



Arizona Early Intervention Program

TEAM-BASED EARLY INTERVENTION SERVICES BILLING MANUAL

REVISED MARCH 2019 EFFECTIVE DECEMBER 1, 2018

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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 December 1, 2018, replaces all previous versions of the AzEIP Billing Manual. 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 AZEIPTEAMS@azdes.gov shall always be the first point of contact for any data system related issues and will assist the contractor in resolving.

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 C).

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 AZEIPTEAMS@azdes.gov and AzEIPInvoices@azdes.gov.

1.2 Documentation, Data Entry and General Procedures

All service deliveries 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 service delivery entries occurring after ten (10) days may be considered noncompliant data entry and may become nonbillable.

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 units, they become non-billable are considered exceptions. Exceptions and required documentation will be reviewed by AZEIP staff and approved accordingly per the AZEIP Billing Manual and AZEIP Policies and Procedures. The contractor shall:

- a. Ensure that all line items that are indicated as 'non-billable' are evaluated internally by the contractors billing staff to confirm that no corrections are needed 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

Whenever the contractor is billing for a service that is not found in the service delivery menu, 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.

- a. Ensure that all line items being submitted offline are evaluated internally by the contractors billing staff to confirm that no corrections are needed prior to submitting the offline invoice template.
- b. 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

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. If an approval is obtained, the costs must then 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; therefore, 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 appropriate 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 any related 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:
 - o The service is deemed “Not Medically Necessary”,
 - o The service is not covered under the family’s insurance plan;
 - o The service is not covered for the child’s specific diagnosis;
 - o 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 and benefits 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 HDHP with an HRA or HSA 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 HSA 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 and billed no later than the last date of the ninth month following 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. 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(s)	OT, PT, SLP, DSI, PSYCH, SW
Service Limitation	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	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, AzEIP Policies and Procedures 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 Individualized Family Service Plan (IFSP); • facilitating six (6) month reviews and annual IFSPs; • 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
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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

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
Service Limitation	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	Travel is not applicable for dual role Service Coordinators. Billable service coordination activities for a dual role service coordinator are identified in the contract, AzEIP Policies and Procedures, and the rules of section 3.1 and 3.2.

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

Definition	Settings that are natural or typical for the child's same 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 B

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 B

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. 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. Most children 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. No developmental screenings were 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. Additionally, completion of full developmental screening utilizing approved tool, including hearing and vision screenings.
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 a multidisciplinary evaluation utilizing an AzEIP approved tool to determine ADES/AzEIP eligibility.
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	2 Disciplines; 2 Units each
Documentation	ADES/AzEIP data system, Contact Log, Developmental Evaluation Report, Prior Written Notice.
Rules	Evaluation must be completed by two different disciplines, not including a dedicated service coordinator. Cannot be billed if record review was conducted to determine eligibility.

5.6 Report Writing – Initial Eligibility

Activity Description	If an <u>evaluation</u> was conducted to determine 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
IFSP Service	N/A
Service Delivery	Report Writing
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum Units	1 unit in other setting amongst participating providers
Documentation	Data system, Contact Log, Developmental Evaluation Report.
Rules	Report writing must be completed by the disciplines who conducted the evaluation, not including a dedicated service coordinator. Cannot be billed if record review was conducted to determine eligibility.

5.7 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.

5.8 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 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.

5.9 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
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.

5.10 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 C. Services provided by ASDB do not apply towards the maximum units set forth below.

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, AT-OT, AT-PT, AT-SLP, AT-DSI
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, AT-OT, AT-PT, AT-SLP, AT-DSI
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 Assistive Technology (AT) Device

Activity Description	Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.
Discipline(s)	AT-OT, AT-PT, AT-SLP, AT-DSI
IFSP Service	N/A
Service Delivery	Assistive Technology Device
Multiple Children	No
Service Setting	Home, Community
TPL Service	No
Maximum units	N/A
Documentation	ADES/AzEIP data system, Contact Log, IFSP, any applicable assessment report.
Rules	Prior ADES/AzEIP approval needed for AT device(s).

6.4 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.

6.5 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.

6.6 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	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. 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.

6.7 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.

6.8 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.

6.9 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.

6.10 Evaluation – Eligibility Redetermination

Activity Description	Completion of a multidisciplinary evaluation utilizing an AzEIP approved tool to redetermine ADES/AzEIP eligibility.
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	2 Disciplines; 2 Unit each
Documentation	ADES/AzEIP data system, Contact Log, Developmental Evaluation Report, Prior Written Notice.
Rules	Evaluation <i>must</i> be completed by <i>two</i> different disciplines, not including a dedicated service coordinator. Cannot be billed if record review has been billed before an evaluation has been completed.

