

The Arizona Early Intervention Program  
(AzEIP) and the Interagency  
Coordinating Council (ICC)  
*An Overview*



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# Discussion Topics

- AzEIP Structure
- The Interagency Coordinating Council (ICC)
- AzEIP Challenges, Directions & Opportunities



# What is AzEIP?

- The statewide system of early intervention services for families of infants and toddlers, birth to three years of age, with disabilities or delays
- Governed by the Individuals with Disabilities Education Act (IDEA) - Part C - Early Intervention Program for Infants and Toddlers with Disabilities
- Oversight by the U.S. Department of Education, Office of Special Education Programs (OSEP)



# AzEIP Participating Agencies

- **Arizona Department of Economic Security (DES) \***
    - **Arizona Early Intervention Program**
    - **Division of Developmental Disabilities**
  - **Arizona State Schools for the Deaf and the Blind (ASDB)\***
  - **Arizona Department of Health Services (ADHS)**
  - **Arizona Department of Education (ADE)**
  - **Arizona Health Care Cost Containment System (AHCCCS)**
- \* AzEIP Service Providing Agencies (provides service coordination)



# DES / AzEIP Roles

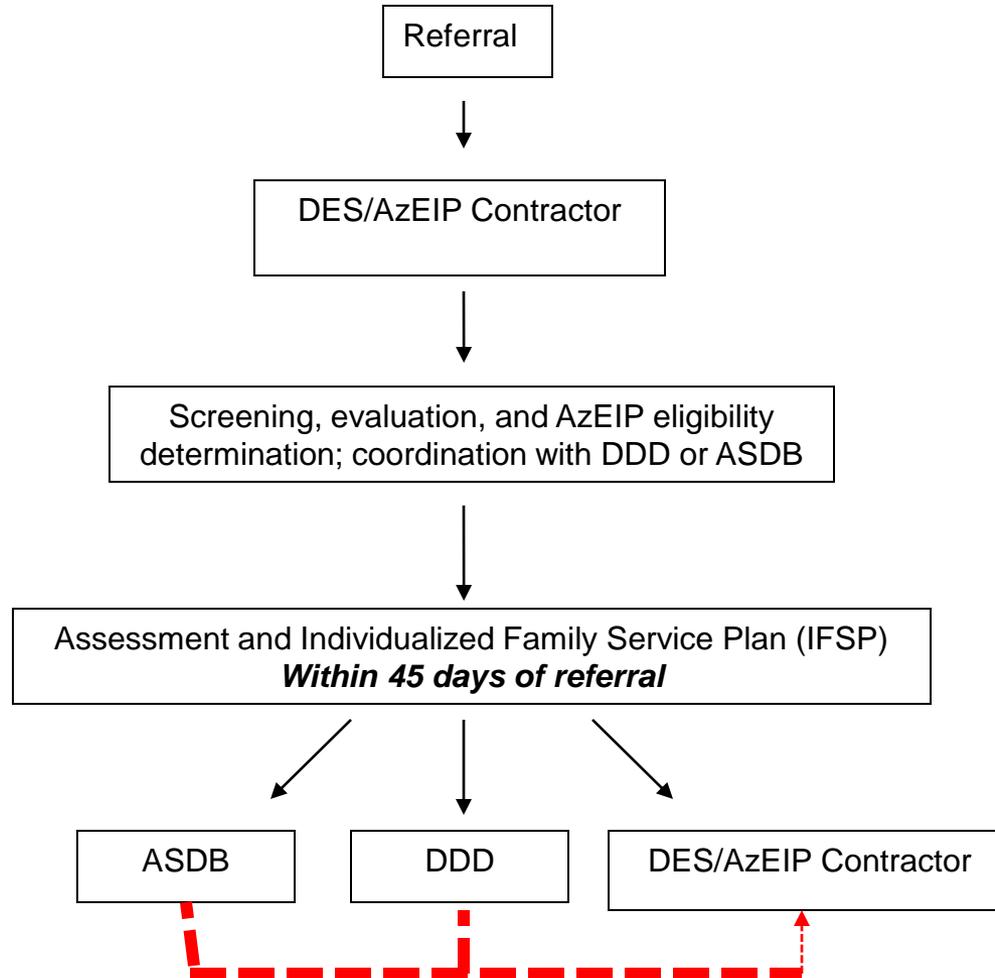
## Lead Agency and General Supervision (GS)

