



Arizona Early Intervention Program

TEAM-BASED EARLY INTERVENTION SERVICES BILLING
MANUAL

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CHAPTER 1 - GENERAL OVERVIEW

The Arizona Department of Economic Security/Arizona Early Intervention Program (ADES/AzEIP) Team-Based Early Intervention Services (TBEIS) Billing Manual, effective July 1, 2019, shall be adhered to for all services provided July 1, 2019 and thereafter. This manual contains definitions, billing procedures, and information regarding services, billing codes, tiers, travel, and rates.

For services provided to Division of Developmental Disabilities (DDD) Long Term Care eligible (LTC) children, please also refer to the ADES/DDD webpage for additional rates and billing information: <https://des.az.gov/services/disabilities/developmental-child-and-adult/help-providers>.

The AzEIP I-TEAMS Help Desk, at AzEIPITEAMS@azdes.gov or (602) 279-8043, shall always be the first point of contact to assist in resolution of any data system related issues.

1.1 Service Authorization

The Initial Planning Process (IPP) service authorization is delineated in Chapter 5 of this document. The Individual Family Serve Plan (IFSP) team is the authorizing body for determining the type, frequency, intensity, method, duration, and start and end dates for early intervention services that are identified as necessary to support the family and child in achieving the identified outcomes. Direct services that are provided to children and families and are not documented in the child record and in the AzEIP data system in adherence with AzEIP Policies and Procedures, are not considered authorized and will not be reimbursed.

Apart from early intervention services authorized by the IFSP team, documented on the IFSP, and entered into the ADES/AzEIP data system, ADES/AzEIP has set forth maximum allowable units (see Appendix D).

A request may be submitted for approval from ADES/AzEIP to bill beyond the maximum allowable units. Requests must be submitted to ADES/AzEIP with all appropriate documentation via email to AzEIPITEAMS@azdes.gov and AzEIPInvoices@azdes.gov.

1.2 Documentation, Data Entry and General Procedures

All services provided to or on behalf of a child and family must be recorded in the ADES/AzEIP data system within ten (10) days of the event occurring. All data must be accurately and timely entered into the data system prior to submission of the invoice. Additionally, all service deliveries must be entered prior to exiting the record in the data system. Delayed entries occurring after ten (10) days may be considered noncompliant and may become non-billable.

All services must be documented in accordance with applicable State and Federal Laws, Licensing Regulations, AzEIP Policies and Procedures, and DDD Policies and Procedures.

All invoices are subject to state and federal audits. The contractor shall provide books, records, evidence and other documents, including but not limited to Insurance Explanation of Benefits (EOB), Consents to Bill Health Insurance, Evaluation Reports, and AHCCCS Member Service Requests relevant to services provided to authorized representatives of the State of Arizona and the federal government to inspect and review these records and adhere to the timeframe given in their request. Identified noncompliance may result in corrective actions including payment denials, withholding of funds and/or recoupment of funds.

The contractor must maintain proof of hours worked (e.g., time sheets with dates and start and end time) by all staff billing services to ADES/AzEIP and be made available upon request. All services must have a professional provider listed on the invoice.

Prior to delivering services to the child and family, the contractor shall confirm the correct assignment of the child in the data system. The contractor shall not provide any service for a child which is assigned to a different contractor. This is always a non-billable service.

All services must be billed by unit unless otherwise defined. Services must be billed in 15-minute increments or .25 units. One (1) service unit is equivalent to 60 minutes.

The contractor shall ensure that all entries made into the AzEIP data system are accurately entered into the correct child record. All entries made in the data system shall reflect what is documented in the hard copy of the child file and adhere to documentation requirement detailed in AzEIP Policies and Procedures. No entries should be made based on memory, assumptions or as a placeholder for the to-be referenced paper document.

Services provided after a child turns three years old will not be reimbursed, unless compensatory services were awarded to the child and family as a result of a formal complaint.

All available funding sources must be identified, coordinated, and accessed in accordance with Individuals with Disabilities Act (IDEA) Part C, prior to billing the ADES/AzEIP. The contractor shall invoice in accordance with the federal regulation 34 CFR Subpart F and implement mechanisms to ensure the accuracy and reliability of fiscal data. Fiscal noncompliance must be corrected immediately when identified through, but not limited to monitoring, post-payment reviews, or audits in accordance with requirements and repay funds to the ADES/AzEIP.

Books, records, evidence and other documents must be securely stored and maintained in accordance with ADES record retention policy. Documents include but are not limited to; Insurance Explanation of Benefits (EOB), Consents to Bill Health Insurance, Evaluation Reports, Arizona Health Care Cost Containment System (AHCCCS) Member Service Request Forms and any documentation relevant to services and billing.

1.3 Non-Billable Services

1.3.1 Exceptions

Whenever services are billed beyond the maximum allowable data system limits, they become non-billable. Exception Requests may then be submitted along with required documentation for review by AzEIP fiscal staff and approved according to the AzEIP Billing Manual and AzEIP Policies and Procedures. The contractor shall:

- a. Ensure that all line items indicated as 'non-billable' are reviewed internally by the contractor's billing staff. The review shall ensure accuracy and confirmation that all needed corrections are made prior to the final invoice.
- b. Contact AzEIPTEAMS@azdes.gov and AzEIPInvoices@azdes.gov and provide all necessary documentation on each non-billable item.

1.3.2 Offline Invoices

If the contractor encounters a situation when a service delivery shall be billed but is not an available service delivery option, an offline invoice will need to be submitted.

Additionally, there may be instances where data system limitations may require an offline invoice for certain services.

- c. Ensure that all line items being submitted offline are reviewed internally by the contractor's billing staff. The review shall ensure accuracy of the offline invoice.
- d. Contact AzEIPTEAMS@azdes.gov and AzEIPInvoices@azdes.gov and provide all necessary documentation on each offline service item.

1.4 Timely Submission of Invoices

Regular Monthly Invoice Submissions for Non-Third-Party Liability (TPL)

Invoices for services not billable to insurance or without parental consent to bill insurances (Non-TPL) shall be submitted through the ADES/AzEIP data system. Two invoices per month, per region, and per service month can be submitted. All services that are not considered TPL must be billed within 90 days after the last day of the service month.

Third Party Liability (TPL)/Insurance Invoice Submissions

TPL (see for further details Chapter 2 – Third Party Liability Billing) invoices for services with parental consent to bill the private or public insurance shall be submitted after the provider has received an approval or denial from the insurance but no later than nine (9) months after the service month. The extended timeframe for the submittal of the insurance does not extend the responsibility to enter the service delivery timely in the ADES/AzEIP data system within of ten (10) days of delivery. Service delivery entries after ten (10) days shall be considered noncompliant data entry.

1.5 Payment Recoupment

The contractor shall reimburse the ADES upon demand, or the ADES may deduct from future payments the following:

- a. Any amounts received by the contractor from the ADES for contract services which have been inaccurately reported or are found to be unsubstantiated;
- b. Any amounts paid by the ADES for services which duplicate services covered or reimbursed by other specific grants, contracts, or payments;
- c. Any amounts expended for items or purposes determined unallowable by the ADES when this contract provides for the reimbursement of costs;
- d. Any amounts paid by the ADES for which the contractor's books, records, and other documents are not sufficient to clearly substantiate that those amounts were used by the contractor to perform contract services;
- e. Any amounts received by the contractor from the ADES which are identified as a financial audit exception;
- f. Any amounts paid or reimbursed in excess of the contract or service reimbursement ceiling without ADES/AzEIP approval;
- g. Any payments made for services rendered before the contract begin date or after the contract termination date.

CHAPTER 2 – THIRD PARTY BILLING/ USE OF PUBLIC OR PRIVATE INSURANCE

Early Intervention Programs (EIPs) must ensure all funding sources (private insurance, Medicaid/Arizona Healthcare Cost Containment System (AHCCCS), Arizona Long Term Care System (ALTCS) and the Comprehensive Medical and Dental Program (CMDP)) are accessed before Part C funding is used as a funding source for early intervention services. However, parents must be fully informed of any potential costs to them, and they must provide consent prior to an agency or program attempts to access their private or public insurance. Each child's record must have a current, completed copy of the "Consent for Insurance" form in the child's file and the ADES/AzEIP data system, before their private/public health insurance is accessed for payment of ADES/AzEIP services.