6.11 Report Writing – Eligibility Redetermination

Activity Description	If an <u>evaluation</u> was conducted 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	Report Writing
Multiple Children	No
Service Setting	Other (in data system use child's home zip code for billing)
TPL Service	No
Maximum units	1 unit in other setting amongst participating providers
Documentation	Data system, Contact Log, Developmental Evaluation Report
Rules	Report writing must be completed by the disciplines who conducted the evaluation, not including a dedicated service coordinator. Cannot be billed if record review was conducted to determine eligibility.

6.12 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.

6.13 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.

6.14 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.

6.15 Transportation Service

Activity Description	Due to early intervention services being provided in the natural environment, the need for transportation is rarely necessary. Under extremely rare child specific circumstances, transportation may be arranged with ADES/AzEIP.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Hearing Specialist, Vision Specialist, Audiologist, Nurse, Physician, Registered Dietician
IFSP Service	Transportation Services
Service Delivery	Transportation Services, *Team Lead
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	Defined in IFSP
Documentation	ADES/AzEIP Data system, Contact Log, IFSP, other applicable documentation
Rules	All available options must be explored, including Health Insurance benefits, prior to requesting AzEIP approval to invoice. Transportation is considered a non-direct service. *If the team member is a Team Lead and providing a transportation service, use the Team Lead service delivery.

6.16 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.

6.17 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.

6.18 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 non-contractor 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 Chapter 3.

6.19 Meeting

Activity Description	A meeting used to provide parents with information on transitioning out of early intervention and into the community and potential services after the age of three.
Discipline(s)	SC, OT, PT, SLP, DSI, PSYCH, SW, Vision Specialist, Hearing Specialist, Audiologist, Nurse, Physician, Registered Dietician
IFSP Service	N/A
Service Delivery	Meeting
Multiple Children	Yes
Service Setting	Home, Community
TPL Service	No
Maximum units	SC: 2 Units; Non-SC Disciplines: 2 Units
Documentation	ADES/AzEIP data system, Contact Log, Transition Conference Summary
Rules	At minimum, one IFSP team member and SC.

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
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)
TPL Service	No
Maximum units	0.25 Units
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.

CHAPTER 9 – Travel**9.1 Travel**

Activity Description	Travelling to provide direct service coordination activities.
Discipline(s)	SC (Dedicated only)
Service Setting	Other (in data system use child's home zip code for billing)
Maximum units	'Actual' amount of travel time
Documentation	ADES/AzEIP data system, contact log
Rules	Hours for travel can only be charged when the Service Coordinator visits and meets with the family and child. Travel cannot be used for "no shows".

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. Direct - The IFSP Team are the only professionals who can bill for time working in direct contact with the family. There may be instances in which a designated team member is unable to attend a Child and Family Assessment, IFSP, or a transition conference in person, and other arrangements may be made such as teleconference.
9. 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).
10. Early Intervention Services – developmental services identified in IDEA, Part C, C.F.R. Section 303.13 (b).
11. Evaluation – the procedures used by qualified personnel to determine a child’s initial and continuing eligibility for ADES/AzEIP.
12. Exceptions – services that become non-billable due to utilization of more than maximum allowable units.
13. 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.
14. 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)
15. 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.
16. 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 person(s) who will be providing services, if appropriate.

17. 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.
18. 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.
19. 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.
20. 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.
21. Offline Invoices – used for services that are unable to be entered. Service that is not found in the service delivery menu, an offline invoice will need to be submitted.
22. 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 e 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.
23. 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.
24. Team Lead – the primary core team member who acts as the liaison between the family and the IFSP team for the provision of TBEIS.
25. Waivers – allows for payment of early intervention services that are denied by the health plan or insurance company.

Appendix "B" – 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.

Discipline Specific Rates for Services	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 (Bachelor's)	0-2	Clinical	\$38.88	\$42.76	\$48.60	\$58.31
		Natural	\$54.98	\$60.49	\$68.73	\$82.48
Developmental Special Instruction (Bachelor's), 2 Children	0-2	Clinical	\$24.29	\$26.73	\$30.37	\$36.44
		Natural	\$34.36	\$37.80	\$42.95	\$51.54
Developmental Special Instruction (Bachelor's), 3 Children	0-2	Clinical	\$19.44	\$21.38	\$24.29	\$29.15
		Natural	\$27.49	\$30.24	\$34.36	\$41.24
Developmental Special Instruction (Master's)	0-2	Clinical	\$54.32	\$59.76	\$67.90	\$81.48
		Natural	\$74.81	\$82.28	\$93.51	\$112.22
Developmental Special Instruction (Master's), 2 Children	0-2	Clinical	\$33.96	\$37.35	\$42.44	\$50.93
		Natural	\$46.76	\$51.43	\$58.44	\$70.13
Developmental Special Instruction (Master's), 3 Children	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), 2 Children	0-2	Clinical	\$16.96	\$18.66	\$21.20	\$25.44
		Natural	\$24.95	\$27.45	\$31.19	\$37.43
Social Work (Bachelor's), 3 Children	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), 2 Children	0-2	Clinical	\$24.36	\$26.80	\$30.45	\$36.55
		Natural	\$34.44	\$37.90	\$43.07	\$51.68
Social Work (Master's), 3 Children	0-2	Clinical	\$19.49	\$21.43	\$24.36	\$29.23

