

Chapter 3



EARLY INTERVENTION SERVICES

Arizona Early Intervention Program

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3.0.0 Early Intervention Services

3.0.1 Authority: 20 U.S.C. §§ 1431, et seq.; 34 C.F.R. §§ 303.303-346, 420, and 421

3.0.2 General Policy

1. Early intervention enhances the confidence and competence of parents and other caregivers in the lives of children, birth to three, with developmental delays. Early intervention professionals support parents and caregivers to identify and use strategies that help their children engage in and learn from everyday interactions, activities, routines, and events.
2. Early intervention is successful when (A) families report that early intervention has helped them (i) support their child's learning and development, (ii) communicate their child's interests and needs to important people in their child's life, (i.e. siblings, grandparents, family members, friends, child care providers/teachers, or others) and (iii) know their early intervention rights, and (B) children demonstrate (i) improved positive social and emotional skills, including relationships (ii) acquire and use knowledge and skills, and (iii) use appropriate behaviors to meet their needs.

3.1.0 Initial Planning Process**3.1.1 General Policy**

1. The Initial Planning Process (IPP) is the events and activities beginning with referral to the Arizona Early Intervention Program (AzEIP) and includes the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, initial child and family assessment to identify family's priorities, resources, and interests, and the development of the initial Individualized Family Service Plan (IFSP). The initial planning process begins the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.
2. The initial planning process must be completed within 45 days from the date a referral is received by AzEIP.
3. The 45-day timeline does not apply when:
 - A. The child or parent is unavailable to complete the screening, initial evaluation or assessment, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records, or
 - B. The parent has not provided consent to screen, evaluate or assess the child, despite documented, repeated attempts by the Early Intervention Program to obtain parental consent.

3.1.2 Initial Referral Policy

1. Any referral source may refer directly to AzEIP as soon as possible, but in no case more than seven days, after the child has been identified as suspected of having a developmental delay or disability, as defined by AzEIP's eligibility criteria. Referrals may be made by families, physicians, hospitals, and others in the medical community, schools, childcare providers, and other referral sources.
2. All AzEIP personnel, employed or contracted, recognize a single referral date. A referral made to AzEIP's Central Referral System, the DDD or to the Arizona State Schools for the Deaf and the Blind (ASDB) for a child birth to three years of age is considered a referral to AzEIP. Therefore, the date a referral is received by one of these entities is the date the timeline begins to ensure an eligible child receives the appropriate initial planning process steps and activities within 45 days.
3. In a region where there is one EIP serving the entire region, referrals are made directly to the EIP.
4. In regions where there is more than one EIP serving the region or the referral is received by an EIP not serving the region where the child lives, referrals are made or directed to the Central Referral System. If an EIP in a region with more than one program receives a direct referral, it sends all information received with the referral to the Central Referral System within one business day, and the Central Referral System determines which EIP the referral will be sent to within one business day.
5. ASDB may receive referrals for children with visual and hearing impairments directly.
6. A service coordinator is identified for a family upon receipt of the referral by (i) the EIP that will be processing the referral for a region or (ii) ASDB.
7. If an EIP, contracted to use dual role service coordination, provides dual role, the following requirements must be met of the dual role service coordinator:
 - A. identified at referral;
 - B. The individual qualifies as one of the following disciplines: developmental special instructionist (DSI), occupational therapist (OT), physical therapist (PT), or speech-language pathologist (SLP);
 - C. Is a member of the evaluation or assessment team for the family;
 - D. Attends and facilitates as the only service coordinator or in coordination with the DDD service coordinator, if the child is DDD eligible and with other team members the initial IFSP meeting; and
 - E. May continue as a dual role service coordinator during ongoing services only if they are also identified as the appropriate Team Lead for the family.
8. A referral to AzEIP for a child younger than 2 years, 10 ½ months begins the initial planning process, which may include screening, evaluation, eligibility

determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP.

9. Upon referral of a child who is 2 years, 10 ½ months to 5 years of age, the EIP and/or the Central Referral System assist the parent (or other referral source) to initiate contact with the appropriate School District of Residence. The procedures outlined in the Child Find Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education must be followed. The EIP or Central Referral System assists the family either by (1) making a referral to the school after obtaining the parent's written consent or, (2) providing the parent with the contact information for the school, if they choose not to provide consent to make the referral.
10. DES/AzEIP, the Central Referral System, and the EIPs ensure compliance with Arizona's Address Confidentiality Program (ACP), which protects the home address of a person who has an ACP card issued from the Arizona Secretary of State's Office.

