85339	Base	Pinal, Maricopa	R06
85340	BASE	Maricopa	R03
85341	3	Pima	R13
85342	2	Maricopa, Yavapai	R01
85343	2	Maricopa	R03
85344	3	La Paz	R20
85345	Base	Maricopa	R03
85346	3	La Paz	R20
85347	3	Yuma	R16

Zip Code	Tier	County	Region
85348	3	La Paz	R20
85349	3	Yuma	R16
85350	3	Yuma	R16
85351	Base	Maricopa	R01
85352	3	Yuma	R16
85353	Base	Maricopa	R06
85354	2	Maricopa	R03
85355	Base	Maricopa	R01
85356	3	La Paz, Yuma	R16
85357	3	La Paz	R20
85358	1	Maricopa	R01
85359	3	La Paz	R20
85360	3	Mohave	R20
85361	1	Maricopa	R01
85362	3	Yavapai	R10
85363	Base	Maricopa	R01
85364	3	Yuma	R16
85365	3	Yuma	R16
85366	3	Yuma	R16
85367	3	Yuma	R16
85369	3	Yuma	R16
85371	3	La Paz	R20
85372	Base	Maricopa	R01
85373	Base	Maricopa	R01
85374	Base	Maricopa	R01
85375	Base	Maricopa	R01
85376	Base	Maricopa	R01
85377	Base	Maricopa	R02
85378	Base	Maricopa	R01
85379	Base	Maricopa	R01
85380	Base	Maricopa	R03
85381	Base	Maricopa	R01
85382	Base	Maricopa	R01
85383	Base	Maricopa	R01
85385	Base	Maricopa	R01
85387	Base	Maricopa	R01

Zip Code	Tier	County	Region
85388	Base	Maricopa	R01
85390	1	Maricopa, Yavapai	R01
85392	Base	Maricopa	R06
85395	Base	Maricopa	R03
85396	1	Maricopa	R03
85501	3	Gila	R09
85502	3	Gila	R09
85530	3	Graham	R15
85531	3	Graham	R15
85532	3	Gila	R09
85533	3	Greenlee	R15
85534	3	Greenlee	R15
85535	3	Graham	R15
85536	3	Graham	R15
85539	3	Gila, Pinal	R09
85540	3	Greenlee	R15
85541	3	Gila	R10
85542	3	Gila	R09
85543	3	Graham	R15
85544	3	Gila	R10
85545	3	Gila, Maricopa	R09
85546	3	Graham	R15
85547	3	Gila	R10
85548	3	Graham	R15
85550	3	Graham	R09
85551	3	Graham	R15
85552	3	Graham	R15
85553	3	Gila	R10
85554	3	Gila	R10
85601	2	Pima	R14
85602	2	Cochise, Pima	R15
85603	3	Cochise	R15
85605	2	Cochise	R15
85606	2	Cochise	R15
85607	3	Cochise	R15

Zip Code	Tier	County	Region
85608	3	Cochise	R15
85609	2	Cochise	R15
85610	3	Cochise	R15
85611	2	Cochise, Pima, Santa Cruz	R14
85613	Base	Cochise	R15
85614	2	Pima, Santa Cruz	R14
85615	3	Cochise	R15
85616	2	Cochise	R15
85617	3	Cochise	R15
85618	3	Pinal	R11
85619	2	Pima	R12
85620	3	Cochise	R15
85621	2	Santa Cruz	R14
85622	2	Pima	R14
85623	3	Pinal	R11
85624	2	Santa Cruz	R14
85625	2	Cochise	R15
85626	3	Cochise	R15
85627	2	Cochise	R15
85628	2	Santa Cruz	R14
85629	Base	Pima	R14
85630	3	Cochise	R15
85631	3	Pinal	R11
85632	2	Cochise	R15
85633	Base	Pima	R13
85634	3	Pima	R13
85635	3	Cochise	R15
85636	3	Cochise	R15
85637	2	Pima, Santa Cruz	R14
85638	2	Cochise	R15
85639	3	Pima	R13
85640	2	Santa Cruz	R14
85641	Base	Pima	R14
85643	3	Cochise, Graham	R15
85644	3	Cochise	R15

