DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Arizona Early Intervention Program

TEAM-BASED EARLY INTERVENTION SERVICES BILLING MANUAL

REVISED September 8, 2021   EFFECTIVE October 1, 2021

Table of Contents

See page 49 for EOE/ADA disclosures

CHAPTER 1 - GENERAL OVERVIEW

The Arizona Department of Economic Security/Arizona Early Intervention Program (ADES/AzEIP) Team-Based Early Intervention Services (TBEIS) Billing Manual, revised September 8, 2021 and effective October 1, 2021 shall be adhered to for all services provided October 1, 2021 and thereafter. This manual contains definitions, billing procedures, and information regarding services, billing codes, tiers, travel, and rates.

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

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

1.1 Service Authorization

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

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

A request may be submitted for approval from ADES/AzEIP to bill beyond the maximum allowable units. Requests must be submitted to ADES/AzEIP with all appropriate documentation via email to AzEIPITEAMS@azdes.gov and AzEIPInvoices@azdes.gov.

1.2 Documentation, Data Entry, and General Procedures

All defined early intervention services provided for child and family must be recorded in the ADES/AzEIP data system within ten (10) days of the event occurring. All data must be accurately and timely entered prior to submission of the invoice. Additionally, all service deliveries should be entered prior to exiting the record in the data system. Delayed entries occurring after ten (10) days may be considered noncompliant and may become non-billable.

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

All invoices are subject to state and federal audits. In the event of an audit, the contractor shall provide books, records, evidence and other documents, including but not limited to Insurance Explanation of Benefits (EOB), Consent(s) to Bill Health Insurance, Evaluation Report(s), and AHCCCS Member Service Request(s) relevant to services provided to authorized representatives of the State of Arizona and the federal government to inspect within the timeframe requested. Identified noncompliance may result in corrective actions including payment denials, withholding of funds, and/or recoupment of funds.

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

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

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

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

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

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

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

1.3 Non-Billable Services

1.3.1   Exceptions

Whenever services are billed beyond the maximum allowable data system limits, they become 'non-billable' in the data system. If a service is deemed 'non-billable' and an exception is requested, required documentation must be submitted for review and approval by AzEIP fiscal staff. The contractor shall:

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

b. Enter an exception request and provide all necessary documentation for each non-billable service.

1.3.2   Offline Invoices

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

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

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

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

1.4 Timely Submission of Invoices

Regular Monthly Invoice Submissions for Non-Third-Party Liability (TPL)
Invoices for services not billable to insurance or without parental consent to bill insurances (Non- TPL) shall be submitted through the ADES/AzEIP data system. All services not considered TPL must be billed within 90 days after the last day of the service month.

Third Party Liability (TPL)/Insurance Invoice Submissions
TPL (see for further details Chapter 2 – Third Party Liability Billing) invoices for services with parental consent to bill the private or public insurance shall be submitted after the provider has received an approval or denial from the insurance but no later than nine (9) months after the service month. The extended timeframe for the submittal of the insurance does not extend the responsibility to enter the service delivery timely in the ADES/AzEIP data system within ten (10) days of delivery. Service delivery entries after ten (10) days shall be considered non-compliant data entry.

1.5 Payment Recoupment

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

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

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

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

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

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

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

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

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

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

If the child is eligible for AHCCCS, the contractor must follow the AzEIP/AHCCCS procedures. Technical assistance documents can be accessed on the AzEIP website https://des.az.gov/services/ disabilities/early-intervention/providers-staff/technical-assistance-azeip

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

2.1 TPL reimbursable services with parental consent

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

b. The contractor must bill the insurance companies in order of most applicable (see section 2.5 Coordination of Benefits) and provide all necessary documentation to the insurance companies for approval of the service. If an insurance company denies coverage for an early intervention service for an approved reason, the contractor may seek funding from the next available funding source.

c. If the family has a deductible, the contractor must bill the private insurance for the service and bill ADES/AzEIP after each denial until the deductible is met.

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

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

f. Upon request, the contractor shall present the documentation to ADES/AzEIP at any time within the retention period.

2.2 TPL Waiver Requests

a. The contractor may request a TPL Waiver if a service is not covered through the insurance company. A TPL waiver may only be requested after a service has been denied by the insurance company and has not yet been billed to AzEIP. After approval by ADES/ AzEIP, the contractor can submit TPL eligible services directly to ADES/AzEIP without submitting the claim to the insurance company.

b. The contractor shall submit the waiver request through the Insurance/TPL Waiver page of the AzEIP data system for the appropriate service and health plan and submit the proper and complete documentation within 90 days of the service to ADES/AzEIP. The waiver can only be applied to services that have not been billed yet.

c. The following reasons <u>may</u> be accepted:
    ○ 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)

d. Prior authorization from the insurance company is required and could not be obtained. Upon receiving documentation, the ADES/AzEIP office will approve or deny the request. In the event of an approval, the length of the waiver will be determined based on the provided documentation. TPL Waiver Requests must be (re)submitted after expiration.

e. ADES/AzEIP will not pay for services denied by third parties due to improper documentation, or when the claim hasn't been submitted within the appropriate time frame.

