



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



AzEIP Programmatic Meeting - Initial Visit

May 28, 2024

Purpose of Today's Presentation

To ensure all Service Providing Agencies and their Service Coordinators have a thorough understanding of the steps that are completed during

- Initial Visit
- Screening
- Scheduling next visit



Initial Visit Activities

Scheduling the Initial Visit

The Service Coordinator (SC) meets with the family within ten (10) business days from the initial AzEIP referral date in their home or other location identified by the family and shares information about the expectations for the family's experience in early intervention.

The Initial Visit should occur in-person with the family unless the family requests for the visit to be conducted virtually. The family's request should be documented within the Service Coordinator's contact log.

When Meeting the Family for the First Time

- Schedule at a place and time convenient for the family
- Invite anyone the family would like to have present
- Use language of the family
- Respect the family's culture and customs
- Schedule with enough time as to not rush the family
- Engage the family
- Utilize active listening

Explaining the Early Intervention 7 Key Principles

The Service Coordinator reviews and discusses each of the 7 key principles

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with the necessary supports and resources, can enhance their children's learning and development.
- The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
- IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Please refer to AzEIP Procedure Manual 3.3.2 (G) for more information on Early Intervention Key Principles

Explaining Team Based Early Intervention

- Early intervention enhances the confidence and competence of parents and other caregivers in the lives of infants and toddlers, birth to three, with developmental delays and disabilities.
- Early intervention service providers support parents and caregivers to identify and use strategies that help their children engage in and learn from everyday interactions, activities, routines, and events using team based early intervention services (TBEIS).
- Team-based early intervention services are provided with a Team Lead using a coaching approach for the families and children served.

Please refer to AzEIP Policy Manual 3.0 for more information on Team Based Early Intervention

The Service Coordinator Thoroughly Reviews with the Family

- Early Intervention
- Team Based Early Intervention Services
 - Core Team
 - Team Lead
 - Joint Visits
- Coaching Approach
 - Joint Planning
 - Observation
 - Action/Practice
 - Reflection
 - Feedback
- Services are provided in the home and community unless the family requests virtual services

Explore the Priorities and Concerns of the Family

Take time to discuss with family their concerns and priorities:

- Use active listening
- Ask about the child's strengths and challenges
- Ask about the family's strengths and challenges
- What services are the child and family already receiving?
- What does the family wish to achieve from receiving early intervention services?

Remember: Information gathered must be documented in the child's record and shared with the team.

Child and Family Rights/Procedural Safeguards

- Explain Prior Written Notice (PWN) and procedural safeguards, including reviewing and providing the Child and Family Rights in the Arizona Early Intervention Program booklet (family rights booklet) with the family.
- The Service Coordinator completes the Acknowledgement of Child and Family Rights Booklet (GCI-1115A) with the family.

For detailed information on Procedural Safeguards please refer to the [Explaining Family Rights and Dispute Resolution Options AzEIP Programmatic Meeting](#) - March 2024

Initial Visit Prior Written Notices

- Consent for Screening/Prior Written Notice
- Consent for Evaluation/Prior Written Notice
- Prior Written Notice - Refusal to Evaluate
- Prior Written Notice - Eligibility based on Record Review

Please refer to AzEIP Policy Manual 7.8 for more information on Prior Written Notices.

Documents Identifying Educational Parent and Educational Decision Rights

AzEIP strongly recommends the Service Coordinator obtains and reviews legal records to identify if there are any educational right stipulations for children who are in the care of:

- Department of Child Safety
- Parents who share custody

Remember: Information gathered must be documented in the child's record and shared with the team.

Ethnicity, Race and Language

- The Service Coordinator asks the family to identify their:
 - Race
 - Ethnicity
 - Language(s) of Home
 - Language(s) of Child
- The Service Coordinator enters the information into I-TEAMS within 10 days of the Initial Visit or prior to exiting the child.
- The Service Providing Agency is responsible for ensuring that the data reported to AzEIP is complete, accurate and timely.



Consents and Authorizations

Consent to Share

- The Service Coordinator completes the Consent to Share Early Intervention Records and Information form (GCI-1040A), specifically indicating the individuals or agency with whom the family has agreed to share information and the records that they agree to share.
- All fields on the form, including the family's informed written consent, must be completed.
- The consent is valid for one (1) year unless the family revokes their consent before the end of that time.