- Policies and Procedures
- Technical Assistance
- Training and Personnel Qualifications
- Data and reporting
- Dispute Resolution
- Integrated Monitoring
- Enforcement

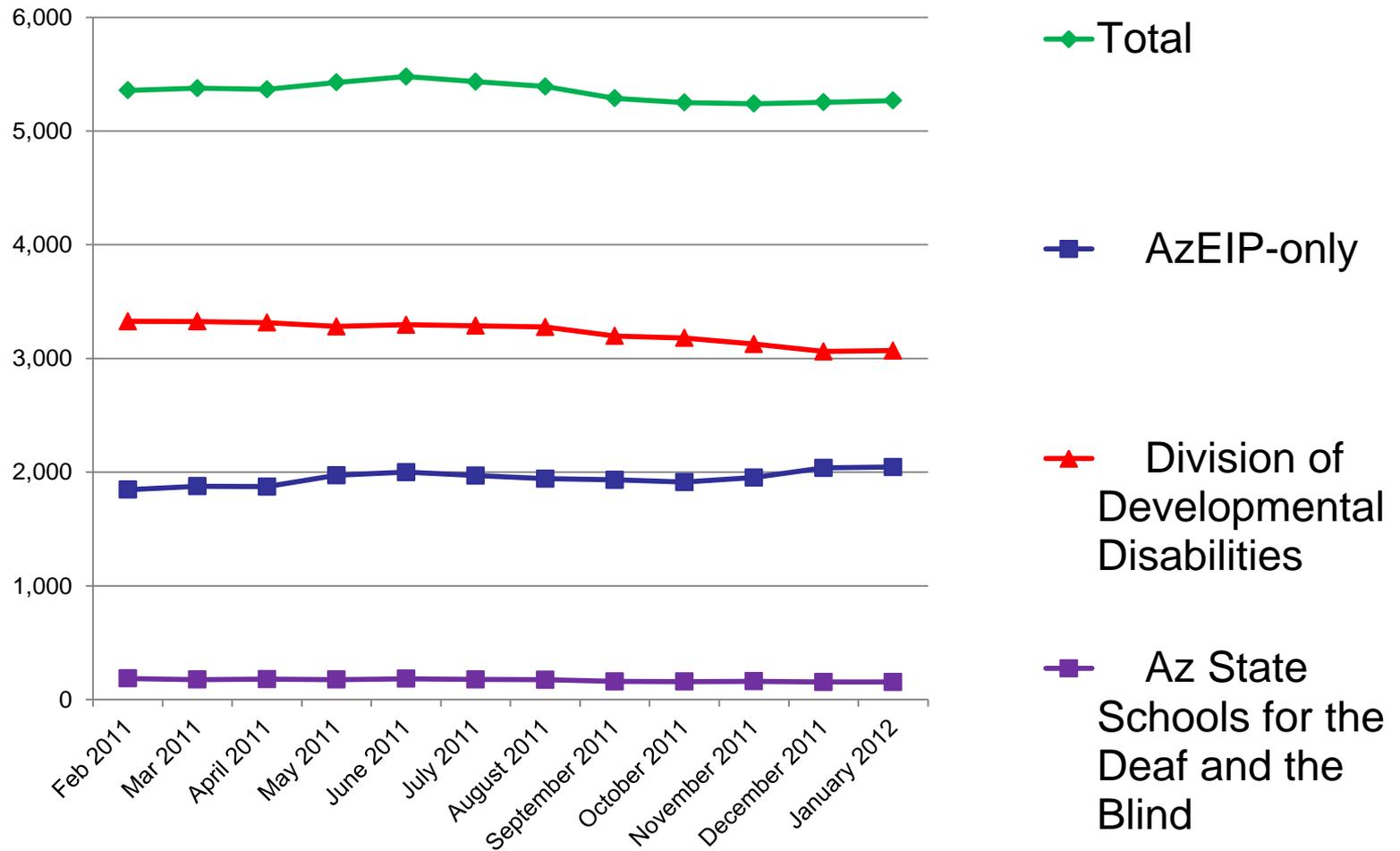
Direct Services: AzEIP-Only, and, when needed, serves families for DDD and ASDB