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

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

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

c. Families must provide consent to bill insurance prior to an agency or program attempting to access their health insurance to fund early intervention services.

d. When a family with HDHP with an HRA or HSA makes an informed decision to consent to bill their insurance, the contractor is encouraged to contact the AzEIP office for further guidance and support on how to proceed with billing.

e. When a family with an HDHP with an HRA does not consent to bill their HDHP and/or HRA, that child cannot be sent to DDD for eligibility determination.

f. When a family with an HDHP with an HSA does not consent to bill their insurance, that child can still be sent to DDD for eligibility determination if they have consented to bill their HDHP, regardless of their decision to bill their HSA. DDD must still determine eligibility for the child even if the family has not consented to bill their HSA. If an AzEIP TBEIS contractor has any difficulty with DDD not determining eligibility for a child in this situation, DDD must contact the AzEIP office or DDD policy unit for clarification.

g. A consent to bill insurance is required for children determined eligible for ALTCS. In those instances where a family has an HRA or HSA and the child is determined ALTCS eligible, AzEIP TBEIS contractor must work with ADES/DDD at TPLBenefits@azdes.gov.

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

2.4 TPL Insurance Invoice Submissions

The contractor shall enter all services in the data system within ten (10) days of the activity. TPL is no exception to this rule. Delayed service delivery entries occurring after ten (10) days may be considered noncompliant and may become non-billable.

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

In the event an insurance company has not responded to the contractor within nine (9) months for a pending claim, the contractor shall submit an invoice to ADES/AzEIP to meet the nine (9) month deadline. The invoice must detail each service, by child and date, for which an insurance claim is pending. After the contractor receives an insurance payment, the contractor must notify ADES/AzEIP, submit a correction with the Reversal/Void Invoice Line Item Request form, and reimburse ADES/AzEIP for the payments made.

2.5 Coordination of Benefits

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

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

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

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

CHAPTER 3 – DISCIPLINE-SPECIFIC

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

3.1 Core Team

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

No-shows, unsuccessful contact attempts, and administrative duties are not reimbursable by ADES/AzEIP and shall not be billed to ADES/AzEIP. Other examples of non-billable activities include, but are not limited to:

- administrative duties
- scanning paperwork
- interoffice communications
- internal audit procedures
- broad communications to families
- texting

3.2 Service Coordination – Dedicated

Definition	A dedicated service coordinator (SC) is an early intervention professional who solely provides service coordination to the family and does not have any other role on the team. This individual cannot act as Team Lead.
Service Unit	1 hour, billable in 15-minute increments
Service Setting	Home, Community
Discipline(s)	SC
Service Limitation	12 hours per day, per SC. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child Record, IFSP, and ADES/AzEIP data system, Contact Log.

Rules

Billable service coordination activities are identified in the contract and include:

- coordinating evaluations and assessments to determine initial and on-going eligibility
- participating in the development of the initial IFSP
- facilitating six (6) month reviews and annual Individualized Family Service Plans
- assisting families identify and access available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate (see Appendix C)

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

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

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

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

3.3 Service Coordination – Dual Role

Definition

A dual role service coordinator is an early intervention professional who is chosen as the Team Lead for the child and serves as the family's service coordinator.

Service Unit

1 hour, billable in 15-minute increments

Service Setting

Home, Community

Discipline(s)

SC-OT, SC-PT, SC-SLP, SC-DSI

Service Limitation

12 hours per day, per service coordinator dual role. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).

Documentation

Child Record, IFSP, and ADES/AzEIP data system, Contact Log.

Rules

Billable service coordination activities are identified in the contract and include:

- coordinating evaluations and assessments to determine initial and on-going eligibility
- participating in the development of the initial IFSP
- facilitating six (6) month reviews and annual Individualized Family Service Plans
- assisting families identify and access available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate (see Appendix C).

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

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

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

Payment for Dual Role Service Coordination is built into the discipline specific rate.

CHAPTER 4 – SERVICE SETTING

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

4.1 Natural Setting

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

4.2 Other Setting

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

CHAPTER 5 – INITIAL PLANNING PROCESS

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

5.1 Service Coordination Non-Direct

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

5.2 <u>Initial Home Visit – No Screening</u>

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

5.3 <u>Initial Home Visit – Screening</u>

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

5.4 Record Review – Initial Eligibility

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

5.5 Evaluation – Initial Eligibility

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

5.6 Child and Family Assessment – Initial after Record Review

Activity Description   Completion of a Child and Family Assessment by two professionals representing core team disciplines and a dedicated service coordinator when SC is not dual role after determining eligibility based on record review.

Discipline(s)   SC, OT, PT, SLP, DSI, Psych, SW

IFSP Service   N/A

Service Delivery   Child and Family Assessment - Initial

Multiple Children   Yes

Service Setting   Home, Community

TPL Service   No

Maximum units   SC: 2 Units; Non-SC Disciplines: 4 Units amongst 2 Non-SC disciplines

Documentation   ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP

Rules   All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities, and concerns as well as the child's present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

5.7 Child and Family Assessment – Initial after Evaluation

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

5.8 Individualized Family Service Plan – Initial

Activity Description	The initial IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW
IFSP Service	N/A
Service Delivery	IFSP Initial Meeting
Multiple Children	Yes
Service Setting	Home, Community
Maximum units	SC: 1.5 Units; Non-SC Disciplines: 3 Units amongst participating disciplines
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC.

