



**The Arizona Department of Economic
Security/Arizona Early Intervention Program
(ADES/AzEIP)**

Billing Manual

Team-Based Early Intervention Services

Revised and Effective

March 1, 2017

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ADES Mission Statement

The Arizona Department of Economic Security (ADES) promotes the safety, well-being, and self-sufficiency of children, adults, and families.

AzEIP Mission Statement

Early Intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

AzEIP Principles

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- The primary role of the service provider in early intervention is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contact to transition, must be dynamic and individualized to reflect the child's and family's preferences, learning styles, and cultural beliefs.
- IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research and laws and regulations.

CHAPTER 1

GENERAL OVERVIEW

This Department of Economic Security/Arizona Early Intervention Program's (ADES/AzEIP) Billing Manual effective January 31, 2017 replaces all previous versions of the Billing Manual. This manual applies to all ADES/AzEIP team based early intervention services (TBEIS) contracts and agreements and contains important details regarding proper billing procedures. This includes definitions and information regarding the billing codes, modifiers and the appropriate use of each.

When billing the ADES/Department of Developmental Disabilities (ADES/DDD) for services provided to ADES/DDD eligible children, the contractor must utilize the established billing process and follow the requirements contained in their user manual for provider billing (please refer to the following ADES/DDD link for more information: <https://des.az.gov/services/disabilities/developmental-disabilities>). In some cases, the modifier codes for ADES/DDD billing are different from the modifier codes used for ADES/AzEIP billing. ADES/DDD will pay the contractor using the ADES/AzEIP rates.

Elements that Determine the Amount Paid for Each Service

The ADES/AzEIP TBEIS contracts procure early intervention services, as defined by Part C of the Individuals with Disabilities Education Act (IDEA) that can be provided by the following disciplines:

- Occupational Therapist (OT)
- Physical Therapist (PT)
- Speech-Language Pathologist (SLP)
- Developmental Special Instructionist (DSI)
- Service Coordinator (SC)
- Psychologist (PSYCH)
- Social Worker (SW)
- Other IDEA services as determined necessary

Each ADES/AzEIP contracted region is defined by zip codes. Each zip code is assigned one of four tier designations (i.e. Base, Tier 1, Tier 2, or Tier 3.) Each Tier Designation is assigned a rate, by discipline or group of disciplines, which is identified in the Team-Based Early Intervention contract.

The contract specifies a "natural" (home or community) and "clinic" (other) rate for each discipline or group of disciplines, by tier designation (i.e. Base, Tier 1, Tier 2, or Tier 3.)

The Contractor shall bill for each service - by discipline, using the appropriate setting modifier in which the service is provided per their ADES/AzEIP contract.

The Contractor will use modifiers when billing as set out in Chapter 4.

Services provided after a child turns three years old will not be reimbursed to the Contractors unless compensatory services were awarded to the child and family, as a result of a complaint.

Service Authorization

The Initial Planning Process (IPP) service authorization is delineated in Chapter 5 of this document. The Individualized Family Service Plan (IFSP) team is the authorizing body for determining the service type, frequency, intensity, method and duration, and start and end dates necessary to support the family and child in achieving the identified outcomes. Therefore, the IFSP services provided must be documented on the IFSP services page and in ADES/AzEIP data system.

Apart from early intervention services authorized by the IFSP team and documented on the IFSP and in the ADES/AzEIP data system, ADES/AzEIP has set forth maximum units for modifiers as defined in Chapter 4 of this document. If there is a need to exceed the service limitation outlined in this billing manual, documentation must be provided to the ADES/AzEIP office ([send documentation to AZEIPInvoice@azdes.gov](mailto:AZEIPInvoice@azdes.gov)).

Documentation

All services delivered to or on behalf of a child and family must be recorded in the ADES/AzEIP data system. Note that not all services delivered will be billed to (invoiced) ADES/AzEIP through the ADES/AzEIP data system.

All billings are subject to state and federal audit. All disciplines are required to complete documentation in accordance with applicable State and Federal Laws, Licensing Regulations, and ADES/AzEIP policies and procedures.

Each contractor must maintain proof of hours worked (e.g., time sheets) by the early intervention professionals and the administrative and operating staff charging time under this contract to be available to ADES/AzEIP upon request. All services must have a professional provider listed on the invoice.

Timely Submission of Billing Invoices

Regular Monthly Invoice Submissions

Invoices shall be submitted by or on the 15th of the month or the next business day following the month in which the service was provided, unless insurance payment is pending. A second invoice may be submitted up to 75 days following the initial submission. Thus, a maximum of two invoices will be accepted.

Third Party Liability (TPL)/Insurance Invoice Submissions

If, with parental consent, a service is billed to the responsible person/child's insurance, the Contractor shall wait until the insurance claim is paid or denied before billing ADES/AzEIP. These services must be submitted to ADES/AzEIP within nine months of the month of service. If a claim for insurance payment is pending at the time the Contractor prepares its invoice to meet the nine-month deadline, the Contractor will submit the service for payment to ADES/AzEIP and notify ADES/AzEIP of each service, by child and date, for which an insurance claim is pending. If insurance payment is received after the service is billed to ADES/AzEIP, the bill to ADES/AzEIP and, if relevant, the DES payment to the Contractor for TPL services must be corrected and reimbursed to ADES/AzEIP. Corrections may be submitted through the Reversal/Void Invoice Line Item Request form for the processing of any applicable adjustments.

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), Arizona Long Term Care System (ALTCS) and the Comprehensive Medical and Dental Program (CMDP)) are accessed before Part C funding is used as a funding source. However, parents must be fully informed of any potential costs to them, and they must provide consent prior to an agency or program attempts to access their private or public insurance. Each child's record must have a current, completed copy of the "Consent for Insurance" form in the child's file and the ADES/AzEIP data system, before their private/public health insurance is accessed for payment of ADES/AzEIP services.

ADES/AzEIP advises its contractors to fully inform families of the implications for providing consent for insurance when there is a health savings account (HSA) associated with their private health insurance plan.

If the child is eligible for AHCCCS, including CMDP, the Contractor must follow the AHCCCS/AzEIP procedures (please refer to the AHCCCS toolbox: <https://des.az.gov/services/disabilities/early-intervention/azeip-ahcccs-toolkit-service-coordinators>). If the services 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 billed to ADES/AzEIP until the approval or denial from the health plan is received. Once approval is obtained the costs must shift to the AHCCCS Health Plan (subject to post-payment review) (see also – TPL waivers).

Effective July 2015, ADES/AzEIP and AHCCCS aligned their contract and policy language to provide children and their families the opportunity to receive IFSP services, determined medically-necessary by the health plan, through the ADES/AzEIP Team-Based Early Intervention Services provider, regardless of whether or not the ADES/AzEIP TBEIS provider has a contact with the child's health plan. As a result ADES/AzEIP contractors do not need to have a contract with the AHCCCS health plans; this is not a reason to seek a waiver from the ADES/AzEIP invoice team.

