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Chapter 1: General Overview

Public Awareness Procedures

1. The Arizona Department of Economic Security/AzEIP Participating Agencies must promote public awareness and understanding of AzEIP through:
   A. interagency planning and dissemination of public awareness materials;  
   B. provision of training and technical assistance; and 
   C. The development of partnerships within the early child care and education, health and human services systems, and the business communities. Public awareness is a continuous, ongoing effort that is in effect throughout the state, including rural areas. 

2. ADES/AzEIP and the AzEIP Participating Agencies work with community partners to ensure that: 
   A. public awareness and child find activities are culturally and linguistically appropriate, ongoing, and designed to identify all potentially eligible children residing throughout the state; and 
   B. All areas of the state are well represented in all aspects of AzEIP planning and implementation. 

3. ADES/AzEIP and the AzEIP Participating Agencies develop partnerships with the Native American tribal communities in planning public awareness and child find activities on tribal lands. 

4. ADES/AzEIP and appropriate AzEIP Participating Agency personnel and Early Intervention Programs (EIPs) develop public awareness materials, including presentations, brochures, and other media, which consistently describe:  
   A. the purpose and availability of early intervention services;  
   B. the process for making referrals;  
   C. criteria for eligibility; and 
   D. The obligation to ensure that referrals are made no more than seven (7) calendar days after a professional has identified a potentially eligible child. 

5. ADES/AzEIP and AzEIP Participating Agencies facilitate local public awareness and child find efforts (such as participation in health fairs and school child find events) by ensuring the distribution of public awareness materials, and other information as appropriate, to physicians, hospitals, public health nurses, social service organizations, schools, Head Start, child care centers, WIC offices, immunization clinics, faith-based organizations, tribal early childhood programs and other referral sources. 

6. ADES/AzEIP and/or EIPs provide technical assistance to targeted medical, education, human service, and child care programs. The AzEIP Participating Agencies provide technical assistance within their agencies and for state and community partners, as appropriate. Training and technical assistance includes information about AzEIP and its public awareness activities. 

Child Find Procedures

1. ADES/AzEIP, AzEIP Participating Agencies, and relevant EIPs participate in the development and distribution of AzEIP public awareness materials to ensure that primary referral sources are informed about AzEIP procedures for referral of
children to AzEIP, including their responsibility to refer a child no more than seven (7) calendar days after a child has been identified as potentially eligible.

2. ADES/AzEIP participates on committees and workgroups and facilitates the development of statewide guidelines, as appropriate, to ensure coordinated efforts with the entities noted above.

3. ADES/AzEIP and its EIPs facilitate local collaboration with community partners, including regional meetings, the preparation of local procedures and memoranda and other efforts as needed.

4. ADES/AzEIP, the Division of Developmental Disabilities (DDD) and the Arizona Schools for the Deaf and Blind (ASDB) implement the requirements of the Child Find IGA between the Arizona Department of Economic Security (ADES) and the Arizona Department of Education (ADE) when referrals are received for children who may be potentially eligible for IDEA, Part B. See AzEIP Policies and Procedures, Chapter 3, Early Intervention Services.

5. ADES/AzEIP and ADE undertake ongoing communication and coordination to provide technical assistance to schools and EIPs to ensure appropriate child find efforts between AzEIP and the schools.

6. ADES/AzEIP and the Department of Child Safety (DCS) have developed procedures for the referral of children who are the subject of a substantiated case of abuse or neglect or are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. In accordance with Arizona statutes and DCS policy, children who are the subject of a substantiated case of abuse or neglect or are identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure may (a) be removed from their parents’ care or (b) remain in the care of their parents with state-supervised services.

7. Within 30 calendar days of removal or less, children who are removed from their parents’ care are referred to (1) the Regional Behavioral Health Authority (RBHA) for assessment, which includes developmental screening, and (2) the physician for an Early Periodic Screening, Diagnosis, and Treatment visit. The Regional Behavioral Health Authority (or their contractor) or the physician refer to AzEIP when a developmental screening shows a concern in any area of development. When children remain in their parents’ care, DCS makes referrals directly to AzEIP. After referral, AzEIP coordinates with the other entities involved with the child, as appropriate and permitted under IDEA and FERPA.

Chapter 2: General Supervision

Data Requirements

1. ADES/AzEIP data processes for collecting and reporting data include the following:
   A. collection and verification: EIPs must regularly update the data and ensure that the data submitted to ADES/AzEIP are accurate and timely;
   B. examination and analysis: ADES/AzEIP examines data to identify and determine patterns and trends, as well as, plan improvement activities;
   C. reporting of data: Data of the EIPs are reported in aggregate annually to OSEP in the 618 data, the Annual Performance Report (APR) and local data for public reports;
   D. status determination: ADES/AzEIP uses program data from all sources to make local program determinations, which are available to the public; and
E. Improvement data from Arizona’s APR including the State Systemic Improvement Plan (SSIP) activities and program performance data are used for program improvement, progress measurement, and to assist in identifying technical assistance needs.

2. Procedures for EIPs to submit data to ADES/AzEIP are found in Chapter 2, General Supervision and include timelines for reporting the data and certification that the data is accurate.

Local Reporting and Determinations

Local Reporting Procedures

1. Local EIPs must submit data as requested ADES/AzEIP, and this data are compiled and compared with Arizona’s targets for APR Indicators to complete the local report.
2. The public reports of the individual EIPs is disseminated through, at a minimum, posting for the public on the AzEIP website.

Determinations Procedures

1. ADES/AzEIP will make a determination for each EIP on an annual basis using data from the prior fiscal year, including the most recent data from the APR.
2. ADES/AzEIP will notify the EIP in writing of its determination.
3. ADES/AzEIP will make local EIP determinations letters and summary information available to the public by posting the determination for each EIP on the AzEIP website. ADES/AzEIP may also distribute local determinations information to the Interagency Coordinating Council (ICC) and other stakeholder groups.

Integrated Monitoring Activities Procedures

1. ADES/AzEIP reviews and verifies each EIP’s data annually. This data includes but is not limited to:
   A. Self-report data from a specified period of time;
   B. Electronic data from a specified period of time;
   C. Child and Family Outcome data; and
   D. Dispute resolution.
2. In preparation for monitoring of electronic data, ADES/AzEIP runs preliminary data reports and provides the results to the EIPs.
3. EIPs have the opportunity to ensure their data are complete and correct.
4. ADES/AzEIP runs a final report for the purpose of monitoring to identify noncompliance.
5. ADES/AzEIP selects EIPs annually for a self-report cycle. The self-report cycle is based on multiple factors, including:
   A. when EIP was last monitored;
   B. most recent review of electronic data and dispute resolution data;
   C. correction of noncompliance; geographic location; and
   D. program size to ensure each area of the state and varying program sizes are included.
6. EIPs complete self-reports on a three-year cycle, or more frequently, if required by ADES/AzEIP.
7. ADES/AzEIP confirms receipt of all required self-report documentation and notifies programs of the files selected for verification.
8. EIPs must submit data for verification to ADES/AzEIP within the requested timeline.

9. ADES/AzEIP reviews and verifies data submitted by EIP for timeliness, completeness, and accuracy.

10. Based on review and analysis of all data sources, ADES/AzEIP issues written notification to each EIP of findings, required corrective action, whether the EIP was selected for an onsite visit and the EIP’s local determination.

11. Selection of EIPs for onsite visits is based on multiple factors including, but not limited to: the extent and level of the EIPs compliance and noncompliance; recurring noncompliance; program practices; date of the last onsite visit; and local determinations.

12. Each EIP receives an onsite visit on a three-year cycle.

13. The focus of the onsite visit is to review existing data and gather additional data needed to determine the root cause(s) of the noncompliance and appropriate strategies to correct the noncompliance.

14. Based on the extent and level of the EIP’s noncompliance, and the identified root causes, each EIP is required to implement corrective actions to ensure correction of noncompliance as soon as possible, but no later than one year from the date of the written notification issued by ADES/AzEIP.

15. Corrective Action Plans (CAPs) must include benchmarks, appropriate activities and timelines to address the root cause of the noncompliance. All CAPs must be approved by ADES/AzEIP.

16. EIPs must submit documentation of child specific correction and subsequent correction for each area of noncompliance.

Preventative Activities

1. ADES/AzEIP reviews all data submitted by the EIPs to identify strengths and areas in need of improvement planning.

2. The following data sources are periodically reviewed and analyzed:
   A. child specific data from ADES data systems, or other approved data systems;
   B. family complaints or grievances;
   C. program performance relative to SPP/APR indicators; and
   D. corrective action plan development or review

Chapter 3: Early Intervention Services

Initial Planning Process

The Initial Planning Process (IPP), which includes: referral, screening, evaluation, eligibility determination; and if AzEIP eligible: assessment, identification of family priorities, resources, and interests, and the development of the Individualized Family Service Plan (IFSP), must be completed within 45 days from the date the referral is received by AzEIP or an AzEIP Service Providing Agency.

If exceptional family circumstances (events initiated and/or undertaken by the family, such as a move to a different region or a family member’s illness) make it impossible to complete the Initial Planning Process within 45 days from the initial referral date, OR the parent has not provided consent for screening, evaluation, or assessment, despite repeated attempts by the service coordinator to obtain consent, the service coordinator documents this information in the contact log and the anticipated date for completion. The contact log must contain at minimum: name of provider, detailed
description of activity, time in/time out, hours worked and parent signature or initials when applicable.

Initial Referral Procedures
1. Referrals to AzEIP are received from many sources, including doctors, hospitals, early childhood education programs, families, etc., and in many ways, including by mail, e-mail, fax, and through the online referral system.
2. When a referral is received by an Early Intervention Program (EIP) or the Central Referral System, it is processed as follows:
   A. In a single contract region, the contracted EIP for the region gathers the required referral information and enters it into the AzEIP electronic database within one business day.
   B. In a multi-contract region, the Central Referral System gathers the required referral information and enters it into the AzEIP electronic database, then directs the referral to the designated EIP.
3. When a referral is received by Arizona State Schools for the Deaf and Blind (ASDB), within one business day ASDB sends the referral information to either (1) the EIP in a single contract region; or (2) the Central Referral System in a multi-contract region. ASDB then:
   A. Determines eligibility for ASDB and assists the EIP to determine AzEIP eligibility based on its vision and hearing expertise.
   B. Works with the EIP to complete the required steps of the initial planning process.
   C. Provides all necessary data to the EIP to ensure timely entry into the AzEIP electronic database.
4. When a referral is received by the Division of Developmental Disabilities (DDD), within one business day DDD sends the referral information to either (1) the EIP in a single contract region; or (2) the Central Referral System in a multi-contract region.
5. If the referral source is other than the parent, the EIP sends a letter acknowledging receipt of the referral to the referral source within seven calendar days.
6. If a referral cannot be processed because there is not enough information to contact the family, and reasonable attempts to gather this information from the referral source are unsuccessful, a letter will be sent to the referral source notifying them that the referral will be closed, and further action will not be taken.

Initial Call Procedures
1. Once the designated EIP has the child’s referral information, the EIP assigns an IPP service coordinator to make the initial contact with the family, generally by telephone (unless the family has specified otherwise) or by letter for families without a telephone. The service coordinator documents all activities and maintains a contact log in the child’s record (see Initial Planning Process section).
2. The service coordinator contacts the family as soon as possible and no later than two (2) business days from the date the referral was received by either the Central
Referral System or in a single contract region by the EIP, to complete the following activities:

A. introduce self and the EIP
B. confirm receipt of the referral
C. verify spelling of child and parent’s names, child’s date of birth, family’s physical and mailing addresses
D. if a parent or other individual with whom the child lives informs the EIP that s/he is part of Arizona’s Address Confidentiality Program (ACP), the service coordinator:
   1) immediately notifies DES/AzEIP of the ACP participant;
   2) assists the ACP participant with providing a copy of the ACP card issued by the Arizona Secretary of State’s Office to the EIP;
   3) sends a copy of the ACP card to DES/AzEIP; and
   4) follows the requirements for working with individuals in the Address Confidentiality Program, which state that:
      i. at no time will an ACP’s residential address be entered into the AzEIP electronic database or any other database or be included in the child’s records. If the address was previously entered into the AzEIP electronic database, it will be deleted.
      ii. the address shall be kept in a separate, locked file for purposes only of making home visits.
      iii. the ACP participant’s State issued address should be used in all child records (paper and electronic).
E. if referral information indicates the child is or may be involved with DCS, the service coordinator obtains contact information for the DCS case manager and determines who is able to act as the parent for AzEIP purposes (see AzEIP Policy Chapter 7 for identification of parent).