If the child is eligible for AHCCCS, the contractor must follow the AzEIP/AHCCCS/ procedures (please refer to the AHCCCS toolbox: <https://des.az.gov/services/disabilities/early-intervention/azeip-ahcccs-toolkit-service-coordinators>). If the service authorizations requested through the AHCCCS Health Plan have not been approved or denied prior to the planned start date for the early intervention service on the IFSP, the service may be invoiced to ADES/AzEIP until the approval or denial from the health plan is received. Once approval is obtained, the costs must shift to the AHCCCS Health Plan (subject to post-payment review) (see also – TPL waivers).

Effective July 2015, ADES/AzEIP and AHCCCS aligned their contracts and policy language to provide children and their families the opportunity to receive IFSP services, determined medically necessary by the health plan, through the ADES/AzEIP TBEIS provider, regardless of whether the ADES/AzEIP TBEIS provider has a contract with the child's health plan. As a result, contractors do not need to have a contract with the AHCCCS health plans; this is not a reason to seek a waiver from the ADES/AzEIP fiscal team.

2.1 TPL reimbursable services with parental consent

- a. The contractor shall always enter the full and true amount received by the insurance in the AzEIP data system.
- b. The contractor must bill the insurance companies in order of most applicable (see section 2.5 Coordination of Benefits) and provide all necessary documentation to the insurance companies for approval of the service. If an insurance company denies coverage for an early intervention service for an approved reason, the contractor may seek funding from the next available funding source.
- c. If the family has a deductible, the contractor must bill the private insurance for the service and bill ADES/AzEIP after each denial until the deductible is met.
- d. If the private insurance company reimburses the contractor less than the ADES/AzEIP contracted rate for a service, the contractor may bill ADES/AzEIP the difference between the ADES/AzEIP contracted rate and the insurance payment.
- e. If the public insurance payment is less than the ADES/AzEIP contracted rate, the contractor must accept the public insurance payment as payment in full. All required TPL (Explanation of Benefits) information and documentation must be recorded in the child's record in the ADES/AzEIP data system.
- f. Upon request the contractor shall present the documentation to ADES/AzEIP at any time within the retention period.

2.2 TPL Waiver Requests

- a. The contractor may request a TPL Waiver if a service is not covered through the insurance company. A TPL waiver may only be requested after a service has been denied by the insurance company and has not yet been billed to AzEIP. After approval by ADES/AzEIP, this process allows the contractor to submit TPL eligible services directly to ADES/AzEIP without submitting the claim to the insurance company.
- b. The contractor shall submit the waiver request through the Insurance/TPL Waiver page of the AzEIP data system for the appropriate service and health plan and submit the proper and complete documentation within 90 days of the service to ADES/AzEIP. The waiver can only be applied to services that have not been billed yet.
- c. The following reasons, may be accepted:
 - The service is deemed “Not Medically Necessary”,
 - The service is not covered under the family’s insurance plan;
 - The service is not covered for the child’s specific diagnosis;
 - Service is not covered for providers who are “out of network” or “not authorized” (private insurance only);
- d. Prior authorization from the insurance company is required and could not be obtained. Upon receiving documentation, the ADES/AzEIP office will approve or deny the request. In the event of an approval, the length of the waiver will be determined based on the provided documentation. TPL Waiver Requests must be (re)submitted after expiration.
- e. ADES/AzEIP will not pay for services denied by third parties due to improper documentation, or when the claim hasn’t been submitted within the appropriate timeframe.

2.3 Health Savings Account (HSA) / Health Reimbursement Account (HRA)

- a. Refer to AzEIP Policy Manual, Chapter 5, which states that there will be no out-of-pocket costs to families for early intervention services.
- b. Families must be fully informed of any potential costs when consenting to use their High Deductible Health Plan (HDHP) with an HRA or HSA, to fund their early intervention services.
- c. Families must provide consent to bill insurance prior to an agency or program attempting to access their health insurance to fund early intervention services.
- d. When a family with HDHP with an HRA or HSA makes an informed decision to consent to bill their insurance, the contractor is encouraged to contact the AzEIP office for further guidance and support on how to proceed with billing.
- e. When a family, with an HDHP with an HRA, does not consent to bill their HDHP and/or HRA, that child cannot be sent to DDD for eligibility determination.
- f. When a family, with an HDHP with an HSA, does not consent to bill their insurance, that child can still be sent to DDD for eligibility determination if they have consented to bill their HDHP, regardless of their decision to bill their HSA. DDD must still determine eligibility for that child even if that family has not consented to bill their HSA. If an AzEIP TBEIS contractor has any difficulty with DDD not determining eligibility for a child in this situation due to not consenting to bill their HSA, DDD must contact the AzEIP office or DDD policy unit for clarification.

- g. A consent to bill insurance is required for children that are determined eligible for ALTCS. In those instances where a family has an HRA or HRA and the child is determined ALTCS eligible, AzEIP TBEIS contractor must work with ADES/DDD at TPLBenefits@azdes.gov. AzEIP providers must follow DDD Complete Provider Manual Chapter 57 Third Party Liability Guidelines for further billing instructions <https://des.az.gov/content/providers-provider-manual>.

2.4 TPL Insurance Invoice Submissions

The contractor shall enter all services in the data system within ten (10) days of the activity, TPL is no exception to this rule. Delayed service delivery entries occurring after ten (10) days may be considered noncompliant and may become non-billable.

If the provided service is a TPL eligible service and the parent provided the consent to bill the responsible person/child's insurance, the contractor shall wait until the insurance claim is paid or denied before submitting the invoice to ADES/AzEIP. These services must be billed to ADES/AzEIP within nine months of the service month.

In the event an insurance company has not responded to the contractor within nine months for a pending claim, the contractor shall submit an invoice to ADES/AzEIP to meet the nine (9) month deadline. The invoice must detail each service, by child and date, for which an insurance claim is pending. After the contractor receives an insurance payment, the contractor must notify ADES/AzEIP, submit a correction with the Reversal/Void Invoice Line Item Request form, and reimburse ADES/AzEIP for the payments made.

2.5 Coordination of Benefits

The contractor shall obtain a separate consent to bill insurance for each insurance a child has, and the family provides consent to bill for. If a family has private insurance and public insurance, consent to bill private insurance must be obtained if consent to bill public insurance is obtained. The contractor must ensure private insurance is billed prior to billing public insurance for all applicable early intervention services. AHCCCS is the payor of last resort unless specifically prohibited by applicable State or Federal law, such as in the case of AzEIP. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted (and prior to AzEIP being billed for these services).

The contractor shall take reasonable measures to identify potentially legally liable third-party sources. The contractor's coordination of benefits must not result in the delay of the provision of IDEA Part C services, nor the result in the inappropriate use of Medicaid funding when services are payable by a liable third-party.

The contractor shall coordinate benefits in accordance with 42 CFR 433.135 et seq., A.R.S. §36-2903, and A.A.C. Title 9, Chapter 28, Article 9 so that costs for services otherwise payable by the contractor are cost avoided or recovered from a liable third party [42 CFR 434.6(a)(9)]. The term "State" shall be interpreted to mean "Contractor" for purposes of complying with the Federal regulations referenced above. The contractor must require subcontractors to be responsible for coordination of benefits for services provided pursuant to this contract. The two methods used for coordination of benefits are Cost Avoidance and Post-Payment Recovery. The Contractor shall use these methods as described in A.A.C. Title 9, Chapter 28, Article 9, Federal and State law, and ACOM Policy 434.

The contractor must follow AzEIP's System of Payments as further described in the AzEIP Policy Manual in Chapter 5.2. The contractor must utilize public insurance, such as Medicaid's Title XIX,

including Arizona Long Term Care System (ALTCS) and Early Periodic Screening Diagnosis and Treatment (EPSDT), to the maximum extent possible, and ensure appropriate coordination of these payment sources for services.

CHAPTER 3 – DISCIPLINE-SPECIFIC

Services must be provided by qualified personnel in accordance with the ADES/AzEIP policy and procedures, and appropriate state licensure requirements. All early intervention professionals must complete their profile in the ADES/AzEIP data system prior to billing.