3.1.3 Eligibility Criteria Policy

1. Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
 - A. A child birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 - (1) Physical: fine and/or gross motor and sensory (includes vision and hearing);
 - (2) Cognitive;
 - (3) Language/communication;
 - (4) Social or emotional; or
 - (5) Adaptive (self-help).
 - B. Established conditions that have a high probability of developmental delay include, but are not limited to:
 - (1) Chromosomal abnormalities;
 - (2) Genetic or congenital disorders;
 - (3) Disorders reflecting disturbance of the development of the nervous system, such as autism spectrum disorders, seizure disorders, and children born addicted to narcotics, alcohol or an illegal substance;
 - (4) Congenital Infections, such as congenital cytomegalovirus, congenital toxoplasmosis and congenital rubella;
 - (5) Metabolic disorders;

- (6) Hydrocephalus;
 - (7) Neural tube defects (e.g., spinal bifida);
 - (8) Intraventricular hemorrhage, Grade III or IV;
 - (9) Periventricular leukomalacia;
 - (10) Cerebral Palsy;
 - (11) Significant auditory impairment;
 - (12) Significant visual impairment;
 - (13) Failure to thrive/pediatric undernutrition;
 - (14) Severe attachment disorders; and
 - (15) Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
2. The state's definition of an eligible child does not include a child who is "at risk" of having substantial developmental delays if early intervention services are not provided.
 3. A child may be determined eligible for AzEIP by:
 - A. A review of medical or other records documenting that the child has an established condition;
 - B. A review of medical or other records documenting that the child has a 50 percent developmental delay in one or more of the developmental areas identified in Section 3.1.3.1.A.; or
 - C. Completion of a multidisciplinary evaluation covering all developmental areas that establishes the child has a 50 percent developmental delay in one or more of the developmental areas.
 4. One of the following disciplines may determine AzEIP eligibility based on an established condition upon review of medical or other records prepared or authorized by a qualified physician or other professional: DSI, OT, PT, SLP, Social Worker (SW), Psychologist (Psych), Teacher of the Visually Impaired (TVI) or Teacher of the Deaf/Hearing Impaired (TOD). The TVI or TOD determines ASDB eligibility and may determine AzEIP eligibility of a significant visual or hearing impairment.
 5. To determine eligibility based on a review of medical or other records establishing a developmental delay, the following criteria must be met:
 - A. The core team member (PT, OT, SLP, or DSI), or psychologist, or social worker of the same discipline as the qualified professional who completed the record establishing the 50 percent delay, must review the record to determine eligibility; and
 - B. The record documenting the delay may not be more than six months old.
 6. To determine eligibility based on a multidisciplinary evaluation covering all areas of development, the EIP must use two individuals who are of the following disciplines: DSI, OT, PT, SLP, Pscy, SW, TVI, or TOD.

7. Informed clinical opinion is a part of every eligibility decision and may be used as an independent basis to establish a child's eligibility for AzEIP even when other instruments do not establish eligibility. However, in no event may informed clinical opinion be used to negate the results of evaluation instruments that document AzEIP eligibility.
8. The AzEIP service coordinator is responsible for providing all needed records (including medical records and the evaluation report, if an evaluation was conducted) to ASDB or DDD to determine potential ASDB or DDD eligibility as soon as the team identifies that the child may be potentially eligible for either of these agencies. DDD determines DDD eligibility. ASDB determines ASDB eligibility. The AzEIP service coordinator ensures that the DDD Application for Eligibility Determination is completed with the family as soon as possible but no later than immediately following the AzEIP eligibility determination.
9. Early intervention services for an eligible child and the child's family may begin before the completion of the evaluation and assessments if:
 - A. Parental consent is obtained;
 - B. An interim IFSP is developed that includes the-
 - (1) Name of the service coordinator who will be responsible for implementing the interim IFSP and coordinating with other agencies and persons; and
 - (2) Early intervention services that have been determined to be needed immediately for the child and family by the team.
 - C. The evaluations and/or assessments are completed within 45 days from referral.

Interim IFSPs are appropriate for eligible children when the child and family are in immediate need of services prior to the child and family assessment and completion of the IFSP.

