

AzEIP AHCCCS Member Service Request

DATE
5/1/2015

AZEIP SERVICE COORDINATOR'S NAME Clara Book		PHONE NO. (480) 555-1212	EMAIL Clara@sc.com
AZEIP TBEIS CONTRACTOR AzEIP contractor region #		PHONE NO. (480) 555-1200	EMAIL AzEIP_contractor.com
TYPE: <input checked="" type="checkbox"/> Initial IFSP <input type="checkbox"/> Six Month Review <input type="checkbox"/> Annual IFSP <input type="checkbox"/> Other/Addendum:			DATE 4/29/2015

Child's Information

CHILD'S NAME Sally Draper	AHCCCS ID NO. 12345	DATE OF BIRTH 9/15/2014	EXPECTED MONTH/YEAR OF TRANSITION FROM AZEIP 09/2017
PARENTS' / GUARDIANS' NAME(S) Betty and Don Draper	PREFERRED LANGUAGE English	AHCCCS HEALTH PLAN Move On	PRIMARY CARE PHYSICIAN Dr. Who
MAILING ADDRESS (No., Street, City, State, ZIP) 1000 E. 15 th Ave	HOME PHONE NO. 600-300-0978	WORK PHONE NO. na	CELL / MESSAGE PHONE NO.

SEE ATTACHED: AzEIP Developmental Evaluation Report and Results of the most recent evaluations and assessments.

Expected outcomes:
See attached AzEIP Developmental Evaluation Report

Tess will sit in the stroller and talk to Grandpa when they walk to school each day to pick up the other kids.
Tess will take turns with other children when playing in the sandbox at the park. .

Dear Primary Care Physician: The child identified above is eligible for AzEIP and the AzEIP Individualized Family Service Plan (IFSP) Team is recommending the EPSDT services identified below. Please review the documentation, indicate whether each requested service is medically necessary by checking "yes" in shaded box next to each service and return to the health plan MCH coordinator who will coordinate prior authorization for the services you deem medically necessary. If you feel the services are not medically necessary, or the child should not receive these services at this time, please explain below:

PRIMARY CARE PHYSICIAN'S SIGNATURE	DATE
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To be completed by the AzEIP Service Coordinator:					Completed by PCP	Completed by AHCCCS Contractor	
Requested Services/CPT Code	Requested Provider and Phone No.	Planned Start Date	Frequency	Duration	Medically necessary service	AHCCCS Contractor	NOA Sent
Physical Therapy	AzEIP Contractor Region #	5/15/2015	12 visits	3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech Therapy	AzEIP Contractor Region #	5/29/2015	3 visits	3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	<input type="checkbox"/> Yes <input type="checkbox"/> No

If services are not medically necessary, or if the PCP wants to examine the member to determine medical necessity, the AHCCCS Contractor will deny the services and send a Notice of Action (NOA) letter to the member's parents/guardians and the AzEIP Service Coordinator.

To be completed by the AHCCCS Contractor:

The AHCCCS Contractor must document what is approved: provider, frequency, duration and service begin date and service end date.

- If the Service Provider is unknown, the AHCCCS Contractor will identify a Service Provider below for: PT OT SLP
- If the requested Service Provider is not approved by the Contractor, the AHCCCS Contractor will identify an approved provider below.

Approved Provider	Provider Phone No.	Approved Service(s)	Begin Date	End Date	Frequency	Duration

Contacts

Health Plan: Move On

MCH Coordinator: Mary Jones

Phone No.: (602)345-6789

Fax No.: (602) 123-4567

AzEIP Coordinator: Clara Book

Phone No.: 480) 555-1212

Fax No.: (480)222-1111

Primary Care Physician:

Phone No.:

Fax No.:

Service Provider:

Phone No.:

Fax No.:

Additional Information

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

Note: AHCCCS based form, does not conform to all DES standards