3. The service coordinator briefly describes the purpose of early intervention and the early intervention process, including expectations for the initial visit and eligibility determination.

4. The service coordinator shares information about the following early intervention key principles:
   A. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
   B. All families, with the necessary supports and resources, can enhance their children’s learning and development.
   C. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.
   D. 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.
   E. IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.
   F. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
G. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.


5. The service coordinator verifies the family’s interest in proceeding with early intervention and discusses how parents can prepare for the initial visit, including having the following available:
   A. contact information for the child’s doctor(s)
   B. insurance information, including insurance card
   C. medical/developmental records
   D. questions with which the family would like support

6. If the service coordinator is unable to reach the family, s/he must make repeated attempts to contact the family over a two to three week period on different days of the week and at different times of the day.
   A. Attempts to contact the family must be documented in the child’s record.
   B. If the family does not have a telephone, other means, such as sending a letter, should be used allowing the family sufficient time to respond.
   C. The service coordinator should also contact the referral source to determine if there are other means to contact the family.

Initial Visit Procedures When Records that Support AzEIP Eligibility Are Available

1. The service coordinator ensures the appropriate team member(s) review the child’s records to determine the child eligible for AzEIP.

2. The service coordinator meets with the family within ten 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.

3. The service coordinator explains the family’s rights and provides the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet.

4. The service coordinator discusses how services are funded for early intervention and provides A Family’s Guide to Funding Early Intervention Services in Arizona booklet which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.

5. The service coordinator documents the AzEIP eligibility decision and the reason for AzEIP eligibility on the Prior Written Notice form and provides it to the family.

6. If the family is not interested in proceeding to the IFSP, the service coordinator:
A. supports the family in identifying and accessing other community resources, including but not limited to AHCCCS, ALTCS, private insurance, parent-to-parent support groups, other early childhood education programs, etc.;

B. documents the parent’s decision not to proceed to IFSP on the Prior Written Notice form and provides it to the family;

C. ensures the child’s record, including the information in the AzEIP electronic database, is current and complete; and

D. ensures that the child’s electronic record is exited in the AzEIP electronic database within ten days of the initial visit.

7. If it is determined by the service coordinator and family that early intervention services need to begin before the Child and Family Assessment can be completed, such as when a child is in a medical crisis or has an obvious or immediate need, the service coordinator and family develop an interim IFSP which includes:

A. the name of the service coordinator,

B. the early intervention services determined to be needed immediately,

C. and parental consent to initiate services.

The Child and Family Assessment must still be completed within 45 days from the date of the referral.

8. If the family is interested in proceeding to the IFSP, the service coordinator:

A. completes the Vision Checklist form with the family, and refers the family to the appropriate health care or other qualified professional, if needed.

B. documents one of the following on the Hearing Screening Tracking form:

1) the results of the child’s hearing screening with an otoacoustic emissions machine (OAE);

2) if the child is under one year old and passed his/her newborn screening test, the results of that test;

3) the results of other hearing screening tests the child has had per documentation provided by the family; or

4) a plan with the family to ensure the hearing screening is completed, for which the service coordinator is responsible for tracking to ensure the hearing screening is completed.

C. The service coordinator completes a Consent to Bill Health Insurance form 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 and use the insurance for on-going services.

1) The service coordinator notifies the family if they consented to use the child’s public and/or private insurance or the child does not have insurance, a referral will automatically be made to the Division of Developmental Disabilities (DDD) to see if the child meets the eligibility requirements to receive additional supports through DDD.

D. provides the Child and Family Assessment Guide for Families and lets the family know that:

1) completing the guide is voluntary;

2) the parent can share as much or as little information as they wish;
3) the guide will help them think about the areas in which they would like support from the early intervention team;
4) the information from the guide will help the parent and other team members develop outcomes and strategies and identify early intervention services to assist the family in achieving the outcomes; and
5) this information will then be documented on the IFSP.

E. obtains the parent’s consent for assessment on the Consent for Child Assessment form.

F. Discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education and child care programs, such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
   1) Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share; and/or,
   2) Authorization to Disclose Protected Health Information to obtain medical records; and/or
   3) Consent to Obtain Information to obtain pertinent developmental and other records that may support a decision of eligibility and/or IFSP planning; and
   4) maintains the signed consents in the child’s file and ensures the other team members are aware of the information contained in the consents.

G. If a child is over the age of 2-years-old, the service coordinator discusses potential transition activities that may occur if the child is determined eligible for AzEIP according to the steps outlined in Chapter 4, Transition.

Initial Visit Procedures When Records that Support AzEIP Eligibility Are Not Available

1. The service coordinator meets with the family within ten 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.

2. The service coordinator explains the family’s rights and provides the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet.

3. The service coordinator discusses how services are funded for early intervention and provides A Family’s Guide to Funding Early Intervention Services in Arizona booklet which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.

4. If a screening is needed to look at the child’s development, including vision and hearing, the service coordinator:
   A. provides prior written notice to the parent of AzEIP’s intent to screen the child to identify whether the child is suspected of having a developmental delay;
B. obtains the parent’s written consent to conduct the screening using the Consent for Screening- Prior Written Notice form; and
C. explains the parent’s right to request an evaluation at any time during the screening process.
D. completes the Vision Checklist form with the family, and refers the family to the appropriate health care or other qualified professional, if needed.
E. documents one of the following on the Hearing Screening Tracking form:
   1) the results of the child’s hearing screening with an otoacoustic emissions machine (OAE);
   2) if the child is under one year old and passed his/her newborn screening test, the results of that test;
   3) the results of other hearing screening tests the child has had per documentation provided by the family; or
   4) a plan with the family to ensure the hearing screening is completed, for which the service coordinator is responsible for tracking to ensure the hearing screening is completed.
F. completes a screening, including observation, discussion with the family, review of pertinent medical and/or developmental records available, and if necessary, an approved screening tool.

5. If, based on the results of the screening, the child is not suspected of having a developmental delay, the service coordinator:
   A. Informs the family and other team members that the screening information does not substantiate the need for an evaluation to determine eligibility.
   B. Provides the family with prior written notice, using the Prior Written Notice form, indicating that (1) the EIP intends not to proceed with an evaluation and (2) the parent may request an evaluation.
   C. Explains the family’s rights, including what to do if they disagree with the proposed decision not to evaluate.
   D. Informs the family of local community resources and requests consent to share screening results with pediatrician or local community resources using the Consent to Share Early Intervention Records and Information form.
   E. Discusses the option to share information with others, such as the referral source (e.g., the pediatrician, early education and child care programs, such as Early Head Start, etc.). If the family is interested, the service coordinator completes the Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share.

6. If based on the results of the screening, the child is suspected of having a developmental delay, or the parent requests an evaluation, the service coordinator:
   A. Informs the family and other team members that the screening information supports a decision to conduct an evaluation or that the family requested an evaluation;
   B. Describes the evaluation process to the family; and
   C. Explains the family’s rights, including dispute resolution procedures.
   D. Provides the family with prior written notice, including the EIP’s intent to evaluate, and obtains written consent from the parent to conduct the evaluation, using the Consent for Evaluation- Prior Written Notice form.
E. Obtains the family’s insurance information and written consent to use the insurance for evaluation, using the Consent to Bill Health Insurance form, if the child has public or private insurance and consents to use it.

F. Discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education and child care programs, such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
   1) Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share; and/or,
   2) Authorization to Disclose Protected Health Information to obtain medical records; and/or
   3) Consent to Obtain Information to obtain pertinent developmental and other records that may support a decision of eligibility and/or IFSP planning; and
   4) maintains the signed consents in the child’s file and ensures the other team members are aware of the information contained in the consents.

7. If a child is over the age of 2-years-old, the service coordinator discusses potential transition activities that may occur if the child is determined eligible for AzEIP according to the steps outlined in AzEIP Policy Chapter 4, Transition.

8. 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 the Division of Developmental Disabilities (DDD) to see if the child meets the eligibility requirements to receive additional supports through DDD.

9. 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.

10. The EIP designates team members to conduct the multidisciplinary evaluation.

Evaluation Procedures

1. The Multidisciplinary Evaluation Team (MET) reviews all available information and records and determines the information still needed to determine eligibility for AzEIP.

2. The MET completes the evaluation using an AzEIP approved evaluation tool (see AzEIP website for list of approved tools) and documents the results on the Developmental Evaluation Report.

3. If the child is determined AzEIP eligible after the age of 2 years 6 months, the MET ensures the family is aware of the automatic Public Education Agency (PEA) referral unless they choose to opt-out by the end of the visit in which AzEIP eligibility is determined.
4. If based on the evaluation, the child **meets** the AzEIP eligibility criteria, the service coordinator:
   A. provides the family a copy of the Developmental Evaluation Report, the Prior Written Notice, and the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains the reasons for the determination within ten business days from the date of the evaluation;
   B. ensures the evaluation and eligibility data are entered in the electronic database; and
   C. if the family has consented to use their insurance, sends the Developmental Evaluation Report and all other necessary documentation to DDD for eligibility determination.

5. If based on the evaluation the child **does not** meet the AzEIP eligibility criteria, the service coordinator:
   A. provides the family a copy of the Developmental Evaluation Report, the Prior Written Notice, and the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains the reasons for the determination within ten business days from the date of the evaluation;
   B. explores with the family other community resources and activities to assist them in supporting their child, such as child care, playgroups, library social time, informal and organized parent-parent support, and workshops through local schools, hospitals, childcare resources; and
   C. ensures the evaluation and eligibility data are entered, including all information required to exit the child, in the AzEIP electronic database.

6. If the family disagrees with the denial of AzEIP eligibility, the family may initiate the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) as described in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet.

**Initial Child and Family Assessment (CFA) Procedures**

1. Prior to the initial IFSP meeting, the service coordinator and other team members, including at least one team member who was involved in the evaluation if one was conducted, complete a multidisciplinary child and family assessment. If the child is DDD eligible and DDD will provide on-going service coordination, the IPP service coordinator invites the DDD service coordinator to attend the child and family assessment meeting.

2. If the family was not able to review the Child and Family Assessment Guide for Families prior to the Child and Family Assessment, the IPP service coordinator provides the family another copy and walks through the guide with the family.

3. The multidisciplinary team:
   A. observes the child engaged in spontaneous, child-directed play with caregivers, siblings, and other children, structured adult-directed play, and/or play with other team members;
   B. reviews and discusses developmental and medical records including the evaluation information if an evaluation was completed;

4. The service coordinator facilitates and documents on the Child and Family Assessment pages of the IFSP a discussion about the family’s:
   A. priorities, resources and concerns related to their child’s development;
B. routines, activities and relationships with which they would like support in enhancing their capacity to meet their child’s developmental needs and his/her participation in everyday life; and
C. Informal and formal support systems.

5. The service coordinator:
   A. Synthesizes information the family chooses to share, including, the strategies they have tried and the results, and what the child’s successful participation in a routine or activity would look like.
   B. explains the Child Indicator process, which:
      1) is required at entry into and exit from early intervention, but is encouraged to be completed annually;
      2) ensures holistic support is provided to a child and family; and
      3) Measures how the early intervention supports and services help the child progress developmentally.
   C. captures on the IFSP Child Indicators Summary how the child’s development, across all domains, affects his/her participation and engagement in:
      1) positive social and emotional development, including relationships;
      2) acquisition and use of knowledge and skills; and
      3) Use of appropriate behavior to meet his/her needs.

Initial IFSP Procedures

1. The IPP service coordinator schedules the initial IFSP meeting with the family and sends the family and other participants an IFSP Meeting Notice with the agreed-upon date, time, and location of the meeting. If the child is DDD eligible and DDD will provide on-going service coordination, the IPP service coordinator invites the DDD service coordinator to attend the initial IFSP meeting.

2. The IPP service coordinator and at least one team member from the multidisciplinary evaluation or assessment team attends the IFSP meeting and provides information gathered during the initial planning process.

3. The IPP service coordinator facilitates the initial IFSP meeting, ensuring everyone on the team has the opportunity to participate, and documents the discussion in the IFSP packet.

4. The IPP service coordinator documents the child and family’s demographic information, and the child’s current health status, including results of the vision and hearing screenings in the IFSP.

5. If the Child and Family Assessment was completed at a separate meeting from the initial IFSP, the IPP service coordinator reviews and updates as needed the DDD service coordinator to attend the initial IFSP meeting.

6. The IFSP team develops participation-based outcomes that reflect the family’s priorities and interests, and the routines and activities with which they would like support from early intervention, and documents the outcomes and strategies on the IFSP Outcomes page.

7. The service coordinator explains that the purpose of transition planning is to ensure that the transition out of early intervention, at any time is as smooth as possible for the child and family.
8. The service coordinator follows the policies and procedures outlined in Chapter 4, *Transition*, to ensure that all transition activities are completed within required timelines based on the child’s age at AzEIP eligibility determination.

