

AZEIP AHCCCS MEMBER SERVICE REQUEST

During the initial planning process (IPP process) it is important that the Service Coordinator explain and obtain the family's consent to use AHCCCS, and share personally identifiable information with AHCCCS, to pay for services.

The Service Coordinator should ask if the family knows who their assigned or selected AHCCCS Primary Care Physician is for their child. The service coordinator should work with the Maternal Child Health (MCH) Coordinator to identify the Primary Care Physician.

When families have AHCCCS the Service Coordinator is responsible for completing the AzEIP AHCCCS Member Service Request form. This form must be completed and submitted to the AHCCCS MCH Coordinator within two business days of the Initial Individualized Family Service Plan (IFSP) meeting.

When children will be served by the Division of Developmental Disabilities (DDD), the Initial Service Coordinator must coordinate with the DDD Support Coordinator as service coordination will be provided by DDD, and invite the DDD SC to the Initial IFSP meeting.

See the box at right for the timeline for submitting the AzEIP AHCCCS Member Service Request Form.

Process

- At Initial Visit: Initial Service Coordinator discusses the consent to use AHCCCS and completes the Consent for Insurance form.
- Initial Service Coordinator completes IFSP with family.
- Within one business day of IFSP meeting, Initial Service Coordinator shares the IFSP with the Ongoing Service Coordinator (if applicable).
- Within two business days of the Initial IFSP, the Ongoing Service Coordinator completes the AzEIP AHCCCS Member Service Request Form and submits it, with supporting documents.



The following documents should be sent with the form:

- * Any records used to determine that the child is eligible for AzEIP
 - *Developmental Evaluation Report
 - *Medical records
- * The current Child and Family Assessment and Individualized Family Service Plan

The AHCCCS MCH Coordinator needs enough information to determine whether or not the services agreed to by the team are medically necessary.

SAMPLE SCRIPT

“During the initial visit we talked about the fact that we could use your AHCCCS insurance to help pay for your early intervention services. You also agreed that we could share your personally identifiable information with your AHCCCS health plan. We will be sending them a copy of the IFSP we developed today, as well as the records we used to determine your child eligible for AzEIP so they can decide if they will help pay for services.

We will keep your information confidential, by that I mean, only those people who need the information will have access to it. We won't share your child's information with anyone else without your written consent.

Once the health plan makes a decision on our request, we will be back in touch with you. Since your child is covered by AHCCCS, there will be no cost to you for any AzEIP services, regardless of what the health plan decides.

Where to find more information about the use of Public Insurance:

[A Family's Guide to Funding Early Intervention Services in Arizona —The Green Handbook](#)

[Consent for Insurance](#)

[AzEIP Policies and Procedures: Chapter 3 Early Intervention Services](#)

[AzEIP Policies and Procedures: Chapter 7: Procedural Safeguards](#)

[AzEIP Policies and Procedures: Chapter 9: Financial Matters](#)