Billing for Services Potentially Covered by TPL when parent has provided consent:

- If the family has a deductible, the Contractor will bill the insurance company for the service and, when denied, bill ADES/AzEIP until the deductible is met.
- If the family has a co-pay and the insurance company reimburses the Contractor less than the ADES/AzEIP contracted rate, the Contractor may bill ADES/AzEIP the difference between the ADES/AzEIP Contracted Rate and the Insurance Payment, and any co-pay collected. The Contractor should not collect the co-pay unless required to do so by the Contractor's agreement with the Health Plan. If a co-pay is collected, the amount collected shall be added to the insurance payment, before billing DES.
 - For Example:
 - The insurance company pays \$60.00 for one unit of speech therapy in the natural environment and the family has a \$10.00 co-pay.
 - The contracted ADES/AzEIP rate for the service is \$84.12.
 - The Contractor can bill ADES/AzEIP the difference between the ADES/AzEIP contracted rate and the amount paid by insurance, which would be \$24.12 ($\$84.12 - \$60.00 = \24.12).
 - If the Contractor's agreement with the Health Plan requires the Contractor to collect the co-pay, the Contractor would add the co-pay amount to the amount paid

by insurance, and bill ADES/AzEIP for the difference. Therefore, the Contractor could bill ADES/AzEIP \$14.12 ($\$84.12 - (\$60.00 + \$10.00) = \14.12).

- If the public insurance payment is less than the DES contracted rate, the Contractor must accept the public insurance payment as payment in full. All required TPL (Explanation of Benefits) information must be recorded in the child's record in the ADES/AzEIP data system.

TPL Waiver Requests

- Waivers are available for any TPL-eligible services that will not be submitted to TPL payers when, after submittal of appropriate documentation that an insurer has stated that the service(s) is (are) not billable because:
 - 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) AHCCCS insurers no longer require ADES/AZEIP providers to be contracted with them to obtain payment for services provided to families of children who are AHCCCS-eligible;
 - Prior authorization is required and could not be obtained.
- An ADES/AzEIP Waiver Request Form must be submitted with documentation to the ADES/AzEIP office for processing within 90 days following the month in which the service was provided.
- TPL Waiver Requests are good for the current calendar year that they are submitted. TPL Waiver Requests must be (re)submitted each calendar year.

Guidance for documenting the insurance consent decision for families with a Health Savings Account (HSA) or a Health Reimbursement Account (HRA)

- An HSA is generally not automatic and requires manual action by the account owner (use of a debit card, writing of a check) to pay an amount due to a provider for services. In some cases, HSA information includes an optional form for enrollees that want to elect automatic claim forwarding to their account, to be paid to a provider directly, after a claim is processed by the insurance.
- An HRA is an account that is designed to automatically withdraw funds to pay claims not paid by the linked insurance plan, whether the service represented in the claim is not covered or because a deductible has not yet been met.
- The two types of accounts can appear similar. The biggest differences between them are the ownership and tax considerations and these facets will not be readily apparent to providers when they are discussing with families their consent to bill private insurance. Families should speak with tax professionals to answer questions that may have an impact on their income tax preparation and filing.
- As the ADES/AzEIP policies, in Chapter 9, state that there will be no out-of-pocket costs to families for early intervention services, families must be fully informed of any potential costs when consenting to use their insurance, particularly if they utilize an HRA or HSA, to fund their medically necessary services. In those instances where the child is ALTCS eligible, please consult with ADES/DDD [by sending comments to TPLBenefits@azdes.gov](mailto:TPLBenefits@azdes.gov).

- If, after discussing consent to use private insurance to pay for early intervention services, the family declines the use of their private insurance due to having either of these accounts, the SC will update the Consent to Bill Insurance form and must enter a note in the comments section stating the family has a HSA or HRA.
- Once the consent has been obtained declining consent to bill insurance, the Insurance Page in I-TEAMS must be updated. When that is done, invoicing for services will not require a further waiver from the ADES/AzEIP office for that calendar year, unless the family's insurance coverage changes.

While ADES/AzEIP contractors and their early intervention practitioners utilize a team based approach to supporting families, ADES/AzEIP contractors must not submit bills for the same service date under multiple codes that are not associated with the individual practitioner's therapy license/discipline. For example, a speech language pathologist may not use a code for physical therapy. This practice is neither condoned nor encouraged by the ADES/AzEIP office. While an SLP may be working on communication skills during a visit with a child at the playground, where the child is also demonstrating gross motor skills, the SLP is not providing PT services and should never be billing using a code not associated with their license.

CHAPTER 3 DISCIPLINE-SPECIFIC BILLING

Table A and Table B below identify disciplines included in the Team-Based Early Intervention Contracts, and describes other pertinent information, such as qualifications, service unit definitions, etc.

TABLE A: CORE TEAM, PSYCHOLOGY AND SOCIAL WORK

Discipline	
Occupational therapist (OT)	
Physical therapist (PT)	
Speech-language pathologist (SLP)	
Developmental Special Instructionist (DSI)	
Social Worker (SW)	
Psychologist (PSYCH)	
Provider Qualifications	The services under this contract must be provided by qualified personnel in accordance with the ADES/AzEIP Comprehensive System of Professional Development Policy, Chapter 6, and appropriate state licensure, when required. Providers must complete the Professional Provider page in the ADES/AzEIP data system
Definition	See Appendix A.
Service Unit	1 hour, billable in 15 minute increments.
Service Limitation	The total amount of services per day that a team member may charge for is 12 hours across multiple children and their families. Exceptions to this rule must be approved by the ADES/AzEIP office.
Rate	See Appendix B.
Service Authorization	The IPP must be completed within 45 days of referral to ADES/AzEIP. The services on the child's IFSP must start on or before the planned start date on the IFSP, but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the Planned Start Date.
Documentation	In the child's ADES/AzEIP data system record and as required by the professional's licensure and scope of practice, if relevant (see professional provider page of ADES/AzEIP Data System).

Rules	<p>All services delivered must have a setting identified. Contractors may <i>not</i> bill for travel time or “no-shows.”</p> <p>Unless a modifier is selected to change the default, all discipline-specific service deliveries assume:</p> <ul style="list-style-type: none"> • The Service of that discipline (e.g. physical therapist provides physical therapy). • Direct, meaning that the services were provided to the family in-person. • Single/individual child
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TABLE B: SERVICE COORDINATION (Dedicated)

Provider Qualifications	<p>The services under this contract must be provided by qualified personnel in accordance with the ADES/AzEIP Comprehensive System of Professional Development Policy, Chapter 6, and appropriate state licensure, when required. Providers must complete the Professional Provider page in the ADES/AzEIP data system.</p>
Definition	<p>A service coordinator who does not act in any other team capacity. See Appendix A for the definition of Service Coordination.</p> <p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none"> ❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility; ❖ participating in the development of the initial IFSP; ❖ facilitating six (6) month reviews and annual Individualized Family Service Plans; ❖ assisting families in identifying and accessing available agency and community supports and services; ❖ facilitating the development of a transition plan for preschool services, if appropriate.
Service Unit	<p>1 hour, billable in 15 minute increments.</p>
Service Limitation	<p>Up to a maximum of seven (7) units per child may be billed automatically for SC activities in the IPP process (see Chapter 5); this does not include travel time; exceptions may be approved by the DES/AEIP office.</p> <p>The total amount of services per day that a team member may charge for is 12 hours across multiple children and their families, including travel time. Exceptions to this rule must be approved by the ADES/AzEIP office (submit exceptions to AZEIPInvoices@azdes.gov).</p>