9. Based on the family’s interests, priorities and routines, the IFSP outcomes, and the child’s area(s) of developmental delay, the IFSP team selects a Team Lead who will work most closely with the child and family throughout the child’s enrollment in early intervention.
   A. For example, if during the Child and Family Assessment, the family expresses concerns about their child’s participation in the neighborhood childcare setting, the team may designate the developmental special instructionist, who has a particular expertise in working with childcare center and/or a relationship with that center, as the Team Lead.
   B. If the AzEIP Team-based Early Intervention Contractor has elected to provide dual role service coordination only the Team Lead for the family may be the dual role service coordinator after the initial IFSP meeting, unless DDD holds service coordination.

10. The IFSP team determines if the Team Lead will need support from any other IFSP team member(s) and how the other team member(s) will be involved with the family, such as through team meetings or joint visits, and documents how any direct services will be provided on the IFSP Services page.

11. The service coordinator documents on the IFSP Services page the frequency and duration in which the service provider(s) is needed to build the family’s capacity to support their child’s needs and attain the child and family outcomes, as well as each team member’s role in supporting the team lead and family.

12. The IFSP team determines the Planned Start Date (PSD) of each service, considering the family’s priorities and availability, and documents the date(s) on the IFSP Services page. The PSD should be as soon as possible after the IFSP and, unless the provider will be conducting a separate service visit after the initial IFSP meeting concludes, should not be the date of the IFSP meeting.

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 to the health plan, and that if the insurance does not cover the entire cost of the service(s), AzEIP, DDD, or ASDB as applicable, will cover the balance.
   B. AHCCCS or Comprehensive Medical and Dental Program (CMDP): the service coordinator explains how AHCCCS or CMDP (for a child who is in foster care) is used to pay for the service(s) with the family’s written consent to bill insurance and disclose personally identifiable information to the health plan.
   C. Other resources as identified by the team.

14. The service coordinator explains that if private/public insurance and/or community resources are not available for the service(s) needed to meet the outcomes on the IFSP, then AzEIP may be the funding source as the payor of last resort.

15. The service coordinator documents existing and/or needed community resources under the “Other Services” section of the Payment Arrangements page.
16. The IPP service coordinator provides or ensures the family has the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet and explains:
   A. if the parent agrees to the IFSP as written, the parent’s signature on the IFSP is consent to initiate services;
   B. the parent’s option to accept/decline services if the parent disagrees with the services identified on the IFSP.
   C. the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) if the parent disagrees with the IFSP as written.

17. The service coordinator obtains the parent’s initials, indicating agreement/disagreement with the IFSP, and signature on the Informed Consent page.

18. If the family would like to share the IFSP with anyone, such as the referral source or pediatrician, etc., the service coordinator documents the name of the individual or agency on the IFSP Informed Consent page and obtains the parent’s signature to release the IFSP.

19. The service coordinator completes a new Consent to Bill Health Insurance form 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 and use the insurance for on-going services.

20. The IPP service coordinator:
   A. ensures the parent has a copy of the evaluation, if conducted, and the IFSP within two weeks after the IFSP meeting;
   B. ensures that IFSP team members have a copy of the IFSP within two weeks after the IFSP meeting;
   C. sends the IFSP to other individuals with whom the parent has consented to share, such as the pediatrician, Healthy Families, Early Head Start, DCS, other early education or child care programs, and documents the distribution in the Record Access and Release log;
   D. ensures all IFSP data is entered into the AzEIP electronic database; and
   E. if DDD will provide on-going service coordination, ensures the complete child record is provided to the DDD service coordinator.

21. The on-going service coordinator maintains the IFSP and all other early intervention records in the child’s file as confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

Implementation of IFSP Procedures

1. After the initial IFSP is completed, the service coordinator ensures that the child and family receive the early intervention services identified on the IFSP in a timely manner as defined by the “Planned Start Date” on the IFSP.

2. The service coordinator documents the actual start date of each early intervention service in the child’s record, including any delays and the reasons for delays of service(s) starting timely.

3. The service coordinator assists the family with identifying and/or accessing community activities and resources of interest to the family that are noted in the
“Natural Resources” section of the IFSP Child and Family Assessment page or "Other Services" section of the IFSP Payment Arrangements page, such as Early Head Start, health insurance, Supplemental Security Income, parent information and outreach and/or advocacy organizations for support and information.

4. The service coordinator contacts the family monthly by phone, e-mail, or in-person to:
   A. ensure that early intervention services are provided as planned;
   B. determine the need to reconvene the IFSP team to discuss new outcomes or changes in services;
   C. ensure that the family has access to needed resources that were previously identified, such as WIC, Early Head Start, and other early education or child care programs previously identified; and
   D. Discuss any new questions or interests of the family.

5. The service coordinator, core team members (DSI, OT, PT, SLP), other team members (Psych, SW, TVI, TOD) and other Part C early intervention service providers utilize a coaching interaction style, which:
   A. builds the capacity of parents and other care providers to promote child learning and development in family, community, and early childhood settings; and
   B. Occurs between team members to expand a practitioner’s ability to reflect upon and learn from their practices.

6. Each IFSP team member implements the following five elements of coaching at every available opportunity with the family and other team members:
   A. Joint Planning:
      1) occurs as part of all coaching conversations;
      2) generally occurs at the beginning and end of each visit with a family/caregiver;
      3) includes planning for the next visit;
      4) includes determining the next scheduled visit based on the child and family’s needs;
   B. Observation:
      1) Occurs when a team member watches the parent/caregiver during a typical routine; or
      2) a team member watches the parent/caregiver practice recently discussed ideas/strategies; or
      3) a team member models an activity in an intentional, direct, and specific manner for the parent/caregiver.
   C. Practice:
      1) Occurs when the family/caregiver implements an action during a coaching visit while being observed by a team member; or
      2) in between coaching visits as the family/caregiver implements the action into their daily routines.
   D. Reflection:
      1) Occurs during a visit;
      2) Follows an observation or action; and
      3) involves using reflective questions to help the family/caregiver analyze strategies and develop skills.
   E. Feedback:
      1) Is provided by an IFSP team member following the parent/caregiver’s reflection on observations, actions, or the practice of new skills or strategies.
7. Through ongoing coaching activities, the family and team lead may identify the need to involve another core team member(s) to address new questions and offer new strategies and perspectives.

8. The involvement of another core team member(s) including the service coordinator, is coordinated by the team lead to support the team lead and family in their continued progress toward the IFSP outcomes and may occur through:
   A. regularly scheduled team meetings which the family is invited to by the service coordinator or team lead to participate in the discussion related to their child;
   B. joint visits in which the core team member attends a visit with the child, family and Team Lead
   C. a separate visit with the family in which the Team Lead is not present.
      1) In the rare occasion that a separate visit occurs, the other core team member informs the Team Lead of the information shared with the family as soon as possible after the visit so the team lead has the information before his/her next contact with the family.

9. The team lead synthesizes information about all areas of the child’s development and integrates strategies from all team members to address the outcomes and ensure that early intervention is meaningful and functional for the family.

10. If during the implementation of the IFSP, the IFSP team determines that the child may be eligible for the Arizona Long-Term Care System (ALTCS), the service coordinator will assist the family in applying.

11. When a child is enrolled in ALTCS, the Team Lead should attend the ALTCS 90-day review meetings with the service coordinator when possible and if it is determined that a revision to the IFSP is needed, the service coordinator will follow the Periodic Review procedures.

**Periodic Review Procedures**

1. The service coordinator ensures the IFSP is reviewed every six months or more frequently if the parent or other IFSP team member requests a review.

2. The service coordinator:
   A. schedules the IFSP review meeting with the family and other IFSP team members providing services;
   B. sends the written IFSP meeting notification with the agreed-upon date, time, and location of the meeting to the family, IFSP team members, and any other participants requested by the family, early enough before the IFSP review meeting to ensure that they will be able to attend;
   C. ensures the necessary steps are taken for the review to be conducted in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so.

3. The service coordinator ensures:
   A. any revisions/updates to the child’s demographic, health, and child and family assessment information are documented in the most recent initial or annual IFSP document;
B. the progress toward achieving the outcomes, as well as any necessary revisions to the outcomes and/or strategies, and any new outcomes needed are documented in the most recent initial or annual IFSP document;
C. the IFSP Addendum pages are used to document the team’s decision regarding early intervention services;
   1) in rare circumstances, a change in the Team Lead may be needed if a family member requests a change due to a personality conflict or when the parent and/or Team Lead believes that even with assistance from other team members, he/she is not the best fit to continue supporting the family.
D. prior written notice is provided, parental consent to changes services is obtained, and if needed, consent to use private insurance is obtained.

4. The service coordinator ensures the family, IFSP team members, and any other individuals with whom the family has consented to share the IFSP, such as the pediatrician, Healthy Families, Early Head Start, DCS, other early education or child care programs, receive a copy of the IFSP, including the Addendum pages, within two weeks following the IFSP meeting.

Annual CFA and IFSP Procedures
1. The service coordinator:
   A. schedules the annual CFA/IFSP meeting with the family and other IFSP team members providing services;
   B. sends the written IFSP meeting notification with the agreed-upon date, time, and location of the meeting to the family, IFSP team members, and any other participants requested by the family, early enough before the meeting to ensure that they will be able to attend;
      1) if the child has been receiving service coordination only, the team identifies another team member to participate in the annual CFA and IFSP
   C. Ensures the necessary steps are taken for the review to be conducted in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so.

2. The service coordinator or Team Lead provides the Child and Family Assessment Guide for Families to the family in person or by mail at least two weeks prior to the annual CFA/IFSP meeting and explains that the purpose of the guide is to assist the family in helping the team understand how early intervention can be most helpful to the child and family.

3. Prior to the annual CFA discussion, the service coordinator obtains the parent’s consent for assessment on the Consent for Child Assessment form.

4. The multidisciplinary team:
   A. observes the child engaged in spontaneous, child-directed play with caregivers, siblings, and other children, structured adult-directed play, and/or play with other team members;
   B. Reviews and discusses any new developmental and medical records.

5. The IPP service coordinator facilitates the annual CFA/IFSP meeting, ensuring everyone on the team has the opportunity to participate, and documents the discussion in the IFSP packet.
6. The service coordinator completes a new Vision Screening Checklist and Hearing Screening Tracking form.
   A. If a hearing screening has not been conducted within the past 6 months, the service coordinator documents the steps necessary to obtain a current hearing screening on the IFSP Child and Family page.

7. The service coordinator uses the CFA pages from a new IFSP packet at each annual CFA to:
   A. synthesize information the family chooses to share, including, the strategies they have tried and the results, and what the child’s successful participation would look like;
   B. Explain the Child Indicator process, which is used to ensure holistic support is provided to a child and family and measure how the early intervention supports and services help the child progress developmentally.
   C. capture on the IFSP Child Indicators Summary how the child’s development, across all domains, affects his/her participation and engagement in:
      1) positive social and emotional development, including relationships;
      2) acquisition and use of knowledge and skills; and
      3) Use of appropriate behavior to meet his/her needs.

8. The service coordinator uses a new IFSP packet at each annual CFA/IFSP meeting to document:
   A. the child and family’s current demographic and child’s current health status, including results of the vision and hearing screenings;
   B. participation-based outcomes that reflect the family’s priorities and interests, and the routines and activities with which they would like support from early intervention;
   C. any required transition activities that are completed based on the policies and procedures outlined in Chapter 4, Transition;
   D. the frequency and duration in which the Team Lead and any other service provider(s) is needed to build the family’s capacity to support their child’s needs and attain the child and family outcomes;
      1) in rare circumstances, a change in the Team Lead may be needed if a family member requests a change due to a personality conflict or when the parent and/or Team Lead believes that even with assistance from other team members, he/she is not the best fit to continue supporting the family.
   E. the Planned Start Date (PSD) of each service;
      1) unless the provider will be conducting a separate service visit after the annual IFSP meeting concludes, the PSD should not be the date of the IFSP meeting, but should be the date the family and team agree or project for the team member to visit again
   F. all possible funding sources to be utilized for the service(s), recognizing that AzEIP is the payer of last resort, including:
      1) 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 to the health plan, and that if the insurance does not cover the entire cost of the service(s), AzEIP, DDD, or ASDB as applicable, will cover the balance.
      2) AHCCCS or Comprehensive Medical and Dental Program (CMDP): the service coordinator explains how AHCCCS or CMDP (for a child who is in foster care) is used to pay for the service(s) with the family’s written consent to bill insurance and disclose personally identifiable information to the health plan.
      3) Other resources as identified by the team.
G. existing and/or needed community resources under the “Other Services” section of the Payment Arrangements page

9. The service coordinator provides or ensures the family has the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet and explains:
   A. if the parent agrees to the IFSP as written, the parent’s signature on the IFSP is consent to initiate services;
   B. the parent’s option to accept/decline services if the parent disagrees with the services identified on the IFSP
   C. the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) if the parent disagrees with the IFSP as written

10. The service coordinator obtains the parent’s initials, indicating agreement/disagreement with the IFSP, and signature on the IFSP Informed Consent page.