3.1.4 Initial Family Visit Policy

1. An initial visit with the family occurs within ten business days from the initial AzEIP referral date to complete the following activities:
 - A. Discuss the purpose of early intervention;
 - B. Explore the priorities and concerns of the family;
 - C. Explain the family's rights in early intervention, including sharing the Child and Family Rights in the Arizona Early Intervention Program booklet (family rights booklet) with the family;
 - D. Explain the different funding sources used in early intervention, including sharing "A Family Guide to Funding Early Intervention Services in Arizona" (family funding booklet) with the family; and
 - E. If appropriate, discuss screening activities.
2. Screening processes are used for children who meet one of the following

criteria:

- A. Do not have medical or other records indicating that the child's level of functioning in one or more of the developmental areas constitutes a 50 percent developmental delay;
 - B. Do not have an established condition; or
 - C. Have not been recently screened with a screening tool, which was included with the referral.
3. Prior to conducting a screening, the parent's written consent must be obtained.
 4. Screening provides a look at a child's development, including vision and hearing, to determine if there are potential developmental concerns, which should be explored through evaluation. Screening cannot be used for eligibility or diagnostic purposes.
 5. Screening activities are carried out to identify, at the earliest possible age, children suspected of having a developmental delay and who are in need of early intervention services. Screening includes parent report, observation, the gathering of information from families/caregivers and/or records indicating the results of recent and appropriate screening, and may include the administration of appropriate instruments by personnel trained to administer those instruments.
 6. When a screening tool is administered, an AzEIP-approved screening tool must be used to ensure all areas of development are covered. Additional screening tools may be used to supplement the screening information. The approved list of screening tools is available on AzEIP's website and is updated as needed to maintain a current and comprehensive list of tools.
 7. Before conducting a screening of a child to determine whether the child is suspected of having a developmental delay, the EIP ensures that:
 - A. Prior written notice of the EIP's intent to screen is provided to the parent, including notice that the parent may request an evaluation at any time during the screening process; and
 - B. Parental consent is obtained.
 8. When explaining funding sources to a family, the service coordinator must advise the family that activities during the initial planning process (eligibility determination, screening, evaluation, assessment, and the Individualized Family Service Plan [IFSP]) will not have a cost to the family.
 9. Consent to use a parent's insurance is required before the EIP or a provider can bill for the following activities, and is discussed during the initial visit:
 - A. Evaluation (must be provided at no cost to the family, therefore an EIP cannot collect co-pay if billing private insurance);
 - B. The initial provision of early intervention services on the IFSP; and
 - C. For private insurance only, for each increase in frequency, length, duration, or intensity of an early intervention service on the IFSP.
 10. The consent to use private and public insurance also includes the parent's

consent to disclose a family's personally identifiable information (such as the child's name and date of birth) to the health plan for reimbursement.

11. Consent to use a child's or family's public benefits or insurance (e.g., AHCCCS health plan or ALTCS) to pay for early intervention services, is needed if:
 - A. The parent or child was not already enrolled in AHCCCS initially but subsequently become eligible; or
 - B. The child/family is enrolled in AHCCCS and the use of the child's or parent's public benefit/insurance would:
 - (1) Decrease available lifetime coverage or any other insured benefit for the child or responsible person;
 - (2) Result in the responsible person paying for services that would otherwise be covered by the public benefit/insurance;
 - (3) Result in any increase in premiums or discontinuation of public benefits/insurance for that child or responsible person; or
 - (4) Risk loss of eligibility for the child or the responsible person for home and community-based waivers based on aggregate health-related expenditures.

Currently, none of the events listed in (1)-(4) will occur for a family when using AHCCCS. For AzEIP, the parent must sign the Consent to Use Insurance in order to bill the AHCCCS health plan because the consent includes the parent's consent to share the child's/parent's personally identifiable information (such as the child's name and date of birth) with the health plan.

12. For all families, other than those families who "screen out" (i.e., are not suspected of having a developmental delay), the service coordinator shares the Child and Family Assessment Guide for Families with the family and introduces it as a tool to help families share information with the early intervention team members so that they can better assist the family in supporting the child's participation in everyday activities and routines.

3.1.5 Eligibility Determination Policy

1. DES/AzEIP ensures a timely, comprehensive, multidisciplinary review of existing records to determine if a child's diagnosed established condition and/or existing evaluation record(s) meet the AzEIP eligibility criteria to determine AzEIP eligibility.
2. DES/AzEIP ensures a timely, comprehensive, multidisciplinary evaluation of the functioning of children who are suspected of having a developmental delay or for whom a parent requests an evaluation, and with parental consent, the multidisciplinary team conducts an evaluation to determine AzEIP eligibility.
3. The AzEIP service coordinator explains the family's procedural safeguards, such as the family has the right to consent or not consent to the evaluation, but without consent, the EIP cannot move forward with the evaluation.