5.9 Individualized Family Service Plan – Interim

Activity Description	The interim IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) who will be involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	IFSP Interim Meeting
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 1.5 units, Non-SC Disciplines: 3 Units amongst participating disciplines
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC. See AzEIP Policies and Procedures for further details.

CHAPTER 6 – ONGOING SERVICES

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

6.1 <u>Assistive Technology (AT) Assessment</u>

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

6.2 Assistive Technology (AT) Service

Activity Description	A direct visit with the child and family that directly assists in the selection, acquisition, or use of an assistive technology device.
Discipline(s)	OT, PT, SLP, DSI, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist
IFSP Service	Assistive Technology Services
Service Delivery	Assistive Technology Services
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member.

6.3 Child and Family Assessment – Other or Annual

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

6.4 Team Lead

Activity Description A direct visit with the child and family that directly assists the family to achieve their IFSP outcomes. Only one discipline can be assigned as the team lead and is the only discipline who can bill for a Team Lead service delivery.

Discipline(s) OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing

IFSP Service Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Speech Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Transportation Services, Vision Services

Service Delivery Team Lead

Multiple Children Yes

Service Setting Home, Community, Other

TPL Service OT, PT, SLP

Maximum units Defined in IFSP

Documentation ADES/AzEIP Data system, Contact Log, IFSP

Rules Used only by the TL who has been identified on the IFSP, for an IFSP direct service provided to the child and family.

6.5 Team Lead – Non-Direct

Activity Description Non-direct service provided to the child and family that directly assists the family in achieving their IFSP outcomes.

Discipline(s) OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing

IFSP Service N/A

Service Delivery Team Lead – Non-Direct

Multiple Children No

Service Setting Other

TPL Service No

Maximum units 3 Units within 90 days

Documentation ADES/AzEIP Data system, Contact Log, IFSP

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

The first time a service delivery for Team Lead Non-Direct is entered for a specific child, I-TEAMS creates a set of 90-day billing cycles for that service. The service limits will then be applied within those 90-day billing cycles.

6.6 Joint Visit

Activity Description   A direct visit with the child and family and TL that directly assists the family achieve their IFSP outcomes. See IFSP Service for joint visit activities.

Discipline(s)   OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Registered Dietician, Physician, Nurse

IFSP Service   Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services

Service Delivery   Joint Visit

Multiple Children   Yes

Service Setting   Home, Community, Other

TPL Service   OT, PT, SLP

Maximum units   Defined in IFSP

Documentation   ADES/AzEIP Data system, Contact Log, IFSP

Rules   At minimum, one core team member and the TL.

6.7 Non-Team Lead

Activity Description	A direct visit with the child and family that directly assists the family achieve their IFSP outcomes without the TL when it is appropriate for a separate visit.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Registered Dietician, Physician, Nurse
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services
Service Delivery	Non-Team Lead
Multiple Children	Yes
Service Setting	Home, Community**,** Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one core team member. Used when the TL is not present at the visit. This does not include scheduling conflicts.

6.8 Record Review – Eligibility Redetermination

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

6.9 Evaluation – Eligibility Redetermination

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

6.10 Other Early Intervention Services

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

6.11 Health Services

Activity Description	A service provided with the child and family that directly assists the family achieve their IFSP outcomes.
Discipline(s)	Physician, Nurse
IFSP Service	Health Services
Service Delivery	Health Services, JV, NTL
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.12 Medical Service

Activity Description	A service provided with the child and family that directly assists the family achieve their IFSP outcomes.
Discipline(s)	Physician IFSP Service Medical Services
IFSP Service	Yes
Service Delivery	Medical Services, JV, NTL
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.13 Individualized Family Service Plan – Addendum and Annual

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

Discipline(s)   SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing

IFSP Service   N/A

Service Delivery   IFSP Addendum Meeting, IFSP Annual Meeting

Multiple Children   Yes

Service Setting   Home, Community

TPL Service   No

Maximum units   SC: 1.5 Units; Non-SC Disciplines: 3 Units amongst participating disciplines

Documentation   ADES/AzEIP data system, Contact Log, IFSP

Rules   At minimum, one IFSP team member and SC.

6.14 Transition Conference

Activity Description   The Transition Conference shall be billed by all disciplines attending a Transition Conference. Please refer to AzEIP Policies and Procedures regarding detailed information for Transition Conferences.

Discipline(s)   SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing

IFSP Service   N/A

Service Delivery   Transition Conference

Multiple Children   Yes

Service Setting   Home, Community, Other

TPL Service   No

Maximum units   4 units per discipline per referral

Documentation   ADES/AzEIP data system, Contact Log, Transition conference Summary, IFSP

Rules   At minimum, the SC.

6.15 Service Coordination

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

6.16 Service Coordination Non-Direct

Activity Description	A non-direct service coordination activity in which no face-to-face contact was made with the child and family.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	N/A
Service Delivery	Service Coordination Non-Direct
Multiple Children	Yes
Service Setting	Other
TPL Service	No
Maximum units	'Actual' amount of service coordination non-direct time
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	Activities include: - coordinating the process of evaluations and assessments to redetermine eligibility - assisting families identify and access available agency and community supports and services. This may include identifying noncontractor services per the IFSP - facilitating the development of a transition plan for preschool services, if appropriate. This may include contacting and coordinating with programs that the family may be interested in when the child turns three years old - For additional information refer to AzEIP Policies and Procedures, Chapter 3.

