

# Mandatory Service Coordinator Workshop Report

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In March 2014, DES/AzEIP held six mandatory service coordinator workshops across the state. Three hundred and twenty people attended these sessions. Attendees represented the following job titles: Team Based Early Intervention Service Coordinators who are either dual role or dedicated service coordinators, Arizona State Schools for the Deaf and the Blind dual role or dedicated service coordinators, Division for Developmental Disabilities dedicated service coordinators, Supervisors and Program Managers. Each registered participant at each workshop was emailed digital Job Aids—or handouts—to support them to implement the information shared during the workshops. Every TBEIS Program Manager, DDD Supervisor and ASDB Supervisor was also provided with digital and paper copies of the Job Aids. Presenters fielded a number of questions which have been compiled and answered below we have organized the questions and answers by topic area.

Below are the hyperlinks to the topic areas contained in this report:

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## Consent for Insurance

- **Can the Consent for Insurance form be split into two forms when explaining the consent to share Personally Identifiable Information (PII) and the Consent to bill?**

The DES/AzEIP office will review this request. The form was combined into one form based on feedback from the field that AzEIP had too many forms to complete.

- **Guidance on how the Team should discuss with the family “consent to use insurance” language expecting the family to either agree or disagree.**

For families with AHCCCS or Public Insurance, the discussion should be around sharing personally identifiable information so that AzEIP may properly share information with their AHCCCS health plan.

Without consent to share information, the family will not be able to use their public insurance and refusal to share will mean a child cannot be referred to DDD. As a result, families who otherwise might be eligible for DDD and ALTCS will not have the opportunity to benefit from ALTCS services such as respite, nursing, and/or habilitation. When the child turns 3 years old, the family would then also need to re-apply for DDD services if applicable. Families must still provide their financial information to AzEIP using the Financial Information Form. Failure to do so will result in the family bearing 100% of the cost for those services which have a cost.

- **According to my understanding of the training, we are now required to get Consent for Insurance for evaluation (IPP) for eligibility. Just to make sure I understand this correctly, the contractors are required to discuss with families the consent for insurance to pay for evaluation. Is this for all children, AHCCCS and TPL?**

The Service Coordinator is required to discuss the Consent for sharing Personally Identifiable Information, which is included in the Consent for Insurance form, at the initial visit.

If the family has private insurance also known as TPL (Third Party Liability), the SC should be able to explain that there is **never** any cost to them during the Initial Planning Process, that they may wish to consent to using their private insurance for their evaluation, but no co-pays or deductibles will be collected. If the family consents to using their private insurance during the IPP process, the Consent for Insurance must be discussed again and a new consent must be signed, by the family before the family’s private insurance may be billed for services on the IFSP (see Chapter 9 of the AzEIP Policies and Procedures for more details).

If the family has AHCCCS, the SC explains that there is never any cost for using AHCCCS, that using AHCCCS helps Arizona to ensure that we can serve all eligible children, and that we need their consent to share their personally identifiable information with AHCCCS before we can bill AHCCCS for services, which is contained on the Consent for Insurance form.

## AHCCCS

- **How can we look up a family's AHCCCS ID#?**

Only an AHCCCS member is allowed to obtain that information. All AHCCCS members are encouraged to carry their member ID card at all times. Service Coordinators can encourage members to call. The number to call is: 1-800-962-6690 or 1-602-417-7070.

- **Can I fax the consent for Insurance Form in after the child is determined eligible? I am concerned about what happens if I collect the consent to share personally identifiable information at the Initial Visit and the child does not move onto IFSP.**

Per the new procedures, the Service Coordinator discusses and obtains consent to share PII on the Consent for Insurance form. This is done during the initial visit when the child is eligible for AHCCCS. The SC completes the Insurance page in I-TEAMS and puts the original copy of the Consent for Insurance form in the file. The consent is not faxed anywhere. When the parent provides consent to share PII, the Ongoing Service Coordinator completes the AzEIP AHCCCS Member Request form after the Initial IFSP is completed and submits it to the AHCCCS Health Plan Coordinator.