11. The service coordinator explains that an AzEIP Family Survey will be mailed to the family with a postage paid return envelope from the AzEIP office and asks the family to contact the service coordinator if they do not receive the survey within a month of the IFSP so that the service coordinator can ensure the family’s correct address information is saved in the AzEIP electronic database and have the AzEIP office re-send the survey.

12. If a family needs accommodation for the family survey in another language or format, the service coordinator will ensure the family receives the survey in the format needed for completion

13. If the family would like to share the IFSP with anyone, such as the pediatrician or early childhood care provider, etc., the service coordinator documents the name of the individual or agency on the IFSP Informed Consent page and obtains the parent’s signature to release the IFSP.

14. The service coordinator discusses how services are funded for early intervention and provides A Family’s Guide to Funding Early Intervention Services in Arizona booklet which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.

15. The service coordinator completes a new Consent to Bill Health Insurance form 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 and use the insurance for on-going services.

16. The service coordinator discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education and child care programs, such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
   A. Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share; and/or,
   B. Authorization to Disclose Protected Health Information to obtain medical records; and/or
   C. Consent to Obtain Information to obtain pertinent developmental and other records that may support a decision of eligibility and/or IFSP planning; and
D. Maintains the signed consents in the child’s file and ensures the other team members are aware of the information contained in the consents.

17. The service coordinator ensures the family, IFSP team members, and any other individuals with whom the family has consented to share the IFSP, such as the pediatrician, Healthy Families, Early Head Start, DCS or other early education and child care programs, receive a copy of the IFSP within two weeks following the IFSP meeting.

Redetermination Procedures

1. If at any time during the child’s enrollment in early intervention, the IFSP team suspects that a child no longer meets the AzEIP eligibility requirements and the family:
   A. Agrees, the service coordinator follows the procedures to exit the child from the AzEIP program.
   B. Disagrees, the service coordinator requests written parental consent, using the Consent to Evaluate form, to conduct a new evaluation.
      1) If the family consents to a new evaluation, the service coordinator coordinates a multidisciplinary evaluation to determine if the child continues to meet AzEIP eligibility requirements.
      2) If the child is found after re-evaluation to no longer meet AzEIP eligibility criteria, the service coordinator follows the procedures to exit the child from the AzEIP program.

2. When a child does not have an established condition or 50% delay in one or more areas of development, but is determined AzEIP eligible based on informed clinical opinion of developmental delay, eligibility must be re-determined one month prior to the first annual IFSP meeting.
   A. If a review of records does not indicate an established condition or an evaluation does not show that the child exhibits a 50% delay in one or more areas of development, the service coordinator follows the procedures to exit the child from the AzEIP program.

Transfer procedures
See Appendix 1 AzEIP Transfer Procedures.

Exit Procedures

1. A child may exit the AzEIP program for many reasons, including but not limited to, moving out of state, voluntary withdrawal, no longer meeting eligibility criteria, transitioning to Part B preschool, and turning 3-years-old.

2. At an IFSP meeting or service visit prior to the child’s exit date, the IFSP team, which includes the family, completes the IFSP Child Indicator Summary form, to measure how the early intervention supports and services helped the child progress developmentally across all domains and affected his/her participation and engagement in:
   A. positive social and emotional development, including relationships;
   B. acquisition and use of knowledge and skills; and
   C. Use of appropriate behavior to meet his/her needs.

3. The service coordinator also:
   A. discusses how the AzEIP Family Survey will be provided to the family
B. offers the family a copy of the child’s record
C. Supports the family in identifying and accessing other community resources, including but not limited to AHCCCS, ALTCS, private insurance, parent-to-parent support groups, other early childhood education programs, etc.
D. provides overview of next steps and plan gathered throughout transition process when the child exits due to turning three
E. discusses if a referral to DDD is needed if the child is not currently DDD eligible;
F. discusses if a child who is currently DDD-eligible child will remain enrolled in DDD

4. When exiting a child without an IFSP the service coordinator must ensure:

A. at least three documented attempts to make contact with the family occur over the course of 3 weeks at different times of day including evenings. All attempts to contact the family must be documented in a contact log. The last attempt must be in writing using the Prior Written Notice form.
B. There must be at least three business days between any of the attempts to contact the family.
C. The child’s record must be closed, including all documentation and exiting the record in the AzEIP database, no later than 10 days from the exit date identified in the PWN.
D. If the family contacts the EIP at any point during the exit process, but does not follow through after making that contact, begin the exit process again. Use the last date of contact with the family to begin the timeframe for exit.

5. When exiting a child with an IFSP the service coordinator must ensure:

A. at least three documented attempts to make contact with the family occur over the course of 3 weeks at different times of day including evenings. All attempts to contact the family must be documented in a contact log. The last attempt must be in writing using the Prior Written Notice form.
B. There must be at least three business days between any of the attempts to contact the family.
C. The exit date identified on the PWN form due to no contact from the family must provide the family at least 30 days to respond before exiting the record.
D. The child’s record must be current and complete, including all documentation and exiting the record in the AzEIP database, no later than 10 days from the exit date identified in the PWN.
E. if the child is enrolled in ASDB, case closure procedures are coordinated with ASDB
F. If the child is enrolled in DDD, case closure or internal DDD transition procedures (for children turning 3-years-old) are coordinated with DDD
G. If the family contacts the EIP at any point during the exit process, but does not follow through after making that contact, begin the exit process again. Use the last date of contact with the family to begin the timeframe for exit.

6. The EIP maintains the child’s record in accordance with the procedures outlined in Chapter 7, *Procedural Safeguards*.

**Team Meeting Procedures**

1. The EIP is required to hold weekly (unless otherwise approved by AzEIP) Team Meeting 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. Each team meeting includes the AzEIP contractor and DDD service coordinators, all core team members (DSI, PT, PT, SLP), and as appropriate the Psych, SW, TVI, and TOD working with the families.

3. The Early Intervention Program identifies one team member, supervisor, or other staff person, to serve as the facilitator for each team meeting.

4. The team meeting facilitator is responsible for:
   
   A. ensuring all information is gathered from team members;
   
   B. publishing an agenda 24 hours prior to the team meeting;
   
   C. ensuring that team members stays on track and follow the agenda;
   
   D. ensuring that discussions are related to the child and family outcomes and new priorities and/or concerns;
   
   E. ensuring discussions adhere to team-based practices and use components of coaching for all agenda items;
   
   F. challenging team members to confirm that the strategies suggested are evidence-based; and
   
   G. maintaining the schedule for quarterly reviews

5. The EIP ensures that a standard agenda and internal procedures for adding children to the agenda are implemented and that each agenda includes the following sections:
   
   A. Attendance: this section includes the name and discipline of each team member in attendance at the team meeting

   B. Welcome to the Program: this section focuses on children who have been recently determined eligible and will be used as an opportunity for the team to review the Worksheet to Select the Most Likely Team Lead.

   C. Coaching Opportunities: this section focuses on supporting a team lead with a particular outcome or question they have in working with the family, and provides an opportunity to receive support and plan for a joint visit(s) if needed.

   D. Quarterly Progress Reports: this section focuses on reviewing the progress toward outcomes, learning opportunities for the child and family and how visits are progressing.

   E. Transitions/Closures: this section is optional and may be used to briefly communicate any upcoming changes. Team members may not bill for this portion of the discussion.

   F. Scheduling: this section is optional and may be used to schedule evaluations, IFSPs, or transition meetings. Team members may not bill for this portion of the discussion.

6. The service coordinator ensures that each child is reviewed at a team meeting on at least a quarterly basis from the date of the initial IFSP.
A. If the Team Lead or service coordinator determines that a child needs to be discussed at a team meeting earlier than the quarterly timeline requires, the Team Lead or service coordinator contacts the team meeting facilitator to request that the child be added to the team meeting agenda. Once discussed, the team meeting review schedule for the child is adjusted accordingly.

7. The service coordinator or Team Lead ensures the parent(s) is invited to any team meeting in which their child will be discussed.
   A. If the parent(s) does not participate in the Team Meeting, the Team Lead summarizes and shares the team’s discussion with the family at the next home visit.

8. The EIP ensures the following agenda items are documented on the AzEIP-approved forms:
   A. Welcome to the Program
   B. Coaching Opportunities
   C. Quarterly Progress Reports

9. The service coordinator ensures that documentation for each child and family that is discussed at a team meeting is maintained in the child’s early intervention record.

Chapter 4: Transition
See appendices

Chapter 5: Financial Matters

Chapter 6: Comprehensive System of Personnel Development
See appendices

Chapter 7: Procedural Safeguards
Procedural Safeguards Introduction: Confidentiality

1. The Service coordinator verbally provides a parent his/her rights with regard to the confidentiality of early intervention records and shares the AzEIP family rights handbook.

2. ADES/AzEIP, AzEIP Service Providing Agencies, and the Early Intervention Programs must protect personally identifiable information which is collected, used, or maintained concerning a child enrolled in AzEIP, the child’s parent, or another family member by:
   A. keeping child/family files in a locked cabinet located in a semi-private or private location in an office;
   B. keeping the keys to the file cabinet in a discrete place;
   C. Posting a list of the individuals who have access to the files on or next to the locked cabinets;
   D. keeping any fax machines in a private area;
   E. using fax coversheets for confidential faxes;
   F. keeping computers in a semi-private or private location in an office;
   G. ensuring all computers have password access only, if appropriate;
   H. having a paper shredder easily accessible;
   I. ensuring the availability of space for private/confidential telephone calls; and
   J. ensuring the availability of space for private/confidential meetings
K. ensuring appropriate encryption and safeguarding of electronic file.

3. When contacted in writing by DCS, an EIP may share information (both oral and written) with DCS about a child referred to or eligible for early intervention about the status, eligibility or services provided to the child and family. The EIP must ensure that the Request for Release of Education Records form is completed prior to sharing information.

Records – Electronic, Access and Amendment

1. The service coordinator is responsible for explaining to a parent his or her rights to inspect, review, and have a copy of his/her child’s early intervention records. This information is also included in the family rights booklet. A complete description of when and how the service coordinator explains rights to a parent is found in Chapters 3 and 4 of AzEIP policies and procedures.

2. The service coordinator sends the parent copies of any evaluation, child assessment, family assessment and the Individualized Family Service Plan (IFSP) (including any reviews) within ten calendar days of written completion of the document.

3. A parent may request verbally or in writing that s/he would like to inspect or review the early intervention records of his or her child when the child is in early intervention. If the request is verbal, the Early Intervention Program (EIP) shall document the request in the child’s record. The program to whom the request is directed must make the records available no more than ten calendar days after the request has been made.

4. The Service coordinator advises parents at or near the transition from early intervention that the child’s records will be kept for ten years from the date the child exits early intervention, and that the parent may receive a copy of the child’s record at no charge before the exit.

5. After a child has exited AzEIP, a parent must send a written, signed, request, unless unable to do so, that s/he would like to obtain a copy of his/her child’s early intervention records. The Early Intervention Program to whom the request is directed must make available the records requested within 14 calendar days. Shorter periods of time will be considered on a case by case basis.

6. When the request is for records of a child who is no longer enrolled in early intervention, the Early Intervention Program or designated contractor or subcontractor will undertake reasonable efforts to ensure the requestor is the early intervention parent who has the right to seek the records. Those efforts include:
   - reviewing the child’s record to identify the name of the person(s) who was the early intervention parent during the child’s enrollment in early intervention and comparing the name and signature of the requestor with those found in the child’s record;
   - requesting identification from the person seeking the records; and
   - if relevant, reviewing a custody order to determine who is the early intervention parent for the child.

7. All agencies must keep within the child’s file a record access and record release (disclosure) log, which is accessible to parents. When records are released, the following information must be recorded:
   - the date records are released;
   - agency/person to whom the records were released;
   - the purpose of release;
   - verification that consent is on file and up to date; and
   - the records that are released.
8. All agencies must use the Records Released log to record the following information when there is a request to access information in a child’s record:
   A. the date records are accessed;
   B. the name of the individual and Early Intervention Program, if relevant, accessing the information; and
   C. the purpose for the request.