Evaluation is conducted for children who meet one of the following criteria:

- A. Do not have medical or other records indicating that the child's level of functioning in one or more of the developmental areas constitutes a 50 percent developmental delay;
 - B. Do not have an established condition;
 - C. Screening results indicate that the child is suspected of having a delay, and the parent has provided consent; or
 - D. The parents have requested and consented to an evaluation, in writing.
4. An evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for AzEIP. Evaluation procedures must include:
 - A. Administering an evaluation instrument;
 - B. Documenting the child's history (including interviewing the parent);
 - C. Identifying the child's level of functioning in each of the developmental areas:
 - (1) Physical: fine and/or gross motor and sensory (includes vision and hearing);
 - (2) Cognitive;
 - (3) Language/communication;
 - (4) Social or emotional; or
 - (5) Adaptive (self-help).
 - D. Gathering information from other sources, such as family members, other caregivers, medical providers, social workers and educators, if necessary, to understand the full scope of the child's unique strengths and needs; and
 - E. Reviewing medical, educational, or other records.
 5. Evaluations are conducted by personnel who have been trained to use appropriate methods and procedures and to evaluate children from birth through 36 months.
 6. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP and no one team member may determine eligibility based on the evaluation.
 7. The Multidisciplinary Evaluation Team (MET) conducts an evaluation, which must:
 - A. Be completed within 45 days of referral to AzEIP;
 - B. Be comprehensive and include at least two people from two of the following disciplines: OT, DSI, TOD, TVI, Psych, PT, SLP, or SW;
 - C. Use evaluation instruments that are administered in the native language, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation;

and

- D. Use procedures and materials that are selected and administered so as not to discriminate on the basis of race or culture.
8. A family may seek a second opinion outside of AzEIP on an evaluation. AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings. The MET considers any subsequent evaluations, to re-determine whether a child is AzEIP eligible. Only MET determines AzEIP eligibility.
9. Evaluation instruments must be approved by DES/AzEIP. The tools used for the multidisciplinary team's (a) initial determination of AzEIP eligibility; and (b) if needed, re-determination of AzEIP eligibility are available on the AzEIP website.
10. The multidisciplinary team's determination of eligibility for AzEIP, and DDD's determination of its eligibility should, if at all possible, be made at or near the same time and as quickly as possible during the initial planning process. The AzEIP service coordinator and multidisciplinary team work with DDD, which determine eligibility for their respective agency before the initial IFSP meeting.
11. AzEIP evaluations support eligibility for DDD for children who are AzEIP eligible.
12. The family is entitled to a copy of the evaluation report for their child as soon as possible after the evaluation.
13. Children whose eligibility is determined based on Informed Clinical Opinion by the MET must indicate in writing the justification for using Informed Clinical Opinion.

3.1.6 Assessment Policy

1. AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. Family and child assessment guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family.
2. AzEIP ensures the family provides written consent to conduct the child assessment prior to conducting the assessment.
3. For all children determined eligible for AzEIP, the following is required:
 - A. A multidisciplinary assessment of the unique strengths and needs of the child and the identification of services appropriate to meet those needs; and
 - B. A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.
4. Initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting.

5. All assessments of the child and family must be:
 - A. Conducted by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory;
 - B. Unless clearly not feasible to do so, assessments of the child must be conducted in the native language of the child, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the assessment
 - C. Unless clearly not feasible to do so, family assessments must be conducted in the native language of the family members being assessed.
6. The multidisciplinary team chosen to complete the assessment with the family should be individualized to the family's needs based on the information gathered by the team throughout the initial planning process.
7. The voluntary, family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the family's child in early intervention. The family-directed assessment is:
 - A. Voluntary on the part of each family member participating in the assessment;
 - B. Based on the information obtained through the assessment tool and also through an interview with those family members who elect to participate in the assessment; and
 - C. Include the family's description of its resources, priorities, and concerns related to enhancing the child's development.
8. The assessment of the child must consider:
 - A. The results of the evaluation, if conducted;
 - B. personal observations of the child;
 - C. Information gathered through family-directed assessment, specifically the family routines, activities and relationships with which the family would like support in enhancing their capacity to meet their child's developmental needs; and
 - D. The child's needs in each of the developmental areas and how the child's development affects the child's participation in the routines, activities and relationships that are important to the family.
9. The child assessment must be sufficiently comprehensive to develop a summary of the child's present levels for the IFSP and to complete the Child Indicators Summary form. Therefore, if needed, the multidisciplinary team may use a broad spectrum assessment tool (i.e. criterion-referenced).
10. For children eligible for AzEIP based on a review of records (e.g., with an established condition), the child and family assessment must be conducted:
 - A. By the AzEIP service coordinator and at least one of the following individuals: developmental special instructionist, occupational therapist,

physical therapist, psychologist, speech-language pathologist, social worker, vision specialist, and/or hearing specialist; and