- **If the child is on AHCCCS and the family refuses consent to share Personally Identifiable Information (PII), can the child's information be entered into FOCUS?**

No. The reason that we must obtain a family's consent to share their PII, is because the FOCUS data system automatically communicates with the AHCCCS data system. Once the I-TEAMS data system is connected to the FOCUS data system the data will be shared across all three data systems. It is important to explain to families that they do not have any cost-sharing when they have AHCCCS and are enrolled in AzEIP, but that their personally identifiable information is shared between the systems so that AzEIP and DDD may be reimbursed by AHCCCS for services provided to the child and/or family.

- **Can families receive CRS services and AzEIP services, what does that look like?**

- When a therapy need is identified on the IFSP, the Support Coordinator (SC) should submit the AzEIP AHCCCS Member Service Request to the AHCCCS Health Plan MCH Coordinator.
- For CRS Fully Integrated and Partially Integrated-Acute members UnitedHealthcare Community Plan-CRS (UHCCP-CRS) is the AHCCCS health plan. For CRS Partially Integrated-BH (behavioral health) members the AHCCCS acute plan will be one of the DD LTC plans (UnitedHealthcare Community Plan-DD, Mercy Care or Care First) or the Comprehensive Medical and Dental Program (CMDP) for children in the foster care system. CRS only members receive acute health services from their primary programs of enrollment. If the therapy need is related to a CRS-covered condition and the therapy service is available at the MSIC, the service will be approved at the MSIC if medically necessary; if the service is not available at the MSIC, it will be approved with a UHCCP-CRS contracted provider if medically necessary.

- Therapy that is needed in relation to a CRS-covered condition may be approved with the AzEIP provider if it is medically necessary, not available at the MSIC, and the AzEIP provider is a UHCCP-CRS contracted provider
  - Therapy needs that are not related to a CRS-covered condition may still be approved if the child is enrolled in CRS-Fully Integrated or CRS-Partially Integrated-Acute and services are determined to be medically necessary.
  - AzEIP providers who are interested in becoming contracted with UHC should contact Barb Harris at [barb.harris@optum.com](mailto:barb.harris@optum.com) or 520-744-9829.
  - Most providers who were contracted for other lines of business with UHC are now also contracted for CRS.
  - If a child is CRS enrolled and the parents opt out of CRS, AHCCCS will not cover services the child would've been eligible for under CRS.
- **American Indian Health Plan is not included on the I-TEAMS Insurance list.**  
DES/AzEIP is working with DDD and AHCCCS to update the list to include AIHP. PO Box 1700 Phoenix, AZ 85002. Billing and Claims questions to 602-417-7670. Questions regarding Prior Authorization Requirements can be directed to 602-417-4400.
  - **Do we still need to send Mike Worley the monthly list of exceptional circumstances when the TBEIS contractor is not an AHCCCS approved provider and the child is assigned to a clinic but the TBEIS contractor provides services due to exceptional circumstances?**  
The SC is required to document the exceptional circumstances in the child's file. At this point, the SC and/or AzEIP contractor does not need to send the list to Mike Worley. However, AzEIP may revisit this in the next few months.
  - **When dealing with a family with IHS, the AHCCCS member request form requires an additional form for the Tohono O'Ootham Nation?**  
The Tohono O'Ootham Nation IHS plan may require additional forms, please consult the case manager for this IHS plan for additional support.

## ALTCS

- **ALTCS in the Northern area is requiring that eligibility be determined within 10 days of referral, but DES/AzEIP says we have 30 days from referral to determine ALTCS, which is it?**  
It is important that we complete eligibility determinations simultaneously. The timelines have not changed. If a child has been referred to ALTCS before being referred to AzEIP, ALTCS refers the child to DDD who refers the child to AzEIP. The AzEIP SC will notify DDD if the child is AzEIP-eligible and submit the DDD application and evaluation to DDD so that they may notify ALTCS if the child has been determined DDD eligible; typically within 30 days of the ALTCS application. Given the coordination between the three agencies it is important that eligibility is determined simultaneously and that TBEIS contractors, DDD SCs and ASDB staff collaborate to determine eligibility.

- **How do we meet when DDD policy says the child must be present at all IFSP meetings, and meetings must be held in the family home, and will not allow meetings without the child? What if the parent(s) in jail, etc.?**

DES/AzEIP policies state that the AzEIP service coordinator meets with the family in their home or other location identified by the family. ALTCS policy states that all meetings are to be held in the home. Exceptions to the ALTCS requirements may be made, however, this should be a rare occurrence. In all instances, even if the meeting with the team is held elsewhere, the DDD SC must see the child's environment (where they live) to be able to assess ALTCS service needs and offer additional supports.