Discipline Specific Rates for Services	Age	Setting	Base Rate	Tier 1	Tier 2	Tier 3
		Natural	\$27.56	\$30.32	\$34.44	\$41.34
Psychological Services	0-2	Clinical	\$48.85	\$53.73	\$61.06	\$73.27
		Natural	\$67.78	\$74.56	\$84.73	\$101.67
Psychological Services, 2 Children	0-2	Clinical	\$30.48	\$33.58	\$38.16	\$45.79
		Natural	\$42.36	\$46.60	\$52.96	\$63.54
Psychological Services, 3 Children	0-2	Clinical	\$24.42	\$26.86	\$30.52	\$36.64
		Natural	\$33.89	\$37.27	\$42.36	\$50.84
Service Coordination	0-2	All	\$40.19	\$44.21	\$50.23	\$60.28
Service Coordination Travel	0-2	All	\$40.19	\$44.21	\$50.23	\$60.28

**For services provided in the other setting, the clinical rate applies. For services provided in the home or community setting, natural rates apply.*

Productivity Assumptions (Breakout)

Service Setting	Service Coordination	Therapist (OT, PT, SLP, DSI, Psych, SW)	
		Natural	Clinic
	ALL	Natural	Clinic
Travel Time	0.00	1.50	0.00
Recordkeeping	0.90	0.65	0.65
Missed Appointments	0.05	0.05	0.05
Continuous Education	0.20	0.21	0.21
AzEIP Team Training	0.15	0.20	0.20
Coordination	0.00	0.40	0.40
Employer Time	0.15	0.10	0.10
Average on site time; "Billable Hours"	6.40	4.89	6.39
Total Hours	8.00	8.00	

Appendix "C" – Service Catalog / Billing Matrix

For additional IDEA Part C services not completed by core team, prior approval from ADES/AzEIP is required (i.e. family counseling, 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	Psych, SW	SC	Audiologist	Nurse	Physician	Registered Dietician	Hearing/Vision Specialist
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; Non-SC Discipline: 4 units across 2 team members)	*Yes	Per referral	X	X	X					
Evaluation – Initial Eligibility	Direct	IPP	4 (2 Team Members: 2 unit each)	Yes	Per referral, per discipline	X	X						
Report Writing – Initial Eligibility	Non-Direct	IPP	1	Yes	Per referral	X	X						
IFSP – Initial Meeting*	Direct	IPP	4.5 (SC: 1.5 units; Non-SC Discipline: 3 units across one or more team members)	No	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)	No	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					

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	Psych, SW	SC	Audiologist	Nurse	Physician	Registered Dietician	Hearing/Vision Specialist
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					
Assistive Technology Assessment*	Direct	Ongoing	4 (2 IFSP Team members: 2 units each)	Yes	Per child, per day	X							
Assistive Technology Device*	Direct	Ongoing	Defined in IFSP, Need AzEIP approval prior to billing	No	N/A								
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	4 (2 Disciplines: 2 unit each)	Yes	Per child, per day, per discipline	X	X						X
Report Writing –Eligibility Redetermination	Non-Direct	Ongoing	1	Yes	Per referral, per day	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 day, per child	X	X		X	X	X	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 Delivery Type	Direct/ Non-Direct	IPP/ Ongoing	Max Billable Units	Across Multiple Team Members	Per (Day, Week, Mo, Qtr., Yr.)	OT, PT, SLP, DSI	Psych, SW	SC	Audiologist	Nurse	Physician	Registered Dietician	Hearing/Vision Specialist
Record Review – Redetermination	Non-Direct	Ongoing	1	No	Per referral, per day	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
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					
Service Coordination Travel	Non-Direct	IPP/ Ongoing	Actual Travel Time	No	Per child			X					
Meeting	Direct	Ongoing	4.5 (SC: 2 units, Team Member: 2 units per discipline)	No	Per child, per day	X	X	X	X	X	X	X	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