Zip Code	Tier	County	Region
85645	2	Pima	R14
85646	2	Santa Cruz	R14
85648	2	Santa Cruz	R14
85650	Base	Cochise	R15
85652	BASE	Pima	R11
85653	1	Pima, Pinal	R11
85654	1	Pima	R11
85655	3	Cochise	R15
85658	1	Pima, Pinal	R11
85662	2	Santa Cruz	R14
85670	3	Cochise	R15
85671	3	Cochise	R15
85701	Base	Pima	R13
85702	Base	Pima	R13
85703	Base	Pima	R11
85704	Base	Pima	R11
85705	Base	Pima	R11
85706	Base	Pima	R14
85707	Base	Pima	R12
85708	Base	Pima	R12
85709	Base	Pima	R13
85710	Base	Pima	R12
85711	Base	Pima	R12
85712	Base	Pima	R12
85713	Base	Pima	R13
85714	Base	Pima	R13
85715	Base	Pima	R12
85716	Base	Pima	R12
85717	Base	Pima	R13
85718	Base	Pima	R12
85719	Base	Pima	R13
85720	Base	Pima	R13
85721	Base	Pima	R13
85722	Base	Pima	R13
85723	Base	Pima	R13

Zip Code	Tier	County	Region
85724	Base	Pima	R13
85725	Base	Pima	R13
85726	Base	Pima	R13
85728	Base	Pima	R12
85730	Base	Pima	R12
85731	Base	Pima	R12
85732	Base	Pima	R12
85733	Base	Pima	R13
85734	BASE	Pima	R14
85735	Base	Pima	R13
85736	Base	Pima	R13
85737	Base	Pima	R11
85738	Base	Pima	R11
85739	Base	Pima, Pinal	R11
85740	Base	Pima	R11
85741	Base	Pima	R11
85742	Base	Pima	R11
85743	Base	Pima	R11
85744	Base	Pima	R14
85745	Base	Pima	R13
85746	Base	Pima	R13
85747	Base	Pima	R14
85748	Base	Pima	R12
85749	Base	Pima	R12
85750	Base	Pima	R12
85751	Base	Pima	R12
85752	Base	Pima	R11
85754	Base	Pima	R13
85755	Base	Pima	R11
85756	Base	Pima	R14
85757	Base	Pima	R13
85775	Base	Pima	R13
85901	3	Apache, Navajo	R18
85902	3	Navajo	R18
85911	3	Navajo	R18

Zip Code	Tier	County	Region
85912	3	Navajo	R18
85920	3	Apache	R17
85922	3	Greenlee	R15
85923	3	Navajo	R18
85924	3	Apache	R17
85925	3	Apache	R17
85926	3	Navajo	R18
85927	3	Apache	R17
85928	3	Coconino, Navajo	R18
85929	3	Navajo	R18
85930	3	Apache	R18
85931	3	Coconino	R18
85932	3	Apache	R17
85933	3	Navajo	R18
85934	3	Navajo	R18
85935	3	Navajo	R18
85936	3	Apache	R17
85937	3	Navajo	R18
85938	3	Apache	R17
85939	3	Navajo	R18
85940	3	Apache	R17
85941	3	Navajo	R18
85942	3	Navajo	R18
86001	1	Coconino	R19
86002	1	Coconino	R19
86003	1	Coconino	R19
86004	1	Coconino	R19
86005	1	Coconino	R19
86011	1	Coconino	R19
86015	1	Coconino	R19
86016	1	Coconino	R19
86017	1	Coconino	R19
86018	3	Coconino	R19
86020	3	Coconino	R22
86021	3	Mohave	R21