6.17 Meeting

Activity Description　　A meeting attended by at least one member of the child's team and facilitated by a person or organization outside of the AzEIP Service Providing Agency.

Discipline(s)　　SC, OT, PT, SLP, DSI, PSYCH, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing, Audiologist, Nurse, Physician, Registered Dietician

IFSP Service　　N/A

Service Delivery　　Meeting

Multiple Children　　Yes

Service Setting　　Home, Community

TPL Service　　No

Maximum units　　1.5 units

Documentation　　ADE ADES/AzEIP data system, Contact Log, Meeting documentation (Individualized Education Plan (IEP), etc.)

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

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

CHAPTER 7 - Team Conferencing

7.1   Team Conferencing (also referred to as Team Meeting)

Activity Description	A collaborative weekly meeting which includes all core team members, and other service providing agencies, as appropriate, to discuss the progress in the children who are assigned to the early intervention program.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Teacher of the Visually Impaired, Teacher of the Deaf and Hard of Hearing
IFSP Service	N/A
Service Delivery	Team Conferencing
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	Up to 7 Disciplines; 0.75 Units each
Documentation	ADES/AzEIP data system, quarterly progress report, team meeting agenda.
Rules	At least two disciplines must be present to invoice. The first time a service delivery for Team Conferencing is entered for a specific child, I-TEAMS creates a set of 90- day billing cycles for that service. The service limits will then be applied within those 90-day billing cycles.

CHAPTER 8 – Data Entry

8.1 Data Entry

Activity Description   Child-specific data entry into the ADES/AzEIP data system.

Discipline(s)   SC, OT, PT, SLP, DSI, Psych, SW, or designated data entry specialist

IFSP Service   N/A

Service Delivery   Data Entry

Multiple Children   No

Service Setting   Other (in data system use child's home zip code for billing)

Maximum units   .25 units per child within 90 days

Documentation   ADES/AzEIP data system

Rules   Data entry cannot be used for billing activities, such as creating invoices or billing insurance. Data entry must be for child-specific data by the defined disciplines above. Contractors must ensure data entry billing is individualized for each child record and not billed on behalf of all child records at a given time. The first time a service delivery for data entry is entered for a specific child, I-TEAMS creates a set of 90-day billing cycles for that service. The service limits will then be applied within those 90-day billing cycles. A data entry specialist may enter data on behalf of the disciplines noted above.

Appendix "A" – Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

14. <u>IFSP Team</u> – the following group of individuals who must participate in each initial, periodic, and annual IFSP meeting:
    a. IDEA Parent(s)
    b. other family members, if requested by the parent(s)
    c. an advocate or any other person outside of the family, if requested by the parent(s)
    d. the designated AzEIP or DDD service coordinator

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

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

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

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

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

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

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

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

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

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

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

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

Appendix "B" – Zip Codes/ Tier Table

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

Zip Code	Tier	County	Zip Code	Tier	County
85001	Base	Maricopa	85036	Base	Maricopa
85002	Base	Maricopa	85037	Base	Maricopa
85003	Base	Maricopa	85038	Base	Maricopa
85004	Base	Maricopa	85039	Base	Maricopa
85005	Base	Maricopa	85040	Base	Maricopa
85006	Base	Maricopa	85041	Base	Maricopa
85007	Base	Maricopa	85042	Base	Maricopa
85008	Base	Maricopa	85043	Base	Maricopa
85009	Base	Maricopa	85044	Base	Maricopa
85010	Base	Maricopa	85045	Base	Maricopa
85011	Base	Maricopa	85046	Base	Maricopa
85012	Base	Maricopa	85048	Base	Maricopa
85013	Base	Maricopa	85050	Base	Maricopa
85014	Base	Maricopa	85051	Base	Maricopa
85015	Base	Maricopa	85053	Base	Maricopa
85016	Base	Maricopa	85054	Base	Maricopa
85017	Base	Maricopa	85060	Base	Maricopa
85018	Base	Maricopa	85061	Base	Maricopa
85019	Base	Maricopa	85062	Base	Maricopa
85020	Base	Maricopa	85063	Base	Maricopa
85021	Base	Maricopa	85064	Base	Maricopa
85022	Base	Maricopa	85065	Base	Maricopa
85023	Base	Maricopa	85066	Base	Maricopa
85024	Base	Maricopa	85067	Base	Maricopa
85025	Base	Maricopa	85068	Base	Maricopa
85026	Base	Maricopa	85069	Base	Maricopa
85027	Base	Maricopa	85070	Base	Maricopa
85028	Base	Maricopa	85071	Base	Maricopa
85029	Base	Maricopa	85072	Base	Maricopa
85030	Base	Maricopa	85073	Base	Maricopa
85031	Base	Maricopa	85074	Base	Maricopa
85032	Base	Maricopa	85075	Base	Maricopa
85033	Base	Maricopa	85076	Base	Maricopa
85034	Base	Maricopa	85078	Base	Maricopa
85035	Base	Maricopa	85079	Base	Maricopa