If the biological parent is the IDEA parent, and the one developing and signing the IFSP, and the child is cared for by a foster parent, the DDD SC must see the child and the child's environment. If the parent wants to meet at the childcare center the SC may make that accommodation and document where the meeting was held and the reason for the family's request, but will still need to visit the home. Likewise if the biological parent is the IDEA parent and is incarcerated, the SC may make arrangements to meet at the jail or use a teleconference to convene the meeting, but will still need to see the child and the child's environment.

## Central Referral

- **Central Referral System – response to families is slow. Calling in to make a referral results in staff telling families to do it online and some families do not have internet access.**

The DES/AzEIP office will follow-up with the Central Referral System. Early Intervention Programs (EIPS) can support the Central Referral by using the "My Alerts" section of I-TEAMS to be notified of referrals, this will allow the Central Referral staff to discontinue the use of the redundant courtesy message to referral sources and assigned contractors and will free them up to be more available to respond to phone calls. Additionally, EIPs can ensure that they send out the [Referral letter](#) to referral sources and the [follow up letter](#) when needed.

## Responding to Referrals

- **Is there a template for the Response to Referral Letter? Some programs did not know that this was a responsibility.**

The requirement that the Initial Service Coordinator send a letter to the Referral source within 7 days of the receipt of the referral was a DES/AzEIP requirement prior to implementation of TBEIS and remains a requirement today. The [DES/AzEIP website](#) contains many [template letters](#) in English and Spanish, including the [Referral letter](#) to acknowledge receipt of a referral from a professional community partner.

## Eligibility

- **The list of established conditions should be expanded. Colorado has a very comprehensive list including conditions that would not be considered an established condition.**

Colorado and Arizona have different requirements for eligibility; Colorado uses a much broader definition than Arizona. As a result, the lists of established conditions are different. However, our policies state that our definition “includes, but is not limited to”, so there may be additional conditions which the Service Coordinator should indicate using the “Other” text box in I-TEAMS when the condition is not one listed in the DES/AzEIP data system.

- **For a child that is AzEIP-eligible, can the family decline DDD? If they do, what happens? Would the Child be AzEIP-only and still receive services? Can the family elect just Service Coordination?**

A family cannot decline to be referred to DDD or ASDB and receive services as an AzEIP-only child, if the child is potentially eligible for DDD or ASDB. Families can always make the decision to elect service coordination-only. However, the family would still need to be referred to DDD or ASDB, if potentially eligible. If eligible for DDD or ASDB, DDD or ASDB would be the service providing agency and would arrange for the funding and provision of service coordination.

During the initial phone call and visit it is important that the Service Coordinator explain to the family that AzEIP is a multi-agency state program. Families should be informed that a referral to AzEIP is also a referral to DDD and ASDB. SCs should be able to explain that DES/AzEIP uses multiple funding sources and agencies to address the needs of children with delays or disabilities and to support their families. Again, it is important that the SC explain that AzEIP is a voluntary program, but referring to AzEIP means that a family is also referring to DDD and ASDB if the child is potentially eligible.

## Child Entry and Exit Indicators

- **Exit indicators are to be filled out with the family. What should be done when the family is not available (moved, child deceased) yet the SC knows how to complete the indicators?**

It is important that the Exit indicators are completed whenever possible. If the family is not available or the child is deceased, and the child was enrolled in AzEIP for at least 6 months, and the team has enough information to complete the Exit indicators the SC and team could enter that information.

