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# SERVICE COORDINATOR SYSTEM OF PAYMENTS CHECKLIST

Arizona funds early intervention services using a variety of sources. While AzEIP does not use family fees or family cost participation, the AzEIP system of funding for early intervention includes the use of families' public (AHCCCS or ALTCS), or private insurance. As with any use of health coverage for a child, written consent from the parent/caregiver is required. This tool is designed for you to use with the **Consent to Bill Insurance Job Aid and form** to support you to have this important discussion with parents/caregivers during your initial visit and at annual IFSP or addendum meetings.

- I provided a copy and explained "A Family's Guide to Funding Early Intervention" booklet to the family, and answered any questions.

I informed family of their rights, explaining the following:

- There are no *costs to the family* for:
- Referrals to AzEIP
  - Evaluation and Assessment to determine eligibility
  - Service Coordination
  - Administrative and coordinative activities related to:
    - Development, review and evaluation of IFSP and interim IFSP
    - Procedural safeguards
- The family's public or private insurance must be considered prior to the use of any other public funding sources to pay for early intervention services identified in the child's IFSP.
- The family will have **no out-of-pocket costs** for early intervention services. The family will have no fees, copays or deductibles to pay for early intervention services.
- Prior to billing insurance, AzEIP must obtain consent from the parent. Many early intervention services are covered by insurance which can help cover services on your child's IFSP. Should the family choose to change consent; changes will take effect as of the date of their signature on a on a new consent form.
- Early Intervention services will not be denied or delayed should a family not have insurance or not want to use their health insurance.
- I completed the Consent to Bill Health Insurance Form with the family.
- If the family stated their child was uninsured, I offered to assist the family to obtain health insurance.
- I signed the Consent to Bill Health Insurance Form.
- My supervisor signed the Consent to Bill Health Insurance Form.
- I faxed/mailed the signed Consent to Bill Health Insurance Form to the DES/AzEIP Office.