Amendment to Records

1. If a parent wishes to amend a child’s early intervention records, the Service coordinator lets the parent know that s/he must submit a request in writing, if possible, to the Early Intervention Program that maintains the information, setting forth the specific parts of the child’s records that the parent requests be amended and what the desired amendment is. If the parent is unable to make the request in writing, the Service coordinator shall assist the parent in making the request in another acceptable means, such as braille, sign language, etc.

2. The Early Intervention Program receiving the request shall review the request and determine within 14 calendar days, whether to amend the record as requested.

3. If the Early Intervention Program agrees to amend the record, it shall amend the child’s record by replacing the old record, which shall be destroyed.

4. If the Early Intervention Program determines not to amend the record as requested, it will notify the parent in writing of the reasons for denying the request. It shall also notify the parent of his/her right to request a hearing, which must be submitted in writing to ADES/AzEIP within 30 calendar days from the date of the Early Intervention Program’s letter of denial, unless an exception is granted by ADES/AzEIP.

5. Upon receipt of a parent’s request for a hearing, ADES/AzEIP will contact the parent to ask which of the two hearing options they would like as outlined in Chapter 7 Procedural Safeguards. Depending on which hearing is chosen, either ADES/AzEIP or the due process hearing office will provide the parent notice of the date, time, and place reasonably in advance of the hearing.

6. The hearing shall be conducted by the Part C Coordinator of ADES/AzEIP, or designee, or through the due process hearing officer, as long as that person does not have a direct interest in the outcome of the hearing.

7. ADES/AzEIP or the due process hearing officer shall make its decision in writing within a reasonable period of time after the hearing. The decisions must be based solely on the evidence presented at the hearing and must include a summary of the evidence and the reasons for the decision.

8. If the decision is that the record should be amended, ADES/AzEIP will direct the service coordinator or his/her supervisor to so amend the record.

9. If the decision is that the record shall not be amended, the parent shall be notified within a reasonable time in writing along with notification of the parents’ right to prepare a statement of disagreement to be kept in the child’s records. The service coordinator maintains the statement in the child’s records for as long as the records are maintained per retention policy.
   A. If the early intervention records or the contested portion are disclosed to any party, the statement of disagreement must also be disclosed.

Consent to Disclose Records

1. The service coordinator ensures the parent knows his/her rights for the protection of their personally identifiable information and obtains consent, where appropriate, prior to disclosing this information.
2. The service coordinator must maintain a record of all requests for and disclosure of a child’s early intervention records on the Records Released log.

3. The Early Intervention Programs ensure a current list is available for public inspection of the names and positions of those individuals within the program who have access to personally identifiable information.

4. A valid Court Order or Subpoena to produce records for a child in early intervention is an exception under IDEA, Part C and FERPA to the requirement that parental consent be obtained prior to releasing early intervention records.

5. Before any early intervention records may be released pursuant to a Court Order or Subpoena, the individual or program releasing the records must:
   A. provide written notice to the parent notifying the parent of the intended release; and
   B. if possible per the timelines set out in the Order or Subpoena, allow at least ten business days to seek a protective order before the records are released.

Destruction of Information

1. Early intervention records are kept by the Early Intervention Program for ten years from the date the child was exited from early intervention, unless otherwise required by State law and reviewed by ADES/AzEIP. When a child exits AzEIP, the service coordinator explains the destruction policy to the parent and asks whether they would like a copy of the child’s records.

2. A parent may make a request to ADES/AzEIP in writing (or other means if unable to provide a written request) to have their child’s early intervention records destroyed. ADES/AzEIP will inform the parent that the request for record destruction along with the name and date of request will be maintained for five years from the date of the child’s exit from AzEIP.

3. ADES maintains copies of all or part of a child’s early intervention records that it may have according to the Records and Retention Schedule filed with the Arizona State Library, Archives and Public Records. A copy of this schedule is available upon request to the ADES/AzEIP office.

Parental Consent and Ability to Decline Services

1. The Service coordinator ensures that parents are fully informed of their rights to consent to and decline services.

2. The Service coordinator has the responsibility to ensure that the consent is translated, if necessary, and/or another mode of communication is provided so that the parent understands the consent being given.

Prior Written Notice

1. In general, the service coordinator must provide Prior Written Notice (PWN) to a parent after the team makes its decisions and before the implementation of those decisions. (After the decision, Before the action.)

2. Written information of family rights and procedural safeguards is to accompany every PWN sent. If the parent has previously received a copy of the information, has been informed verbally of their procedural safeguards, and requests not to
receive another copy, the service coordinator does not have to give them another copy. The service coordinator must document this in writing in the child’s file.

3. Prior written notice must be provided to a parent by the service coordinator before a screening is conducted to determine if the child is suspected of having a developmental delay using the Consent to Screen form.

4. A parent must receive PWN to determine whether or not to proceed with the screening. The notice must include a description of the parent’s right to request an evaluation at any time throughout the screening process. The Consent for Screening form satisfies both the PWN and parental consent requirements.

5. Prior written notice must be provided to a parent by the service coordinator before an evaluation to determine the initial or continuing eligibility for AzEIP. A parent must receive PWN to determine whether or not to proceed with evaluation. The Consent to Evaluate satisfies both PWN and parental consent requirements.

6. When the Early Intervention Program refuses to conduct an initial evaluation to determine a child’s eligibility, a PWN to the parent is required. This decision is made when discussions with the parent, a review of records, and the screening results do not support the need for an evaluation. The PWN form is completed and provided to the parent.

7. The service coordinator ensures prior written notice is given to a parent after the multidisciplinary team determines eligibility, but before the team takes any further action. The PWN form is completed and provided to the parent, which informs the parent of the reasons why the child was determined eligible or not eligible, and the options if there is disagreement with this determination.

8. Prior written notice is provided to a parent by the Service coordinator at the conclusion of the IFSP meeting (initial IFSP or IFSP review meetings) to confirm the decisions that were made during the meeting with the parent. If the parent, agrees to all the decisions being made, the signature page of the IFSP (the “IFSP Team Page”) is used as the PWN.

9. If the parent disagrees with the decisions of the other team members, the Service coordinator must complete the PWN form describing the action being proposed or refused and the reasons for them.

Identification of the Parent and Use of a Surrogate Parent

1. When a referral is made by the Department of Child Safety (DCS) or another referral source (such as the Regional Behavioral Health Authority) and the child is a ward of the State or when a child enrolled in AzEIP becomes a ward of the State a decision must be made as to whom will best represent the early intervention interests of a child.

2. It is the responsibility of the service coordinator to contact the referral source (such as DCS Specialist) or others with appropriate consent to learn the details regarding the parent’s whereabouts, the placement of the child, Orders of the Court, etc. in order to make a decision as to who should represent the child’s interests and, if needed, how to gather additional information. This contact should be the first step when working with a child who is a ward of the State.

3. When a child is involved with the child welfare system of a tribe (and not involved with DCS), the Early Intervention Program must contact the tribal child welfare worker to assist in determining the early intervention parent. Tribal laws vary by tribe
and the Early Intervention Program should contact ADES/AzEIP to assist in determining the early intervention parent as needed.

4. The service coordinator must attempt to locate the biological parent when parental rights have not been severed. The service coordinator must make at least three phone call attempts at different times of day over the course of three weeks. If no phone number is available the service coordinator must make attempts through mail or other methods identified with the DCS caseworker.
   A. If service coordinator cannot locate the DCS caseworker, the service coordinator must elevate to a supervisor at DCS and notify DCS of the requirement to attempt to engage the bio family in decisions regarding AzEIP eligibility and services.

5. If the service coordinator reaches the biological parent and the parent chooses not to act as the parent for AzEIP services, the service coordinator must identify an individual to act as parent in accordance to requirements outlined in Chapter 7 Procedural Safeguards.

6. Service coordinator documentation should include contacts with the DCS Specialist (when DCS is the referral source) to identify the individual most appropriate to represent the child's early intervention interests and, as appropriate, attempts to contact the biological parents.
   A. In those circumstances when the biological parent does not attempt to act as the "parent" but his/her rights have not been severed, and his/her whereabouts are known, the Service coordinator should discuss with the DCS Specialist (with appropriate consent) and the early intervention parent, strategies to involve the biological parent throughout the initial process, IFSP development and reviews, and/or the implementation of early intervention services, as appropriate.

7. The AEIP Service Coordinator should proceed with the individual identified to represent the child’s interest as the parent.

8. When a child who has been receiving supports and services through AzEIP no longer has a parent who can be located or identified, or the child becomes a ward of the State, the same procedures apply for determining who may represent the child’s early intervention interests.

Dispute Resolution

Formal Complaint

1. The following are the steps to initiate a complaint:
   A. an individual or organization sends a written, signed complaint to the Executive Director of ADES/AzEIP and includes:
   B. a statement that ADES, an Early Intervention Program or an early intervention services provider has violated a requirement of IDEA, Part C;
   C. the facts on which the statement is based;
   D. the signature and contact information for the person filing the complaint; and
   E. if the statement alleges a violation about a specific child:
   F. the name and address of the residence of the child;
   G. the name of the early intervention services provider serving the child;
   H. a description of the nature of the problem with the child, including facts relating to the problem; and
   I. a proposed resolution of the problem to the extent known and available
to the person at the time the complaint is filed.

2. The party filing the complaint must forward a copy of the complaint to the Early Intervention Program or early intervention services provider serving the child at the same time the party files the complaint with ADES/AzEIP. The party may request that ADES/AzEIP forward the copy on their behalf.

3. The Executive Director or designee will review the complaint to determine its validity for follow-up for further action. A complaint will be judged valid if the alleged violation occurred not more than one year before the date the complaint was received.

4. The Executive Director or designee may provide the individual/agency about whom the complaint is made the opportunity to propose a resolution to the complaint.

5. The Executive Director or designee will review all relevant information and will:
   A. Conduct an independent offsite or onsite investigation, as necessary; and
   B. Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.

6. The Executive Director or designee will make an independent determination of whether there is a violation of IDEA, Part C.

7. The Executive Director of ADES/AzEIP or designee will send a written decision to all parties. The decision shall address each allegation in the complaint and include:
   A. Findings of fact and conclusions; and
   B. The reasons for the final decision.

8. When necessary, ADES/AzEIP’s decision will also include procedures for technical assistance activities and required corrective actions for an agency or provider to achieve compliance.

9. In resolving a complaint in which it finds a failure to provide appropriate services, ADES/AzEIP, pursuant to its general supervisory authority under IDEA, Part C, will address:
   A. How it will remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's parents; and
   B. Appropriate future provision of services for all infants and toddlers with disabilities and their families.

10. All investigations and resolutions must be completed within 60 calendar days of receipt of the complaint, unless an exception has been granted.

11. To request an extension, a party must verbally or in writing contact ADES/AzEIP. ADES/AzEIP will notify all parties if an extension is appropriate and include, where possible, the new date by which the complaint will be resolved.

12. If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, ADES/AzEIP will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60 calendar day timeline using the procedure described above.

13. If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties:
   A. the due process hearing decision is binding on that issue; and
   B. ADES/AzEIP must inform the complainant to that effect.
Due Process Complaint and Hearing

1. To file a due process complaint, a parent must send a written, signed complaint to the Executive Director of ADES/AzEIP which includes both of the following:
   A. a statement concerning the matters related to AzEIP’s proposal or refusal to initiate or change the:
   B. Identification of the child;
   C. Evaluation of the child;
   D. Placement of the child; or
   E. Provision of early intervention services to the child and family.
   F. The facts of the situation.

2. An Early Intervention Program must forward written complaints received by their program to ADES/AzEIP within 24 hours of receiving the complaint. ADES/AzEIP will coordinate with the Early Intervention Program.

3. If the child who is subject of the hearing is also eligible for another Federal or State program, which has its own due process hearing procedures, ADES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, ADES/AzEIP will arrange the due process hearing according to IDEA, Part C.

4. The following are the steps to initiate a due process hearing:
   A. a written request must be filed with the Executive Director of ADES/AzEIP
   B. the Executive Director of ADES/AzEIP or a designee shall appoint a trained, impartial hearing officer

5. The hearing officer shall:
   A. Have knowledge about the provisions of IDEA, Part C and the needs of, and services available for, eligible children and their families;
   B. Not be employed by ADES or an Early Intervention Program involved in the provision of early intervention services or care of the child and family, except when a person who otherwise qualifies to conduct the hearing is paid by the agency solely to serve as a hearing officer; and
   C. Not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

6. The hearing officer shall:
   A. Listen to the presentation of relevant viewpoints about the due process complaint;
   B. Examine all information relevant to the issues;
   C. Seek to reach a timely resolution of the due process complaint; and
   D. Provide a record of the proceedings, including a written decision.