Zip Code	Tier	County		Zip Code	Tier	County
85080	Base	Maricopa		85202	Base	Maricopa
85082	Base	Maricopa		85203	Base	Maricopa
85083	Base	Maricopa		85204	Base	Maricopa
85085	Base	Maricopa		85205	Base	Maricopa
85086	Base	Maricopa		85206	Base	Maricopa
85087	1	Maricopa		85207	Base	Maricopa
85097	Base	Maricopa		85208	Base	Maricopa
85098	Base	Maricopa		85209	Base	Maricopa
85117	1	Pinal		85210	Base	Maricopa
85118	1	Pinal		85211	Base	Maricopa
85119	1	Pinal		85212	Base	Maricopa
85120	1	Pinal, Maricopa		85213	Base	Maricopa
85121	2	Pinal		85214	Base	Maricopa
85122	2	Pinal		85215	Base	Maricopa
85123	2	Pinal		85216	Base	Maricopa
85127	1	Maricopa		85224	Base	Maricopa
85128	2	Pinal		85225	Base	Maricopa
85130	2	Pinal		85226	Base	Maricopa
85131	2	Pinal		85233	Base	Maricopa
85132	2	Pinal		85234	Base	Maricopa
85135	3	Gila		85236	Base	Maricopa
85137	2	Pinal		85244	Base	Maricopa
85138	2	Pinal		85246	Base	Maricopa
85139	2	Pinal, Maricopa		85248	Base	Pinal, Maricopa
85140	1	Pinal		85249	Base	Maricopa
85141	2	Pinal		85250	Base	Maricopa
85142	1	Pinal, Maricopa		85251	Base	Maricopa
85143	1	Pinal		85252	Base	Maricopa
85145	1	Pinal		85253	Base	Maricopa
85147	2	Pinal		85254	Base	Maricopa
85172	2	Pinal		85255	Base	Maricopa
85173	3	Pinal		85256	Base	Maricopa
85178	1	Pinal		85257	Base	Maricopa
85190	1	Maricopa		85258	Base	Maricopa
85191	2	Pinal		85259	Base	Maricopa
85192	3	Gila, Pinal		85260	Base	Maricopa
85193	2	Pinal		85261	Base	Maricopa
85194	2	Pinal		85262	Base	Maricopa
85201	Base	Maricopa		85263	Base	Maricopa
				85264	Base	Maricopa

Zip Code	Tier	County	Zip Code	Tier	County
85266	Base	Maricopa	85325	3	La Paz
85267	Base	Maricopa	85326	1	Maricopa
85268	Base	Maricopa	85327	Base	Maricopa
85269	Base	Maricopa	85328	3	La Paz
85271	Base	Maricopa	85329	Base	Maricopa
85274	Base	Maricopa	85331	Base	Maricopa
85275	Base	Maricopa	85332	3	Yavapai
85277	Base	Maricopa	85333	3	Maricopa, Yuma
85280	Base	Maricopa	85334	3	La Paz
85281	Base	Maricopa	85335	Base	Maricopa
85282	Base	Maricopa	85336	3	Yuma
85283	Base	Maricopa	85337	1	Maricopa
85284	Base	Maricopa	85338	Base	Maricopa
85285	Base	Maricopa	85339	Base	Pinal, Maricopa
85286	Base	Maricopa	85340	Base	Maricopa
85287	Base	Maricopa	85341	3	Pima
85295	Base	Maricopa	85342	2	Maricopa, Yavapai
85296	Base	Maricopa	85343	2	Maricopa
85297	Base	Maricopa	85344	3	La Paz
85298	Base	Maricopa	85345	Base	Maricopa
85299	Base	Maricopa	85346	3	La Paz
85301	Base	Maricopa	85347	3	Yuma
85302	Base	Maricopa	85348	3	La Paz
85303	Base	Maricopa	85349	3	Yuma
85304	Base	Maricopa	85350	3	Yuma
85305	Base	Maricopa	85351	Base	Maricopa
85306	Base	Maricopa	85352	3	Yuma
85307	Base	Maricopa	85353	Base	Maricopa
85308	Base	Maricopa	85354	2	Maricopa
85309	Base	Maricopa	85355	Base	Maricopa
85310	Base	Maricopa	85356	3	La Paz, Yuma
85311	Base	Maricopa	85357	3	La Paz
85312	Base	Maricopa	85358	1	Maricopa
85318	Base	Maricopa	85359	3	La Paz
85320	1	Maricopa	85360	3	Mohave
85321	3	Pima	85361	1	Maricopa
85322	2	Maricopa	85362	3	Yavapai
85323	Base	Maricopa	85363	Base	Maricopa
85324	3	Yavapai	85364	3	Yuma

Zip Code	Tier	County
85365	3	Yuma
85366	3	Yuma
85367	3	Yuma
85369	3	Yuma
85371	3	La Paz
85372	Base	Maricopa
85373	Base	Maricopa
85374	Base	Maricopa
85375	Base	Maricopa
85376	Base	Maricopa
85377	Base	Maricopa
85378	Base	Maricopa
85379	Base	Maricopa
85380	Base	Maricopa
85381	Base	Maricopa
85382	Base	Maricopa
85383	Base	Maricopa
85385	Base	Maricopa
85387	Base	Maricopa
85388	Base	Maricopa
85390	1	Maricopa, Yavapai
85392	Base	Maricopa
85395	Base	Maricopa
85396	1	Maricopa
85501	3	Gila
85502	3	Gila
85530	3	Graham
85531	3	Graham
85532	3	Gila
85533	3	Greenlee
85534	3	Greenlee
85535	3	Graham
85536	3	Graham
85539	3	Gila, Pinal
85540	3	Greenlee
85541	3	Gila
85542	3	Gila
85543	3	Graham
85544	3	Gila
85545	3	Gila, Maricopa