Zip Code	Tier	County	Region
86022	3	Coconino	R21
86023	3	Coconino	R19
86024	3	Coconino	R19
86025	3	Navajo	R18
86028	3	Apache	R17
86029	3	Navajo	R18
86030	3	Coconino	R19
86031	3	Navajo	R22
86032	3	Navajo	R18
86033	3	Navajo	R22
86034	3	Navajo	R22
86035	3	Coconino	R22
86036	3	Coconino	R19
86039	3	Navajo	R19
86040	3	Coconino	R19
86042	3	Navajo	R19
86043	3	Navajo	R19
86044	3	Coconino	R22
86045	3	Coconino	R22
86046	3	Coconino	R19
86047	3	Navajo	R22
86052	3	Coconino	R21
86053	3	Coconino	R22
86054	3	Navajo	R22
86301	Base	Yavapai	R10
86302	1	Yavapai	R10
86303	1	Yavapai	R10
86304	1	Yavapai	R10
86305	1	Yavapai	R10
86312	Base	Yavapai	R10
86313	Base	Yavapai	R10
86314	Base	Yavapai	R10
86315	Base	Yavapai	R10
86320	3	Yavapai	R10
86321	3	Yavapai	R10

Zip Code	Tier	County	Region
86322	Base	Yavapai	R10
86323	Base	Yavapai	R10
86324	Base	Yavapai	R10
86325	Base	Yavapai	R10
86326	Base	Yavapai	R10
86327	Base	Yavapai	R10
86329	Base	Yavapai	R10
86331	Base	Yavapai	R10
86332	2	Yavapai	R10
86333	1	Yavapai	R10
86334	2	Yavapai	R10
86335	Base	Yavapai	R10
86336	Base	Coconino, Yavapai	R10
86337	3	Yavapai	R10
86338	1	Yavapai	R10
86339	Base	Coconino	R10
86340	Base	Yavapai	R10
86341	2	Yavapai	R10
86342	Base	Yavapai	R10
86343	3	Yavapai	R10
86351	2	Yavapai	R10
86401	2	Mohave	R20
86402	2	Mohave	R20
86403	3	Mohave	R20
86404	3	Mohave	R20
86405	3	Mohave	R20
86406	3	Mohave	R20
86409	1	Mohave	R20
86411	1	Mohave	R20
86412	1	Mohave	R20
86413	3	Mohave	R20
86426	3	Mohave	R20
86427	3	Mohave	R20
86429	3	Mohave	R20
86430	3	Mohave	R20

Zip Code	Tier	County	Region
86431	2	Mohave	R20
86432	3	Mohave	R21
86433	3	Mohave	R20
86434	3	Coconino, Mohave	R20
86435	3	Coconino	R19
86436	3	Mohave	R20
86437	3	Mohave	R20
86438	3	Mohave	R20
86439	3	Mohave	R20
86440	3	Mohave	R20
86441	3	Mohave	R20
86442	3	Mohave	R20
86443	3	Mohave	R20
86444	3	Mohave	R20
86445	3	Mohave	R20
86446	3	Mohave	R20
86502	3	Apache	R22
86503	3	Apache	R22
86504	3	Apache	R22
86505	3	Apache	R22
86506	3	Apache	R22
86507	3	Apache	R22
86508	3	Apache	R22
86510	3	Navajo	R22
86511	3	Apache	R22
86512	3	Apache	R22
86514	3	Apache	R22
86515	3	Apache	R22
86520	3	Apache	R22
86535	3	Apache	R22
86538	3	Apache	R22
86540	3	Apache	R22
86544	3	Apache	R22
86545	3	Apache	R22
86547	3	Apache	R22
86556	3	Apache	R22

Appendix C – Rates

Please note these rates are effective for services beginning Oct 1, 2023 until otherwise stated.

Multiple-children rates apply when direct services are provided to more than one eligible child. When using multiple children rates, service delivery entries must be made under each child served with the correct service selected in the ADES/AzEIP data system (e.g., Joint Visit, 2 children). This does not support playgroups for children with disabilities.