7. Unless agreed upon by the parent and ADES/AzEIP, there shall be no change made in the services received by the child prior to a final order by a Hearing Officer.

8. The decision made in a due process hearing is final.

Mediation

1. The following are the steps to initiate the mediation process:
   A. a written request is made to the Executive Director of ADES/AzEIP
   B. The Executive Director of ADES/AzEIP or a designee will obtain written agreement to the mediation process by the parties to the dispute.

   1. Once agreement is obtained, the ADES will appoint a qualified, impartial mediator who is trained in effective mediation techniques. ADES will access qualified
mediators who are knowledgeable in laws and regulations related to the provision of early intervention services.

2. ADES/AzEIP shall ensure that each session of the mediation session is scheduled in a timely manner and held in a location convenient to the parties involved in the dispute.

3. ADES/AzEIP shall ensure that agreements reached by the parties through mediation will be recorded in a written mediation agreement.
Appendix 2: Service Coordinator System of Payments Checklist

**SERVICE COORDINATOR SYSTEM OF PAYMENTS CHECKLIST**

Arizona funds early intervention services using a variety of sources. While AzEIP does not use family fees or family cost participation, the AzEIP system of funding for early intervention includes the use of families’ public (AHCCCS or ALTCS), or private insurance. As with any use of health coverage for a child, written consent from the parent/caregiver is required. This tool is designed for you to use with the Consent to Bill Insurance Job Aid and form to support you to have this important discussion with parents/caregivers during your initial visit and at annual IFSP or addendum meetings.

☐ I provided a copy and explained “A Family’s Guide to Funding Early Intervention” booklet to the family, and answered any questions.

I informed family of their rights, explaining the following:

☐ There are no costs to the family for:
  - Referrals to AzEIP
  - Evaluation and Assessment to determine eligibility
  - Service Coordination
  - Administrative and coordinative activities related to:
    ▪ Development, review and evaluation of IFSP and interim IFSP
    ▪ Procedural safeguards

☐ The family’s public or private insurance must be considered prior to the use of any other public funding sources to pay for early intervention services identified in the child’s IFSP.

☐ The family will have no out-of-pocket costs for early intervention services. The family will have no fees, copays or deductibles to pay for early intervention services.

☐ Prior to billing insurance, AzEIP must obtain consent from the parent. Many early intervention services are covered by insurance which can help cover services on your child’s IFSP. Should the family choose to change consent; changes will take effect as of the date of their signature on a new consent form.

☐ Early Intervention services will not be denied or delayed should a family not have insurance or not want to use their health insurance.

☐ I completed the Consent to Bill Health Insurance Form with the family.

☐ If the family stated their child was uninsured, I offered to assist the family to obtain health insurance.

☐ I signed the Consent to Bill Health Insurance Form.

☐ My supervisor signed the Consent to Bill Health Insurance Form.

☐ I faxed/emailed the signed Consent to Bill Health Insurance Form to the DES/AzEIP Office.
Appendix 3: Completing AzEIP AHCCCS Member Request Form

**Purpose:** To provide directions for completing the AzEIP AHCCCS Member Request Form (found on AzEIP website in forms section).

It is recommended that the ongoing SC have a copy of the AzEIP AHCCCS Member Service Request form available during the IFSP meeting so that the team members can assist in documenting the requested provider name and phone number. The team members need to be knowledgeable of the contracts their agency have with the AHCCCS Health Plans.

Service Coordinator (SC) fills out the AzEIP AHCCCS Member Services Request Form, including:

- **Date** – date form is completed
- **AzEIP Service Coordinator name, phone number and email** – name, phone number and email of Ongoing SC
- **AzEIP TBEIS Contractor name, phone number and email** – name of AzEIP TBEIS Contractor
- **TYPE:** Initial/6 month/Annual/other IFSP along with the date of the IFSP – check the type of IFSP and date of that specific IFSP (if initial IFSP, check initial IFSP and enter date of initial, if the team met to complete a review outside the initial, 6 month or annual, select IFSP Other and enter the date the meeting was held

**CHILD’S INFORMATION**

- **Child’s name, AHCCCS ID, DOB, and expected date of transition out of AzEIP** – enter child’s name, AHCCCS ID number, DOB, and month/year child will transition
- **Parent’s name, preferred language, AHCCCS Health Plan, Primary Care Physician** – enter parent’s name, preferred language, name of AHCCCS Health Plan and name of PCP. If the parent does not know the name of their child’s PCP, the SC is strongly encouraged to call the AHCCCS Health Plan Contact to obtain the name of the PCP. The SC should provide this information to the parent and discuss whether the family has taken the child to the PCP and the next scheduled visit.
- **Mailing Address, Home, Work, and/or Cell Phone number** – fill out the mailing address and phone numbers of the parent.

**SEE ATTACHED**

- AzEIP Developmental Evaluation Report or other current evaluations (within 6 months)
- Current IFSP including addendums (within 6 months)
- Child and Family Assessment (part of the IFSP and should be thoroughly completed)
- Quarterly updates, if appropriate

**Expected outcomes** – include the outcomes on the IFSP

**DEAR PRIMARY CARE PHYSICIAN** – this section is completed and signed by the PCP

**TO BE COMPLETED BY THE AZEIP SERVICE COORDINATOR**

**Requested Services/CPT code** – list all services on IFSP that are covered EPSDT services, regardless of the method selected on IFSP (i.e. team lead, joint visit). For example, if the IFSP lists the PT as the team lead and a joint visit with the speech therapist, both of these services are requested on this form. If the core team member knows which CPT codes correspond to the services they will be providing, add them, if not, do not attempt to guess at the CPT codes.
Requested Provider and Phone Number

- If the Assigned AzEIP Team Based Provider is a current contractor for the child’s health plan, list the name of the AzEIP Team Based provider and the phone number so the health plan can contact them, if necessary.
- If the AzEIP Team Based Provider is not a contracted provider but is willing to make arrangements with the health plan, list the name of the AzEIP Team Based provider and the phone number so the health plan can contact them.
- For children covered by CMDP, include the Assigned AzEIP Team Based Provider.
- If the child is assigned to ACT, then the SC and team determines if the team member(s) agency has a contract with the AHCCCS health plan. If yes, the SC includes the name and phone number for that particular agency, not ACT. For example, the PT works for Huppert Therapy and Huppert Therapy is contracted with the child’s AHCCCS health plan, the SC lists, “Huppert Therapy” and their phone number as the requested provider. If the Speech therapists works for Sunshine Therapy and Sunshine Therapy is a provider for the child’s health plan, the SC list, “Sunshine Therapy” and their phone number.
- If the assigned AzEIP Team Based provider IS NOT a contractor for the child’s health plan AND IS NOT interested in making separate arrangements with the health plan, AND the family does not have a preference, the SC coordinator enters None.

Planned Start Date – include the planned start date on the IFSP for each requested service

Frequency – include the frequency on the IFSP for each requested service(s)

Duration - the duration is determined by the planned start date (PSD) and planned end date (PED) listed on the IFSP. For example, the PSD is 2/1/14 and the PED is 8/1/14, then the duration is 6 months. If the PSD is 2/1/14 and the PED is 5/1/14, then the duration is 3 months.

TO BE COMPLETED BY THE AHCCCS CONTRACTOR

- This section will be completed by the AHCCCS contractor and sent back to the AzEIP SC

Contacts – page 2

The purpose for the Contacts page is to assist with coordination and communication across all involved parties in the process.

- SC completes the contact information for the Health Plan,
  AzEIP Service Coordinator (ongoing), Primary Care Physician,
  and
  Service Provider (Assigned AzEIP TBEIS Provider).

ADDITIONAL INFORMATION

SC completes needed Additional Information including any pertinent information it is important for MCH to determine medical necessity or approve the service. This is where the SC can document the need for the service(s) to be provided in the home when a child is medically fragile or would otherwise be compromised by attending therapy in a clinic based setting.
Form is completed – what is the NEXT Step?

SC sends secure email or fax Request form and Related Documents to the Family’s AHCCCS Health Plan Maternal Child Health Coordinator (MCH) within 2 days of the IFSP meeting.

AzEIP On-going SC sends the following documentation that supports the service request to the AHCCCS MCH coordinator within 2 days of the IFSP meeting:

- Cover sheet if faxing.
- AzEIP AHCCCS Member Service Request Form,
- Current IFSP including addendums (within 6 months),
- AzEIP Developmental Evaluation Report or other current evaluations (within 6 months)
- Child and Family Assessment.

Contact Family and Team member once notified of request decision and update the IFSP if necessary to reflect the appropriate service provision and funding source.
# Appendix 4: IFSP Meetings

## Do We Need to Have a Meeting?

<table>
<thead>
<tr>
<th>What is being discussed?</th>
<th>Do we need to meet?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial, Periodic Annual and other IFSP reviews</td>
<td>YES</td>
</tr>
</tbody>
</table>
| Change in Services
  Whether adding or removing                                                                                                                                                                                          | NO                  |
| Change in Intensity, Frequency, or Duration of Services
  Whether increasing or decreasing, extending or ended                                                                                                                                                                  | YES                 |
| Change in Insurance Type
  Public to private, private to public, private to no insurance, public to no insurance, no insurance to now having insurance, private to private, public to public                                                                 | NO                  |
| Change in Outcomes
  Whether adding, revising, or removing                                                                                                                                                                                  | YES                 |
| Change in Activities and/or Strategies to Support the Outcome                                                                                                                                                           | YES                 |
| Changing the Name of Team Member or Service Coordinator                                                                                                                                                                | YES                 |
| Transfer from One Team to Another
  Includes transfers within region or to another region                                                                                                                                                                | YES                 |
| Transition Planning Meeting
  Refer to AzEIP Policy and transition timeline                                                                                                                                                                       | YES                 |
| Transition Conference (TC)
  Refer to AzEIP Policy and transition timeline                                                                                                                                                                       | YES                 |
| DDD Program Eligibility Status
  When child was not, but now is DDD Eligible
  Child changes from DDD only to TSC, TSC to ALTCS, DDD only to ALTCS                                                                                                                                               | YES                 |
| Parent Request
  Parent wants the team to reassess or review services based on new information, prescription, medical diagnosis, changed mind about services or now disagrees with service frequency/intensity/duration | YES                 |
## Who Must Attend the Meeting?

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Role/Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial IFSP</strong></td>
<td></td>
</tr>
<tr>
<td>ASAP after eligibility but no later than 45 days</td>
<td>SC: Contractor (and DDD, if DDD will provide SC)</td>
</tr>
<tr>
<td>from referral</td>
<td>IFSP Team Members: Contractor (and DDD, if DDD will provide SC)</td>
</tr>
<tr>
<td></td>
<td>Family: At least one other team member involved in the evaluation or assessment</td>
</tr>
<tr>
<td></td>
<td>School District: DDD or Contractor retaining SC</td>
</tr>
<tr>
<td><strong>Creating the first IFSP following DDD</strong></td>
<td></td>
</tr>
<tr>
<td>Eligibility Determination</td>
<td>SC: DDD or Contractor, if Contractor retaining SC</td>
</tr>
<tr>
<td>Within 10 days of the DDD eligibility date</td>
<td>IFSP Team Members: Team lead unless additional services will be added, then all</td>
</tr>
<tr>
<td></td>
<td>active team members</td>
</tr>
<tr>
<td><strong>Periodic and Annual IFSP Reviews</strong></td>
<td></td>
</tr>
<tr>
<td>Annual review requires minimum of SC and</td>
<td>SC: Contractor or DDD</td>
</tr>
<tr>
<td>minimum of 1 team members and family</td>
<td>IFSP Team Members: All active team members***</td>
</tr>
<tr>
<td><strong>AHCCCS and ALTCS Review</strong></td>
<td></td>
</tr>
<tr>
<td>NOT changing the IFSP services</td>
<td>SC: DDD</td>
</tr>
<tr>
<td>Within 10 days of the child becoming Targeted or</td>
<td>IFSP Team Members: Team Lead (if available)</td>
</tr>
<tr>
<td>ALTCS eligible and every 90 days thereafter</td>
<td></td>
</tr>
<tr>
<td><strong>Transition Planning Meeting</strong></td>
<td></td>
</tr>
<tr>
<td>Refer to AzEIP Transition Timeline</td>
<td>SC: Contractor or DDD</td>
</tr>
<tr>
<td></td>
<td>IFSP Team Members: All active Team Members</td>
</tr>
<tr>
<td><strong>Transition Conference</strong></td>
<td></td>
</tr>
<tr>
<td>Refer to AzEIP Transition Timeline</td>
<td>SC: Contractor or DDD</td>
</tr>
<tr>
<td></td>
<td>IFSP Team Members: All active Team Members</td>
</tr>
</tbody>
</table>

***Exceptions*** Team member who conducted the assessment: If unable to attend meeting in person, may make arrangements for involvement through other means, including: conference call, having a knowledgeable authorized representative attend the meeting or make pertinent records available at the meeting, such as quarterly report. For 6 month and periodic reviews, Service Coordinators functioning in a dual role may be the only active team member attending those meetings, if there are no other active team members on the IFSP.