Rate	See Appendix B.
Service Authorization	The IPP must be completed within 45 days of referral to ADES/AzEIP. The services on the child's IFSP must start on or before the planned start date on the IFSP, but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or before the Planned Start Date.
Documentation	The ADES/AzEIP Service Coordination log must be completed for each contact and/or activity the service coordinator conducts directly or not directly with the family, including actual time spent on each activity. Service coordination must be entered into the ADES/AzEIP data system on the Service Delivery page, regardless of whether the SC is provided by contractor, DDD or ASDB personnel. Service coordination delivered by DDD or ASDB will not be invoiced to ADES/AzEIP.
Rules	<p>The Contractor may <u>not</u> bill for no-shows.</p> <p>A dedicated Service Coordinator will keep a log of appropriate coordination activities provided to families throughout the billing month which can be reviewed for accuracy. Billing entries for service coordination activities will be entered throughout the month for every 15 minutes of <u>actual time</u> worked.</p> <p>Administrative duties of a dedicated Service Coordinator are not billable activities. Examples of non-billable activities are: 1) scanning paperwork 2) interoffice communications within provider organizations 3) internal audit procedures 4) broad communications to families about upcoming events.</p>

TABLE C: EDUCATIONAL LEVEL

Qualification	BACHELOR's DEGREE/MASTER's DEGREE (OR HIGHER)
Definition	<p>Based on the professional's highest degree attained in the field required by ADES/AzEIP policy and procedures.</p> <p>Approval for a Master's degree to bill as a developmental special instructionist requires prior approval per Chapter 6 of the ADES/AzEIP Policies (see https://des.az.gov/sites/default/files/azeip_chapter_6_CSPD__FFY16.pdf).</p>
Discipline(s) that use educational level	DSI, SW
Impact to Discipline-Specific Rate	Degree qualification changes the discipline-specific rate
Documentation	Personnel file; Professional Provider page in the ADES/AzEIP data system.

Rules	NA
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CHAPTER 4 MODIFIERS

Modifiers provide specificity, (e.g. setting, function, service, and/or qualifications) to the discipline-specific billing code. Some modifiers have the effect of increasing or decreasing the discipline rate, while others do not. The modifiers that affect the discipline-specific rate, such as multiple children or education level, are identified in the Team-Based Early Intervention contract.

Modifiers are used to describe the activity or service provided and must be used selectively to ensure the billing appropriately reflects the service provided (e.g. selecting both an Evaluation and an Assessment or an Evaluation and a Meeting signify two different events).

A Billing Matrix is provided as Appendix C to provide more clarity for appropriate billing for Pre-IFSP charges, Post-IFSP charges, and those that are always non-billable.

SECTION 1: IFSP “INTENSITY” MODIFIERS

Modifiers	[UN]	MULTIPLE ELIGIBLE CHILDREN 2
	[UP]	MULTIPLE ELIGIBLE CHILDREN 3
Definition	These modifiers apply when the service is provided to more than one eligible child at a time, such as when two eligible children (e.g. twins, siblings or children in foster care) are in the same home or care giving setting.	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Modifier changes the discipline-specific rate.	
Service Authorization	On the IFSP, under “intensity.”	
Documentation	IFSP in the child’s record.	
Service Limitation	This does not support playgroups for children with disabilities, and/or early intervention services in other than the family’s natural environment.	
Rules	All service deliveries assume service to a single/individual eligible child and their family unless one of the group size modifiers is selected.	

SECTION 2: IFSP “METHOD” MODIFIERS

Modifier	[TL] TEAM-LEAD
Definition	See Appendix A.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	TL is documented on the IFSP under “method.”
Service Limitation	Other IFSP team members who are not the TL may not bill for non-direct time.
Rules	Each family will have one designated TL. The designated TL shall be identified on the child’s IFSP page in the ADES/AzEIP data system, and billed by selecting the “Team Lead” modifier on the ADES/AzEIP data system Services Delivery page. Consistency in the use of the TL modifier for the applicable discipline is required.

Modifier	[TC] TEAM-CONFERENCEING
Definition	See Appendix A.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	TC occurs during team meetings for required quarterly reviews for each family and sharing information amongst all coaching team members.
Service Limitation	<ul style="list-style-type: none"> • Each core team discipline, the family’s designated service coordinator, and, if a member of the family’s IFSP team, the psychologist and social worker may bill up to a maximum of .75 units (45 minutes) per quarter (i.e., .25 unit per month) for team conferencing for a child/family. Therefore, the Contractor may bill up to 5.25 units per quarter (i.e., 1.75 units per month) across the four core team disciplines, psychology, social work and service coordination for each eligible child • In exceptional circumstances, a social worker or psychologist can bill for team conferencing when the team lead needs the expertise of the social worker or psychologist during a coaching session, even if not a member of the child’s IFSP.

	<ul style="list-style-type: none"> • If needed, a Contractor may request ADES/AzEIP's prior written approval to exceed the .75 unit limit. • Teams that have more than one individual of the same discipline (to provide the needed FTE or due to team expansion) shall only bill team conferencing for the time of <u>one</u> individual/discipline per child.
Documentation	Child record.
Rules	<ol style="list-style-type: none"> 1. Billing for Team Conferencing requires entering as service delivery in the ADES/AzEIP data system by selecting the Team Member, service and the team conferencing modifier. 2. Billing must adhere to the Service Limitations described above. 3. Billing for team conferencing quarterly reviews for each child must align with the <u>calendar quarters</u> (January-March, April-June, July-September, and October-December). 4. Unless otherwise directed by ADES/AzEIP, the Contractor is not required to bill public or private insurance for the team conferencing units.

Modifier	[ND] NON-DIRECT
Definition	<p>Allowable activities by the Team Lead or the Service Coordinator when the Team Lead or the Service Coordinator is working on behalf of a family, but not in direct contact.</p> <p>Examples of allowable Team Lead non-direct activities are:</p> <ul style="list-style-type: none"> • Synthesizing progress on IFSP across all IFSP team members resulting in a single quarterly report. • Communication with health care, child care 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. <p>Examples of allowable Service Coordinator non-direct activities are:</p> <ul style="list-style-type: none"> • assisting the family in accessing community resources, • identifying non-contractor services per the IFSP, and • contacting and coordinating with programs that the family may be interested in when the child turns three years old.

	<ul style="list-style-type: none"> NOTE: in person, phone or email contact would NOT constitute non-direct activities as they are included within the direct rate.
Discipline(s) that can use Modifier	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.
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	SC is provided during the IPP, as delineated in Chapter 5. TL and SC are documented on the IFSP and on the IFSP page in the ADES/AzEIP data system.
Service Limitation	The Team Lead may bill up to a maximum of <u>one</u> additional unit per Quarter for Team Lead activities on behalf of a family and child, but not in direct contact with the family and child. This additional Team Lead unit shall be billed using the “Other” setting, since it does not require direct work with the family and child. Making phone calls to the family to schedule visits is not billable under this modifier. IFSP team members who are not the Team Lead or the Service Coordinator may not bill for non-direct time.
Documentation	Service Coordination contact log and Team Lead Quarterly Review reports and contact logs in the child’s record
Rules	For Team Lead, the “Other” setting must be selected along with the Non-Direct Modifier on the Service Delivery page of the ADES/AzEIP data system. Unless otherwise directed by ADES/AzEIP, the contractor DOES NOT bill public or private insurance for Team Lead Non-Direct.

SECTION 3: ACTIVITY MODIFIERS

Modifier	[RR] RECORD REVIEW
Definition	Review of a child’s medical, health, educational, and/or other records to determine the child’s eligibility for ADES/AzEIP based on (a) an Established Condition that meets ADES/AzEIP’s eligibility criteria, or (b) developmental delay as documented by an evaluation(s) completed by a professional(s) unaffiliated with ADES/AzEIP.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW.

Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	The child is referred, but ADES/AzEIP eligibility is not yet determined, and child has records to support a decision of ADES/AzEIP eligibility.
Service Limitation	<p>Only for children whose eligibility is not yet determined, and records are available to determine eligibility.</p> <p>Billable in 15 minute increments; up to a maximum of 1 unit per eligibility decision (which may include more than 1 discipline).</p> <p>In most cases a Record Review replaces the need for Evaluation/Report Writing. One would not typically see a charge for both a Record Review and Evaluation/Report Writing.</p>
Documentation	Child record and the ADES/AzEIP data system.
Rules	On the ADES/AzEIP data system Service Delivery page the "Other" setting must be selected, along with the Record Review.

Modifier	[ME] MEETING
Definition	This modifier is used by core team members, service coordinators, psychologists, and social workers, when attending an initial, annual, 6 month or other IFSP meeting (such as the IFSP Transition Planning Meeting), Transition Conference, Preschool Eligibility Team (MET)/Eligibility Conference, and/or IEP meeting.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	As needed to fulfill IFSP and transition steps under IDEA, Part C, and ADES/AzEIP policies and procedures.
Service Limitation	This modifier is not used for billing team meetings, which uses the TC - team conferencing – modifier.
Documentation	Child record and the ADES/AzEIP data system.
Rules	On the Service Deliver page, meetings are billed by selecting the Setting and Meeting modifier. No additional rules beyond IDEA, Part C, and ADES/AzEIP policies and procedures.

Modifier	[DA] DATA
Definition	Child-specific data entry into the ADES/AzEIP data system or other DES Data system. Data entry by the family's designated Service Coordinator, IFSP team member or someone entering data on behalf of the Service Coordinator or IFSP team members.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	Child is referred, record is open, or within one month of exit or the child's third birthday.
Service Limitation	Up to a maximum of .25 units per child, per calendar quarter (January-March, April-June, July-September, and October – December). This modifier cannot be used for billing activities, such as creating invoices or billing insurance.
Documentation	ADES/AzEIP data system Service Delivery page.
Rules	If child-specific (demographic and service delivery) information data are entered by a data entry clerk on behalf of the ADES/AzEIP Service Coordinator or IFSP team members, the person does not need to meet the ADES/AzEIP personnel qualifications.

Modifier	[RW] REPORT WRITING
Definition	If an evaluation was conducted to determine ADES/AzEIP eligibility, the multidisciplinary team writes the evaluation report, using the ADES/AzEIP Developmental Evaluation Report template.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	Child is referred, but not yet eligible for ADES/AzEIP and records to determine eligibility are not available, or child is eligible and IFSP team believes that the child may no longer meet ADES/AzEIP eligibility. Parent provided written consent to an evaluation was conducted.

Service Limitation	Must be billed at the Other setting rate. Up to a maximum of 1 unit may be billed for report writing per child/family (which may include multiple disciplines).
Documentation	ADES/AzEIP Developmental Evaluation Report Template in Child's Record.
Rules	Modifier is only available to the two disciplines who complete the ADES/AzEIP evaluation to determine initial eligibility or re-determine eligibility. The "Other" setting and the Modifier "Report Writing" must be selected on the Service Delivery page in the ADES/AzEIP data system.

Modifier	[TR] TRAVEL
Definition	This modifier is to be used when Service Coordinators are traveling to provide direct service coordination activities
Discipline (s) that can use this modifier	<u>Dedicated SC ONLY</u>
Impact to the Discipline-Specific Rate	Modifier does not change the discipline-specific rate
Service Unit	1 hour, billable in 15 minute increments
Rate	See Appendix B
Service Authorization	This modifier will be available for Pre and Post IFSP service coordination activities. When the Travel modifier is used, post IFSP specified units will not be charged against the IFSP SC unit limitation.
Service Limitation	Hours for travel can only be charged when the Service Coordinator visits and meets with the family and child. This modifier cannot be used for "no shows."
Documentation	The TR hours must be recorded in the Service Coordination log.

SECTION 4: SERVICE MODIFIERS

Modifier	[AS] ASSESSMENT
Definition	Gathering and/or synthesis of information about a child's unique strengths and needs, which is documented on the IFSP Summary of Child and Family Assessment pages. Identification of family resources, priorities and concerns related to the child's development, which is documented IFSP Summary of Child and Family Assessment page.

Use/Application	Prior to the development of initial and annual IFSPs reviews.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW, SC
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	After child determined ADES/AzEIP eligible and prior to the initial IFSP. Immediately prior to or as part of the annual IFSP. As otherwise documented on the IFSP.
Service Limitation	Limited to 2 units per child per discipline prior to the initial or annual IFSP, unless otherwise approved by ADES/AzEIP.
Documentation	Child record. Assessment Modifier must be selected on the Service Delivery screen.
Rules	Only used for children who have been determined ADES/AzEIP eligible. If provided in accordance with the IFSP, the date of service must be on or before the planned start date but no later than within 45 days of parental consent on the IFSP, or on or before the IFSP Planned Start Date if that date is greater than 45 days.

Modifier	[EV] EVALUATION
Definition	See Appendix A. To determine initial eligibility or re-determine eligibility.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	The child is referred, but ADES/AzEIP eligibility is not yet determined, and cannot be determined based on records. Screening or other information suggests the child may be a child with a developmental delay, or the family has requested evaluation during the screening process. The IFSP team for an eligible child believes that the child may no longer be ADES/AzEIP eligible, the family disagrees, and an evaluation is conducted to re-determine ADES/AzEIP eligibility.

Service Limitation	Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for ADES/AzEIP, and 2) to re-determine a child's continuing eligibility for the program. Up to a maximum of 4 units per child across multiple disciplines. In most cases a Record Review replaces the need for Evaluation/Report Writing. One would <u>not</u> typically see a charge for both a Record Review and Evaluation/Report Writing.
Documentation	ADES/AzEIP Developmental Evaluation Report Template in Child's Record; Eligibility page and Service Delivery page in the ADES/AzEIP data system.
Rules	See Definition

Modifier	[AT] ASSISTIVE TECHNOLOGY
Definition	See Appendix A.
Discipline(s) that can use Modifier	OT, PT, SLP
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	IFSP.
Service Limitation	Excludes Assistive Technology devices.
Documentation	Child Record. Assistive Technology modifier must be selected on Service Delivery page in the ADES/AzEIP data system.
Rules	See Definition of AT services.

Modifier	[CL] SIGN LANGUAGE AND CUED LANGUAGE
Definition	See Appendix A.
Discipline(s) that can use Modifier	SLP, in accordance with professional licensure and scope of practice.
Impact to Discipline-Specific Rate	Modifier does not affect the discipline-specific rate.
Service Authorization	IFSP
Service Limitation	NA

Documentation	Child Record. Sign Language and Cued Language modifier must be selected on Service Delivery page in the ADES/AzEIP data system.
Rules	See Definition.