3.1 Core Team

Definition	See Appendix A.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Home, Community, Other
Discipline	OT, PT, SLP, DSI, PSYCH, SW
Service Limitation	12 hours per day, per team member across multiple children. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	<p>The provider shall enter the service in the service delivery page by choosing the appropriate service from available service list according to the his/her discipline. The provider must enter and fill in all required fields on that page, i.e. date, start time, end time, service setting.</p> <p>No-shows, unsuccessful contact attempts, and administrative duties are not reimbursable by ADES/AzEIP and shall not be billed to ADES/AzEIP. Examples of non-billable activities include, but are not limited to:</p> <ul style="list-style-type: none">• administrative duties• scanning paperwork• interoffice communications• internal audit procedures• broad communications to families about upcoming events• texting

3.2 Service Coordination – Dedicated

Definition	A dedicated service coordinator is an early intervention professional who solely provides service coordination to the family and does not have any other role on the team. This individual cannot act as Team Lead.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Home, Community
Discipline(s)	SC
Service Limitation	12 hours per day, per service coordinator. Services can be chosen from the appropriate list depending on the discipline of the professional provider (see Appendix C).
Documentation	Child Record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	<p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none">• coordinating the process of evaluations and assessments to determine initial and on-going eligibility;• participating in the development of the initial IFSP;• facilitating six (6) month reviews and annual Individualized Family Service Plans;• assisting families in identifying and accessing available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate. See Appendix C <p>For service coordination activities that are billable but below the 15-minute allotted billing increment, service coordinators must ensure they log all activities on their service coordination logs, including time spent, and only bill once they reach a 15-minute increment for a single child record. Examples of billable activities include, but are not limited to:</p> <ul style="list-style-type: none">• coordination of services• coordinating the process of evaluations and assessments to determine initial and on-going eligibility• assisting families in identifying and accessing available agency and community supports and services;• facilitating meetings and reviews• leaving voice messages• sending emails <p>Payment for Service Coordination travel is built into the Service Coordination rate. All activities, including travel must be recorded in Service Coordination log.</p>

3.3 Service Coordination – Dual Role

Definition	A dual role service coordinator is an early intervention professional who is chosen as the Team Lead for the child and serves as the family's service coordinator.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Home, Community
Discipline(s)	SC-OT, SC-PT, SC-SLP, SC-DSI
Documentation	Child Record, IFSP, and ADES/AzEIP data system, Contact Log.
Rules	<p>Billable service coordination activities are identified in the contract and include:</p> <ul style="list-style-type: none">• coordinating the process of evaluations and assessments to determine initial and on-going eligibility;• participating in the development of the initial IFSP;• facilitating six (6) month reviews and annual Individualized Family Service Plans;• assisting families in identifying and accessing available agency and community supports and services; facilitating the development of a transition plan for preschool services, if appropriate. See Appendix C.

Dual Role Service Coordination is reimbursed at the core team discipline specific rate.

For service coordination activities that are billable but below the 15-minute allotted billing increment, service coordinators must ensure they log all activities on their service coordination logs, including time spent, and only bill once they reach a 15-minute increment for a single child record. Examples of billable activities include, but are not limited to:

- coordination of services
- coordinating the process of evaluations and assessments to determine initial and on-going eligibility
- assisting families in identifying and accessing available agency and community supports and services;
- facilitating meetings and reviews
- leaving voice messages
- sending emails

Payment for Dual Role Service Coordination is built into the discipline specific rate.

CHAPTER 4 – SERVICE SETTING**4.1 Natural Setting**

Definition	Settings that are natural or normal for the child's age peers who have no disabilities.
Service Unit	1 hour, billable in 15-minute increments.
Service Setting	Home, Community
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, SC
Documentation	Child Record, IFSP, and ADES/AzEIP data system.
Rules	See Appendix C

4.2 Other Setting

Definition	Service provided in a non-natural environment.
Service Setting	Clinic "Other"
Service Unit	1 hour, billable in 15-minute increments.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, SC
Documentation	Child Record, IFSP (including justification if applicable), and ADES/AzEIP data system.
Rules	See Appendix C

CHAPTER 5 – INITIAL PLANNING PROCESS

The contractor shall invoice the actual and true amount of units used for provided services, but no more than the maximum units identified below, per child, during each initial planning process (IPP) function. The following activities outline unit utilization for potential functions during the initial planning process; not every function is implemented with each child referred and therefore not all units will be billed for each child. Additional units may be authorized with approval from ADES/AzEIP as requested on an individual basis. Please note that, up to a maximum of seven (7) units per child may be billed for SC activities during the IPP process. For additional units refer to 1.1 Service Authorization.

5.1 Service Coordination Non-Direct

Activity Description	Process referral and coordinate initial visit with family, coordinate with ADES/AzEIP service providing agency (ASDB, DDD) to determine if eligible, provide resources.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	N/A
Service Delivery	Service Coordination Non-Direct
Multiple Children	Yes
Service Setting	Other
TPL Service	No
Maximum units	4 units
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	This service is considered service coordination non-direct, as no face-to-face contact was made with the child and family. Every child determined AzEIP eligible with a consent to share Personally Identifiable Information (PII) or bill insurance will be sent to DDD to determine eligibility. When a child has records with evidence of hearing or vision loss the records should be sent to ASDB for eligibility determination, if not already ASDB eligible.

5.2 Initial Home Visit – No Screening

Activity Description	Initial home visit with the child and family to provide information about early intervention, including but not limited to family rights, financial matters, and, as appropriate, obtaining consents. This visit may include an Otoacoustic Emissions (OAE) hearing screening, completion of health, child and family screenings, and the completion of the AzEIP Hearing Screening Tracking Form and the Vision Screening Checklist. However, no developmental screening utilizing an AzEIP approved screening tool was conducted.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	No
Service Delivery	Initial Visit – No Screening
Multiple Children	Yes
Service Setting	Home, Community, Other
TPL Service	No
Maximum units	2 units
Documentation	ADES/AzEIP data system, contact log, initial visit documents.
Rules	Service delivery must be entered as direct service units according to discipline.

5.3 Initial Home Visit – Screening

Activity Description	Initial home visit with the child and family to provide information about early intervention, including but not limited to family rights, financial matters, and, as appropriate, obtaining consents. This visit may include an Otoacoustic Emissions (OAE) hearing screening, completion of health, child and family screenings, and the completion of the AzEIP Hearing Screening Tracking Form and the Vision Screening Checklist. Additionally, this visit includes the completion of a full developmental screening utilizing an AzEIP approved tool.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	No
Service Delivery	Initial Visit – Screening
Multiple Children	Yes
Service Setting	Home, Community, Other
TPL Service	No
Maximum units	2 units
Documentation	ADES/AzEIP data system, contact log, initial visit documents, consent to screen, screening documents.
Rules	Service delivery must be entered as direct service units according to discipline.

5.4 Record Review – Initial Eligibility

Activity Description	Review of medical records to determine if ADES/AzEIP eligibility can be determined based on established condition, or recent, appropriate evaluation(s).
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Record Review
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	1 Discipline; 1 Unit
Documentation	ADES/AzEIP data system, contact log, medical records reviewed, Prior Written Notice stating eligibility based on records.
Rules	Record review must be completed by appropriate professional with expertise. For example, a speech evaluation must be reviewed by a Speech Language Pathologist. Cannot be billed if an evaluation has been completed within the IPP.

5.5 Evaluation – Initial Eligibility

Activity Description	Completion of multidisciplinary evaluation utilizing an AzEIP approved tool to determine ADES/AzEIP eligibility. This includes the full completion of the Developmental Evaluation Report, using the ADES/AzEIP Developmental Evaluation Report template.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Evaluation
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	OT, PT, SLP
Maximum units	Not dependent on the duration of an evaluation. Refer to Appendix C.
Documentation	ADES/AzEIP data system, Contact Log, Developmental Evaluation Report, Prior Written Notice.
Rules	Evaluation includes report writing and must be completed by two different disciplines, not including a dedicated service coordinator. Cannot be billed if record review has been billed before an evaluation has been completed within the IPP.