**DDD** Determines DDD eligibility and serves as Service Coordinator for DDD eligible children with AHCCCS or ALTCS. DDD participates in all team meetings.

**ASDB** Determines ASDB eligibility. Contractor is SC unless child is also DDD eligible and eligible for AHCCCS or ALTCS, then DDD is SC. ASDB participates in team meetings in assigned regions.
Appendix 5: AzEIP Transfer Procedures: Requesting a Transfer for a New EIP Assignment

Requesting Transfers to Multiple Contract Regions for transfers due to family moving
The Service Coordinator sends an email to request a new EIP assignment to the AzEIP I-TEAMS Help Desk when a child moves from their current region to a multiple TBEIS contracting region. For example, this procedure must be followed when a child moves from their current region, to Region 4 Central Maricopa (which is served by three TBEIS contractors). This email should include either a completed Transfer Request Form attached, or have the same information from the Transfer Request Form included within the body of the email.

Transfer Request Process Steps for Transfers to Multiple Contract Regions:

1. The transferring Service Coordinator must ensure that all data is completed and updated in I-TEAMS up to the date of transfer; which includes:
   - Completed Child Demographic page, including the new address and updated parent contact information
   - Up-to-date Insurance Page
   - Up-to-date Eligibility Page
   - Up-to-date Assign/Change Team Members page (must be up to date with all assigned core team members prior to transfer)
   - Up-to-date IFSP page
   - Completed Child Indicators, if applicable
   - Up-to-date Transition Page, if applicable

   Important note: If the family consented to use public insurance, the transferring SC should notify the AHCCCS EPSDT Coordinator of the date the file was transferred, the new agency, the actual number of units delivered, and the actual start date of services.

2. Send a secure email to the AzEIP I-TEAMS Help Desk at: AzEIPITEAMS@azdes.gov
   cc: TBEIS Program Contact, current Team Lead, all active IFSP team members (including ASDB contacts, if applicable), DDD supervisor and DDD SC if applicable.

   Subject line: Request for Transfer Re-Assignment

   Attach a completed Transfer Request Form OR Include the Transfer Request in the body of the email

3. The AzEIP Help Desk will send a return email with the name of the EIP to which the child should now be assigned.

4. It is the transferring Service Coordinator’s responsibility to:
   a) Complete the transfer process on the I-TEAMS Transfer Child page to the newly assigned agency
   - Some agencies follow other internal procedures for this step, check with your agency
   - The transferring TBEIS Contractor will need to complete this step for children where DDD holds Service Coordination
The transferring TBEIS Contractor will need to ensure all outstanding home visit logs and records are sent to DDD for the one true child file where DDD holds Service Coordination and so the Service Coordinator can update the AHCCCS EPSDT Coordinator of all units used and start date of service.

- If the child is DDD and/or ASDB eligible, and the newly assigned EIP is a different DDD unit and/or ASDB Regional Provider, then the DDD and/or ASDB assignment on the Assign Team Members page, must be end dated.

- If the child is DDD and/or ASDB eligible, and the newly assigned EIP is still under the same DDD unit and/or ASDB Regional Provider, then the DDD and/or ASDB assignment on the Assign Team Members page, will not be end dated.

b) Send a secure email to the newly assigned EIP alerting them of the transfer; include the completed AzEIP Transfer Request Form information, and child records if indicated on the AzEIP Transfer Request Form.

c) Send the child records, in their entirety, to the newly assigned EIP as soon as possible and no later than 2 business days from the date of transfer (Service Coordinator must keep a copy of the child file for their records).

d) If the family consented to use public insurance, the transferring SC should send a secure e-mail to the AHCCCS EPSDT Coordinator notifying them of the date the file was transferred, the new agency, the actual number of units delivered, and the actual start date of services.

5. The newly assigned contractor must accept the Pending Transfer within 24 hours of notice of transfer.

- Upon accepting the transfer, the newly assigned contractor must follow internal procedures for ensuring the child is assigned a team to contact the family and resume early intervention services.

- If the child is DDD and/or ASDB eligible, and the newly assigned EIP is a different DDD unit and/or ASDB Regional Provider than previously assigned, it is the newly assigned contractor’s role to assign the newly assigned DDD unit and ASDB provider in I-TEAMS.

- If the child is DDD and/or ASDB eligible, the entire EIP must work together simultaneously to communicate, coordinate and collaborate in order to resume early intervention services.

Requesting Transfers to Multiple Contract Regions due to Family Request and/or because of Complaint

The Transferring Service Coordinator should the Transfer Request Form as above plus copy AzEIPQualityImprovement@azdes.gov with an explanation of:

a) What the team and EIP has done to try to address the issue.

b) The name and date the transferring Service Coordinator spoke with the Supervisor, Regional Program Coordinator, and/or Program Director regarding family’s request.

The I-Teams AzEIP I-TEAMS Help Desk should wait to assign a transfer until the CQIC has documented and approved the in-region transfer. The CQIC and assigned EIP will track all family requests for in-region transfers because of family’s complaints. A high volume of family requests for in-region transfers will be addressed between the AzEIP office and the EIP.

*Please note: All transfers to multi-contract regions are equally distributed among the contractors in the new region. The transferring contractor may request the re-assignment back to their contractor if the child resides in another contracting region they serve. The request must be indicated in the email to the AzEIP I-TEAMS Help Desk. The request will only be granted with permission from the AzEIP office. Documentation of the reasons for the request must be provided to the AzEIP office, as requested. Requests that are granted do not disrupt the equal distribution of transfers within the particular region. Families should not be promised re-assignment to the same contractor without prior approval of the request.
Sending Transfers to Single Contract Regions
The Service Coordinator sends a Transfer Request Form directly to the single contractor when a child moves into a single contracting region. For example, the Service Coordinator sends the Transfer Request Form directly to Hummingbird Early Intervention Services if the child moves to Region 17 Southern Apache, where there is a single contractor for the region. In this case, the Service Coordinator does not need to send the transfer through the AzEIP I-TEAMS Help Desk.

Transfer Process Steps for Transfers to Single Contract Regions:

1. The Service Coordinator follows all procedures in Step 1 above.
2. The Service Coordinator follows all procedures in Step 2 above, except the email is sent to the receiving single contractor in the new region (not the AzEIP I-TEAMS Help Desk).
3. The Service Coordinator follows all steps in Step 4 above.
4. The newly assigned contractor follows all steps in Step 5 above.

For additional assistance please email AzEIPITEAMS@azdes.gov or call (602) 279-8043.
Appendix 6: AzEIP Transfer Request Form

AzEIP Transfer Request Form

The Service Coordinator must follow all steps outlined in the AzEIP Transfer Procedures, and complete this form as indicated in the AzEIP Transfer Procedures.

Child is transferring to a:  ☐ Multi-Contract Region  ☐ Single Contract Region

Name of Child:

Date of Birth:

I-TEAMS ID#:

Updated Address:

New Zip Code:

Eligibility:  ☐ AzEIP only  ☐ DDD  ☐ DD-only  ☐ ASDB

Who currently holds Service Coordination:  ☐ AzEIP Contractor  ☐ DDD

The complete Child Record will be:  ☐ Faxed  ☐ Emailed securely  ☐ Hand-Delivered

To:            Date:

Explanation of where the child is in the early intervention process:
Describe child's current status:
(i.e., needs evaluation, pending IFSP needing scheduled, DDD eligibility pending, ongoing child transfer, etc.)
If the child has an active IFSP, include the services and frequency (i.e., PT is TL 12 units/6 mo, SLP JV 3 units/6 mo)

Any other important information to share with the receiving EIP:

The transferring Service Coordinator must ensure that all data is completed and updated in I-TEAMS up to the date of transfer; which includes:

<table>
<thead>
<tr>
<th>AMS Data</th>
<th>Service Coordinators Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Child Demographic page, including the new address and updated parent contact information</td>
<td></td>
</tr>
<tr>
<td>to-date Insurance Page</td>
<td></td>
</tr>
<tr>
<td>to-date Eligibility Page</td>
<td></td>
</tr>
<tr>
<td>to-date Assign/Change Team Members page (must be up to date with all assigned team members prior to transfer)</td>
<td></td>
</tr>
<tr>
<td>to-date IFSP page</td>
<td></td>
</tr>
<tr>
<td>completed Child Indicators, if applicable</td>
<td></td>
</tr>
<tr>
<td>to-date Transition Page, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

The child record has been transferred in I-TEAMS on:

Date:
### Appendix 7: AzEIP Transition Timeline

<table>
<thead>
<tr>
<th>Activities</th>
<th>Child</th>
<th>Child</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IFSP Transition Planning Meeting (TPM)</strong>- Mandatory</td>
<td>Eligible for AzEIP prior to 2 years 6 months old</td>
<td>Eligible for AzEIP Between 2 years 6 months and 2 years 9 old</td>
<td>Eligible for AzEIP between 2 years 9 months and 2 years 10 ½ months old</td>
</tr>
<tr>
<td>The TPM must occur the month the child is 2 years 6 months old, but can occur as early as 2 years 3 months if all parties agree.</td>
<td>The TPM must occur at the initial IFSP meeting with the family.</td>
<td>The TPM must occur at the initial IFSP meeting with the family.</td>
<td></td>
</tr>
<tr>
<td><strong>Public Education Agency (PEA) Notification Decision- Mandatory unless Family Opt-Out</strong></td>
<td>The PEA decision must be made the day AzEIP eligibility is determined.</td>
<td>The PEA decision must be made the day AzEIP eligibility is determined.</td>
<td>The PEA decision must be made the day AzEIP eligibility is determined.</td>
</tr>
<tr>
<td>Service Coordinator will send the PEA Notification/Referral form to the school district and ADE by the next business day following the TPM. If family is out of contact or homeless, the PEA should be sent to the school district of the last known address.</td>
<td>Service Coordinator will send the PEA Notification/Referral form to the school district and ADE by the next business day following the day AzEIP eligibility is determined. If family is homeless, the PEA should be sent to the school district of the last known address.</td>
<td>Service Coordinator will send the PEA Notification/Referral form to the school district and ADE by the next business day following the day AzEIP eligibility is determined. If family is homeless, the PEA should be sent to the school district of the last known address.</td>
<td></td>
</tr>
<tr>
<td><strong>PEA Opt-out:</strong> SC explains the process for opting out of the PEA notification.</td>
<td>If Parent Opt-Out: Service Coordinator must obtain parent signature on the opt-out portion of the PEA Notification/Referral form by the end of the TPM. The form is then maintained in the child’s record and is not sent to the school district or ADE.</td>
<td>If Parent Opt-Out: Service Coordinator must obtain parent signature on the opt-out portion of the PEA Notification/Referral on the day on which AzEIP eligibility is determined. The form is then maintained in the child’s record and is not sent to the school district or ADE.</td>
<td></td>
</tr>
<tr>
<td><strong>Transition Conference- If Family Agrees</strong></td>
<td>If the parent agrees to a Transition Conference, it must be held on or before the day the child is 2 years 9 months old. It may be combined with the Initial IFSP/TPM. When this occurs, the Transition Conference is held the same day and immediately follows completion of the Initial IFSP and TPM.</td>
<td>If the parent agrees to a Transition Conference, it must be held on or before the day the child is 2 years 9 months old. It may be combined with the Initial IFSP/TPM. When this occurs, the Transition Conference is held the same day and immediately follows completion of the Initial IFSP and TPM.</td>
<td>If the parent agrees to a Transition Conference, it may be combined with the Initial IFSP/TPM. When this occurs, the Transition Conference is held the same day and immediately follows completion of the Initial IFSP and TPM.</td>
</tr>
<tr>
<td>The school district must be invited, but if a representative from the school district is unable to attend, the Service Coordinator must still hold the Transition Conference.</td>
<td>The school district must be invited, but if a representative from the school district is unable to attend, the Service Coordinator must still hold the Transition Conference.</td>
<td>The school district must be invited, but if a representative from the school district is unable to attend, the Service Coordinator must still hold the Transition Conference.</td>
<td></td>
</tr>
</tbody>
</table>

*The school district must be invited, but if a representative from the school district is unable to attend, the Service Coordinator must still hold the Transition Conference.*
Appendix 8: Forms and Processes

For each process below, there is a listing of all AzEIP forms and pamphlets to be used. The AzEIP service coordinators and team members select the forms appropriate for any specific visit based on AzEIP requirements and the child and family’s individual path through the AzEIP process. All data collected on these forms shall be entered respectively in the designated data system within 10 business days of the event. All interactions, communications, details on visits including all forms used must be documented on child contact notes. Individual child contact notes must include the following: time in/time out, hours/units worked, name of provider, and detailed description of activity with a parent initial or signature when applicable.