Refer to the AZEIP Procedure Manual 3.4.1 (M)(1) for more information.

Authorization to Disclose Protected Health Information

The Service Coordinator completes the Authorization to Disclose Protected Health Information form (GCI-1020A) to obtain medical records or documentation to assist in determining eligibility or providing early intervention services.

The Service Coordinator informs the family that they may:

- Refuse to sign and it will not affect their eligibility or benefits
- Inspect or request a copy of any information disclosed under this authorization
- Revoke the authorization at any time by sending written notification

The form must:

- Include the name or agency that is being requested to provide the information
- Have all fields completed prior to requesting parent's consent
- Indicate the end date for the authorization

Refer to the AZEIP Procedure Manual 3.4.1 (M)(2) and AzEIP Policy Manual 7.4.3 for more information.

Requesting Records for Newborns

If a Service Coordinator is submitting an Authorization to Disclose Protected Health Information form to a hospital for a newborn, they should include both the child's name and "Baby Girl" or "Baby Boy".

Newborns are listed under "Baby Girl" or "Baby Boy" until their discharge and sometimes there are delays in updating the infant's name.

Consent to Obtain Information

The Service Coordinator completes the Consent to Obtain Information form (GCI-1039A) when requesting non-medical records and documents to assist in determining eligibility or providing early intervention services.

The form must include the:

- Name of the person or agency that is being requested to provide the information
- Specific information being requested
- Parent's informed written consent

All fields on the form must be completed prior to requesting parent's consent.

The consent is valid for one (1) year unless the parent revokes it before that time.

Refer to the AzEIP Procedure Manual 3.4.1 (M)(3) for more information.

Maintaining and Sharing Consents

The Service Coordinator is responsible for:

- Maintaining signed consents in the child's record
- Ensuring team members are aware of information in the consents
- Obtaining new consents as needed when the old consents have expired

Refer to AzEIP Procedure Manual 3.4.1 M (4) for more information.

For More Information on Consents and Family Rights

- [Explaining Family Rights and Dispute Resolution Options AzEIP Programmatic Meeting](#) - March 2024
- [AzEIP Supplemental Technical Assistance IFSP Meetings and Obtaining Family Signatures](#) - 12/22/2022

Consent to Screen - Prior Written Notice

If a screening is needed, including vision and hearing, the service coordinator:

- Explains to the parent:
 - The screening will be used to identify if their child is suspected of having a developmental delay
 - It is their right to request an evaluation at any time during the screening process
- Obtains the parent's written consent to conduct the screening using the Consent for Screening - Prior Written Notice form (GCI-1082A)
- Provides a copy of the form to the family in a reasonable period of time before the screening

Refer to the [Explaining Family Rights and Dispute Resolution Options AzEIP Programmatic Meeting](#) - March 2024

and AzEIP Procedure Manual 3.4.2 (D) for more information

Right to an Evaluation

If the Service Coordinator does not identify the child is at risk for a developmental delay, it should be documented in the child's record that they explained to the family their right to request an evaluation and the family's decision.

Refer to the [Explaining Family Rights and Dispute Resolution Options AzEIP Programmatic Meeting](#) - March 2024 for additional information.

Consent for Evaluation - Prior Written Notice

The Service Coordinator reviews with the family and obtains their written consent on the Consent for Evaluation - Prior Written Notice (GCI-1038B) with the family when the need for a developmental evaluation has been identified due to:

- Developmental delay is suspected based on screening results **OR**
- Parent requests an evaluation

The form serves as prior written notice that the Service Coordinator has identified the need for a developmental evaluation.

A copy of the form must be provided to the family at a reasonable period of time before the evaluation.

Refer to [Explaining Family Rights and Dispute Resolution Options AzEIP Programmatic Meeting](#) - March 2024
and AzEIP Procedure Manual 3.4.2 (F) (1-4)

Consents and I-TEAMS

- The Service Coordinator is responsible for updating the Initial Visit activities on the I-TEAMS eligibility page within ten (10) calendar days of the activity.
 - Screening Conducted
 - Date of Consent/PWN Screening (if applicable)
 - Screening Results (if applicable)
 - Date of Consent for Evaluation/PWN
- The Data Manager is responsible for ensuring that all required activities are entered timely and accurately into I-TEAMS, the ADES data system.

Refer to AzEIP Policy Manual 2.4 for more information on data requirements.