5.6 Child and Family Assessment – Initial after Record Review

Activity Description	Completion of a Child and Family Assessment by two professionals representing core team disciplines and a dedicated service coordinator when SC is not dual role after determining eligibility based on record review.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW
IFSP Service	N/A
Service Delivery	Child and Family Assessment - Initial
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 2 Units; Non-SC Disciplines: 4 Units amongst 2 Non-SC disciplines
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities and concerns as well as the child's present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

5.7 Child and Family Assessment – Initial after Evaluation

Activity Description	Completion of a Child and Family Assessment by two professionals representing core team disciplines including one whom participated in the eligibility determination, and a dedicated service coordinator when SC is not dual role after determining eligibility based on evaluation.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW
IFSP Service	N/A
Service Delivery	Child and Family Assessment - Initial
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 2 Units; Non-SC Disciplines: 2 Units amongst 2 Non-SC disciplines
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP.
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities and concerns as well as

present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

5.8 Individualized Family Service Plan – Initial

Activity Description	The initial IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW
IFSP Service	N/A
Service Delivery	IFSP Initial Meeting
Multiple Children	Yes
Service Setting	Home, Community
Maximum units	SC: 1.5 Units; Non-SC Disciplines: 3 Units amongst participating disciplines
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC.

5.9 Individualized Family Service Plan – Interim

Activity Description	The interim IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of the core team member(s) who will be involved in the eligibility determination and Child and Family Assessment.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	IFSP Interim Meeting
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 1.5 units, Non-SC Disciplines: 3 Units amongst participating disciplines
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one core team member and SC. See AzEIP Policies and Procedures for further details.

CHAPTER 6 – ONGOING SERVICES

The contractor shall invoice the actual and true amount of units used for provided services, but no more than the maximum units identified in this manual. The following activities outline unit utilization for potential services after the IPP. Not every function is implemented with each child referred and therefore not all units will be billed for each child. Additional units may be authorized with approval from ADES/AzEIP as requested on an individual basis. For additional units refer to 1.1 Service Authorization. Each service type has a maximum unit limit defined below and in Appendix D. Services provided by ASDB do not apply towards the maximum units set forth below. Additionally, there is a total maximum allowable units of 15, which is limited per child per day across all team members.

6.1 Assistive Technology (AT) Assessment

Activity Description	Completion of a child assessment to identify assistive technology needs of the child by a qualified professional with input of the Team Lead.
Discipline(s)	OT, PT, SLP, DSI, Hearing Specialist, Vision Specialist, Audiologist
IFSP Service	Assistive Technology Services
Service Delivery	Assistive Technology Assessment
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	2 Disciplines; 2 Units each
Documentation	ADES/AzEIP data system, Contact Log, IFSP, any applicable assessment report.
Rules	At minimum, one IFSP team member.

6.2 Assistive Technology (AT) Service

Activity Description	A direct visit with the child and family that directly assists in the selection, acquisition, or use of an assistive technology device.
Discipline(s)	OT, PT, SLP, DSI, Hearing Specialist, Vision Specialist, Audiologist
IFSP Service	Assistive Technology Services
Service Delivery	Assistive Technology Services
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member.

6.3 Child and Family Assessment – Other or Annual

Activity Description	Completion of a Child and Family Assessment by dedicated service coordinator when SC is not dual role and all current IFSP team members.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist, Registered Dietician, Physician, Nurse
IFSP Service	N/A
Service Delivery	Child and Family Assessment Other, Child and Family Assessment Annual
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 2 units; Non-SC Disciplines: 2 Units amongst 2 participating disciplines
Documentation	ADES/AzEIP Data system, Contact Log, Consent for Assessment, Child and Family Assessment pages in IFSP
Rules	All Child and Family Assessments must be multidisciplinary and gather a family's resources, priorities and concerns as well as present levels of development across all domains. A team may use AzEIP approved child assessment tools to gather necessary information to complete the child assessment.

6.4 Team Lead

Activity Description	A direct visit with the child and family that directly assists the family in achieving their IFSP outcomes. Only one discipline can be assigned as the team lead and is the only discipline who can bill for a Team Lead service delivery.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Transportation Services, Vision Services
Service Delivery	Team Lead
Multiple Children	Yes
Service Setting	Home, Community, Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	Used only by the TL who has been identified on the IFSP, for an IFSP direct service provided to the child and family.

6.5 Team Lead – Non-Direct

Activity Description	Non-direct service provided to the child and family that directly assists the family in achieving their IFSP outcomes.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Type	Team Lead – Non-Direct
Multiple Children	No
Service Setting	Other
TPL Service	No
Maximum units	1 Unit within 90 days
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	<p>Used by the TL for any non-direct service provided to the child and family. Synthesizing progress on IFSP across all IFSP team members resulting in a single quarterly report. Communication with health care, child care or educational providers with whom the family is involved, for the purpose of sharing information to support the child/family or gathering information that will be used to inform the IFSP team. Ordering Assistive Technology equipment or other devices to assist the family in achieving an outcome.</p> <p>The first time a service delivery for Team Lead Non-Direct is entered for a specific child, I-TEAMS creates a set of 90-day billing cycles for that particular service. The service limits will then be applied within those 90-day billing cycles.</p>

6.6 Joint Visit

Activity Description	A direct visit with the child and family and TL, that directly assists the family in achieving their IFSP outcomes. See IFSP Service for joint visit activities.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist, Audiologist, Registered Dietician, Physician, Nurse
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services
Service Type	Joint Visit
Multiple Children	Yes
Service Setting	Home, Community, Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one core team member and the TL.

6.7 Non-Team Lead

Activity Description	A direct visit with the child and family that directly assists the family in achieving their IFSP outcomes without the TL when it is appropriate for a separate visit.
Discipline(s)	OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist, Audiologist, Registered Dietician, Physician, Nurse
IFSP Service	Family Training, Counseling, and Home Visits; Occupational Therapy, Physical Therapy, Psychological Services, Sign Language and Cued Language Services, Social Work Services, Special Instruction, Speech and Language Pathology Services, Vision Services, Audiology Services, Health Services, Medical Services, Nursing Services, Nutrition Services
Service Delivery	Non-Team Lead
Multiple Children	Yes
Service Setting	Home, Community, Other
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP

Rules

At minimum, one core team member. Used when the TL is not present at the visit. This does not include scheduling conflicts.

6.8 Record Review – Eligibility Redetermination

Activity Description	Review of medical records to determine if ADES/AzEIP eligibility can be redetermined based on established condition, or recent, appropriate evaluation(s).
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Record Review
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	1 Discipline; 1 Unit
Documentation	ADES/AzEIP data system, contact log, medical records reviewed, Prior Written Notice stating eligibility based on records.
Rules	Record review must be completed by appropriate professional with expertise. For example, a speech evaluation must be reviewed by a Speech Language Pathologist. Cannot be billed if an evaluation has been completed to redetermine eligibility.

6.9 Evaluation – Eligibility Redetermination

Activity Description	Completion of multidisciplinary evaluation utilizing an AzEIP approved tool to redetermine ADES/AzEIP eligibility. The multidisciplinary team writes the evaluation report, using the ADES/AzEIP Developmental Evaluation Report template.
Discipline(s)	OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Evaluation
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	OT, PT, SLP
Maximum units	Not dependent on the duration of an evaluation. Refer to Appendix C.
Documentation	ADES/AzEIP data system, Contact Log, Developmental Evaluation Report, Prior Written Notice.
Rules	Evaluation includes report writing and <u>must</u> be completed by <u>two</u> different disciplines, not including a dedicated service coordinator. Cannot be billed if record review has been billed before an evaluation has been completed. Report writing must be completed

by the disciplines who conducted the evaluation, not including a dedicated service coordinator.

6.10 Other Early Intervention Services

Activity Description	A service provided with the child and family that directly assists the family in achieving their IFSP outcomes and does not meet any other ongoing service type.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Hearing Specialist, Vision Specialist, Audiologist, Nurse, Physician, Registered Dietician
IFSP Service	Other EI Services
Service Delivery	Other Service
Multiple Children	No
Service Setting	Home, Community
TPL Service	OT, PT, SLP
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.11 Health Services

Activity Description	A service provided with the child and family that directly assists the family in achieving their IFSP outcomes.
Discipline(s)	Physician, Nurse
IFSP Service	Health Services
Service Delivery	Health Services, JV, NTL
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.12 Medical Service

Activity Description	A service provided with the child and family that directly assists the family in achieving their IFSP outcomes.
Discipline(s)	Physician IFSP Service Medical Services
Service Delivery	Medical Services, JV, NTL
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member. AzEIP approval must be obtained prior to invoicing.