- B. On a separate visit, after the service coordinator's first visit and before the initial IFSP meeting.
11. For children eligible for AzEIP based on an evaluation, the child and family assessment must be conducted:
- A. By the AzEIP service coordinator and at least one of the following individuals: DSI, OT, PT, SLP, SW, Psych, TOD, TVI; and
 - B. Prior to the initial IFSP meeting, and may be completed as part of the evaluation visit (after eligibility determination) or prior to the beginning of the initial IFSP meeting.
12. The service coordinator facilitating the child and family assessment may be dual role and must include at least one other team members from the disciplines listed in 10 and 11 above.

3.2.0 Initial Individualized Family Service Plan

3.2.1 Authority: 34 C.F.R. §§ 303.340; 342(a), 343(a) and § 303.344

3.2.2 Policy

1. The family and child assessment information occurs prior to the initial IFSP meeting and supports the IFSP team to develop outcomes that reflect the family's priorities, resources and concerns, and the family's routines, activities and relationships with which they would like support in enhancing their capacity to meet their child's developmental needs.
2. The team's understanding of the family's outcomes, existing and desired resources, and the child's strengths and interests form the basis for the discussion and determination of services that will support the achievement of the identified outcomes.
3. The initial IFSP shall be developed within 45 days of referral to AzEIP.
4. If exceptional circumstances make it impossible to complete the initial IFSP within 45 days of referral, the AzEIP service coordinator shall document the reason for delay in the child's record and enter it into I-TEAMS.
5. IFSP meetings must be:
 - A. Held in settings and at times that are convenient to families;
 - B. Conducted in the native language of the family or other mode of communication used by the family; and
 - C. Arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they have the opportunity to attend.
6. The IFSP team includes:

- A. The parent or parents of the child;
 - B. Other family members, as requested by the parent, if feasible to do so;
 - C. An advocate or person outside of the family, if the parent requests that the person participate;
 - D. The service coordinator (either from the AzEIP TBEIS contractor, DDD or ASDB);
 - E. At least one member of the multidisciplinary team member involved in the evaluation and/or assessment; and
 - F. As appropriate, persons who will be providing early intervention services to the child and family.
7. The IFSP process and the services needed and received by a child who is eligible for AzEIP and the child's family will reflect cooperation, coordination, and collaboration among all agencies providing early intervention services.
 8. The following are the federal components required in an IFSP:
 - A. Information about the child's present levels of physical (including vision, hearing and health status), cognitive, communication, social or emotional, and adaptive development based on information from that child's evaluation and/or assessments;
 - B. With agreement from the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of their child as identified through the family assessment;
 - C. The measurable outcomes or results expected to be achieved for the child (including pre-literacy and language skills as developmentally appropriate for the child) and family, including the criteria, procedures, and timelines that will be used to determine (1) the degree to which progress toward achieving the results or outcomes identified on the IFSP is being made; and (2) whether modifications or revisions of the outcomes or services are needed;
 - D. The early intervention services, based on peer-reviewed research (to the extent practicable) and resources necessary to meet the unique needs of the child and family to achieve those outcomes or results. For each early intervention service, the IFSP must include:
 - (1) The length (length of time during each session), duration (projection of when the child is expected to achieve the outcome on his/her IFSP), frequency (number of days or sessions), intensity (individual or group), and method of delivering each service (how a service is provided);
 - (2) The location (actual place or places) of the services;
 - (3) If an early intervention service is not provided in a natural environment, a justification as to why the service will not be provided in the natural environment, the plan to transition the service to the natural environment within six months or sooner, and strategies to support generalization and attainment of the outcome in a natural environment; and

