



Arizona Early Intervention Program (AzEIP) Job Aid

Funding Sources Listed on the IFSP

Service coordinators must identify all possible funding sources on the Individual Family Service Plan (IFSP) for each Early Intervention service that will be provided. The following chart assists service coordinators in ensuring all possible funding sources are identified. Instructions for billing are located in the AzEIP Billing Manual.

Policy And Procedure References:

AzEIP Policy 3.8.5:

The IFSP team considers all funding sources for Early Intervention services prior to using IDEA, Part C funding.

AzEIP Procedure 3.9.13

The service coordinator discusses and documents on the IFSP Payment Arrangements page all possible funding sources to be utilized for the services, including:

- A** Private insurance: the service coordinator explains how private insurance is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
- B** AHCCCS: the service coordinator explains how AHCCCS is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
- C** Other resources as identified by the team.

AzEIP Procedure 3.9.14

The service coordinator must obtain consent for insurance each time an Early Intervention service frequency, duration, or intensity is increased and when a new service is added to the IFSP.

Additional Resources

[AzEIP Billing Manual - October 1, 2023](#)

[AzEIP Policy Manual - Chapter 5: Financial Matters](#)

	Funding Source					
	1: Medicaid (AHCCCS)	2: Private Insurance (PI)	3: Arizona Early Intervention Program (AzEIP)	4: Division of Developmental Disabilities (DDD)	5: Arizona Long Term Care System (ALTCS)	6: Arizona State Schools for the Deaf and the Blind (ASDB)
IFSP Service						
Service Coordination	Yes, if eligible for DDD and has AHCCCS	No	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (DDD)	No
Developmental Special Instruction (DSI)	No	No	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (DDD)	No
Occupational Therapy (OT)	Yes, if family provided consent	Yes, if family provided consent	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (EPD or DDD)	No
Physical Therapy (PT)	Yes, if family provided consent	Yes, if family provided consent	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (EPD or DDD)	No
Speech Therapy (ST)	Yes, if family provided consent	Yes, if family provided consent	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (EPD or DDD)	No
Vision Services	No	No	Yes	No	No	Yes
Family Training (Hearing)	No	No	Yes	No	No	Yes
Orientation & Mobility	No	No	Yes	No	No	Yes
Psychology	No	No	Yes	Yes, if eligible for DDD	Yes, if eligible for ALTCS (DDD)	No
Social Work	No	No	Yes	Yes, if eligible for DDD	No	No
Assistive Technology	Yes, if family provided consent	Yes, if family provided consent	Yes	No	Yes, if eligible for ALTCS (EPD or DDD)	No