Zip Code	Tier	County
85546	3	Graham
85547	3	Gila
85548	3	Graham
85550	3	Graham
85551	3	Graham
85552	3	Graham
85553	3	Gila
85554	3	Gila
85601	2	Pima
85602	2	Cochise, Pima
85603	3	Cochise
85605	2	Cochise
85606	2	Cochise
85607	3	Cochise
85608	3	Cochise
85609	2	Cochise
85610	3	Cochise
85611	2	Cochise, Pima, Santa Cruz
85613	Base	Cochise
85614	2	Pima, Santa Cruz
85615	3	Cochise
85616	3	Cochise
85617	3	Cochise
85618	3	Pinal
85619	2	Pima
85620	3	Cochise
85621	2	Santa Cruz
85622	2	Pima
85623	3	Pinal
85624	2	Santa Cruz
85625	2	Cochise
85626	3	Cochise
85627	2	Cochise
85628	2	Santa Cruz
85629	Base	Pima
85630	3	Cochise
85631	3	Pinal
85632	2	Cochise

Zip Code	Tier	County	Zip Code	Tier	County
85633	Base	Pima	85717	Base	Pima
85634	3	Pima	85718	Base	Pima
85635	3	Cochise	85719	Base	Pima
85636	3	Cochise	85720	Base	Pima
85637	2	Pima, Santa Cruz	85721	Base	Pima
85638	2	Cochise	85722	Base	Pima
85639	3	Pima	85723	Base	Pima
85640	2	Santa Cruz	85724	Base	Pima
85641	Base	Pima	85725	Base	Pima
85643	3	Cochise, Graham	85726	Base	Pima
85644	3	Cochise	85728	Base	Pima
85645	2	Pima	85730	Base	Pima
85646	2	Santa Cruz	85731	Base	Pima
85648	2	Santa Cruz	85732	Base	Pima
85650	Base	Cochise	85733	Base	Pima
85652	Base	Pima	85734	Base	Pima
85653	1	Pima, Pinal	85735	Base	Pima
85654	1	Pima	85736	Base	Pima
85655	3	Cochise	85737	Base	Pima
85658	1	Pima, Pinal	85738	Base	Pima
85662	2	Santa Cruz	85739	Base	Pima, Pinal
85670	3	Cochise	85740	Base	Pima
85671	3	Cochise	85741	Base	Pima
85701	Base	Pima	85742	Base	Pima
85702	Base	Pima	85743	Base	Pima
85703	Base	Pima	85744	Base	Pima
85704	Base	Pima	85745	Base	Pima
85705	Base	Pima	85746	Base	Pima
85706	Base	Pima	85747	Base	Pima
85707	Base	Pima	85748	Base	Pima
85708	Base	Pima	85749	Base	Pima
85709	Base	Pima	85750	Base	Pima
85710	Base	Pima	85751	Base	Pima
85711	Base	Pima	85752	Base	Pima
85712	Base	Pima	85754	Base	Pima
85713	Base	Pima	85755	Base	Pima
85714	Base	Pima	85756	Base	Pima
85715	Base	Pima	85757	Base	Pima
85716	Base	Pima	85775	Base	Pima
			85901	3	Apache, Navajo

Zip Code	Tier	County
85902	3	Navajo
85911	3	Navajo
85912	3	Navajo
85920	3	Apache
85922	3	Greenlee
85923	3	Navajo
85924	3	Apache
85925	3	Apache
85926	3	Navajo
85927	3	Apache
85928	3	Coconino, Navajo
85929	3	Navajo
85930	3	Apache
85931	3	Coconino
85932	3	Apache
85933	3	Navajo
85934	3	Navajo
85935	3	Navajo
85936	3	Apache
85937	3	Navajo
85938	3	Apache
85939	3	Navajo
85940	3	Apache
85941	3	Navajo
85942	3	Navajo
86001	1	Coconino
86002	1	Coconino
86003	1	Coconino
86004	1	Coconino
86005	1	Coconino
86011	1	Coconino
86015	1	Coconino
86016	1	Coconino
86017	1	Coconino
86018	3	Coconino
86020	3	Coconino
86021	3	Mohave
86022	3	Coconino
86023	3	Coconino

Zip Code	Tier	County
86024	3	Coconino
86025	3	Navajo
86028	3	Apache
86029	3	Navajo
86030	3	Coconino
86031	3	Navajo
86032	3	Navajo
86033	3	Navajo
86034	3	Navajo
86035	3	Coconino
86036	3	Coconino
86038	1	Coconino
86039	3	Navajo
86040	3	Coconino
86042	3	Navajo
86043	3	Navajo
86044	3	Coconino
86045	3	Coconino
86046	3	Coconino
86047	3	Navajo
86052	3	Coconino
86053	3	Coconino
86054	3	Navajo
86301	Base	Yavapai
86302	1	Yavapai
86303	1	Yavapai
86304	1	Yavapai
86305	1	Yavapai
86312	Base	Yavapai
86313	Base	Yavapai
86314	Base	Yavapai
86315	Base	Yavapai
86320	3	Yavapai
86321	3	Yavapai
86322	Base	Yavapai
86323	Base	Yavapai
86324	Base	Yavapai
86325	Base	Yavapai