- (4) Payment arrangements.
 - E. Other Services, including medical or other services the child or family needs or is receiving through other sources, but that are neither required nor funded under Part C, early intervention. For services not currently being provided, include a description of the steps the service coordinator or family will take to secure those other services.
 - F. The name of the AzEIP service coordinator; and
 - G. The steps to be taken to support the smooth transition of the child from early intervention services by age three to (i) preschool services under IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available. Those steps are documented on the IFSP and include:
 - (1) Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;
 - (2) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
 - (3) Confirmation that child find information about the child has been transmitted to the school district and ADE, unless the family has opted out of this automatic referral;
 - (4) With parental consent, child information has been sent to the school district or other early childhood programs to ensure continuity of services from AzEIP to those other programs, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed; and
 - (5) Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.
 - H. Signature of the parent, which provides consent for the early intervention services.
9. Early intervention services are set out in the IDEA, Part C:
- A. Assistive technology device and service;
 - B. Audiology;
 - C. Family training, counseling, and home visits;
 - D. Health services necessary to enable the child to benefit from another early intervention service;
 - E. Medical services only for diagnostic or other evaluation purposes;
 - F. Nursing;
 - G. Nutrition;
 - H. Occupational therapy;
 - I. Physical therapy;
 - J. Psychological services;

- K. Service coordination;
 - L. Sign language and cued language;
 - M. Social work;
 - N. Special instruction;
 - O. Speech-language pathology;
 - P. Transportation and related costs necessary for the child and family to receive an early intervention service; and
 - Q. Vision.
10. The IFSP team considers all funding sources for early intervention services prior to using Part C funding. See AzEIP Policies and Procedures, Chapter 9, Financial Matters.
 11. Early intervention services must, to the maximum extent, be provided in the family's natural environment. Natural environments are those settings that are natural or typical for a same-aged infant or toddler without a disability.
 12. The determination of the appropriate setting for providing early intervention services for a child in AzEIP and his/her family, including any justification for not providing a particular early intervention service in the natural environment must be:
 - A. Made by the IFSP Team (which includes the parent and other team members);
 - B. Consistent with the definition of natural environments as set out in 12; and
 - C. Based on the child's outcomes that are identified by the IFSP Team.
 13. After the outcomes have been developed, the IFSP team discusses who will be the Team Lead for the family. The Team Lead expands support for families by using the core team (and the psychologist, social worker, vision specialist and hearing specialist, if needed) who are accountable to the family as well as one another.
 14. The Team Lead's focus is on collaborative coaching of families as the primary intervention strategy to implement jointly-developed, participation-based IFSP outcomes in the family's natural environments with ongoing coaching and support from other team members.
 15. The Team Lead does not meet all the service needs of the child. The other team members support the Team Lead, through regular team meetings and joint visits with the family as identified on the IFSP.
 16. All core team members must be available to act as a Team Lead for families on the core team's caseload. Where appropriate, the psychologist, social worker, Teacher of the Visually Impaired or Teacher of the Deaf or Hard of Hearing may be the Team Lead with support from the other team members.
 17. No one factor is the sole determinant of who is the Team Lead for a family. The following factors all considered:

- A. Parent/family factors include parent priorities, family dynamics and characteristics of family members (culture, language, etc.) and availability of the family.
 - B. Child factors include diagnosis, child specific interests (trains, balls, etc.) and activity settings.
 - C. Environmental factors include the natural learning environments of the child and family such as locations within the community. It also includes safety considerations, distance.
 - D. Practitioner factors include knowledge and expertise as it relates to the child and family factors. Assigned areas, billability, prior relationship with family, and availability are the factors to consider.
18. The role of a Team Lead is to:
- A. Act as a liaison to the family and team;
 - B. Interact with the family most often;
 - C. Promote child participation within routines and activities;
 - D. Receive team support; and
 - E. Have scheduling that is flexible, activity based and includes bursts of service.
19. The contents of the IFSP must be fully explained to the family and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services determined by the IFSP team, noted on the IFSP and to which parental consent is obtained must be provided.
20. When a child is eligible for DDD and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator, once appropriately trained, ensures the DDD Risk Assessment is completed with the family using the DDD Risk Assessment form. The form is maintained in the child's record.
21. Each family receives a copy of the IFSP as soon as possible after the initial IFSP meeting.
22. The AzEIP TBEIS service coordinator may be dual role if they are identified as the Team Lead for the family.

3.3.0 Implementation of the Individualized Family Service Plan

3.3.1 Authority:

3.3.2 Policy

- 1. In implementing early intervention services, the IFSP team members and the family/care providers, identify, model, evaluate, and adjust strategies that support the family and child in achieving IFSP participation-based outcomes

within family, community, and early childhood contexts, which are part of the family's everyday life. Those strategies may change during a home visit with the family, as needed, and the IFSP members and family formulate new strategies for meeting the outcomes.