Early Intervention Funding

Review Family Guide to Funding

The service coordinator:

- Discusses how services are funded in early intervention
- Provides and explains “[A Family’s Guide to Funding Early Intervention Services in Arizona](#)” booklet GCI-1086A which:
 - Explains how public and private insurance are used
 - Includes the identification of all potential costs the parent could incur.

Consent to Bill Health Insurance

The Service Coordinator:

- Completes a Consent to Bill Health Insurance form (GCI-1041A) and
- Obtains the parent's signature to document whether or not the child has public and/or private insurance and if so,
 - If the parent provides or declines consent to share their personally identifiable information (PII) and
 - Use the insurance for appropriate billable services.
- Once the parent's written signature is obtained then the insurance information is entered in I-TEAMS within ten (10) days of the signed consent

For more detailed information refer to [Consent to Bill Health Insurance Form AzEIP Programmatic Meeting](#) - February 2023

Refer to AzEIP Procedure Manual 3.4.1(I) for more information

Test Your Knowledge- Which Consent form?

1. The SC wants to reach out to get the screening results completed by EHS.
2. Mercy Care is reaching out asking for a status update on the child's referral.
3. The SC completes an OAE hearing screening.
4. Grandma (not the educational parent) calls asking for an update on her grandchild's eligibility status.
5. The family shares that the child has a diagnosis of hydrocephalus with a shunt and they don't have the medical records.
6. DCS calls and asks why the foster family has not heard from AzEIP.

Which Consent form?

1. The SC wants to reach out to get the screening results completed by Early Head Start. **Consent to Obtain form**
2. Mercy Care is reaching out asking for a status update on the child's referral. **Consent to Bill Health Insurance Form**
3. The SC completes an OAE hearing screening. **Consent to Screen**
4. Grandma (not the educational parent) calls asking for an update on her grandchild's eligibility status. **Consent to Share**
5. The family shares that the child has a diagnosis of hydrocephalus with a shunt and they don't have the medical records. **Authorization to Disclose Protected Health Information form**
6. DCS calls and asks why the foster family has not heard from AzEIP. **Trick question, no consent is needed to share with DCS**



Hearing and Vision

Hearing Screening Tracking Form (GCI-1084A)

At the Initial Visit, the Service Coordinator is responsible for:

- Ensuring the Hearing Screening Tracking form is completed with the required information entered in all fields
- Documenting:
 - Any previously diagnosed hearing loss
 - Any hearing screenings and testing results
 - Identified Risk Factors for Late Onset or Progressive Hearing Losses
 - Follow Up Recommendations

After the Initial Visit is complete, the Service Coordinator is responsible for:

- Adding the completed form to the child's file
- Providing a copy of the form to the family

Otoacoustic Emission (OAE) Screening

The Service Coordinator:

- Completes an OAE hearing screening during the initial visit unless contraindicated
- Documents results of the OAE on the Hearing Screening Tracking form
- Follows Hearing Screening Tracking Form timelines for:
 - OAE Re-screening
 - Referral to pediatrician
- If the child is under 2 years of age, enters OAE Screening results on the Child Hearing Screening page of I-TEAMS
- Ensures family receives a copy of the Hearing Screening Tracking form
- Documents in the child's record the results of the hearing screening

Refer to AzEIP Policy Manual 3.11.13-14 for more information.

Do Not Complete an OAE When...

An OAE screening should not be conducted when*:

- Consent is not obtained to conduct a hearing screening
- The team member is not trained to complete an OAE
- The child is deaf or hard of hearing

*List is not exhaustive, refer to AzEIP Procedure Manual for a detailed list.

Refer to AzEIP Procedure Manual 3.5.3 and the 2019 JCIH Position Statement for more information.

Vision Screening Checklist (GCI-1085A)

At the Initial Visit, the Service Coordinator is responsible for:

- Ensuring the Vision Screening Checklist is completed with the required information entered in all fields
- Documenting:
 - Ophthalmologist/optometrist information if applicable
 - Diagnosis, glasses, other treatment if applicable
 - Risk Factors for vision loss
 - Behavioral signs that might indicate vision loss

After the Initial Visit is complete, the Service Coordinator is responsible for:

- Adding the completed form to the child's file
- Providing a copy of the form to the family

Refer to ASDB if a child has the below Medical Diagnosis and Conditions

Diagnosis/Condition:

- CHARGE Syndrome
- Cytomegalovirus/CMV
- Hydrocephalus
- Meningitis
- Microtia
- Retinopathy of Prematurity (ROP)
- Traumatic Brain Injury



Developmental Screening

Developmental Screening

A developmental screening may be conducted during the initial visit for a child who meets one of the following criteria:

- Does not have medical or other records indicating that the child's level of development in one or more of the developmental areas constitutes a 50 percent developmental delay
- Does not have an established condition
- Has not been recently screened with a screening tool which was included with the referral.