If any of the reasons below prevent the SC and team from completing the Exit indicators, the service coordination will document the reason the exit indicator could not be completed in the Child record and by using the Child Exit Indicator Summary Form in I-TEAMS selecting one of the following reasons:

- a. child has been in services less than 6 months, or
  - b. Team has insufficient knowledge of child’s functioning due to
    - i. child moved,
    - ii. child withdrawn,
    - iii. child deceased, or
    - iv. attempts to contact the child or family.
- **Child indicators – how is ‘impossible’ defined? There are cases where the child might have regressed during their period within the program but, as SC, we don’t record that since the DES/AzEIP calls and says that is an impossible result.**

The Child Indicators were developed by the Early Childhood Outcomes center. DES/AzEIP does not ask teams to change their results, rather I-TEAMS checks to see if the results are actually possible. The Child Outcomes Indicators at exit are recording whether or not the child has developed and grown over time. It is important that teams understand that the indicators are not only comparing the child to the entry indicators, but also comparing the child to the age appropriate skills at time of exit. For more information on the child exit indicators and why some results may be deemed “impossible” it is important to review the Summary Rating Discussion Decision Tree:

[https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/decision\\_tree.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/decision_tree.pdf)

and the Definitions for Child Indicator Entry and Exit Ratings:

[https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/Definitions\\_For%20Indicator\\_Ratings.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/Definitions_For%20Indicator_Ratings.pdf).

It is impossible for a child to move up in the ratings, e.g., from a “G” to an “I” without also showing progress, as a data check, the DES/AZEIP Office will request that the SC review the data for accuracy. In fact, in the example provided the system would not reflect impossible data, as the Child Outcome Summary process recognizes that some children enter AzEIP and are typically developing, but due to an established condition may regress over time. This would not be impossible data, it is expected data. What is not expected is a child who the team rates as a higher number at exit, but for whom the team also asserts there has been no growth over time.

## Family Cost Participation

- **There is a long delay for families to receive their FCP letter which impacts how long the Team can wait to initiate services if that is a “deal breaker” Can we shorten that time?**

The [Family Cost Participation \(FCP\) policy](#) states that the DES/AzEIP office has 5 business days to process Family Information Forms. The FCP staff handles both TBEIS contractor invoices and FCP packets. The FCP staff process an average of 332 packets in a month, averaging 15 forms per day, and it takes an average of 1.01 business days processing each one. Data kept by the FCP staff shows that it has been over 254 days since it took longer than 5 business days to process

an FIF. It is important that Service Coordinators provide families with the Stamped Self-Addressed Envelope and remind them to submit it to the office ASAP for processing.

- **Please review the use of “billing” and “assessment” the billing manual usage of the terms confuses families when the Team is discussing these terms.**

The billing manual, which is accessible and available on the DES/AzEIP website, outlines how TBEIS contractors bill AzEIP for services provided to families. If families have questions about billing they should be directed to the DES/AzEIP document, [A Family’s Guide to Funding Early Intervention Services in Arizona](#) or to [Mike Worley in the DES/AzEIP office](#).

Service Coordinators, Team Leads and Families should be using the [Child and Family Assessment Guide for Families](#) to guide the assessment process as part of the development of the Initial and any reviews of the IFSP. Teams should be using the [Joint Visit Planning Tool](#) when deciding a joint visit is needed. Additionally, the [What to Expect from Team Based Early Intervention](#) brochure may also assist in explaining how the team can support the child and family on the identified outcomes.

## Service Coordination Only

- **When a family who had a Team Lead, decides to revise their IFSP so that they only have Service Coordination only services:**

**a. Can the EIP bill for Team Lead non-direct services**

**b. Does this apply equally for dedicated or dual role SC?**

If the IFSP states Service Coordination Only (then there is no Team Lead non-direct billing and the IFSP would not identify a Team Lead). This is regardless of the service coordination model chosen by the AzEIP TBEIS contractor. If the service coordinator is a dual role service coordinator they must be selected in I-TEAMS (not on the IFSP) as the Team Lead—this is a data system requirement for billing. If the service coordinator is not dual role, then the team member who completed the evaluation or assessment must be selected in I-TEAMS (not on the IFSP) as the Team Lead—this is a data system requirement for billing.

- **Can SCs bill for making referrals, for children who either screened out, determined not eligible, or whose parents were not interested in pursuing an IFSP, to other non-AzEIP programs i.e. Early Head Start, First Things First Building Bright Futures/Special Needs programs?**

If the referral includes sharing personally identifiable information, the Service Coordinator must obtain consent (during the visit with the family) and then may make any appropriate referrals and bill DES/AzEIP for the time spent on those activities. AzEIP will **not** pay for the Service Coordinator to make a separate visit to obtain consent to share information for this purpose. Alternatively, Service Coordinators can always provide families with the names of other

community organizations. The service coordinator may only bill for the actual time spent on this or any other activity.