2. The role of the IFSP team members in supporting infants and toddlers and their families:
 - A. Considers the natural environments, family routines, and activity settings in which the child could, should, or would like to participate and that are the context for attainment of IFSP functional outcomes;
 - B. Identifies both planned and spontaneous interest-based learning opportunities that do or could occur within these activity settings; and
 - C. Assists the family and other caregivers to use these learning opportunities to lead to desired skills and behaviors.
3. Joint visits by team members are an important component of early intervention. The benefits of joint visits include:
 - A. Families can explain their concerns once, versus having to repeat their story to different people on different days;
 - B. Team members can strategize with the family together, incorporating the family's goals with each member's professional expertise;
 - C. Team members can learn from each other as expertise is shared with the family; and
 - D. A joint plan of strategies can be created during the visit.
4. The AzEIP service coordinator helps the family expand their resource network by helping the family to access community resources and assistance identified through the family assessment and IFSP process. These discussions may include:
 - A. Asking whether a family was successful in applying for Supplemental Security Income (SSI) or WIC, and if they need further assistance.
 - B. Identifying new circumstances for the family, such as interest in the child's participation in swimming lessons or activities with other children in their neighborhood.
5. If a child becomes a ward of the State while enrolled in early intervention, the AzEIP service coordinator follows the AzEIP policies and procedures to identify an appropriate representative to act as the child's early intervention parent under IDEA, Part C. See Chapter 7 of the AzEIP Policies and Procedures, Procedural Safeguards.
6. The AzEIP service coordinator is responsible for ensuring that all early intervention services on the family's IFSP are timely. An early intervention service is timely if it begins on or before the planned start date on the IFSP, but no later than 45 days from the date the family consents to the service (i.e., signs the IFSP), unless the service has a planned start date greater than 45 days from the date of the IFSP. In these instances, the service is timely if it starts on or

before the planned start date.

7. The AzEIP service coordinator hand-delivers and explains the family survey to families who have had an active IFSP for six months or longer, annually during the specified family survey month. Families will only receive one family survey in a federal fiscal year.
8. Where a licensed professional seeks reimbursement for IFSP services from public or private insurance, the professionals shall prepare and maintain the appropriate paperwork necessary to seek such reimbursement.
9. Team-based early intervention services are provided with a Team Lead using a coaching approach for the families and children served.
10. All home visits by IFSP team members (other than the service coordinator or during an IFSP meeting) must be documented using a home visiting log, signed by the family, which includes the IFSP outcomes and the appropriate elements of coaching used during the session, including the joint plan made by the team member(s) and the family at the end of the session.
11. When the child is DDD eligible and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator will communicate with DDD when the child's circumstances change indicating potential eligibility for AHCCCS and/or ALTCS, such as a new developmental or medical diagnosis, or regression in development. The AzEIP service coordinator and DDD will coordinate to ensure the family is informed about ALTCS and, if interested, moves forward with the steps to determine whether an application is appropriate.

3.4.0 Periodic and Annual Review of the IFSP

3.4.1 Authority: § 303.342(b) and § 303.342(c)

3.4.2 Policy

1. A review of the IFSP for a child and the child's family must be conducted in-person every six months.
2. The purpose of the periodic review is to determine:
 - A. The degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and
 - B. Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.
3. Other reviews may occur more frequently if conditions warrant, or if the family or other IFSP team member requests such a review and may be carried out by a meeting or another means that is acceptable to the parent and other participants, including other family members, advocates or other person's outside the family, as requested by the parent.
4. All IFSP reviews must:
 - A. Be conducted in the native language of the family or other mode of communication used by the family; and