Refer to AzEIP Policy Manual 3.3.3 for more information

Developmental Screenings Are More Than the ASQ

The Developmental Screening provides a look at the child's development, including vision and hearing, to determine if there are potential developmental concerns which should be explored through evaluation.

Developmental Screenings completed by the Service Coordinator include:

- Child Observation
- Discussion with the family
- Review of pertinent medical and/or developmental records available
- Hearing Screening Tracking Form
- Vision Screening Checklist

A screening may include the use of an approved screening tool such as the Ages and Stages Questionnaire if the Service Coordinator needs additional information to identify if the child is suspected of having a developmental delay.

Refer to AzEIP Policy Manual 3.3.5 and AzEIP Procedure 3.4.2 (6) for more information.

Child Observation, Developmental & Medical History

The Service Coordinator completes the developmental screening to gather necessary information that will support their decision on whether to propose or refuse to recommend a multidisciplinary developmental evaluation.

The Service Coordinator:

- Observes the child interacting within their home and/or community
- Obtains parent report on the child's
 - Developmental history
 - Medical history
- Gathers information from other family members and caregivers
- Reviews available medical and developmental records

Information gathered during the Initial Visit is documented within the child's record.

Refer to AzEIP Policy 3.3.2-5 for more information

Ages and Stages Questionnaire (ASQ)

The ASQ is one of the ADES/AzEIP approved screening tools identified on the [Approved Screening, Evaluation, and Assessment Instrument](#)

If the ASQ is utilized, the SC identifies and documents on the tool the child's:

- Developmental and medical history
- Present level of development for each of the developmental domains:
 - Physical: fine and/or gross motor and sensory (includes vision and hearing)
 - Cognitive
 - Language/communication
 - Social or emotional
 - Adaptive (self-help)

AzEIP recommends gathering information from other sources such as family members, other caregivers, medical providers, social workers, educators, etc. to understand the full scope of the child's unique strengths and needs

Ages and Stages Social Emotional Questionnaire (ASQ-SE)

The ASQ-SE is a screening tool for children to assess their social and emotional development that may be used in conjunction with another screening instrument.

Service Coordinators are recommended to consider the use of the ASQ-SE if the family indicates concerns in areas such as self-regulation, compliance, communication, adaptive behavior, autonomy, affect, and interaction with people.

Autism Screening

If a family indicates concerns around their child displaying signs of autism, the Service Coordinator should consider if an autism screening such as the MCHAT may be appropriate.

Refer to [Autism Screenings AzEIP Programmatic Meeting](#) - October 2023 for additional information

Screening Results = No Evaluation

If the screening results indicate the child is not suspected of having a developmental delay, the service coordinator:

- informs the family and other team members
- provides the family with PWN indicating the EIP intends not to proceed with an evaluation
- explains the family's rights
- informs the family of local [community resources](#)
- requests consent to share screening results with pediatrician or local community resources
- discusses the option to share information with others, such as the referral source (e.g., the pediatrician, early childhood education or childcare programs such as Early Head Start, etc.).

Refer to AzEIP Procedure Manual 3.4.1.E for additional information

Screening Results = Evaluation

If the screening results indicate the child is suspected of having a developmental delay, or the parent requests an evaluation, the Service Coordinator:

- informs the family and other team members
- describes the evaluation process to the family
- explains the family's rights, including dispute resolution procedures
- provides the family with PWN
- obtains written consent from the parent to conduct the evaluation
- obtains the family's insurance information and written consent to use the insurance for evaluation
- discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early childhood education or childcare programs, such as Early Head Start, etc.)
- obtains applicable consents and maintains the signed consents in the child's file

Refer to AzEIP Procedure 3.4.1.F for additional information



Deciding on Record Review or Evaluation

Records Available for Established Conditions

Discuss with the family any medical or developmental records the family has that may assist with the eligibility process.