<table>
<thead>
<tr>
<th>Process</th>
<th>Form Number</th>
<th>AzEIP Forms and Documents</th>
<th>Technical Assistance/Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>GCI-1034A</td>
<td>Records Released Log shall be maintained in the file at all times.</td>
<td>• Service Coordinator (video)</td>
</tr>
<tr>
<td></td>
<td>GCI-1046A</td>
<td>Referral Letter sent to acknowledge receipt of the referral to the referral source.</td>
<td>• AzEIP Overview (video)</td>
</tr>
<tr>
<td></td>
<td>GCI-1051A</td>
<td>Follow-up Letter sent to share the outcome of the referral to the referral source only if family consent is obtained.</td>
<td>• Prior Written Notice Table</td>
</tr>
<tr>
<td></td>
<td>GCI-1059A</td>
<td>Unable to Process Letter sent to notify referral source of insufficient information to proceed with process.</td>
<td>• 7 Key Principles of Early Intervention</td>
</tr>
<tr>
<td></td>
<td>GCI-1049A</td>
<td>No Contact Letter sent to family if unable to contact them.</td>
<td></td>
</tr>
<tr>
<td>Initial Visit</td>
<td>GCI-1021 G-J</td>
<td>Interim IFSP completed when a child is potentially eligible and there is a delay with medical records and services need to start ASAP.</td>
<td>• Screening Review (video)</td>
</tr>
<tr>
<td></td>
<td>GCI-1082A</td>
<td>Consent for Screening- Prior Written Notice used to obtain consent to authorize a screening.</td>
<td>• AzEIP list of Approved Screening, Evaluation, and Assessment Tools</td>
</tr>
<tr>
<td></td>
<td>GCI-1050B</td>
<td>Prior Written Notice sent when a change to evaluate to determine eligibility is proposed/refused.</td>
<td>• Hearing Screen Resources</td>
</tr>
<tr>
<td></td>
<td>GCI-1085A</td>
<td>Vision Screening Checklist</td>
<td>• What to Expect From Team Based Early Intervention (flyer)</td>
</tr>
<tr>
<td></td>
<td>GCI-1084A</td>
<td>Hearing Screening Tracking</td>
<td>• Consent to Bill Health Insurance (video)</td>
</tr>
<tr>
<td></td>
<td>GCI-1038B</td>
<td>Consent for Evaluation-Prior Written Notice used to obtain consent to authorize an evaluation.</td>
<td>• Procedural Safeguards (video)</td>
</tr>
<tr>
<td></td>
<td>GCI-1039A</td>
<td>Consent to Obtain Information used to obtain consent to obtain information.</td>
<td>• Procedural Safeguards for Families within AzEIP</td>
</tr>
<tr>
<td></td>
<td>GCI-1020A</td>
<td>Authorization to Disclose Protected Health Information used to obtain consent to share Protected Health Information.</td>
<td>• Child and Family Outcomes (flyer)</td>
</tr>
<tr>
<td></td>
<td>GCI-1040A</td>
<td>Consent to Share Early Intervention Records and Information used to obtain consent to share early intervention information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GCI-1086A</td>
<td>A Family’s Guide to Funding Early Intervention Services in Arizona</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GCI-1041A</td>
<td>Consent to Bill Health Insurance used to obtain consent to use public or private insurance.</td>
<td></td>
</tr>
</tbody>
</table>
### Eligibility Determination by Evaluation

| GCI-1043A | Developmental Evaluation Report used to report whether the child has been determined or not determined AzEIP eligible. |
| GCI-1050B | Prior Written Notice sent when a change to eligibility determination is proposed/refused. |
| GCI-1088A | Child and Family Assessment Guide for Families may be used as a tool to assist with the IFSP. |

#### Child and Family Assessment

| GCI-1083A | Consent for Child Assessment used to obtain consent to conduct the assessment. |
| GCI-1050B | Prior Written Notice sent when a change to assessment is proposed/refused. |
| GCI-1088A | Child and Family Assessment Guide for Families may be used as a tool to assist with the IFSP. |

**Initial IFSP** *(if child is of transition age, complete transition section)*

| GCI-1021 D-J | IFSP Packet |
| GCI-1039A | Consent to Obtain Information used to obtain consent to obtain information. |
| GCI-1020A | Authorization to Disclose Protected Health Information used to obtain consent to share Protected Health Information. |
| GCI-1040A | Consent to Share Early Intervention Records and Information used to obtain consent to share early intervention information. |
| GCI-1070A | Child and Family Rights in the Arizona Early Intervention Program (AzEIP) |

**Immediately After Initial IFSP**

| GCI-1074A | AzEIP AHCCCS Member Service Request completed immediately after annual IFSP if applicable |

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- [AzEIP list of Approved Screening, Evaluation, and Assessment Tools](#)
- [Assessment video](#)
- [Child Indicator Rating Definitions](#)
- [Child Indicator Decision Making Tree](#)
- [Child and Family Outcomes (flyer)](#)
- [IFSP video](#)
- [Procedural Safeguards video](#)
- [Procedural Safeguards for Families within AzEIP](#)
- [Guidelines for Requesting EPSDT Services](#)
### 6-Month or Other IFSP Review *if child is of transition age, complete transition section*

<table>
<thead>
<tr>
<th>GCI-1021 Q-T</th>
<th>IFSP Addendum Packet</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCI-1039A</td>
<td>Consent to Obtain Information used to obtain consent to obtain information.</td>
</tr>
<tr>
<td>GCI-1020A</td>
<td>Authorization to Disclose Protected Health Information used to obtain consent to share Protected Health Information.</td>
</tr>
<tr>
<td>GCI-1040A</td>
<td>Consent to Share Early Intervention Records and Information used to obtain consent to share early intervention information.</td>
</tr>
<tr>
<td>GCI-1070A</td>
<td>Child and Family Rights in the Arizona Early Intervention Program (AzEIP)</td>
</tr>
</tbody>
</table>

### Annual IFSP *if child is of transition age, complete transition section*

| GCI-1088A  | Child and Family Assessment Guide for Families may be used as a tool to assist with the IFSP. |
| GCI-1083A  | Consent for Child Assessment used to obtain consent to conduct the assessment. |
| GCI-1050B  | Prior Written Notice sent when a change to assessment is proposed/refused. |
| GCI-1085A  | Vision Screening Checklist |
| GCI-1084A  | Hearing Screening Tracking Form |
| GCI-1044A  | IFSP Meeting Notice used as a reminder for IFSP meeting. |
| GCI-1021 A-J | IFSP Packet |
| GCI-1041A  | Consent to Bill Health Insurance used to obtain consent to use public or private insurance. |
| GCI-1042A  | Family Survey provided to families annually and at exit. |
| GCI-1039A  | Consent to Obtain Information used to obtain consent to obtain information. |
| GCI-1020A  | Authorization to Disclose Protected Health Information used to obtain consent to share Protected Health Information. |
| GCI-1040A  | Consent to Share Early Intervention Records and Information used to obtain consent to share early intervention information. |
| GCI-1074A  | AzEIP AHCCCS Member Service Request completed immediately after annual IFSP if applicable |

### On-going Services

| GCI-1095A  | Joint Visit Planning Tool |  |

- Hearing Screen Resources
- IFSP video
- Guidelines for Requesting EPSDT Services
| GCI-1094A | Primary Caregiver Visit Log | used by anyone who completes a home visit with the family. |
| GCI-1096A | Individual Family Teaming Report | used to summarize team meeting discussion. |
| GCI-1097A | Quarterly Progress Report | is required to be completed every 3-months. |
| GCI-1089A | Incident Report | is used when a serious incident involving a child, caregiver, or early intervention provider occurs. |
| GCI-1077A | Complaint Request | may be used by the family when concerns about early intervention services arise. |
| GCI-1081A | Importance of the Family Story | may be used to inform families of the Interagency Coordinating Council. |

**Transition and Exit**

| GCI-1021E | IFSP Transition |
| GCI-1037A | Public Education Agency (PEA) Notification/Referral | used to obtain consent to notify school district of potential eligibility for preschool special education services. If the family opts-out, do not send. |
| GCI-1040A | Consent to Share Early Intervention Records and Information | used to obtain consent to share early intervention information. |
| GCI-1032A | Invitation to Participate in a Transition Conference | used to notify participants of scheduled transition planning meeting. |
| GCI-1033A | Transition Conference Summary | used to summarize attendance at the transition conference and identify next steps. |
| GCI-1021C | Child Indicators Summary | completed at initial IFSP and exit. |
| GCI-1042A | Family Survey | provided to families annually and at exit. |

*Transition Activities*  
*Child Indicator Rating Definitions*  
*Child Indicator Decision Making Tree*  
*Child and Family Outcomes (flyer)*

**Family must be offered copies of all early intervention records.**
Appendix 9: Transcript Review and Approval Process

Transcript Review and Approval Procedures

Service Coordination and Developmental Special Instructionist Qualifications

Programs must ensure all team members meet personnel qualifications as described in Chapter 6. Service Coordinators and Developmental Special Instructionists must have their transcripts reviewed and approved prior to hire. Additionally, all DSIs with a Master’s degree must be approved for the Master’s rate for billing. The transcripts must be submitted to AZEIPTA@azdes.gov. Below are the qualifications:

<table>
<thead>
<tr>
<th>Service Coordination</th>
<th>Bachelor’s level DSI</th>
<th>Master’s level DSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of a Bachelor’s degree in Early Childhood, Early Childhood Special Education or Family Studies; or</td>
<td>A minimum of a Bachelor’s degree in Early Childhood, Child Development, Early Childhood Special Education, Special Education with an Early Childhood Endorsement, Family Studies</td>
<td>A minimum of a Master’s degree in Early Childhood, Child Development, Early Childhood Special Education, Special Education with an Early Childhood Endorsement, Family Studies; or</td>
</tr>
<tr>
<td>A Bachelor’s degree in a closely related field (e.g., Psychology, Social Work, Elementary Education, or Sociology) with at least 3 courses focused on Early Childhood or Early Childhood Special Education; or</td>
<td></td>
<td>A minimum of five courses in the graduate program related to the work of a Developmental Special Instructionist. An example of courses includes early childhood development, family relationships, infant and toddler mental health, early childhood psychology and cultural competence for child and family relationships.</td>
</tr>
<tr>
<td>Qualification in other core team discipline including licensure (i.e. SLP, PT, OT, SW, Psych, DSI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If a person was hired prior to July 1, 2016 and has had continuous satisfactory employment within the same position in Early Intervention they may qualify for being ‘grandfathered’ in. In order to be approved in this category for SCs and DSIs the hiring agency must also submit 3 recommendations for the candidate with at least one of the recommendations being from an AzEIP providing agency.

Recruitment for difficult to hire positions or areas

When an agency has a demonstrated difficulty hiring candidates may be approved for an educational plan. In order to be considered for a plan an agency must do the following:

1. Submit documentation for attempts at hiring a qualified candidate. This may include:
   a. Job descriptions and ads posted.
b. Description of attempts to hire including candidates not meeting qualifications

2. Submit education plan to meet the appropriate discipline qualifications.
   a. Service Coordinators: must have a related degree and enroll in Early Childhood courses as described in table above.
   b. Developmental Special Instructionists: must enroll or be currently enrolled in a qualifying Bachelor’s or Master’s degree program.

3. Submit plan for the educational plan candidate to have regular file reviews and supervisor observations focused on ensuring the candidate meets AzEIP requirements and learns personnel standards Early Intervention. AzEIP employees and contractors must meet the Division for Early Childhood Personnel Standards. Educational plan candidates must meet the Initial Specialty standards for Early Childhood Special Education/Early Intervention.

Upon approval of an educational plan, the program must submit quarterly updates regarding supervision, training and evidence of candidate being coached regarding personnel expectations. A candidate must complete required AzEIP training and meet qualifications within 3 years.

**Transcript Submittal Process**

When submitting documentation for review programs must include the following information in the body of the email:

- Candidate transcripts-official or unofficial with name of degree. Ensure transcripts are legible.
- Candidate resume
- Region and specific team candidate will join upon successful review
- Estimated FTE or hours candidate will work in region and team
- Bilingual or multilingual if applicable.