## Teaming

- **For children who are in AzEIP, and DDD-eligible, the team is seeing progress and the family is good at coaching. However, when they see the neurologist, developmental pediatrician, pediatrician, they state the child needs more therapy than they are receiving. The family is all upset. Who in the AzEIP Office will call the doctor to explain?**

The answer to this question would apply whether the child is AzEIP-only, DDD-eligible and/or ASDB-eligible. The Team Lead may use their Team Lead Non-Direct time, or the Service Coordinator may discuss (with family consent) the specific child's progress and the concerns raised by the doctor. The use of the required [Quarterly Progress Report](#) may also help to explain to the family's community partners how AzEIP is supporting the child and family. Additionally, the DES/AzEIP office has been working with the Arizona Chapter of the American Academy of Pediatrics and other community partners to explain Team Based Early Intervention Services. It will take individual teams working on behalf of individual children, EIPs working collaboratively with their community partners, and the state office working statewide, to assist our community partners to understand how Teaming, Coaching and Natural Learning Opportunities supports infants and toddlers with disabilities to engage and participate in everyday routines and activities and leads to improved outcomes. We must each help to explain how this approach supports infants and toddlers with disabilities and their families.

- **Visits without the TL -Chapter 3 3.2.3.8. (D) allows this exception. What is seen in the field is that there are scheduling conflicts and Teams are resorting to this to allow the therapist to reschedule. Scheduling is the only justification being used rather than "the specific purpose for a very limited time".**

Scheduling issues that occur regularly may be an indicator that the team does not have the capacity to serve all the children in the region, in accordance with the team-based early intervention services. As the question notes, the visits without the TL are exceptions. The point of visits without the TL is to address "role gap", or when the Team Lead does not have enough knowledge, expertise or skill to support a child or family without significant support from another team member. For example, if the team had decided that the Physical Therapist is the most likely team lead, but the doctor has recently decided that the child can have their NG tube removed, the PT may in consultation with the SLP decide that the SLP should visit with the family separately over the next two weeks—a short and specific duration of time. The SLP would stay in close contact with the PT, would only do this after using the [joint visit planning process](#) or a coaching interaction, and would go on a joint visit at the end of the time period, with the TL, to provide coaching to the TL so that the TL may resume supporting the family.

- **How do you document the Non-Team Lead versus a Joint Visitor on the IFSP form?**

The use of a Non-TL rather than a Joint Visitor is permissible under the AzEIP TBEIS contract but should be a rare occurrence and would be for a short period of time around supporting a family on a specific outcome. The team should use the NTL modifier on the services page.

- **How do we address the TL going on maternity leave? Do we need to reassign a new TL? This was also asked for extended vacation leave.**

When the Team Lead is going on maternity leave or there is an extended vacation planned, the team may temporarily use one of the other team members as the Team Lead until the original Team Lead returns. Remember, it is important think about team members not simply by their discipline, but as Kim the person on our team who knows a lot about feeding, and Beth the person on our team who knows a lot about sensory issues and positioning, while Jane who is going on maternity leave knows about positioning, motor planning and has great contacts in child care, and finally, Sarah, who knows about behavior, picture exchange and has great contacts in child care.

- **Can ASDB do separate visits when they are not the Team Lead? What would that look like?**

Well, it depends. If a child recently received cochlear implants, the child and family may need support from the ASDB team member who is not the Team Lead, for a short duration of time. But as in our example with the feeding issues, the decision to go separately is not based on the ASDB staff person's schedule, but rather on the knowledge, skills and expertise needed by the TL, the knowledge, skills and expertise that the ASDB staffer has and the need for intensive support by the family over a short period of time.

- **How does a SC approach the Team with scheduling conflicts? This would include family scheduling and cancelling.**

The Service Coordinator should discuss any concerns with scheduling conflicts with the team members involved with the family. This may occur as a meeting with the family, during a team meeting (that the family is invited to attend), or during the Service coordinators discussions with the family.