- Make a copy of physical records the family has
- Assist family with sharing records electronically with the Service Coordinator

All records received must be maintained in the child's record and shared with the evaluation team.



Records not Available at Initial Visit

If the Service Coordinator does not have the medical or developmental records or documentation necessary for a Record Review to be completed:

- Obtain the necessary consents and authorizations to request records
- Assist the family in obtaining the records

It is recommended that the Service Coordinator schedule the Child and Family Assessment to occur within two weeks. If the medical records are not obtained by that time, the appointment can be used to complete an evaluation.

Scheduling the Evaluation

The Service Coordinator notifies the child's team members of the need for evaluation and shares information about the parent's interests and concerns, developmental screening and observation, available records, and parent's availability for evaluation. The AzEIP TBEIS Contractor designates team members to conduct the multidisciplinary evaluation.

The Service Coordinator obtains the family's informed written consent on the Consent for Evaluation/Prior Written Notice (GCI-1038B) prior to the team completing the evaluation.



Sharing about Eligibility with Other Agencies

Division of Developmental Disabilities (DDD)

The Service Coordinator explains to the family if the child is determined AzEIP eligible and the family has consented to use their public and/or private insurance, a referral will be made to DDD to see if the child meets the eligibility requirements to receive additional supports through DDD.

Arizona State Schools for the Deaf and the Blind (ASDB)

- If the referral information indicates the child may have a vision loss or hearing difference, the Service Coordinator will send the record to ASDB for simultaneous eligibility determination.
- If hearing or vision impairment is mentioned in the referral, the central referral agency will will share the referral with ASDB.
- If the SC identifies any subsequent information that indicates that the child has a vision or hearing difference, they should send the record to ASDB for simultaneous eligibility determination.

Refer to AzEIP Procedure Procedure Manual 3.3.2 for more information.

Arizona Long Term Care System Referral

If the Service Coordinator observes indicators that the child may be eligible for Arizona Long Term Care System (ALTCS), the Service Coordinator should consider providing the family with a brief overview of ALTCS.



Transition

Transition

- Service Coordinators discuss timeframes for AzEIP services and that the team will assist them in transitioning out of AzEIP at age 3 or earlier if they no longer need support
- When conducting an initial visit for a child that is over the age of two (2) years old:
 - the Service Coordinator discusses potential time-sensitive transition activities that may occur if the child is determined eligible for AzEIP

Refer to the AzEIP Policy and Procedure Manuals, Chapter 4: Transition for additional information



Atypical Situations

Family Delay

- Family Delay may be identified as the delay reason after the required activity timeline has passed and team has completed the required steps
- Teams must continue to attempt to meet timelines even if they encounter an exceptional family circumstance
- Teams are recommended to plan ahead when they have encountered delays to ensure that timelines are met
- Child Record must include:
 - All steps taken to meet the required timelines once the delay reason has resolved
 - Documentation of all verbal and written communication with a family
 - Copies of all written communication (emails, letters, texts)

Refer to [Family Delay AzEIP Programmatic Meeting](#) - August 2023 for more information on family delays

Family Out of Town for Extended Period of Time

If a family has communicated they will be out of town for an extended period of time during the Initial Planning Process the decision should be made by the family how they wish to proceed.

Please refer to the AzEIP TA Bulletin Family Out of Town for Extended Period of Time for more information:

[AzEIP TA Bulletin Family Out of Town for Extended Period of Time](#)

Screening Very Young Children

- When completing screenings of very young children, AzEIP recommends that Service Coordinators gather information through:
 - Infant Observation
 - Parent and Caregiver Interview
 - Review of Records
 - Formal screening tool (if needed)
- It is essential that children with developmental disabilities and delays are identified as young as possible

Refer to the [Supporting Families with Infants in the Neonatal Intensive Care Unit Programmatic Meeting January 2024](#) for more information

Is an Interim IFSP Needed?

If it is determined by the Service Coordinator and family that early intervention services need to begin before the Child and Family Assessment (CFA) can be completed, the Service Coordinator and family may develop an Interim IFSP.

The child's Initial IFSP must still be completed within 45 days of the initial referral.