Discipline-Specific Rates for Services (excluding evaluations)	Setting/ Method	Base Rate	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	Clinical	$99.84	$109.80	$124.80	$149.76
Therapy Services (OT, PT, SLP)	Natural	$151.16	$166.28	$188.96	$226.76
Therapy Services (OT, PT, SLP)	Telehealth	$116.40	$128.04	$145.48	$174.60
Therapy Services, 2 Children	Clinical	$62.40	$68.64	$78.00	$93.60
Therapy Services, 2 Children	Natural	$94.48	$103.92	$118.12	$141.72
Therapy Services, 2 Children	Telehealth	$72.76	$80.00	$90.96	$109.12
Therapy Services, 3 Children	Clinical	$49.92	$54.92	$62.40	$74.88
Therapy Services, 3 Children	Natural	$75.60	$83.16	$94.48	$113.40
Therapy Services, 3 Children	Telehealth	$58.20	$64.04	$72.76	$87.32
Developmental Special Instruction (Bachelor's)	Clinical	$58.76	$64.64	$73.44	$88.16
Developmental Special Instruction (Bachelor's)	Natural	$89.48	$98.44	$111.84	$134.20
Developmental Special Instruction (Bachelor's)	Telehealth	$68.88	$75.80	$86.12	$103.32
Developmental Special Instruction (Bachelor's), 2 Children	Clinical	$36.72	$40.40	$45.92	$55.08
Developmental Special Instruction (Bachelor's), 2 Children	Natural	$55.92	$61.52	$69.92	$83.88
Developmental Special Instruction (Bachelor's), 2 Children	Telehealth	$43.04	$47.36	$53.84	$64.60
Developmental Special Instruction (Bachelor's), 3 Children	Clinical	$29.40	$32.32	$36.72	$44.08
Developmental Special Instruction (Bachelor's), 3 Children	Natural	$44.76	$49.20	$55.92	$67.08
Developmental Special Instruction (Bachelor's), 3 Children	Telehealth	$34.48	$37.88	$43.04	$51.64
Developmental Special Instruction (Master's)	Clinical	$74.52	$81.96	$93.12	$111.76
Developmental Special Instruction (Master's)	Natural	$108.96	$119.88	$136.20	$163.44
Developmental Special Instruction (Master's)	Telehealth	$83.88	$92.32	$104.88	$125.84
Developmental Special Instruction (Master's), 2 Children	Clinical	$46.56	$51.24	$58.20	$69.84
Developmental Special Instruction (Master's), 2 Children	Natural	$68.08	$74.92	$85.12	$102.16
Developmental Special Instruction (Master's), 2 Children	Telehealth	$52.44	$57.68	$65.56	$78.68
Developmental Special Instruction (Master's), 3 Children	Clinical	$37.24	$41.00	$46.56	$55.88
Developmental Special Instruction (Master's), 3 Children	Natural	$54.48	$59.92	$68.08	$81.72
Developmental Special Instruction (Master's), 3 Children	Telehealth	$41.96	$46.12	$52.44	$62.92
Social Work (Bachelor's)	Clinical	$47.20	$51.92	$59.00	$70.80
Social Work (Bachelor's)	Natural	$73.08	$80.40	$91.36	$109.64
Social Work (Bachelor's)	Telehealth	$56.28	$61.92	$70.36	$84.44
Social Work (Bachelor's), 2 Children	Clinical	$29.52	$32.48	$36.88	$44.28
Social Work (Bachelor's), 2 Children	Natural	$45.68	$50.24	$57.08	$68.52
Social Work (Bachelor's), 2 Children	Telehealth	$35.16	$38.68	$43.96	$52.76
Social Work (Bachelor's), 3 Children	Clinical	$23.60	$25.96	$29.52	$35.40
Social Work (Bachelor's), 3 Children	Natural	$36.56	$40.20	$45.68	$54.80
Social Work (Bachelor's), 3 Children	Telehealth	$28.16	$30.96	$35.16	$42.20
Social Work (Master's)	Clinical	$65.00	$71.52	$81.28	$97.52
Social Work (Master's)	Natural	$95.84	$105.44	$119.80	$143.80
Social Work (Master's)	Telehealth	$73.80	$81.20	$92.24	$110.72
Social Work (Master's), 2 Children	Clinical	$40.64	$44.72	$50.80	$60.96
Social Work (Master's), 2 Children	Natural	$59.92	$65.92	$74.88	$89.88
Social Work (Master's), 2 Children	Telehealth	$46.12	$50.76	$57.64	$69.20
Social Work (Master's), 3 Children	Clinical	$32.52	$35.76	$40.64	$48.76
Social Work (Master's), 3 Children	Natural	$47.92	$52.72	$59.92	$71.88
Social Work (Master's), 3 Children	Telehealth	$36.88	$40.60	$46.12	$55.36