6.13 Individualized Family Service Plan – Addendum and Annual

Activity Description	The addendum and annual IFSP will be conducted by either a dedicated or dual role service coordinator with the participation and input of all current IFSP team members.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	IFSP Addendum Meeting, IFSP Annual Meeting
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 1.5 Units; Non-SC Disciplines: 3 Units amongst participating disciplines
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, one IFSP team member and SC.

6.14 Transition Conference

Activity Description	The Transition Conference shall be billed by all disciplines attending a Transition Conference. Please refer to AzEIP Policies and Procedures regarding detailed information for Transition Conferences.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Transition Conference
Multiple Children	Yes
Service Setting	Home, Community, Other
Maximum units	4 units per discipline per referral
Documentation	ADES/AzEIP data system, Contact Log, IFSP
Rules	At minimum, the SC.

6.15 Service Coordination

Activity Description	A direct service coordination activity in which face-to-face contact was made with the child and family.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	Yes
Service Delivery	Service Coordination
Multiple Children	No
Service Setting	Other
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	For additional information refer to Chapter 3. Note that when Service Coordination activities are provided in-between an IFSP (also known as IFSP gap), a maximum on 1 unit is allowed is not considered an IFSP service.

6.16 Service Coordination Non-Direct

Activity Description	A non-direct service coordination activity in which no face-to-face contact was made with the child and family.
Discipline(s)	Service coordinator (dedicated or dual role)
IFSP Service	N/A
Service Delivery	Service Coordination Non-Direct
Multiple Children	No
Service Setting	Other
TPL Service	No
Maximum units	'Actual' amount of service coordination non-direct time
Documentation	ADES/AzEIP data system, contact log, pertinent emails, and Records Release Log
Rules	Activities include: <ul style="list-style-type: none">• coordinating the process of evaluations and assessments to redetermine eligibility• assisting families in identifying and accessing available agency and community supports and services. This may include identifying noncontractor services per the IFSP.• facilitating the development of a transition plan for preschool services, if appropriate. This may include contacting and coordinating with programs that the family may be interested in when the child turns three years old.• For additional information refer to AzEIP Policies and Procedures, Chapter 3.

CHAPTER 7 - Team Conferencing**7.1 Team Conferencing (also referred to as Team Meeting)**

Activity Description	A collaborative weekly meeting which includes all core team members, and other service providing agencies, as appropriate, to discuss the progress in the children who are assigned to the early intervention program.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, Vision Specialist, Hearing Specialist
IFSP Service	N/A
Service Delivery	Team Conferencing
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	Up to 7 Disciplines; 0.75 Units each
Documentation	ADES/AzEIP data system, quarterly progress report, team meeting agenda.
Rules	At least two disciplines must be present to invoice. The first time a service delivery for Team Conferencing is entered for a specific child, I-TEAMS creates a set of 90- day billing cycles for that particular service. The service limits will then be applied within those 90-day billing cycles.

CHAPTER 8 – Data Entry**8.1 Data Entry**

Activity Description	Child-specific data entry into the ADES/AzEIP data system.
Discipline(s)	SC, OT, PT, SLP, DSI, Psych, SW, or designated data entry specialist
IFSP Service	N/A
Service Delivery	Data Entry
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
Maximum units	.25 units per child within 90 days
Documentation	ADES/AzEIP data system
Rules	Data entry cannot be used for billing activities, such as creating invoices or billing insurance. Data entry must be for child specific data into the data system by the defined disciplines above. Contractors must ensure that data entry billing is individualized for each child record and not billed on behalf of all child records at a given time. The first time a service delivery for data entry is entered for a specific child, I-TEAMS creates a set of 90-day billing cycles for that particular service. The service limits will then be applied within those 90-day billing cycles. A data entry specialist may enter data on behalf of the disciplines noted above.

Appendix "A" – Definitions

1. Arizona State Schools for the Deaf and the Blind (ASDB) – an AzEIP service providing agency that serves infants and toddlers birth to three (3) years of age who have a significant auditory or visual impairment. ASDB will provide the vision and/or hearing specialist on early intervention teams under the AzEIP TBEIS contracts.
2. Child and Family Assessment – to identify family's priorities, resources, and interests, and present levels of development of the initial Individualized Family Service Plan (IFSP).
3. Contractor – The organization contracted with ADES/AzEIP to provide team-based early intervention services.
4. Coordination of Benefits- The activities involved in determining medical coverage benefits, including Medicaid, when a child has coverage through an individual, entity, insurance, or program that is liable to pay for health care services prior to seeking payment from the AzEIP.
5. Core Team – the team of Early Intervention Professionals who support and provide early interventions services to children and their families who are referred to and eligible for AzEIP.
6. Data System – any ADES electronic data system that contractors will be required to use to collect and report data to AzEIP.
7. Day -
 - a. Day means calendar day unless otherwise indicated as business day.
 - b. Business day means Monday through Friday, except for Federal and State holidays (unless holidays are specifically included in the designation of business day, as in § 300.148(d)(1)(ii)).
8. Division of Developmental Disability (DDD) – an AzEIP service providing agency and division in the ADES that serves infants and toddlers who are eligible under A.R.S. §36-551(17).
9. Early Intervention Services – developmental services identified in IDEA, Part C, C.F.R. Section 303.13 (b).
10. Evaluation – the procedures used by qualified personnel to determine a child's initial and continuing eligibility for ADES/AzEIP.
11. Individualized Family Service Plan (IFSP) – a collaboratively written plan by early intervention professionals and the family that identifies the agreed upon early intervention services for an AzEIP eligible infant or toddler and their family.
12. IFSP Gap – the timeframe in which there is at least 1 day between IFSP end date and the new IFSP date (i.e. IFSP end date is 7/1/19 and new IFSP date is 8/1/19, the gap would be 7/2/19 – 7/31/19)
13. IFSP Meeting – a meeting convened by a Service Coordinator to develop an initial, annual, or periodic review of the IFSP as outlined in AzEIP Policy and Procedures.
14. IFSP Team – the following group of individuals who must participate in each initial, periodic, and annual IFSP meeting:
 - a. IDEA Parent(s);
 - b. other family members, if requested by the parent(s);
 - c. an advocate or any other person outside of the family, if requested by the parent(s);
 - d. the designated AzEIP or DDD service coordinator;
 - e. the person(s) directly involved in conducting the assessment/evaluations; and

- f. person(s) who will be providing services, if appropriate.
15. Initial Planning Process (IPP) – the events and activities that must be completed within forty-five (45) days of receiving a referral, including eligibility determination and development of the IFSP.
 16. Joint Visit (JV) – a direct service provided by an early intervention professional who visits a family with the Team Lead and uses coaching practices to support achievement of the outcomes identified on the IFSP.
 17. Non-Direct –The designated Team Lead (OT, PT, SLP, DSI, PSYCH, SW) and the Service Coordinator are the only professionals who can bill for time working on behalf of the family, and not in direct contact with the family. Core team members who are not the designated Team Lead for a family, or the designated Service Coordinator may not bill for non-direct time.
 18. Non-Team Lead (NTL) – as a short term IFSP methodology, NTL is used when a team member meets alone with a family without the Team Lead.
 19. Service Coordinator (SC) – the early intervention professional who supports the family to ensure services are provided as written on the IFSP. Every child is assigned either a dedicated or dual role service coordinator.
 - a. Dedicated SC: the service coordinator solely provides service coordination to the family and does not have any other role on the team and cannot act as Team Lead.
 - b. Dual Role SC: the early intervention professional (OT, PT, SLP, DSI) who is chosen as the Team Lead for the child and serves as the family's service coordinator.
 20. System of Payments – Arizona's system of payments for early intervention services includes public benefits or insurance or private insurance. It does not include family fees, sliding fees or the use of IDEA, Part B funds. Arizona does not receive funds from a responsible person under the system of payments established under C.F.R §§ 303.520€ (1)-(3) and therefore is not included in AzEIP's fiscal policies.
 21. Team Lead – the primary core team member who acts as the liaison between the family and the IFSP team for the provision of TBEIS.
 22. Waivers – allows for payment of early intervention services that are denied by the health plan or insurance company.