Please refer to the [Interim IFSP AzEIP Programmatic Meeting - May 2023](#) and [AzEIP Interim IFSP Decision Tree](#) for additional guidance



Billing and Data

Initial Visit Billing

- The Initial Visit can be billed for up to 2 Units/120 minutes.
- If a longer period of time was needed, the SPA can submit an exception request.
- Documentation:
 - ADES/AzEIP Data System
 - Contact Log
 - Initial Visit Documents
 - Consent to Screen
 - Screening Documents

Refer to the AzEIP Billing Manual 5.2 for additional information

Periodic Review of Data

- In March 2024, In-Person services for:
 - Initial Visits with screenings occurred at **42.43%**
 - Four SPAs reached between **80** and **100%** in-person
 - Team Lead visits occurred at over **90%**
- Initial Visits should occur in-person unless the family requests virtually
- AzEIP encourages each SPA's Data Manager to review their data to identify and analyze their rate of in-person Initial Visits utilizing the Service Delivery Report

Topic Specific Reminders

- The Service Coordinator is the first face of AzEIP, first impressions matter!
- Child Observation and Parent Interview are extremely important elements of the initial visit.
- Initial Visits occur in-person unless the family requests for it to be completed virtually.
- From the Referral Date to the Initial IFSP, the team should have a plan to complete all activities prior to the 45th day.

IDEA Part C Regulations

- [IDEA Part C 303](#) Early Intervention Program for Infants and Toddlers with Disabilities
- [IDEA Part C 303.310](#) Post-Referral Timeline
- [IDEA Part C 303.320](#) Screening Procedures
- [IDEA Part C 303.400](#) Procedural Safeguards
- [IDEA Part C 303.420](#) Parental Consent and Ability to Decline Services
- [IDEA Part C 303.500](#) Use of Funds and Payor of Last Resort

Resources we would like to share*

*IDEA Regulations and AzEIP Policy/Procedure references specific to the slide show will be available in the PDF copy of the presentation for attendees to reference.

[AzEIP Policy Manual](#)

[AzEIP Procedure Manual](#)

[AzEIP Billing Manual](#)

[AzEIP Central Referral Guidelines](#)

[AzEIP Transition Timeline](#)

AzEIP Programmatic Presentations

- [Explaining Child and Family Rights and Dispute Resolution - March 2024](#)
- [Supporting Families with Infants in the Neonatal Intensive Care Unit AzEIP Programmatic Meeting - January 2024](#)
- [Autism Screenings AzEIP Programmatic Meeting - October 2023](#)
- [Family Delay AzEIP Programmatic Meeting - August 2023](#)
- [Service Coordination Services AzEIP Programmatic Meeting - June 2023](#)
- [Interim IFSPs AzEIP Programmatic Meeting - May 2023](#)
- [Contact Logs AzEIP Programmatic Meeting - March 2023](#)
- [Consent to Bill Health Insurance Programmatic Meeting- February 2023](#)

AzEIP Technical Assistance Bulletins

- [Family Out of State for Extended Period of Time Technical Assistance Bulletin - 01/29/2024](#)
- [AzEIP Eligibility Criteria for Established Conditions Technical Assistance Bulletin - 11/29/2023](#)
- [Informed Written Consent on the Individualized Family Service Plan \(IFSP\) Technical Assistance Bulletin - 12/01/2023](#)
- [Updated AzEIP Early Intervention Contact Log \(GCI-1094A\) and Policy Reminders Technical Assistance Bulletin - 11/30/2023](#)
- [Address Confidentiality Program \(ACP\) Technical Assistance Bulletin - 3/28/2023](#)
- [AzEIP Supplemental Technical Assistance IFSP Meetings and Obtaining Family Signatures - 12/22/2022](#)
- [Updated Consent to Bill Health Insurance form \(GCI-1041A\) Guidance 5/1/2023](#)

Initial Visit Forms

- [A Family Guide to Funding GCI-1086A](#)
- [Acknowledgement of Child and Family Rights GCI-1115A](#)
- [Authorization to Disclose Protected Health Information GCI-1020A](#)
- [Child and Family Rights in the Arizona Early Intervention Program GCI-1070A](#)
- [Consent for Evaluation/Prior Written Notice GCI-1038B](#)
- [Consent for Screening /Prior Written Notice GCI-1082A](#)
- [Consent to Bill Health Insurance Form GCI-1041A](#)
- [Consent to Obtain Information GCI-1039A](#)
- [Consent to Share Early Intervention Records and Information GCI-1040A](#)
- [Hearing Screening Tracking Form GCI-1084A](#)
- [Prior Written Notice GCI-1050A](#)
- [Vision Screening Checklist GCI-1085A](#)