Modifier	[SC] SERVICE COORDINATION (Dual role)
Definition	<p>One discipline (individual) fulfills the role of Service Coordinator and Team Lead (see Appendix A). Activities identified by IDEA, Part C, ADES/AzEIP policies and procedures and include:</p> <ul style="list-style-type: none"> ❖ coordinating the process of evaluations and assessments to determine initial and on-going eligibility ❖ participating in the development of the initial IFSP; ❖ facilitating 6-month reviews and annual Individualized Family Service Plans and transition plans; ❖ assisting families in identifying and accessing available agency and community supports and services; ❖ informing families of the availability of advocacy services; ❖ coordinating with community resources, medical and health providers, and; ❖ facilitating the development of a transition plan for preschool services, if appropriate.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI
Impact to Discipline-Specific Rate	Modifier does not change the discipline-specific rate.
Service Authorization	IFSP.
Service Limitation	<p>Up to a maximum of 12 units per day across multiple children between billable service coordination and therapy activities.</p> <p><u>Exceptions to this rule must be approved by the ADES/AzEIP office (submit exceptions to AZEIPInvoices@azdes.gov).</u></p>
Documentation	<p>Service Coordination activities are documented in the ADES/AzEIP Service Coordination log for each contact and/or activity the Service Coordinator conducts directly with the family or on behalf of the family, including actual time spent on each activity. Service coordination activities must also be entered on the Service Delivery page of the ADES/AzEIP data system. ADES/AzEIP Service Coordination logs may be reviewed for accuracy. Billing entries for service coordination activities will be</p>

	entered throughout the month for every 15 minutes of actual time worked.
Rules	During the IPP, dual role service coordinator (OT, SLP, PT, DSI), ASDB Vision or Hearing Specialist* must be identified at referral, is a member of the evaluation or assessment team for the family, and attends and facilitates (alone or in coordination with DDD) the initial IFSP meeting. Once the initial IFSP is conducted and the team lead is selected, the Contractor may only use “dual role” service coordinator when the professional is both the Team Lead and the Service Coordinator. A professional from the team, other than the designated Team Lead, may not act in the dual role capacity. The Service Coordination Dual Role modifier must be selected on the ADES/AzEIP data system Service Delivery page.

*** ASDB Vision and Hearing Specialist, provided by ASDB, are not billed through I-TEAMS.**

SECTION 5: “SETTING”

Setting	[NH]	NATURAL - HOME
	[NC]	NATURAL - COMMUNITY
Definition	<p>Early intervention services shall, to the maximum extent appropriate to the needs of the child, be provided in the natural environment.</p> <ul style="list-style-type: none"> • Natural environments are those settings that are natural or normal for the child’s age peers who have no disabilities. • Services are billed using the Home or Community setting when the early intervention professional provides direct services to the child and/or family in the natural environment. • Travel time and mileage are not billed separately as they are built into the rate. • The unit rate includes completion of documentation requirements, such as required training and licensure/insurance documentation and cannot be billed separately. 	
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW	
Impact to Discipline-Specific Rate	Setting does change the discipline-specific rate.	

Service Authorization	Initial Planning Process, as delineated in Chapter 5, and the IFSP.
Service Limitation	NA
Documentation	Child Record - IFSP in the “Service Setting” Home or Community Setting is selected on the Service Delivery page in the ADES/AzEIP data system.
Rules	IFSP team decision.

Modifier	[CI] OTHER SETTING
Definition	Service provided in a non-natural environment or provider location will be billed at the Other setting rate, which is the clinic rate. Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. In these rare instances, the Justification section of the IFSP must be completed, including the justification for the decision with a timeline to bring the service into the natural environment. Please see Chapter 3 of the ADES/AzEIP Policies regarding the Other setting. The unit rate includes completion of documentation requirements.
Discipline(s) that can use Modifier	OT, PT, SLP, DSI, PSYCH, SW
Impact to Discipline-Specific Rate	Modifier changes the discipline-specific rate.
Service Authorization	IFSP; Child Record
Service Limitation	Initial Planning Process, as delineated in Chapter 5, and the child and family’s IFSP.
Documentation	Child Record, including the IFSP justification for the provision of early intervention services in other than natural environments.
Rules	Must be documented, with justification on the IFSP, including a plan for transitioning to the natural environment. Other setting must be selected on the Service Delivery page of the ADES/AzEIP data system.

CHAPTER 5 Initial Planning Process Billable Units

The Contractor shall bill no more than the maximum units identified below, per child, during each initial planning process (IPP) function. The chart outlines unit utilization for potential functions during the initial planning process; not every function is implemented with each child referred and therefore not all units will be billed for each child. Additional units may be authorized only with prior approval from ADES/AzEIP on an individual family/caregiver basis. The proceeding chapters provide the specific information needed to bill the IPP units by entering as service delivery in the ADES/AzEIP data system.

Function		MAXIMUM Unit Utilization	
		Core Team, Psychology and Social Work	Service Coordination
1. REFERRAL: Receives referral (phone, fax, e-mail) and, if appropriate, enters referral data.			0.5 Other Setting
2. INITIAL HOME VISIT: If needed, schedules and completes a home visit to provide information about early intervention, including family rights, financial matters, and, as appropriate, gather consents, and conducts developmental screening.			2.0
3. ADES/AzEIP ELIGIBILITY:			
	3a. If available, review records to determine if ADES/AzEIP eligibility can be determined based on established condition, or recent, appropriate evaluation(s), or other records (use main office zip code for location).	1.0 Other Setting	
<u>or</u>	3b. If needed, schedules and conducts a developmental evaluation to determine ADES/AzEIP eligibility.	4.0 Natural across two team members	
	3b(i): If evaluation was conducted to determine ADES/AzEIP eligibility, the multidisciplinary team writes the evaluation report, using the ADES/AzEIP Developmental Evaluation Report template.	1.0 Other Setting	
4. AGENCY ELIGIBILITY: Coordinate with ADES/AzEIP service providing agency (ASDB, DDD) to determine if eligible for agencies and, if eligible, schedule initial IFSP meeting.			1.0
5. FAMILY AND CHILD ASSESSMENT:			
	If the child's eligibility is based on the review of records, the family and child assessment will be conducted by two professionals representing core team disciplines, psychology, social work, or *ASDB vision or hearing specialist. If service coordination is likely to remain with the Contractor, the Contractor's service coordinator <u>may</u> participate in the family and child assessment.	4.0 across two team members	2.0
	If the child's eligibility is based on evaluation, the family and child assessment will be conducted by one of the professionals representing core team disciplines, psychology or social work, ASDB vision or hearing specialist who was involved in the evaluation and the Service Coordinator (this may be DDD's or ASDB's service coordinator, if eligibility is known.)	2.0 across two team members	2.0

6. INITIAL INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP):			
	If service coordination is likely or known to remain with the Contractor, the Contractor's Service Coordinator <u>will</u> participate in the IFSP with the core team, psychology or social work professionals, ASDB Vision or Hearing Specialist who were involved in the family and child assessment		1.5
	If service coordination is provided by ASDB or DDD, the Contractor's Service Coordinator <u>will</u> participate in IFSP; the ASDB or DDD Service Coordinator will facilitate the IFSP. The core team, psychology or social work professional, ASDB Vision and Hearing Specialist involved in the family and child assessment will participate in the IFSP.	3.0	1.5

* ASDB Vision and Hearing Specialist, provided by ASDB, are not billed through the ADES/AzeIP data system.

CHAPTER 6
Team Conferencing (TC)

The Contractor shall bill no more than the maximum units identified below, per child, per calendar quarter.

Discipline (representing one individual)	Maximum Monthly Billing per Child	Maximum Quarterly Billing per Child
DSI	.25	.75
OT	.25	.75
PSYCH*	.25	.75
PT	.25	.75
SC*	.25	.75
SLP	.25	.75
SW*	.25	.75
TOTAL	1.75	5.25

* PSYCH, SC and SW are only billed for team meetings when these services are on the family's IFSP.

Appendix “A”

Definitions

1. ASDB – Arizona State Schools for the Deaf and the Blind
2. Assessment – the ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility and includes the assessment of the child and the child’s family.

The assessment of the child must include

- A. a review of the results of the evaluation, if conducted;
- B. personal observations of the child; and
- C. the identification of the child’s needs in each of the developmental areas.