Appendix "B" – Zip Codes/ Tier Table

Each ZIP code is assigned one of four tier designations and each tier designation is assigned a rate by discipline or group of disciplines and service setting.

Zip Code	Tier	County
85001	Base	Maricopa
85002	Base	Maricopa
85003	Base	Maricopa
85004	Base	Maricopa
85005	Base	Maricopa
85006	Base	Maricopa
85007	Base	Maricopa
85008	Base	Maricopa
85009	Base	Maricopa
85010	Base	Maricopa
85011	Base	Maricopa
85012	Base	Maricopa
85013	Base	Maricopa
85014	Base	Maricopa
85015	Base	Maricopa
85016	Base	Maricopa
85017	Base	Maricopa
85018	Base	Maricopa
85019	Base	Maricopa
85020	Base	Maricopa
85021	Base	Maricopa
85022	Base	Maricopa
85023	Base	Maricopa
85024	Base	Maricopa
85025	Base	Maricopa
85026	Base	Maricopa
85027	Base	Maricopa
85028	Base	Maricopa
85029	Base	Maricopa
85030	Base	Maricopa
85031	Base	Maricopa
85032	Base	Maricopa
85033	Base	Maricopa
85034	Base	Maricopa
85035	Base	Maricopa

Zip Code	Tier	County
85036	Base	Maricopa
85037	Base	Maricopa
85038	Base	Maricopa
85039	Base	Maricopa
85040	Base	Maricopa
85041	Base	Maricopa
85042	Base	Maricopa
85043	Base	Maricopa
85044	Base	Maricopa
85045	Base	Maricopa
85046	Base	Maricopa
85048	Base	Maricopa
85050	Base	Maricopa
85051	Base	Maricopa
85053	Base	Maricopa
85054	Base	Maricopa
85060	Base	Maricopa
85061	Base	Maricopa
85062	Base	Maricopa
85063	Base	Maricopa
85064	Base	Maricopa
85065	Base	Maricopa
85066	Base	Maricopa
85067	Base	Maricopa
85068	Base	Maricopa
85069	Base	Maricopa
85070	Base	Maricopa
85071	Base	Maricopa
85072	Base	Maricopa
85073	Base	Maricopa
85074	Base	Maricopa
85075	Base	Maricopa
85076	Base	Maricopa
85078	Base	Maricopa
85079	Base	Maricopa

Zip Code	Tier	County
85080	Base	Maricopa
85082	Base	Maricopa
85083	Base	Maricopa
85085	Base	Maricopa
85086	Base	Maricopa
85087	1	Maricopa
85097	Base	Maricopa
85098	Base	Maricopa
85117	1	Pinal
85118	1	Pinal
85119	1	Pinal
85120	1	Pinal, Maricopa
85121	2	Pinal
85122	2	Pinal
85123	2	Pinal
85127	1	Maricopa
85128	2	Pinal
85130	2	Pinal
85131	2	Pinal
85132	2	Pinal
85135	3	Gila
85137	2	Pinal
85138	2	Pinal
85139	2	Pinal, Maricopa
85140	1	Pinal
85141	2	Pinal
85142	1	Pinal, Maricopa
85143	1	Pinal
85145	1	Pinal
85147	2	Pinal
85172	2	Pinal
85173	3	Pinal
85178	1	Pinal
85190	1	Maricopa
85191	2	Pinal
85192	3	Gila, Pinal
85193	2	Pinal
85194	2	Pinal
85201	Base	Maricopa

Zip Code	Tier	County
85202	Base	Maricopa
85203	Base	Maricopa
85204	Base	Maricopa
85205	Base	Maricopa
85206	Base	Maricopa
85207	Base	Maricopa
85208	Base	Maricopa
85209	Base	Maricopa
85210	Base	Maricopa
85211	Base	Maricopa
85212	Base	Maricopa
85213	Base	Maricopa
85214	Base	Maricopa
85215	Base	Maricopa
85216	Base	Maricopa
85224	Base	Maricopa
85225	Base	Maricopa
85226	Base	Maricopa
85233	Base	Maricopa
85234	Base	Maricopa
85236	Base	Maricopa
85244	Base	Maricopa
85246	Base	Maricopa
85248	Base	Pinal, Maricopa
85249	Base	Maricopa
85250	Base	Maricopa
85251	Base	Maricopa
85252	Base	Maricopa
85253	Base	Maricopa
85254	Base	Maricopa
85255	Base	Maricopa
85256	Base	Maricopa
85257	Base	Maricopa
85258	Base	Maricopa
85259	Base	Maricopa
85260	Base	Maricopa
85261	Base	Maricopa
85262	Base	Maricopa
85263	Base	Maricopa
85264	1	Maricopa

Zip Code	Tier	County
85266	Base	Maricopa
85267	Base	Maricopa
85268	Base	Maricopa
85269	Base	Maricopa
85271	Base	Maricopa
85274	Base	Maricopa
85275	Base	Maricopa
85277	Base	Maricopa
85280	Base	Maricopa
85281	Base	Maricopa
85282	Base	Maricopa
85283	Base	Maricopa
85284	Base	Maricopa
85285	Base	Maricopa
85286	Base	Maricopa
85287	Base	Maricopa
85295	Base	Maricopa
85296	Base	Maricopa
85297	Base	Maricopa
85298	Base	Maricopa
85299	Base	Maricopa
85301	Base	Maricopa
85302	Base	Maricopa
85303	Base	Maricopa
85304	Base	Maricopa
85305	Base	Maricopa
85306	Base	Maricopa
85307	Base	Maricopa
85308	Base	Maricopa
85309	Base	Maricopa
85310	Base	Maricopa
85311	Base	Maricopa
85312	Base	Maricopa
85318	Base	Maricopa
85320	1	Maricopa
85321	3	Pima
85322	2	Maricopa
85323	Base	Maricopa
85324	3	Yavapai

Zip Code	Tier	County
85325	3	La Paz
85326	1	Maricopa
85327	Base	Maricopa
85328	3	La Paz
85329	Base	Maricopa
85331	Base	Maricopa
85332	3	Yavapai
85333	3	Maricopa, Yuma
85334	3	La Paz
85335	Base	Maricopa
85336	3	Yuma
85337	1	Maricopa
85338	Base	Maricopa
85339	Base	Pinal, Maricopa
85340	Base	Maricopa
85341	3	Pima
85342	2	Maricopa, Yavapai
85343	2	Maricopa
85344	3	La Paz
85345	Base	Maricopa
85346	3	La Paz
85347	3	Yuma
85348	3	La Paz
85349	3	Yuma
85350	3	Yuma
85351	Base	Maricopa
85352	3	Yuma
85353	Base	Maricopa
85354	2	Maricopa
85355	Base	Maricopa
85356	3	La Paz, Yuma
85357	3	La Paz
85358	1	Maricopa
85359	3	La Paz
85360	3	Mohave
85361	1	Maricopa
85362	3	Yavapai
85363	Base	Maricopa
85364	3	Yuma

Zip Code	Tier	County
85365	3	Yuma
85366	3	Yuma
85367	3	Yuma
85369	3	Yuma
85371	3	La Paz
85372	Base	Maricopa
85373	Base	Maricopa
85374	Base	Maricopa
85375	Base	Maricopa
85376	Base	Maricopa
85377	Base	Maricopa
85378	Base	Maricopa
85379	Base	Maricopa
85380	Base	Maricopa
85381	Base	Maricopa
85382	Base	Maricopa
85383	Base	Maricopa
85385	Base	Maricopa
85387	Base	Maricopa
85388	Base	Maricopa
85390	1	Maricopa, Yavapai
85392	Base	Maricopa
85395	Base	Maricopa
85396	1	Maricopa
85501	3	Gila
85502	3	Gila
85530	3	Graham
85531	3	Graham
85532	3	Gila
85533	3	Greenlee
85534	3	Greenlee
85535	3	Graham
85536	3	Graham
85539	3	Gila, Pinal
85540	3	Greenlee
85541	3	Gila
85542	3	Gila
85543	3	Graham
85544	3	Gila
85545	3	Gila, Maricopa