# The AzEIP Process - at a glance



# Families Served



## **Current: Early Intervention Programs**

- DES/AzEIP = 21 programs
- DES/DDD = 10 programs
- ASDB = 5 programs



# Primary Funding Sources

- State (DES/AzEIP, DDD, ASDB) (MOE)
- IDEA, Part C (DES/AzEIP, ASDB)
- Medicaid
  - ALTCS & Targeted Case Management (DDD)
  - EPSDT Procedures (DES/AzEIP, DDD, ASDB)
- Family Cost Participation (DES/AzEIP, DDD, ASDB)
- Private Insurance (cost avoidance) (DES/AzEIP, DDD, ASDB)



# Family Cost Participation

- Families Share in Costs Based on Family Size and Income
- Families on AHCCCS, WIC, and SNAP have a 0% to pay, but are still part of FCP
- Does not apply to:
  - Children enrolled in DDD/ALTCS
  - Children in foster care
  - Child with an AZ Adoption Subsidy Agreement



# The Interagency Coordinating Council (ICC)

- Governor-appointed members representing stakeholders, as defined by IDEA, Part C
  - Parents, providers, state agency representatives, early childhood partners, etc.
- Advise and assist DES/AzEIP
- Quorum and membership considerations



# The Interagency Coordinating Council (ICC)

- Three Standing Committees
  - Executive Committee
  - Structure and Flow Committee
  - Collaboration and Education Committee
- Ad hoc Committees, when needed



# The Interagency Coordinating Council (ICC)

- Executive Committee
- Structure and Flow Committee
  - **General Supervision System:** early intervention compliance and performance improvement
  - **Community Outreach:** expand partnerships to ensure that families with children with disabilities know about and have access to early intervention services.
- Collaboration and Education Committee
  - **Family engagement:** gathering information from families about their early intervention experience and what improvements could be made,
  - **Training, and Technical Assistance :** Informing families, early intervention professionals and communities about the purpose of early intervention, early intervention requirements and effective early intervention practices,
  - **Recruitment and retention of early intervention professionals**



# The Interagency Coordinating Council (ICC)

- ICC, and the Structure & Flow, and Collaboration & Education Committees
  - Second Friday of “odd” months - Jan., March, May, August\*\*, Sept. and Nov.
- Executive Committee
  - Second Tuesday of “even”(non-ICC) months
- <https://www.azdes.gov/AzEIP/ICC/>
  - Bylaws, schedule, membership, etc.



# Arizona Early Intervention Program

## Our Mission

Part C 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.



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[www.azdes.gov/azeip](http://www.azdes.gov/azeip)

AZEIP



# Key Principles for Early Intervention Services



**1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.**

## Key Concepts:

- Learning activities must be functional, based on interests
- Learning is relationship-based

## Principle Looks Like

Identifying activities the child and family like to do which build on their strengths and interests

Using toys and materials found in the home or community setting

## Principle Doesn't Look like

Designing activities for a child that focus on skill deficits or are not functional or enjoyable

Using toys, materials and other equipment the professional brings to the visit

# Key Principles for Early Intervention Services



**2. All families, with the necessary supports and resources, can enhance their children’s learning and development.**

**Key Concepts:**

- The consistent adults in a child’s life have the greatest influence on learning and development
- ALL families have strengths and capabilities

Principle Looks Like	Principle Doesn’t Look like
Building on family supports and resources; supporting them to marshal both informal and formal supports that match their needs and reducing stressors	Making assumptions about family needs, interests, and ability to support their child because of life circumstances
Identifying with families how all significant people support the child’s learning and development in care routines and activities meaningful and preferable to them	Expecting all families to have the same care routines, child rearing practices and play preferences.