The family-directed assessment is conducted to identify the family’s resources, priorities, and concerns and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the family’s child in early intervention. The family-directed assessment is:

- A. voluntary on the part of each family member participating in the assessments;
- B. based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- C. to include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development.

3. Contractor – Organization which works on behalf of ADES/AzEIP in providing services to children in natural and clinical settings while adhering to the ADES/AzEIP Mission Statement and Principles
4. Contractor Services include early intervention services that can be provided by the following disciplines:
 - a. occupation therapist;
 - b. physical therapist;
 - c. psychologist;
 - d. service coordinator;
 - e. social worker;
 - f. speech-language pathologist, and;
 - g. developmental special instructionist.
5. Core Team - The following constitutes a core team:
 - a. occupation therapist;
 - b. physical therapist;
 - c. speech-language pathologist; and
 - d. developmental special instructionist (a.k.a. early interventionist or developmental specialist).

The core team differs from the family’s IFSP team, which may include some or all core team members. The IFSP team always includes the service coordinator. The core team reviews and discusses progress toward IFSP outcomes in order to support the team lead and other IFSP team members in developing and modifying strategies to obtain IFSP outcomes and respond to family questions. The family is invited to participate in core team discussion regarding their family. If the family participates in the core team discussion and an IFSP change is identified and agreed upon by the family, a revision may be made in accordance with ADES/AzEIP IFSP policies and guidance documents. In most

circumstances, the core team will not make IFSP decisions and never without full participation of the parents.

DES database means the automated database of DES used to collect data for ADES/AzEIP.

The family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child in early intervention. The family-directed assessment is:

- A. voluntary on the part of each family member participating in the assessment;
- B. be based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
- C. include the family's description of its resources, priorities, and concerns related to enhancing the child's development.

6. DDD – Division of Developmental Disabilities provides services to children who have a diagnosis of Cerebral Palsy, Epilepsy, Autism, or Cognitive Disability OR have an established condition which puts them "At Risk" for one of the four developmental disabilities OR have demonstrated a significant developmental delay in one or more areas of development (language, cognitive, social, physical, self-help). Once a DDD ISP date is determined and populated within the ADES/AzEIP data system application all billable services should be recorded in the DDD Focus system.
7. Dual Role Service Coordinator during the initial planning process means the service coordinator is a) identified at referral; b) the individual qualifies as a service coordinator and at least one other of the following disciplines: developmental special instructionist (DSI); occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP); c) is a member of the evaluation or assessment team for the family; and d) attends and facilitates (as the only service coordinator or in coordination with the DDD services coordinator, if the child is DDD eligible and with other team members) the initial IFSP meeting. During ongoing services the service coordinator must also be the Team Lead for the family.
8. Early Intervention Services are those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early intervention services are:
 - Are provided under public supervision;
 - selected in collaboration with the parents;
 - provided at no cost unless federal or state law provides for a system of payments by families, including a schedule of sliding fees
 - designed to meet the developmental needs of each child who is ADES/AzEIP eligible, and the needs of the family to assist appropriately in the child's development, as identified by the IFSP team, in any one or more of the following areas: (a) physical development; (b) cognitive development; (c) communication development; (d) social or emotional development; or (e) adaptive development;
 - meet Arizona standards including the requirements of IDEA, Part C;
 - include the early intervention services listed below;
 - provided by qualified personnel, including the individuals listed under "Qualified personnel";
 - to the maximum extent appropriate, are provided in a natural environments, including the home and community settings in which infants and toddlers without disabilities participate; and
 - provided in conformity with the Individualized Family Service Plan.

Early Intervention Services include:

A. *Assistive technology device and service* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

Assistive technology service means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include:

1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
6. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

B. *Audiology* includes:

1. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
4. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
5. Provision of services for prevention of hearing loss; and
6. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

C. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible for ADES/AzEIP in understanding the special needs of the child and enhancing the child's development.

D. *Health services* means services necessary to enable an ADES/AzEIP eligible child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.16.

E. *Medical services* means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

F. *Nursing services* includes the:

1. Assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 2. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 3. Administration of medications, treatments, and regimens prescribe by a licensed physician.
- G. *Nutrition services* includes:
1. Conducting individual assessments in:
 - a. Nutritional history and dietary intake;
 - b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
 2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible for ADES/AzEIP, based on the findings in 1. above; and
 3. Making referrals to appropriate community resources to carry out nutrition goals.
- H. *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
1. Identification, assessment, and intervention;
 2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- I. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
1. Screening, evaluation, and assessment of children to identify movement dysfunction;
 2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- J. *Psychological services* include:
1. Administering psychological and developmental tests and other assessment procedures;
 2. Interpreting assessment results;
 3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health, and development; and
 4. Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- K. *Service coordination services* means those services to assist and enable a child and the child's family to receive services and rights, including procedural safeguards, required by IDEA, Part C. The ADES/AzEIP Team-based early intervention contractor appoints an ADES/AzEIP service coordinator upon referral who shall serve as the single point of contact for the family to coordinate all services required under IDEA, Part C across agency lines. Service coordination is an active, ongoing process that involves:
1. Assisting parents in gaining access to, and coordinating the provision of, the early intervention services required under IDEA Part C in a timely manner; and

2. Coordinating the other services identified on the IFSP that are needed by, or are being provided to, the child and his/her family.

Specific service coordination services include:

1. Assisting parents of children eligible for ADES/AzEIP in obtaining access to needed early intervention services and other services identified on the IFSP, including making referrals to providers for needed services and scheduling appointments for children and their families.
2. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.
3. Coordinating evaluations and assessments;
4. Facilitating and participating in the development, review, and evaluation of IFSPs;
5. Conducting referral and other activities to assist families in identifying available early intervention service providers;
6. Coordinating, facilitating, and monitoring the delivery of services required under IDEA, Part C to ensure that the services are provided in a timely manner;
7. Conducting follow-up activities to determine that appropriate early intervention services are being provided;
8. Informing families of their rights and procedural safeguards under IDEA, Part C and related resources;
9. Coordinating the funding sources for services required under IDEA Part C;
10. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

L. *Sign language and cued language services* include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

M. *Social work services* includes:

1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
2. Preparing a social or emotional developmental assessment of the child within the family context;
3. Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
4. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

N. *Special instruction* includes:

1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the Individualized Family Service Plan;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the child to enhance the child's development.

O. *Speech-language pathology* includes:

1. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delay in those skills;

2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
 3. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- P. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible for ADES/AzEIP and the child's family to receive early intervention services.
- Q. *Vision services* means:
1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
 2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 3. Communication skills training for orientation and mobility training, for all environments, visual training, and additional training necessary to activate visual motor abilities.

9. Evaluation – means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for ADES/AzEIP. An initial evaluation refers to the child's evaluation to determine his or her initial eligibility for ADES/AzEIP. Evaluations may occur during the IPP process, during the family/child assessment process, or take place after the child is in the program and being provided ongoing services. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for ADES/AzEIP. Procedures include:

- A. administering an evaluation instrument;
- B. taking the child's history (including interviewing the parent);
- C. Identifying the child's level of functioning in each of the developmental areas (cognitive development, physical development, including vision and hearing), communication development, social or emotional development, and adaptive development);
- D. gathering information from other sources such as family members, other care-givers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
- E. reviewing medical, educational, or other records.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50 percent delay meets ADES/AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for ADES/AzEIP, and 2) to re-determine a child's continuing eligibility for the program.