Zip Code	Tier	County
85546	3	Graham
85547	3	Gila
85548	3	Graham
85550	3	Graham
85551	3	Graham
85552	3	Graham
85553	3	Gila
85554	3	Gila
85601	2	Pima
85602	2	Cochise, Pima
85603	3	Cochise
85605	2	Cochise
85606	2	Cochise
85607	3	Cochise
85608	3	Cochise
85609	2	Cochise
85610	3	Cochise
85611	2	Cochise, Pima, Santa Cruz
85613	Base	Cochise
85614	2	Pima, Santa Cruz
85615	3	Cochise
85616	3	Cochise
85617	3	Cochise
85618	3	Pinal
85619	2	Pima
85620	3	Cochise
85621	2	Santa Cruz
85622	2	Pima
85623	3	Pinal
85624	2	Santa Cruz
85625	2	Cochise
85626	3	Cochise
85627	2	Cochise
85628	2	Santa Cruz
85629	Base	Pima
85630	3	Cochise
85631	3	Pinal
85632	2	Cochise

Zip Code	Tier	County
85633	Base	Pima
85634	3	Pima
85635	3	Cochise
85636	3	Cochise
85637	2	Pima, Santa Cruz
85638	2	Cochise
85639	3	Pima
85640	2	Santa Cruz
85641	Base	Pima
85643	3	Cochise, Graham
85644	3	Cochise
85645	2	Pima
85646	2	Santa Cruz
85648	2	Santa Cruz
85650	Base	Cochise
85652	Base	Pima
85653	1	Pima, Pinal
85654	1	Pima
85655	3	Cochise
85658	1	Pima, Pinal
85662	2	Santa Cruz
85670	3	Cochise
85671	3	Cochise
85701	Base	Pima
85702	Base	Pima
85703	Base	Pima
85704	Base	Pima
85705	Base	Pima
85706	Base	Pima
85707	Base	Pima
85708	Base	Pima
85709	Base	Pima
85710	Base	Pima
85711	Base	Pima
85712	Base	Pima
85713	Base	Pima
85714	Base	Pima
85715	Base	Pima
85716	Base	Pima

Zip Code	Tier	County
85717	Base	Pima
85718	Base	Pima
85719	Base	Pima
85720	Base	Pima
85721	Base	Pima
85722	Base	Pima
85723	Base	Pima
85724	Base	Pima
85725	Base	Pima
85726	Base	Pima
85728	Base	Pima
85730	Base	Pima
85731	Base	Pima
85732	Base	Pima
85733	Base	Pima
85734	Base	Pima
85735	Base	Pima
85736	Base	Pima
85737	Base	Pima
85738	Base	Pima
85739	Base	Pima, Pinal
85740	Base	Pima
85741	Base	Pima
85742	Base	Pima
85743	Base	Pima
85744	Base	Pima
85745	Base	Pima
85746	Base	Pima
85747	Base	Pima
85748	Base	Pima
85749	Base	Pima
85750	Base	Pima
85751	Base	Pima
85752	Base	Pima
85754	Base	Pima
85755	Base	Pima
85756	Base	Pima
85757	Base	Pima
85775	Base	Pima
85901	3	Apache, Navajo

Zip Code	Tier	County
85902	3	Navajo
85911	3	Navajo
85912	3	Navajo
85920	3	Apache
85922	3	Greenlee
85923	3	Navajo
85924	3	Apache
85925	3	Apache
85926	3	Navajo
85927	3	Apache
85928	3	Coconino, Navajo
85929	3	Navajo
85930	3	Apache
85931	3	Coconino
85932	3	Apache
85933	3	Navajo
85934	3	Navajo
85935	3	Navajo
85936	3	Apache
85937	3	Navajo
85938	3	Apache
85939	3	Navajo
85940	3	Apache
85941	3	Navajo
85942	3	Navajo
86001	Base	Coconino
86002	Base	Coconino
86003	Base	Coconino
86004	Base	Coconino
86005	Base	Coconino
86011	Base	Coconino
86015	Base	Coconino
86016	Base	Coconino
86017	Base	Coconino
86018	2	Coconino
86020	3	Coconino
86021	3	Mohave
86022	3	Coconino
86023	2	Coconino

Zip Code	Tier	County
86024	2	Coconino
86025	3	Navajo
86028	3	Apache
86029	3	Navajo
86030	3	Coconino
86031	3	Navajo
86032	3	Navajo
86033	3	Navajo
86034	3	Navajo
86035	3	Coconino
86036	3	Coconino
86038	Base	Coconino
86039	3	Navajo
86040	3	Coconino
86042	3	Navajo
86043	3	Navajo
86044	3	Coconino
86045	3	Coconino
86046	2	Coconino
86047	3	Navajo
86052	3	Coconino
86053	3	Coconino
86054	3	Navajo
86301	Base	Yavapai
86302	1	Yavapai
86303	1	Yavapai
86304	1	Yavapai
86305	1	Yavapai
86312	Base	Yavapai
86313	Base	Yavapai
86314	Base	Yavapai
86315	Base	Yavapai
86320	3	Yavapai
86321	3	Yavapai
86322	Base	Yavapai
86323	Base	Yavapai
86324	Base	Yavapai
86325	Base	Yavapai

Zip Code	Tier	County
86326	Base	Yavapai
86327	Base	Yavapai
86329	Base	Yavapai
86331	Base	Yavapai
86332	2	Yavapai
86333	1	Yavapai
86334	2	Yavapai
86335	Base	Yavapai
86336	Base	Coconino, Yavapai
86337	3	Yavapai
86338	1	Yavapai
86339	Base	Coconino
86340	Base	Yavapai
86341	2	Yavapai
86342	Base	Yavapai
86343	3	Yavapai
86351	2	Yavapai
86401	2	Mohave
86402	2	Mohave
86403	3	Mohave
86404	3	Mohave
86405	3	Mohave
86406	3	Mohave
86409	1	Mohave
86411	1	Mohave
86412	2	Mohave
86413	3	Mohave
86426	3	Mohave
86427	3	Mohave
86429	3	Mohave
86430	3	Mohave
86431	2	Mohave
86432	3	Mohave
86433	3	Mohave

Zip Code	Tier	County
86434	3	Coconino, Mohave
86435	3	Coconino
86436	3	Mohave
86437	1	Mohave
86438	3	Mohave
86439	3	Mohave
86440	3	Mohave
86441	3	Mohave
86442	3	Mohave
86443	3	Mohave
86444	3	Mohave
86445	3	Mohave
86446	3	Mohave
86502	3	Apache
86503	3	Apache
86504	3	Apache
86505	3	Apache
86506	3	Apache
86507	3	Apache
86508	3	Apache
86510	3	Navajo
86511	3	Apache
86512	3	Apache
86514	3	Apache
86515	3	Apache
86520	3	Apache
86535	3	Apache
86538	3	Apache
86540	3	Apache
86544	3	Apache
86545	3	Apache
86547	3	Apache
86556	3	Apache

Appendix "C" – Rates

Service coordination rates do not have a natural setting rate, as the majority of service coordination activities occur in the other setting.

Multiple Children Rates apply when direct services are provided to more than one eligible child. When using multiple children rates, service delivery entries must be made under each child served with the correct service selected in the ADES/AzEIP data system (e.g. Joint Visit, 2 children). This does not support playgroups for children with disabilities.