# Key Principles for Early Intervention Services



**3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.**

**Key Concepts:**

- El providers engage with the adults to enhance confidence and competence in their inherent role as the people who teach and foster the child’s development!
- Families are equal partners in the relationship with service providers

Principle Looks Like	Principle Doesn’t Look like
Providing information, materials and emotional support to enhance families’ natural role as the people who foster their child’s learning and development	Training families to be “mini” therapists or interventionists
Celebrating family competence and success; supporting families only as much as they need and want	Taking over or overwhelming family confidence and competence by stressing “expert” services

# Key Principles for Early Intervention Services



**4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.**

## Key Concepts:

- Families are active participants in all aspects of services
- Child and family needs, interests, and skills change; the IFSP must be fluid, and revised

## Principle Looks Like

Collaboratively deciding and adjusting the frequency and intensity of services and supports that will best meet the needs of the child and family.

Acknowledging that the IFSP can be changed as often as needed to reflect the changing needs, priorities and lifestyle of the child and family

## Principle Doesn't Look like

Providing all the services, frequency and activities the family says they want on the IFSP

Expecting the IFSP document outcomes, strategies and services not to change for a year

# Key Principles for Early Intervention Services



**5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.**

## Key Concepts:

- Functional outcomes improve participation in meaningful activities
- Functional outcomes build on natural motivations to learn and do; fit what's important to families; strengthen naturally occurring routines; enhance natural learning opportunities.

## Principle Looks Like

Writing IFSP outcomes based on the families' concerns, resources, and priorities

Writing integrated outcomes that focus on the child participating in community and family activities

## Principle Doesn't Look like

Writing IFSP outcomes based on test results

Writing discipline specific outcomes without full consideration of the whole child within the context of the family

# Key Principles for Early Intervention Services



**6. The family's priorities needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.**

## Key Concepts:

- The primary provider brings in other services and supports as needed, assuring outcomes, activities and advice are compatible with family life and won't overwhelm or confuse family members

## Principle Looks Like

Talking to the family about how children learn through play and practice in all their normally occurring activities

Having a primary provider, with necessary support from the team, maintain a focus on what is necessary to achieve functional outcomes

## Principle Doesn't Look like

Giving the family the message that the more service providers that are involved, the more gains their child will make

Having separate providers seeing the family at separate times and addressing narrowly defined, separate outcomes or issues

# Key Principles for Early Intervention Services



**7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.**

**Key Concepts:**

- Practices must be based on and consistent with explicit principles
- Providers should be able to provide a rationale for practice decisions.
- Practices must fit with relevant laws and regulations

Principle Looks Like	Principle Doesn't Look like
Updating knowledge, skills and strategies by keeping abreast of research	Thinking that the same skills and strategies one has always used will always be effective
Keeping abreast of relevant regulations and laws and using evidence-based practice to amend regulations and laws	Using practices that are contrary to relevant policies, regulations or laws

# Directions and Opportunities

- IDEA regulations (policies, forms, tools)
- Team-based early intervention to support families and their children who are DDD and/or ASDB eligible
- I-TEAMS
- Community Outreach regarding the mission and key principles



# Team-Based Early Intervention

- Procures the most frequently utilized early intervention services
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Developmental Special Instruction
  - Service Coordination
  - Psychological services
  - Social Work services
- Establishes an interdependent team of qualified early intervention professionals.



# Team-Based EI

- Promotes integrated approach
- Dynamic, responsive, flexible team support for families
- Individualized team decision-making by the IFSP team
- Team case load, instead of individual case loads – more efficient use of personnel



# Team-Based EI

- **Coaching** redefines who supports are intended for, thus broadening the concept of serving a child with a disability to support key people involved with the child across a variety of activities and settings.
- Establishes a **team lead** for each family. The team lead receives coaching from other team members and uses coaching as the intervention strategy with parents and other caregivers to enhance child learning opportunities in their existing and desired activities and routines.