- **How do you separate out the SC and the TL roles? Can an SC also be the TL? If so, in what circumstances would that be appropriate?**

Dual role means that a team member is the Team Lead and the service coordinator for the family. Some AzEIP providers have chosen to use a dedicated service coordinator model, where they have hired personnel who will only act as a service coordinator for families; other providers are using a dual role provider approach, where the same individual is the Team Lead and the service coordinator, and still other providers are using a combination of both models, which might include having people serve as the dedicated service coordinator for some families, and the Team Lead and service coordinator (or Dual Role provider) for other families.

AzEIP does not require or prefer one method over the other. What is important is that all families are assigned a service coordinator to fulfill all service coordination functions under the Individuals with Disabilities Education Act (IDEA Part C) and the AzEIP Policies and Procedures.

Whether the Team Lead will also serve as the family's service coordinator is a decision that should be made by the team based on the individual needs of the family. Remember, teams should have equal representation of all disciplines—teams may have 1 PT, 2 SLPs, 2 DSIs, and 1 OT, but they cannot add a third SLP or DSI until they have first added a second PT and/or OT (and at that point they may want to break into two separate teams).

## Planned Start Date

- **The planned start date on the IFSP-how is that determined? Should we “build in” extra time to accommodate scheduling issues? That would be putting down the start date 30 – 45 days from the date the IFSP is signed allowing for services to start sooner.**

The planned start date should be developed by the team based on the needs of the child and family. A team may consider the time it takes to coordinate with AHCCCS; however, if the family needs services to start sooner, the planned start date can be sooner. The team should explain to the family that there may be a change in team members if the AHCCCS healthplan assigns a different provider, and the family will have to transition to the new provider.

- **Do the rules for planned start date apply just to the initial IFSP or to 6 month and annual review of IFSP?**

If the IFSP has services in place, and they are continuing then there should not be a lag or delay in services because a 6 month or annual review has taken place. Likewise, if the team meets to review the IFSP and decide that additional support is needed from other team members the team, which includes the family, should determine the planned start date taking into consideration the family's need for support around the specific outcome.

## Monthly Contact by the Service Coordinator

- **The SC must contact the family at least once a month. Is texting sufficient to meet the standard? Is texting allowed in terms of secure and confidential sharing of information? Are there parameters? Are we absolutely sure that the person texting is the parent?**

No. Text messages are not secure, and therefore not approved by DES/AzEIP, as a method of communicating confidential information with families. Furthermore, monthly contact requires that there be a two-way conversation between the family and assigned service coordinator (SC). As discussed in the workshop it is the responsibility of the assigned SC to coordinate services, ensure that services are started in a timely manner, provided at the frequency and duration agreed to in the IFSP, and to help the parent if there are other concerns or interests related to their child's disability.

## Documenting ALTCS Reviews on the IFSP and in I-TEAMS

- **When children are determined ALTCS-eligible, ALTCS requires that the Service Coordinator review the plan within 10 days of the eligibility determination. In addition, ALTCS requires that the plan be reviewed every 90 days, how do we record that on the IFSP and in I-TEAMS?**

Attendees and the supervisors and program managers were provided a job aid, known as **Who Must Attend the Meeting?** This job aid outlines that if the team is NOT changing the IFSP services at the 10 day ALTCS Review, the DDD SC and the Team Lead join the family to review the IFSP. If the team anticipates making any changes to the IFSP then **all** active members of the IFSP team must attend. DDD SCs currently schedule 90 day reviews while still with the family at the close of this meeting, and this ensures that the Team Lead and any other active members of the team have the meeting on their calendar(s). For example, an IFSP that was developed on 3/28/2014, before the ALTCS 10 day meeting looked like this:

Outcome	El Services	Intensity	# of sessions	# of mins per sess	Service settings	method	Planned start date	Planned end date
All	Services coordination	I	1x month	60 min	H	SC	3/28/2014	09/28/2014
All	Occupational Therapy	I	2x month	60 min	H	TL	04/15/2014	09/28/2014

Early Intervention Services	Discipline	Funding Source(S)	Fees apply?
Services coordination	Services coordinator	5	No
Occupational Therapy	Occupational Therapist	2, 3, 5	Yes

After the ALTCS 10 Day Review, on April 22, 2014, the addendum would record the Planned start date as the next scheduled visit with the TL, would record that the Planned end date is 90 days later and the funding sources would look like this :

Outcome	El Services	Intensity	# of sessions	# of mins per sess	Service settings	method	Planned start date	Planned end date
All	Services coordination	I	1x month	60 min	H	SC	04/22/2014	07/22/2014
All	Occupational Therapy	I	2x month	60 min	H	TL	04/29/2014	07/22/2014

Early Intervention Services	Discipline	Funding Source(S)	Fees apply?
Services coordination	Services coordinator	6	No
Occupational Therapy	Occupational Therapist	2, 5, 6	Yes

The Service Coordinator would record the ALTCS Review in I-TEAMS on the IFSP page as an Other Review, as they would any other addendum.