Zip Code	Tier	County	Zip Code	Tier	County
86326	Base	Yavapai	86434	3	Coconino, Mohave
86327	Base	Yavapai	86435	3	Coconino
86329	Base	Yavapai	86436	3	Mohave
86331	Base	Yavapai	86437	1	Mohave
86332	2	Yavapai	86438	3	Mohave
86333	1	Yavapai	86439	3	Mohave
86334	2	Yavapai	86440	3	Mohave
86335	Base	Yavapai	86441	3	Mohave
86336	Base	Coconino, Yavapai	86442	3	Mohave
86337	3	Yavapai	86443	3	Mohave
86338	1	Yavapai	86444	3	Mohave
86339	Base	Coconino	86445	3	Mohave
86340	Base	Yavapai	86446	3	Mohave
86341	2	Yavapai	86502	3	Apache
86342	Base	Yavapai	86503	3	Apache
86343	3	Yavapai	86504	3	Apache
86351	2	Yavapai	86505	3	Apache
86401	2	Mohave	86506	3	Apache
86402	2	Mohave	86507	3	Apache
86403	3	Mohave	86508	3	Apache
86404	3	Mohave	86510	3	Navajo
86405	3	Mohave	86511	3	Apache
86406	3	Mohave	86512	3	Apache
86409	1	Mohave	86514	3	Apache
86411	1	Mohave	86515	3	Apache
86412	2	Mohave	86520	3	Apache
86413	3	Mohave	86535	3	Apache
86426	3	Mohave	86538	3	Apache
86427	3	Mohave	86540	3	Apache
86429	3	Mohave	86544	3	Apache
86430	3	Mohave	86545	3	Apache
86431	2	Mohave	86547	3	Apache
86432	3	Mohave	86556	3	Apache
86433	3	Mohave			

Appendix "C" – Rates

Please note these rates reflect temporary increases, effective Oct 1, 2021 until otherwise stated.

Service coordination rates do not have a natural setting rate, as the majority of service coordination activities occur in the other setting.

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

Discipline Specific Rates for Services *(excluding evaluations)*	Age	Setting	Base Rate	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	0-2	Clinical	$74.88	$82.37	$93.60	$112.32
		Natural	$113.38	$124.72	$141.72	$170.07
Therapy Services, 2 Children	0-2	Clinical	$46.80	$51.48	$58.50	$70.20
		Natural	$70.86	$77.95	$88.58	$106.29
Therapy Services, 3 Children	0-2	Clinical	$37.44	$41.18	$46.80	$56.16
		Natural	$56.69	$62.36	$70.86	$85.04
Developmental Special Instruction (Bachelor's)	0-2	Clinical	$44.07	$48.48	$55.09	$66.11
		Natural	$67.10	$73.82	$83.88	$100.66
Developmental Special Instruction (Bachelor's), 2 Children	0-2	Clinical	$27.55	$30.30	$34.43	$41.32
		Natural	$41.94	$46.13	$52.43	$62.91
Developmental Special Instruction (Bachelor's), 3 Children	0-2	Clinical	$22.04	$24.24	$27.55	$33.05
		Natural	$33.56	$36.91	$41.94	$50.33
Developmental Special Instruction (Master's)	0-2	Clinical	$55.88	$61.46	$69.85	$83.81
		Natural	$81.72	$89.90	$102.15	$122.58
Developmental Special Instruction (Master's), 2 Children	0-2	Clinical	$34.92	$38.42	$43.65	$52.38
		Natural	$51.08	$56.18	$63.85	$76.61
Developmental Special Instruction (Master's), 3 Children	0-2	Clinical	$27.94	$30.74	$34.92	$41.91
		Natural	$40.86	$44.95	$51.08	$61.29
Social Work (Bachelor's)	0-2	Clinical	$35.41	$38.95	$44.26	$53.12
		Natural	$54.81	$60.29	$68.51	$82.22
Social Work (Bachelor's), 2 Children	0-2	Clinical	$22.13	$24.35	$27.66	$33.20
		Natural	$34.26	$37.68	$42.82	$51.38
Social Work (Bachelor's), 3 Children	0-2	Clinical	$17.71	$19.48	$22.13	$26.56
		Natural	$27.41	$30.14	$34.26	$41.11