- B. Be arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.
5. IFSP team members currently providing services to the child and family are required to attend IFSP meetings in person with the one exception of the team member who conducted the assessment who, if unable to attend the meeting in person, may have arrangements for the person's involvement through other means, including:
 - A. Participating in a telephone conference call;
 - B. Having a knowledgeable authorized representative attend the meeting; or
 - C. Make pertinent records available at the meeting, such as a quarterly report.
6. Changes to early intervention services on the IFSP must be documented on the Addendum page of the IFSP.
7. The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained, prior to the provision of early intervention services described in the IFSP.
8. Each early intervention service must be provided in accordance with the IFSP planned start date, which should be as soon as possible after the IFSP meeting where the parent consents to the service, and in a manner that best supports the IFSP outcome and recognizes the family's priorities and schedules.
9. A meeting must be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family. The results of any current evaluations and other information available from the assessments of the child and family conducted must be used in determining the early intervention services that are needed and will be provided.
10. The annual IFSP meetings must:
 - A. Be held in settings and at times that are convenient to families;
 - B. Be conducted in the native language of the family or other mode of communication used by the family; and
 - C. Be arranged with, and written notice is provided to, the family and other participants early enough before the meeting date to ensure that they have a reasonable opportunity to attend.
11. An annual assessment must be conducted before or during the annual IFSP meeting. The annual assessment must meet the following requirements:
 - A. Consent to conduct the child assessment must be obtained prior to conducting the assessment; and
 - B. The Child and Family Assessment Guide for Families must be sent to or provided by an IFSP team member at least two weeks prior to the scheduled annual IFSP date.
12. The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained, prior to the provision of early intervention

services described in the IFSP.

13. When a child is eligible for DDD and the AzEIP team-based contractor is providing service coordination, the AzEIP service coordinator ensures the DDD Risk Assessment is completed annually with the family using the DDD Risk Assessment form. The form is maintained in the child's record.

3.5.0 Eligibility Considerations after the Implementation of the Initial IFSP

3.5.1 Policy

3.5.2 Subsequent Eligibility for Other AzEIP Service Providing Agency

1. If during implementation of the IFSP, the IFSP team determines that the child may be eligible for either DDD and/or ASDB, the AzEIP service coordinator is responsible for coordinating the determination of eligibility with DDD and/or ASDB.
2. If the child who had been eligible for AzEIP, but not DDD or ASDB, (aka AzEIP-only), is determined eligible for DDD or ASDB, the AzEIP service coordinator works with DDD and ASDB to determine if there will be a change in service coordinator. If there is a change, the service coordinator informs the family of the change and schedules a meeting with the family and the new service coordinator. The AzEIP contracted service coordinator sends a copy of the child's complete file to DDD and/or ASDB within two days of DDD and/or ASDB's determination of eligibility if service coordination will change.

3.5.3 Re-determination of Eligibility

1. A child who is initially determined eligible based on informed clinical opinion of developmental delay must be re-evaluated by a MDT within one month of the first annual IFSP meeting using a standardized instrument to document that the child is exhibiting a developmental delay of 50 percent in on one or more areas of development.
2. If the IFSP team suspects, that a child is functioning at or near appropriate developmental levels, the AzEIP service coordinator, along with the IFSP team, will discuss how the child is functioning within the family. At this time, the family may decide that they no longer want to continue with early intervention services.

3.6.0 Team Meetings

3.6.1 Policy

1. The purpose of team meetings is to share information among team members about children and families enrolled in AzEIP, provide coaching opportunities, and ensure that services are provided in accordance with the IFSP.
2. Team meetings should occur in person or if necessary by telephone conferencing to ensure all team members participate, as long as confidentiality is maintained.

3. Within an EIP there may separate, small teams with individual caseloads that meet for shorter periods of time weekly, or on an alternate schedule approved by DES/AzEIP, due to the smaller caseload.
4. Team meetings occur weekly and shall include all core team members, the DDD and ASDB Service Coordinators, and as appropriate, the Psych, SW, TVI, and TOD working with the family.
5. The weekly discussion shall not include all children and families, but only those requested by a team member to be included on the agenda or those scheduled for their periodic review. Periodic reviews of all children shall occur at least quarterly.
6. Families participate in the Team meetings through in-person attendance, calling-in to the meeting, or asking the Team Lead to share their questions/concerns. Teams should ensure that families have adequate notice to be able to participate in team meetings in person or by phone.
7. The Team accommodates family participation by telephone or other means to ensure it is convenient for the family. If the family participates in the Team meeting and an IFSP change is identified and agreed upon by the family, a revision may only be made in accordance with AzEIP policies and guidance documents. In most circumstances, IFSP decisions will not be made at the Team meeting. IFSP decisions are never made without the full participation of the parent(s).
8. Team meetings shall have a facilitator.
9. Every child is discussed quarterly (four times per year from the date of the initial IFSP) and a quarterly report prepared and kept in the child's early intervention records.

Information in Sections 3.1.0, 3.2.0, and 3.5.0 adapted from Rush, D. D., & Shelden, M. L. (2011). The early childhood coaching handbook. Baltimore, MD: Paul H. Brookes Publishing Co.