Services excluding Evaluation	Age	Setting	Base Rate	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	0-2	Clinical	\$61.58	\$67.74	\$76.97	\$92.37
		Natural	\$84.12	\$92.53	\$105.14	\$126.17
Therapy Services, 2 Children	0-2	Clinical	\$38.49	\$42.34	\$48.11	\$57.73
		Natural	\$52.57	\$57.83	\$65.72	\$78.86
Therapy Services, 3 Children	0-2	Clinical	\$30.79	\$33.87	\$38.49	\$46.19
		Natural	\$42.06	\$46.26	\$52.57	\$63.09
Developmental Special Instruction	0-2	Clinical	\$38.88	\$42.76	\$48.60	\$58.31
		Natural	\$54.98	\$60.49	\$68.73	\$82.48
Developmental Special Instruction	0-2	Clinical	\$24.29	\$26.73	\$30.37	\$36.44
		Natural	\$34.36	\$37.80	\$42.95	\$51.54
Developmental Special Instruction	0-2	Clinical	\$19.44	\$21.38	\$24.29	\$29.15
		Natural	\$27.49	\$30.24	\$34.36	\$41.24
Developmental Special Instruction	0-2	Clinical	\$54.32	\$59.76	\$67.90	\$81.48
		Natural	\$74.81	\$82.28	\$93.51	\$112.22
Developmental Special Instruction	0-2	Clinical	\$33.96	\$37.35	\$42.44	\$50.93
		Natural	\$46.76	\$51.43	\$58.44	\$70.13
Developmental Special Instruction	0-2	Clinical	\$27.16	\$29.88	\$33.96	\$40.75
		Natural	\$37.40	\$41.14	\$46.76	\$56.11
Social Work (Bachelor's)	0-2	Clinical	\$27.13	\$29.85	\$33.91	\$40.70
		Natural	\$39.93	\$43.91	\$49.90	\$59.88
Social Work (Bachelor's),	0-2	Clinical	\$16.96	\$18.66	\$21.20	\$25.44
		Natural	\$24.95	\$27.45	\$31.19	\$37.43
Social Work (Bachelor's),	0-2	Clinical	\$13.56	\$14.92	\$16.96	\$20.35
		Natural	\$19.96	\$21.95	\$24.95	\$29.94
Social Work (Master's)	0-2	Clinical	\$38.98	\$42.88	\$48.72	\$58.47
		Natural	\$55.12	\$60.63	\$68.90	\$82.68
Social Work (Master's),	0-2	Clinical	\$24.36	\$26.80	\$30.45	\$36.55
		Natural	\$34.44	\$37.90	\$43.07	\$51.68
Social Work (Master's),	0-2	Clinical	\$19.49	\$21.43	\$24.36	\$29.23
		Natural	\$27.56	\$30.32	\$34.44	\$41.34
Psychological Services	0-2	Clinical	\$58.75	\$64.63	\$73.44	\$88.12
		Natural	\$81.38	\$89.56	\$101.77	\$122.13
Psychological Services, 2 Children	0-2	Clinical	\$36.72	\$40.39	\$45.90	\$55.07
		Natural	\$50.89	\$55.98	\$63.61	\$76.33

Services excluding Evaluation	Age	Setting	Base Rate	Tier 1	Tier 2	Tier 3
Psychological Services, 3 Children	0-2	Clinical	\$29.38	\$32.32	\$36.73	\$44.06
		Natural	\$40.72	\$44.79	\$50.89	\$61.08
Service Coordination	0-2	Clinical	\$36.44	\$40.08	\$45.55	\$54.66
		Natural	\$52.48	\$57.73	\$65.60	\$78.72
Service Coordination, 2 Children	0-2	Clinical	\$22.95	\$25.24	\$28.69	\$34.42
		Natural	\$31.81	\$34.99	\$39.76	\$47.71
Service Coordination, 3 Children	0-2	Clinical	\$18.22	\$20.04	\$22.78	\$27.33
		Natural	\$26.24	\$28.87	\$32.81	\$39.37

Evaluation	Age	Setting	Base	Tier 1	Tier 2	Tier 3
Therapy Services (OT, PT, SLP)	0-2	Natural	\$150.00	\$160.00	\$180.00	\$215.00
Developmental Special Instruction (Bachelor's)	0-2	Natural	\$100.00	\$105.00	\$120.00	\$140.00
Developmental Special Instruction (Master's)	0-2	Natural	\$130.00	\$145.00	\$160.00	\$190.00
Social Work (Bachelor's)	0-2	Natural	\$70.00	\$75.00	\$85.00	\$100.00
Social Work (Master's)	0-2	Natural	\$100.00	\$105.00	\$120.00	\$140.00
Psychological Services	0-2	Natural	\$145.00	\$160.00	\$180.00	\$215.00

Productivity Assumptions (Breakout)

Service Setting	Natural	Clinic
Travel Time	1.50	0.00
Recordkeeping	0.65	0.65
Missed Appointments	0.05	0.05
Continuous Education	0.21	0.21
AzEIP Team Training	0.20	0.20
Coordination	0.40	0.40
Employer Time	0.10	0.10
Average on site time; "Billable Hours"	4.89	6.39
Total Hours	8.00	8.00

Appendix "D" – Service Catalog / Billing Matrix

For additional IDEA services not completed by core team, prior approval from ADES/AzEIP is required (i.e. nutrition, transportation, etc.).

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Child & Family Assessment – Initial when evaluation*	Direct	IPP	4 (SC: 2 units, Non-SC Discipline: 2 units across 2 team members)	*Yes	Per referral	X	X	X					
Child & Family Assessment – Initial when record review*	Direct	IPP	6 (SC: 2 units, Core Team: 4 units across 2 team members)	*Yes	Per referral	X	X	X					
Evaluation – Initial Eligibility	Direct	IPP	Across 2 Non-SC disciplines. Refer to Appendix C	Yes	Per referral, Per discipline	X	X						X
IFSP – Initial Meeting*	Direct	IPP	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across one or more team members)	Yes	Per discipline, Per day	X	X	X					
IFSP – Interim Meeting*	Direct	IPP	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across one or more team members)	Yes	Per discipline, Per day	X	X	X					
Initial Home Visit – No Screening)	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Initial Home Visit – Screening*	Direct	IPP	2	No	Per discipline, Per child	If Dual Role		X					
Record Review – Initial Eligibility	Non-Direct	IPP	1	No	Per referral	X	X						
Service Coordination Non- Direct*	Non-Direct	IPP	4	No	Per referral	Only dual- role SC		X					
Data Entry**	Non-Direct	IPP/ Ongoing	0.25	No	Per child, per 90 days	X	X	X					
Team Conferencing	Direct	IPP/ Ongoing	5.25 (Up to 7 team members: 0.75 units each)	Yes	Per child, per discipline, per 90 days	X	X	X					

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Assistive Technology Assessment*	Direct	Ongoing	4 (2 IFSP Team members: 2 units each)	Yes	Per child, Per day	X							
Assistive Technology Services*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X							
Child & Family Assessment – Other or Annual*	Direct	Ongoing	4 (SC: 2 units; Non-SC Discipline: 2 units across 2 team members)	No	Per discipline, Per child	X	X	X					
Evaluation – Eligibility Redetermination	Direct	Ongoing	Across 2 Non-SC disciplines. Refer to Appendix C	Yes	Per referral, Per day, Per discipline	X	X						X
IFSP – Addendum Meeting*	Direct	Ongoing	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across one or more team members)	No	Per child, Per day	X	X	X					
IFSP – Annual Review Meeting*	Direct	Ongoing	4.5 (SC: 1.5 units, Non-SC Discipline: 3 units across one or more team members)	No	Per child, Per day	X	X	X					
Joint Visit*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Non-Team Lead*	Direct	Ongoing	Defined in IFSP	No	Per child, Per day	X	X		X	X	X	X	X
Record Review – Redetermination	Non-Direct	Ongoing	1	No	Per referral, per day	X	X						
Other Early Intervention Service	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day	X	X	X	X	X	X	X	X
Service Coordination Non-Direct*	Non-Direct	Ongoing	Actual SC-ND time	No	Per child	Only dual-role SC		X					
Service Coordination*	Direct	Ongoing	Defined in IFSP	No	Per child	Only dual-role SC		X					
Team Lead - Non-Direct	Non-Direct	Ongoing	1	No	Per child, per 90 days	X	X						X
Team Lead*	Direct	Ongoing	Defined in IFSP	No	Per day, Per child	X	X						X
Transition Conference	Direct	Ongoing	4	Yes	Per referral	X	X	X					

Service Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	PSY, SW	SC	AuD	Nur se	Phy sici an	RD	Hearing/ Vision Speciali st
Service Coordination Non-Direct*	Non-Direct	Ongoing (when IFSP Gap)	2	No	For duration of gap	Only dual- role SC		X					
Service Coordination*	Direct	Ongoing (when IFSP Gap)	1	No	For duration of gap	Only dual- role SC		X					
Transportation Service	Non-Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child	X	X	X	X	X	X	X	X
Health Services	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child					X	X		
Medical Services	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	Per day, per child						X		

**Multiple children rates apply*

***Data entry may be used by data entry specialist*