Acronym	Meaning
ADES	Arizona Department of Economic Security
ALTCS	Arizona Long Term Care System
ASDB	Arizona State Schools for the Deaf and Blind
ASQ	Ages and Stages Questionnaire
ASQ-SE	Ages and Stages Social Emotional Questionnaire
AzEIP	Arizona Early Intervention Program
CFA	Child and Family Assessment
CMV	Cytomegalovirus
DCS	Department of Child Safety
DDD	Division of Developmental Disabilities
EHS	Early Head Start
EIP	Early Intervention Program
I-TEAMS	Infant-Toddler Electronic Administration & Monitoring System
IDEA	Individuals with Disabilities Education Act
IFSP	Individualized Family Service Plan
JCIH	Joint Committee on Infant Hearing
MChAT	Modified Checklist for Autism in Toddlers
OAE	Otoacoustic Emissions
PII	Personally Identifiable Information
PWN	Prior Written Notice
ROP	Retinopathy of Prematurity
SC	Service Coordinator
SPA	Service Providing Agency
TA	Technical Assistance
TBEIS	Team-Based Early Intervention Services

Questions



Question 1

Do you have a table of timeframes/ how often to renew a new form or when to use the forms examples? Forms like prior written notices (consent to evaluation, consent for screening)

Response: The timeline for each form will be dependent on the form.

Form Name	Form Timeline
Authorization to Disclose Protected Health Information GCI-1020A	Date of expiration is identified on form no longer than one year from creation. Consent can be revoked by the parent at any time.
Consent for Evaluation/Prior Written Notice GCI-1038B	Expires after the completion of the evaluation identified on the consent form. A new form is required if a new evaluation is needed.
Consent to Bill Health Insurance Form GCI-1041A	New form is needed annually at a minimum or if any information changes on the consent form. For private insurance a new form must be completed if a new service is added or increased in frequency or duration. Consent can be revoked by the parent at any time.
Consent to Obtain Information GCI-1039A	Consent is valid for one year. Consent can be revoked by the parent at any time.
Consent for Screening /Prior Written Notice GCI-1082A	Consent is valid for 45 days from completion of consent form.
Consent to Share Early Intervention Records and Information GCI-1040A	Consent is valid for one year. Consent can be revoked by the parent at any time.
Prior Written Notice GCI-1050A	New Prior Written Notice is required any time the Service Coordinator or Early Intervention Providers are proposing or refusing to initiate or change the identification, evaluation, or placement of the child, or the provision of early intervention services to the child and family.

Question 2

Question: Is AzEIP tracking trends, such as families declining to use their insurance? I have noticed a rise in the last couple years, even families with AHCCCS.

Response: Yes, AzEIP fiscal team tracks this information and shares it with the Service Providing Agencies and DES leadership. It is crucial that Service Coordinators enter all available information in I-TEAMS when families decline the use of insurance, including the Insurance Type and the specific reason that the family is making that choice.

Question 3

Question: Is there a reason that it is not possible to combine the consent to obtain, the consent to release, and an authorization to disclose forms into one combined form since they are all about sharing information?

Response: Each form serves a different purpose and is protected by a different set of laws (FERPA, HIPAA). While it is not likely the forms will be combined, the AzEIP office is reviewing forms to make them more efficient and easier to understand.

Question 4

Question: For the MCHAT is there a training that SC's can complete to become more proficient and familiar with this screening?

Response: AzEIP completed a programmatic presentation on [Autism Screenings in October 2023](#). Providers can review the PDF of the presentation or the recording. The MCHAT is a parent questionnaire that requires the user to follow the instructions. No formal training is required to assist a family in completing the MCHAT.

Question 5

Question: Is there a form for ALTCS that we can use with families that helps us to explain it to them? Also, where would we find to speak to our local ALTCS supervisors?

Response: AHCCCS has a video that explains ALTCS but it is not specific to qualifying due to disabilities: [AHCCCS Explains... ALTCS!](#)

DES/DDD has a video that explains DDD's role as a Managed Care Organization: [The Division of Developmental Disabilities' Role as a Managed Care Organization](#)

To check on an ALTCS application: call or email AHCCCS to check your status: 888-621-6880 or altcsregistration@azahcccs.gov

Thank you for attending!

AzEIP Quality Improvement Team

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