# Thank You!

## Principles and Eligibility Information For Reference



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# AzEIP & Related Eligibility Criteria



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# AzEIP Eligibility

- **A child birth to 36 months of age who has not reached 50% of the developmental milestones expected at his/her chronological age, in one or more of the following domains:**
  - **Physical (fine and/or gross motor, sensory including vision and/or hearing)**
  - **Cognitive**
  - **Communication**
  - **Social or emotional**
  - **Adaptive**
- **Established conditions**
  - **Known to have a high probability of resulting in developmental delay**



# **AzEIP Established conditions *may include, but are not limited to:***

- **Cerebral palsy**
- **Failure to thrive/pediatric under-nutrition**
- **Chromosomal abnormalities (e.g., Down syndrome)**
- **Severe attachment disorders**
- **Significant auditory or visual impairment**
- **Disorders reflecting disturbance of the development of the nervous system**
- **Congenital infections**
- **Disorders secondary to exposure to toxic substances, including Fetal Alcohol Syndrome**



# ASDB Eligibility

- Child under the age of three years
- Hearing:
  - Hearing Impairment means a permanent, bi-lateral loss of hearing acuity, as determined by an audiologist.
- Vision:
  - Visual impairment means a permanent, bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes with the child's development



# ASDB eligibility

- Key elements:
  - Bi-lateral, permanent
  - Diagnosed by appropriate professional
    - ASDB frequently receives direct referrals
    - ASDB contacts the IPPteam/team-based contractor as appropriate to complete the initial evaluation and coordinate the IFSP
      - ASDB sometimes completes the Initial Planning Process independently and sometimes contacts the team



# DDD eligibility

- A child under the age of 6 may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled (Cognitive Disability, CP, Epilepsy or Autism) as determined by appropriate tests.

(A.R.S. 36-551)



# DDD eligibility

- DDD defines Developmental Disability as:
  1. Cognitive Disability;
  2. Cerebral Palsy;
  3. Epilepsy; or
  4. Autism



# DDD eligibility: 0-6 years

- 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 that indicates the potential for one of the four developmental disabilities



# DDD eligibility – Established Conditions

- Established Conditions that may lead to one of the four developmental disabilities
  - Hydrocephaly, Microcephaly, Meningitis, Encephalitis
  - Spina bifida with evidence of hydrocephalus or Arnold-Chiari malformation
  - Intraventricular Hemorrhage, Grade 3 or 4
  - Periventricular Leukomalacia
  - Chromosomal abnormalities with high risk of leading to a developmental disability -EX Down Syndrome, Fragile X



# DDD eligibility – Established Conditions

*continued*

- Other syndromes with high-risk association to cognitive disability - Cornelia de Lange, Prader-Willi Syndrome
- Alcohol or drug-related birth defects - Fetal Alcohol Syndrome (FAS)
- Birth weight less than 1000 grams 2.2LBS with neurological impairment or significant medical involvement
- Neonatal Seizures (afebrile, i.e., not from a fever)
- Post natal traumatic brain injury



# DDD eligibility – Developmental Delay

“Significant Developmental Delay” that may lead to one of the four developmental disabilities

- The child **has not reached 50% of the developmental milestones\*** expected at his/her chronological age in one of the following domains:

**OR**

- The child **has not reached 75% of the developmental milestones\* expected** at his/her chronological age in two or more of the following domains:



# DDD eligibility – Developmental Delay

“Significant Developmental Delay” in one or more of the following domains that may lead to one of the four developmental disabilities:

Physical development (fine and gross motor skills)

Cognitive development

Language/Communication development

Self-help/Adaptive skills

Social-Emotional skills

**Must demonstrate that delay will likely lead to a disability as defined by DDD**



# Dually Eligible

- Child may be eligible for both ASDB and DDD
  - Team decision regarding primary agency and service coordination duties