Discipline-Specific Rates for Services (excluding evaluations)	Setting/ Method	Base Rate	Tier 1	Tier 2	Tier 3
Psychological Services	Clinical	$105.04	$115.56	$131.32	$157.60
Psychological Services	Natural	$163.88	$180.28	$204.88	$245.84
Psychological Services	Telehealth	$126.20	$138.80	$157.76	$189.28
Psychological Services, 2 Children	Clinical	$65.64	$72.24	$82.08	$98.48
Psychological Services, 2 Children	Natural	$102.44	$112.68	$128.04	$153.64
Psychological Services, 2 Children	Telehealth	$78.88	$86.76	$98.60	$118.32
Psychological Services, 3 Children	Clinical	$52.52	$57.80	$65.64	$78.80
Psychological Services, 3 Children	Natural	$81.96	$90.16	$102.44	$122.92
Psychological Services, 3 Children	Telehealth	$63.12	$69.44	$78.88	$94.64
Service Coordination	Clinical	$54.56	$60.00	$68.20	$81.80
Service Coordination	Natural	$79.16	$87.08	$98.96	$118.76
Service Coordination	Telehealth	$60.96	$67.04	$76.20	$91.44
Service Coordination, 2 Children	Clinical	$34.08	$37.52	$42.60	$51.12
Service Coordination, 2 Children	Natural	$49.48	$54.44	$61.84	$74.20
Service Coordination, 2 Children	Telehealth	$38.08	$41.92	$47.60	$57.12
Service Coordination, 3 Children	Clinical	$27.28	$30.00	$34.08	$40.92
Service Coordination, 3 Children	Natural	$39.56	$43.56	$49.48	$59.36
Service Coordination, 3 Children	Telehealth	$30.48	$33.56	$38.08	$45.72

Evaluation (Initial and Re-determination)	Setting	Base Rate	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	Clinical/Natural	$264.52	$291.00	$330.68	$396.84
Therapy Services (OT, PT, SLP)	Telehealth	$203.72	$224.08	$254.60	$305.56
Developmental Special Instruction (Bachelor's)	Clinical/Natural	$156.60	$172.28	$195.72	$234.84
Developmental Special Instruction (Bachelor's)	Telehealth	$120.52	$132.64	$150.72	$180.80
Developmental Special Instruction (Master's)	Clinical/Natural	$190.68	$209.80	$238.36	$286.00
Developmental Special Instruction (Master's)	Telehealth	$146.80	$161.56	$183.56	$220.24
Social Work (Bachelor's)	Clinical/Natural	$127.88	$140.72	$159.88	$191.88
Social Work (Bachelor's)	Telehealth	$98.48	$108.36	$123.12	$147.76
Social Work (Master's)	Clinical/Natural	$167.72	$184.52	$209.64	$251.64
Social Work (Master's)	Telehealth	$129.16	$142.12	$161.40	$193.76
Psychological Services	Clinical/Natural	$286.80	$315.48	$358.52	$430.24
Psychological Services	Telehealth	$220.84	$242.92	$276.08	$331.24

Productivity Assumptions (Breakout)

Service Setting	Natural	Clinic
Travel Time	1.5	0
Recordkeeping	0.65	0.65
Missed Appointments	0.05	0.05
Continuous Education	0.21	0.21
AzEIP Team Training	0.2	0.2
Coordination	0.4	0.4
Employer Time	0.1	0.1
Average on site time; "Billable Hours"	4.89	6.39
Total Hours	**8**	**8**

Appendix D – AzEIP ALTCS Rates for Wellsky Billing

Please note these rates are effective for services beginning Oct 1, 2023 until otherwise stated.