10. Individualized Family Service Plan (IFSP) is a written plan developed by a multidisciplinary team, including the parent, which includes:
- A. Information about the child's present levels of physical (including vision, hearing and health status), cognitive, communication, social or emotional, and adaptive development based on information from that child's evaluation and/or assessments;
 - B. With agreement from the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of their child as identified through the family assessment;

- C. The measurable outcomes or results expected to be achieved for the child (including pre-literacy and language skills as developmentally appropriate for the child) and family, including the criteria, procedures, and timelines that will be used to determine (1) the degree to which progress toward achieving the results or outcomes identified on the IFSP is being made; and (2) whether modifications or revisions of the outcomes or services are needed;
 - D. The early intervention services, based on peer-reviewed research (to the extent practicable) and resources necessary to meet the unique needs of the child and family to achieve those outcomes or results. For each early intervention service, the IFSP must include:
 - (1) The length (length of time during each session), duration (projection of when the child is expected to achieve the outcome on his/her IFSP), frequency (number of days or sessions), intensity (individual or group), and method of delivering each service (how a service is provided);
 - (2) The location (actual place or places) of the services;
 - (3) If a service is not provided in a natural environment, a justification as to why the service will not be provided in the natural environment, the plan to transition the service to the natural environment within six months or sooner, and strategies to support generalization and attainment of the outcome in a natural environment; and
 - (4) Payment arrangements.
 - E. Other Services, including medical or other services the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C, early intervention. For services not currently being provided, include a description of the steps the service coordinator or family will take to secure those other services.
 - F. The name of the ADES/AzEIP service coordinator;
 - G. The steps to be taken to support the smooth transition of the child from early intervention services by age 3 to (i) preschool services under IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available. Those steps include:
 - (1) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
 - (2) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
 - (3) Confirmation that child find information about the child has been transmitted to the school district and Arizona Department of Education, unless the family has opted out of this automatic referral;
 - (4) With parental consent, child information has been sent to the school district or other early childhood programs to ensure continuity of services from ADES/AzEIP to those other programs, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed; and
 - (5) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child; and
 - H. Signature of the parent, which provides consent for the early intervention services.
11. **IFSP Team** – the group of individuals who participate in each initial annual IFSP and must include:
- i. the parent(s) or legal guardian of the child;
 - ii. other family members, if requested by the parent(s);
 - iii. an advocate or any other person outside of the family, if requested by the parent(s);
 - iv. the designated ADES/AzEIP service coordinator;
 - v. the person(s) directly involved in conducting the assessment/evaluations; and
 - vi. person(s) who will be providing services if appropriate

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- i. participation in a telephone call;
 - ii. having a knowledgeable authorized representative attend the meeting; or
 - iii. making pertinent records available at the meeting.
12. Individualized Education Program (IEP) meeting – the meeting held by the school district to develop the child’s IEP to be effective on or before the child’s 3rd birthday,
 13. Initial Planning Process - the events and activities beginning with referral to ADES/AzEIP and include the referral, screening, evaluation, eligibility determination, and, if ADES/AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and ADES/AzEIP, through giving and gathering information to facilitate appropriate next steps.
 14. Initial Referral - the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a ADES/AzEIP Team-based model contractor, ADES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for ADES/AzEIP as a child with a developmental delay or disability and who might need early intervention. The “initial referral” is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number.
 15. Rates – rates were adjusted 4% February 1, 2015
 - *Natural Settings Rate:* Early intervention services will, to the maximum extent appropriate to the needs of the child, be provided in the natural environment (Home and Community based settings). Natural environments are those settings that are natural or normal for the child’s age peers who have no disabilities. (Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. The Justification page of the IFSP must be completed.) The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment, and includes initial and ongoing assessments. Travel time and mileage are not billed separately as they are built into the rate. The unit rate includes completion of documentation requirements.
 - *Other Rate:* “Other” settings may only be used when a service cannot be provided in the natural environment. In these rare instances, the Justification page of the IFSP will be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than three months. The Other Setting is selected on the Service Delivery page in the ADES/AzEIP data system in these circumstances. The unit rate includes completion of *documentation requirements*.
 - *Evaluation Rate:* Each multidisciplinary evaluation team member may bill for his/her time conducting an evaluation, in-person (direct services) with families and one hour per team using the Other Setting, non-direct, for report writing. Travel time and mileage are not billed separately.
 - *Service Coordination Rate:* Service coordination does not have a natural rate, as the majority of service coordination activities occur in the office setting. Service

coordinators can bill for their travel time for conducting service coordination activities, which are activities conducted with the family.

- *Multiple Children Rates*: These rates apply when the service is provided to more than one child, such as when there are two eligible children who are twins or are in a foster home. The team lead and other team members must individualize services to reflect the family's priorities, identified functional outcomes, and expand caregivers' ability to support their children in the context of their routines. This framework promotes simultaneously engaging children as caregivers do throughout the daily routines, rather than working with children sequentially.

16. Team Lead is the primary service provider with expertise most relevant to the child's needs and the IFSP outcomes and is the primary partner with the family in the provision of services. The team lead's focus is on collaborative consultation and coaching of families as the primary intervention strategy to implement jointly-developed, functional IFSP outcomes in natural environments with ongoing coaching and support from other team members. The primary service provider does not single-handedly meet all the service needs of the child. The team remains in place, is involved in team decisions, and actively consults with the primary service provider, periodically visiting with the family as needed.
17. Waivers allow for ongoing direct services, for a specific discipline (OT, PT, SLP), to be billed on regular (not TPL) invoices, even though the family has provided consent to bill insurance. The purpose of the waiver is to allow for the billing of future services, without having to go through the TPL process, when it is expected that payment will be denied by the health plan or insurance company.

Appendix “B”

Rates						
	Age	Setting	Base Rate	Tier 1 (10%)	Tier 2 (25%)	Tier 3 (50%)
Therapy Services	0-2	Clinical	\$61.58	\$67.74	\$76.97	\$92.37
		Natural	\$84.12	\$92.53	\$105.14	\$126.17
Therapy Services, 2 Children	0-2	Clinical	\$38.49	\$42.34	\$48.11	\$57.73
		Natural	\$52.57	\$57.83	\$65.72	\$78.86
Therapy Services, 3 Children	0-2	Clinical	\$30.79	\$33.87	\$38.49	\$46.19
		Natural	\$42.06	\$46.26	\$52.57	\$63.09
Developmental Special Instruction (Bachelor's)	0-2	Clinical	\$38.88	\$42.76	\$48.60	\$58.31
		Natural	\$54.98	\$60.49	\$68.73	\$82.48
Developmental Special Instruction (Bachelor's), 2 Children	0-2	Clinical	\$24.29	\$26.73	\$30.37	\$36.44
		Natural	\$34.36	\$37.80	\$42.95	\$51.54
Developmental Special Instruction (Bachelor's), 3 Children	0-2	Clinical	\$19.44	\$21.38	\$24.29	\$29.15
		Natural	\$27.49	\$30.24	\$34.36	\$41.24
Developmental Special Instruction (Master's)	0-2	Clinical	\$54.32	\$59.76	\$67.90	\$81.48
		Natural	\$74.81	\$82.28	\$93.51	\$112.22
Developmental Special Instruction (Master's), 2 Children	0-2	Clinical	\$33.96	\$37.35	\$42.44	\$50.93
		Natural	\$46.76	\$51.43	\$58.44	\$70.13
Developmental Special Instruction (Master's), 3 Children	0-2	Clinical	\$27.16	\$29.88	\$33.96	\$40.75
		Natural	\$37.40	\$41.14	\$46.76	\$56.11
Social Work (Bachelor's)	0-2	Clinical	\$27.13	\$29.85	\$33.91	\$40.70
		Natural	\$39.93	\$43.91	\$49.90	\$59.88
Social Work (Bachelor's), 2 Children	0-2	Clinical	\$16.96	\$18.66	\$21.20	\$25.44
		Natural	\$24.95	\$27.45	\$31.19	\$37.43
Social Work (Bachelor's), 3 Children	0-2	Clinical	\$13.56	\$14.92	\$16.96	\$20.35
		Natural	\$19.96	\$21.95	\$24.95	\$29.94
Social Work (Master's)	0-2	Clinical	\$38.98	\$42.88	\$48.72	\$58.47
		Natural	\$55.12	\$60.63	\$68.90	\$82.68
Social Work (Master's), 2 Children	0-2	Clinical	\$24.36	\$26.80	\$30.45	\$36.55
		Natural	\$34.44	\$37.90	\$43.07	\$51.68
Social Work (Master's), 3 Children	0-2	Clinical	\$19.49	\$21.43	\$24.36	\$29.23
		Natural	\$27.56	\$30.32	\$34.44	\$41.34
Psychological Services	0-2	Clinical	\$48.85	\$53.73	\$61.06	\$73.27
		Natural	\$67.78	\$74.56	\$84.73	\$101.67
Psychological Services, 2 Children	0-2	Clinical	\$30.48	\$33.58	\$38.16	\$45.79
		Natural	\$42.36	\$46.60	\$52.96	\$63.54
Psychological Services, 3 Children	0-2	Clinical	\$24.42	\$26.86	\$30.52	\$36.64
		Natural	\$33.89	\$37.27	\$42.36	\$50.84
Service Coordination	All	All	\$40.19	\$44.21	\$50.23	\$60.28