Discipline Specific Rates for Services *(excluding evaluations)*	Age	Setting	Base Rate	Tier 1	Tier 2	Tier 3
Social Work (Master's)	0-2	Clinical	$48.77	$53.64	$60.96	$73.15
		Natural	$71.89	$79.08	$89.86	$107.84
Social Work (Master's), 2 Children	0-2	Clinical	$30.48	$33.53	$38.10	$45.72
		Natural	$44.93	$49.43	$56.16	$67.40
Social Work (Master's), 3 Children	0-2	Clinical	$24.38	$26.82	$30.48	$36.58
		Natural	$35.95	$39.54	$44.93	$53.92
Psychological Services	0-2	Clinical	$78.79	$86.67	$98.48	$118.19
		Natural	$122.92	$135.21	$153.65	$184.38
Psychological Services, 2 Children	0-2	Clinical	$49.25	$54.17	$61.55	$73.86
		Natural	$76.82	$84.50	$96.03	$115.24
Psychological Services, 3 Children	0-2	Clinical	$39.40	$43.34	$49.25	$59.09
		Natural	$61.46	$67.61	$76.82	$92.19
Service Coordination	0-2	Clinical	$40.91	$44.99	$51.14	$61.36
		Natural	$59.37	$65.31	$74.21	$89.06
Service Coordination, 2 Children	0-2	Clinical	$25.57	$28.13	$31.96	$38.35
		Natural	$37.11	$40.82	$46.38	$55.66
Service Coordination, 3 Children	0-2	Clinical	$20.45	$22.50	$25.57	$30.68
		Natural	$29.69	$32.66	$37.11	$44.53

Evaluation (Initial and Re-determination)	Age	Setting	Base	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	0-2	All	$197.81	$211.00	$237.37	$283.53
Developmental Special Instruction (Bachelor's)	0-2	All	$115.57	$121.35	$138.68	$161.80
Developmental Special Instruction (Master's)	0-2	All	$150.24	$167.57	$184.91	$219.58
Social Work (Bachelor's)	0-2	All	$91.10	$97.61	$110.63	$130.15
Social Work (Master's)	0-2	All	$130.15	$136.66	$156.18	$182.21
Psychological Services	0-2	All	$163.51	$180.43	$202.98	$242.45

Multiple children 2, multiple children 3

Productivity Assumptions (Breakout)

Service Setting	Natural	Clinic
Travel Time	1.50	0.00
Recordkeeping	0.65	0.65
Missed Appointments	0.05	0.05
Continuous Education	0.21	0.21
AzEIP Team Training	0.20	0.20
Coordination	0.40	0.40
Employer Time	0.10	0.10
Average on site time; "Billable Hours"	4.89	6.39
Total Hours	**8.00**	**8.00**

Appendix "D" – Service Catalog / Billing Matrix

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

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Month, Quarter, Year)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nurse	Physician	RD	Hearing/ Vision Specialist
Child & Family Assessment – Initial when evaluation*	Direct	IPP	4 (SC: 2 units, Non-SC Discipline: 2 units across team members)	*Yes	Per referral	X	X	X					
Child & Family Assessment – Initial when record review*	Direct	IPP	6 (SC: 2 units, Non-SC Discipline: 4 units across team members)	*Yes	Per referral	X	X	X					
Evaluation – Initial Eligibility	Direct	IPP	2 (2 Non-SC disciplines, 1 unit each. Refer to Appendix C)	Yes	Per referral, Per discipline	X	X						X
IFSP – Initial Meeting*	Direct	IPP	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across team members)	Yes	Per discipline, Per day	X	X	X					
IFSP – Interim Meeting*	Direct	IPP	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across team members)	Yes	Per discipline, Per day	X	X	X					
Initial Home Visit – No Screening*	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Initial Home Visit – Screening*	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Record Review – Initial Eligibility	Non-Direct	IPP	1	No	Per referral	X	X						
Service Coordination Non-Direct*	Non-Direct	IPP	4	No	Per referral	Only dual-role SC		X					
Data Entry**	Non-Direct	IPP/ Ongoing	0.25	No	Per child, per 90 days	X	X	X					
Team Conferencing	Direct	IPP/ Ongoing	5.25 (Up to 7 team members: 0.75 units each)	Yes	Per child, per discipline, per 90 days	X	X	X					

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Month, Quarter, Year)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nurse	Physician	RD	Hearing/ Vision Specialist
Assistive Technology Assessment*	Direct	Ongoing	4 (2 Non-SC Discipline: 2 units each)	Yes	Per child, Per day	X							
Assistive Technology Services*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X							
Child & Family Assessment – Other or Annual*	Direct	Ongoing	4 (SC: 2 units; Non-SC Discipline: 2 units across team members)	No	Per discipline, Per child	X	X	X					
Evaluation – Eligibility Redetermination	Direct	Ongoing	2 (2 Non-SC disciplines: 1 unit each. Refer to Appendix C)	Yes	Per referral, Per day, Per discipline	X	X						X
IFSP – Addendum Meeting*	Direct	Ongoing	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across one or more team members)	No	Per child, Per day	X	X	X					
IFSP – Annual Review Meeting*	Direct	Ongoing	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across team members)	No	Per child, Per day	X	X	X					
Joint Visit*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Non-Team Lead*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Record Review – Redetermination	Non-Direct	Ongoing	1	No	Per referral, per day	X	X						
Other Early Intervention Service	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day	X	X	X	X	X	X	X	X
Service Coordination Non-Direct*	Non-Direct	Ongoing	Actual SC-ND time	No	Per child	Only dual-role SC		X					
Service Coordination*	Direct	Ongoing	Defined in IFSP	No	Per child	Only dual-role SC		X					
Team Lead - Non-Direct	Non-Direct	Ongoing	3	No	Per child, per 90 days	X	X						X

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

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