These rates are for billing in Wellsky at the 0.25 unit interval. These are only for AzEIP ALTCS direct services (OT, PT, and DSI direct services; Speech/SLP rates are not included in the 0.25 Wellsky rates as they use a flat untimed rate equal to the full AzEIP hourly rate. Psychology services are also billed in Wellsky using the full AzEIP hourly rate.).

Discipline Specific Rates for Services	Setting/ Method	Base Rate	Tier 1	Tier 2	Tier 3
Therapy Services (OT)	Clinical	$24.96	$27.45	$31.20	$37.44
Therapy Services (OT)	Natural	$37.79	$41.57	$47.24	$56.69
Therapy Services (OT)	Telehealth	$29.10	$32.01	$36.37	$43.65
Therapy Services, 2 Children (OT)	Clinical	$15.60	$17.16	$19.50	$23.40
Therapy Services, 2 Children (OT)	Natural	$23.62	$25.98	$29.53	$35.43
Therapy Services, 2 Children (OT)	Telehealth	$18.19	$20.00	$22.74	$27.28
Therapy Services, 3 Children (OT)	Clinical	$12.48	$13.73	$15.60	$18.72
Therapy Services, 3 Children (OT)	Natural	$18.90	$20.79	$23.62	$28.35
Therapy Services, 3 Children (OT)	Telehealth	$14.55	$16.01	$18.19	$21.83
Therapy Services (PT)	Clinical	$24.96	$27.45	$31.20	$37.44
Therapy Services (PT)	Natural	$37.79	$41.57	$47.24	$56.69
Therapy Services (PT)	Telehealth	$29.10	$32.01	$36.37	$43.65
Therapy Services, 2 Children (PT)	Clinical	$15.60	$17.16	$19.50	$23.40
Therapy Services, 2 Children (PT)	Natural	$23.62	$25.98	$29.53	$35.43
Therapy Services, 2 Children (PT)	Telehealth	$18.19	$20.00	$22.74	$27.28
Therapy Services, 3 Children (PT)	Clinical	$12.48	$13.73	$15.60	$18.72
Therapy Services, 3 Children (PT)	Natural	$18.90	$20.79	$23.62	$28.35
Therapy Services, 3 Children (PT)	Telehealth	$14.55	$16.01	$18.19	$21.83
Developmental Special Instruction (Bachelor's)	Clinical	$14.69	$16.16	$18.36	$22.04
Developmental Special Instruction (Bachelor's)	Natural	$22.37	$24.61	$27.96	$33.55
Developmental Special Instruction (Bachelor's)	Telehealth	$17.22	$18.95	$21.53	$25.83
Developmental Special Instruction (Bachelor's), 2 Children	Clinical	$9.18	$10.10	$11.48	$13.77
Developmental Special Instruction (Bachelor's), 2 Children	Natural	$13.98	$15.38	$17.48	$20.97
Developmental Special Instruction (Bachelor's), 2 Children	Telehealth	$10.76	$11.84	$13.46	$16.15
Developmental Special Instruction (Bachelor's), 3 Children	Clinical	$7.35	$8.08	$9.18	$11.02
Developmental Special Instruction (Bachelor's), 3 Children	Natural	$11.19	$12.30	$13.98	$16.77
Developmental Special Instruction (Bachelor's), 3 Children	Telehealth	$8.62	$9.47	$10.76	$12.91
Developmental Special Instruction (Master's)	Clinical	$18.63	$20.49	$23.28	$27.94
Developmental Special Instruction (Master's)	Natural	$27.24	$29.97	$34.05	$40.86
Developmental Special Instruction (Master's)	Telehealth	$20.97	$23.08	$26.22	$31.46
Developmental Special Instruction (Master's), 2 Children	Clinical	$11.64	$12.81	$14.55	$17.46
Developmental Special Instruction (Master's), 2 Children	Natural	$17.02	$18.73	$21.28	$25.54
Developmental Special Instruction (Master's), 2 Children	Telehealth	$13.11	$14.42	$16.39	$19.67
Developmental Special Instruction (Master's), 3 Children	Clinical	$9.31	$10.25	$11.64	$13.97
Developmental Special Instruction (Master's), 3 Children	Natural	$13.62	$14.98	$17.02	$20.43
Developmental Special Instruction (Master's), 3 Children	Telehealth	$10.49	$11.53	$13.11	$15.73

Appendix "E" – Service Catalog / Billing Matrix

For additional IDEA services not completed by core team, prior approval from ADES/AzEIP is required (i.e. nutrition, transportation, etc.).