## Documenting Assessments on the IFSP

- **How do we document an assessment on an IFSP?**

The team should be using the [Joint Visit Planning Tool](#) to identify the question or issue requiring the support of another team member, the Team Lead’s and/or parent’s current knowledge and actions taken regarding the question/issue, the child’s interests and activity settings that serve as the context for the intervention and how the question or issue affects the child’s ability to engage and participate in these interests or activity settings. The tool then assists the Team Lead and family to identify the questions they want answered by the potential joint visitor, the context for the visit (during what activities or interests is the joint visitor’s assistance needed—be specific with dates and times, who will take the lead and why, what role do we anticipate the person not taking the lead and the family do take, and what do we expect to happen during the visit. The family should have a copy of the completed Joint Visit Planning Tool, and a copy should go into the child record.

If the SLP is the Team Lead, and the SLP completes a Joint Visit Planning Tool with the family to have the occupational therapist come out on a joint visit for the purposes of an assessment the team would document the decision on both the “Services needed to make progress towards outcome” page and the “payment arrangement” page as below:

Outcome	EI Services	Intensity	# of sessions	# of mins per sess	Service settings	method	Planned start date	Planned end date
All	Services coordination	I	1x month	60 min	H	SC	3/28/2014	09/28/2014
All	Speech Therapy	I	2x month	60 min	H	TL	04/15/2014	09/28/2014
All	Occupational Therapy Assessment	I	2x	60 min	H	JV	05/15/2014	09/28/2014

Early Intervention Services	Discipline	Funding Source(S)	Fees apply?
Services coordination	Services coordinator	5	No
Speech Therapy	Speech Therapist	1,3,5	Yes
Occupational Therapy Assessment	Occupational Therapist	5	No

## Technology

- **The preferred method of contacting the families is through texts – is this secure and approved by AzEIP?**

Text messages are not secure and therefore not approved by DES/AzEIP as a method of communicating confidential information with families. Please see the Scope of Work, which all contractors, subcontractors and employees are required to review and acknowledge, for more information on safeguarding the privacy of enrolled families and their children.

- **Contractors need an email alert from the DES/AzEIP Office when there are changes in forms or web site content.**

DES/AzEIP regularly updates TBEIS Program Managers, DDD Supervisors and ASDB Supervisors of changes and updates to the DES/AzEIP website. Additionally, DES/AZEIP has begun sending a quarterly newsletter to all professional providers registered in I-TEAMS. If you did not receive the most [recent Newsletter](#), which specifically discussed updates to the website, that indicates that your contact information, including your email address is not updated in [I-TEAMS](#). All active professional providers (therapists, special instructors, service coordinators, teachers of the hearing and/or visually impaired), are required to register in I-TEAMS and complete all data elements on the Manage Professional Provider page.

- **Forms used at the initial visit do not match the I-TEAMS format and are difficult to enter data.**

We understand that the Child Data form does not match the data system. If you have specific examples or suggestions we would appreciate it if you would forward those to [AzEIPITEAMS@azdes.gov](mailto:AzEIPITEAMS@azdes.gov). DES/AzEIP, the Division for Technical Services and Forms and Graphics may then update the current forms to match the order data is entered into I-TEAMS.

## Dual Role Service Coordination

- **There are many forms that are required. I feel this is too much to expect therapists to do in addition to our therapist role.**

The DES/AzEIP Scope of Work allows contractors to either use dual role or dedicated service coordinators. The decision regarding whether or not to use dual role service coordinators or dedicated service coordinators is one that each individual AzEIP Team Based Early Intervention Services contractor determines on their own. Using a dual role service coordinator means that families truly experience a primary service provider approach, however, it does mean that that provider must know all about the IDEA timelines and be able to connect families to other early childhood and community organizations as necessary.