Appendix "C"

BILLING MATRIX

Pre-IFSP																							
Activity	Service Coord	Team Member	Asmnt (4 units across two team members)	Assist Tech	Data 0.25 per calendar quarter	Eval: 4 units across 2 team members (2:2 or 3:1)	Meeting	Multiple Elg 2	Multiple Elg 3	Non Direct	Record Review 1 unit	Report Writing : 1 unit 2 team members (1 or .5)	SC Dual Role	Sign Lang	Team Lead	Team Conf	Travel	NULL (No Modifier)	Home	Community	Other	H, C, Other	TPL
Data	SC	SC			X																X		NO
Service Coordination	SC	SC																X				X	NO
Service Coordination Non-Direct	SC	SC								X											X		NO
Assessment	SC	SC	X																			X	NO
Meeting	SC	SC					X															X	NO
Travel	SC	SC															X					X	NO
Dual Role Service Coordination																							
Data Entry Dual Role	SC	OT/PT/SLP /DSI			X								X								X		NO
Dual Role Service Coordination	SC	OT/PT/SLP /DSI											X									X	NO
Dual Role Non-Direct Service Coordination	SC	OT/PT/SLP /DSI								X			X								X		NO
Dual Role Assessment	SC	OT/PT/SLP /DSI	X										X									X	NO
Dual Role Meeting	SC	OT/PT/SLP /DSI					X						X									X	NO
Core Team, Psych, Social Worker																							
Assessment	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI	X																			X	
Data Entry	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI			X																X		NO
Evaluation	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI				X																X	
Meeting	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI					X															X	NO
Record Review	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI									X											X	NO
Report Writing	OT/PT/SLP /Psych /SW/DSI	OT/PT/SLP /Psych /SW /DSI										X										X	NO
Team Conferencing	OT/PT/SLP /Psych /SW /DSI/SC	Select Enter Team Conferencing from the Service Delivery Page																			X		NO

POST-IFSP		Modifier														Settings							
Activity	Service	Team Member	Asmnt (4 units across two team membe	Assist Tech	Data 0.25 per calendar quarter	Eval: 4 units across 2 team members (2:2 or 3:1)	Meeting	Multi ple Elg 2	Multi ple Elg 3	Non Direct	Report Writing: 1 unit 2 team members (1 or .5: .5)	SC Dual Role	Sign Lang	Team Lead	Team Conf (0.75 per calendar quarter per team member	Travel	NULL (No Modifier)	Home	Community	Other	H. C. Other	TPL	
Dedicated Service Coordination																							
Data Entry	SC	SC			X																X	NO	
Service Coordination	SC	SC															X				X	NO	
Service Coordination Non-Direct	SC	SC								X										X		NO	
Assessment	SC	SC	X																		X	NO	
Meeting	SC	SC					X														X	NO	
Travel	SC	SC														X					X	NO	
Dual Role Service Coordination																							
Data Entry Dual Role	SC	OT/P/T/SL P/P/psych/D			X							X									X	NO	
Dual Role Service Coordination	SC	OT/P/T/SL P/DSI									X											NO	
Dual Role Non-Direct Service Coordination	SC	OT/P/T/SL P/DSI								X		X									X	NO	
Dual Role Assessment	SC	OT/P/T/SL P/DSI	X									X									X	NO	
Dual Role Meeting	SC	OT/P/T/SL P/DSI					X					X									X	NO	
Core Team, Psych, Social Worker																							
Assessment	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D	X																		X		
Assistive Tech	OT/P/T/SLP	OT/P/T/SL		X																	X		
Data Entry	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D			X																X	NO	
Evaluation (Redetermining Eligibility)	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D				X																	
Report Writing	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D									X										X	NO	
Meeting	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D					X														X	NO	
TeamLead Non-Direct	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D							X					X							X	NO	
Team Lead Service	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D												X							X		
Team Lead Multiple Elig 2	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D							X					X							X		
Team Lead Meeting	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D					X							X							X	NO	
Team Lead Multiple Elig 3	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D						X						X							X		
Team Lead Assessment	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D	X											X							X		
Team Lead Assistive Technology	OT/P/T/SLP	OT/P/T/SL P	X	X										X							X		
Team Lead Assistive Technology	OT/P/T/SLP	OT/P/T/SL P		X										X							X		
Direct Service (i.e. Non-Team Lead)	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D															X				X		
Direct Services Multiple Elig 2	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D						X													X		
Direct Services Multiple Elig 3	OT/P/T/SL/P's ych/DSI/S/W	OT/P/T/SL P/P/psych/D							X												X		
Sign Language and Cued Language	SLP	OT/P/T/SL P/P/psych/D SLS/W/ISC											X								X		
Team Conferencing			Click on Enter Team Conferencing on the Service Delivery Page																		X		NO

Always Non-Billable Conditions	
1	Data Modifier is selected with Home or Community Location – must be “Other”
2	Non-Direct modifier is selected at Home or Community Location – must be “Other”
3	DSI Manage Professional Provider Profile with No Degree selected
4	SW Manage Professional Provider Profile with Other or No Degree Selected
5	Report Writing Modifier is selected at Home or Community Location - must be "Other"
6	Service Delivered outside of Child Contract Region
Always Non-Billable Service/Discipline	
1	Non-AzEIP Team Member (The non AzEIP team member is used to record the service delivery for an IFSP service provided by a person who is not from AzEIP - physical therapist who works for an AHCCCS health plan and provided PT as part of the IFSP)
2	Audiologist
3	Vision Specialist
4	Hearing Specialist
5	Nurse
6	Physician
7	Registered Dietician
8	Transportation
9	Other Early Intervention Services
Post-IFSP Conditions Always Non-Billable	
1	Services not present on the IFSP
2	Service Delivery units greater than IFSP Units
3	Service delivered on or after DDD ISP date
4	Service Delivery Date Greater than IFSP Planned Service End Date