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Child & Family Assessment – Initial when evaluation*	Direct	IPP	SC: 2 units, Non-SC Discipline: 1 unit per team member	No	Per referral	X	X	X					
Child & Family Assessment – Initial when record review*	Direct	IPP	SC: 2 units, Non-SC Discipline: 2 units per team member	No	Per referral	X	X	X					
Evaluation – Initial Eligibility	Direct	IPP	2 Non-SC disciplines, 1 unit per team member	No	Per referral, Per discipline	X	X						X
IFSP – Initial Meeting*	Direct	IPP	(SC: 1.5 units, Non-SC Discipline: 1.5 units per team members)	No	Per discipline, Per day	X	X	X					
IFSP – Interim Meeting*	Direct	IPP	(SC: 1.5 units, Non-SC Discipline: 1.5 units per team members)	No	Per discipline, Per day	X	X	X					
Initial Home Visit – No Screening*	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Initial Home Visit – Screening*	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Record Review – Initial Eligibility	Non-Direct	IPP	1	No	Per referral	X	X						
Service Coordination Non-Direct*	Non-Direct	IPP	4	No	Per referral	Only dual-role SC		X					
Data Entry**	Non-Direct	IPP/ Ongoing	0.25	No	Per child, per quarter	X	X	X					
Team Conferencing	Direct	IPP/ Ongoing	5.25 total (Up to 7 team members: 0.75 units each)	Yes	Per child, per quarter	X	X	X					

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Assistive Technology Assessment*	Direct	Ongoing	2 Non-SC Discipline: 2 units per team member	No	Per child, Per day	X							
Assistive Technology Services*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X							
Child & Family Assessment – Other or Annual*	Direct	Ongoing	SC: 2 units; Non-SC Discipline: 1 unit per team member	No	Per discipline, Per child	X	X	X					
Evaluation – Eligibility Redetermination	Direct	Ongoing	2 Non-SC disciplines: 1 unit per team member	No	Per referral, Per day, Per discipline	X	X						X
IFSP – Addendum Meeting*	Direct	Ongoing	SC: 1.5 units, Non-SC Discipline: 1.5 units per team member	No	Per child, Per day	X	X	X					
IFSP – Annual Review Meeting*	Direct	Ongoing	SC: 1.5 units, Non-SC Discipline: 1.5 units per team member	No	Per child, Per day	X	X	X					
Joint Visit*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Non-Team Lead*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Record Review – Redetermination	Non-Direct	Ongoing	1	No	Per referral, per day	X	X						
Other Early Intervention Service	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day	X	X	X	X	X	X	X	X
Service Coordination Non-Direct*	Non-Direct	Ongoing	Actual SC-ND time	No	Per child	Only dual- role SC		X					
Service Coordination*	Direct	Ongoing	Defined in IFSP	No	Per child	Only dual- role SC		X					
Team Lead - Non-Direct	Non-Direct	Ongoing	3	No	Per child, per quarter	X	X						X

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Team Lead*	Direct	Ongoing	Defined in IFSP	No	Per day, Per child	X	X						X
Transition Conference	Direct	Ongoing	4	No	Per discipline, Per referral	X	X	X					
Service Coordination Non-Direct*	Non-Direct	Ongoing (when IFSP Gap)	2	No	For duration of gap	Only dual-role SC		X					
Service Coordination*	Direct	Ongoing (when IFSP Gap)	1	No	For duration of gap	Only dual-role SC		X					
Meeting	Direct	Ongoing	1.5	No	Per discipline per day	X	X	X					
Transportation Service	Non-Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child	X	X	X	X	X	X	X	X
Health Services	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child					X	X		
Medical Services	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child						X		

*Multiple children rates apply
**Data entry may be used by data entry specialist