



Arizona Early Intervention Program

Procedure Manual EFFECTIVE APRIL 1, 2022

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CHAPTER 1: GENERAL OVERVIEW

REVISION DATES: 07/01/2021, 01/24/2020, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2020, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES/AUTHORITY: 20 U.S.C §§1476, et seq.; 34 CFR §§303, et seq.; A.R.S. §41-2021; §41-2022, 20 U.S.C. §1441; 34 C.F.R. §§303.601- 605, 34 C.F.R. §303.208, 20 U.S.C. §1435; C.F.R. §303.120, 20 U.S.C. §1435; 34 C.F.R. §§303.212(a), 301-303, 34 C.F.R. §303.301

1.0 Public Awareness

- 1.0.1 AzEIP Participating Agencies and Interagency Coordinating Council (ICC) promote public awareness and understanding of AzEIP through the following:
 - A. interagency planning and dissemination of public awareness materials
 - B. provision of training and technical assistance
 - C. the development of partnerships within the early childcare and education and health and human services systems, and the business communities.
- 1.0.2 AzEIP Participating Agencies collaborate with each other and primary referral sources to ensure that:
 - A. public awareness and child find activities are relevant, culturally, and linguistically appropriate, ongoing, and designed to identify all potentially eligible children residing throughout the state
 - B. all areas of the state are well represented in all aspects of AzEIP planning and implementation.
- 1.0.3 ADES/AzEIP and the AzEIP Participating Agencies develop partnerships with the Native American tribal communities in planning public awareness and child find activities on tribal lands.
- 1.0.4 ADES/AzEIP and the appropriate AzEIP Participating Agency personnel and Early Intervention Programs (EIPs) develop public awareness materials, including presentations, brochures, and other media, which consistently describe:
 - A. the purpose and availability of early intervention services
 - B. the process for making referrals
 - C. criteria for eligibility
 - D. the obligation to ensure that referrals are made no more than seven (7) calendar days after a professional has identified a potentially eligible child.

- 1.0.5 ADES/AzEIP and the AzEIP Participating Agencies facilitate local public awareness and childfind efforts (such as participation in health fairs and school child find events) by ensuring the distribution of public awareness materials, and other information as appropriate, to physicians, hospitals, public health nurses, social service organizations, schools, Head Start, childcare centers, WIC offices, immunization clinics, faith-based organizations, tribal early childhood programs, and other referral sources.
- 1.0.6 AzEIP participating agencies provide technical assistance to targeted medical, education, human service, and childcare programs. AzEIP Participating Agencies provide technical assistance within their agencies, and for state and community partners, as appropriate. Training and technical assistance includes information about AzEIP and its publicawareness activities.

1.1 Child Find

- 1.1.1 AzEIP Participating Agencies and ICC participate in the development and distribution of AzEIP public awareness materials to ensure that primary referral sources are informed about AzEIP procedures for referral of children to AzEIP, including their responsibility to refer a child no more than seven (7) calendar days after a child has been identified as potentially eligible.
- 1.1.2 ADES/AzEIP participates in committees and workgroups and facilitates the development of statewide guidelines, as appropriate, to ensure coordinated efforts within the state.
- 1.1.3 ADES/AzEIP and its EIPs facilitate local collaboration with community partners, including regional meetings, the preparation of local procedures, and memoranda and other efforts as needed.
- 1.1.4 ADES/AzEIP, the ADES/Division of Developmental Disabilities (ADES/DDD) and the Arizona Schools for the Deaf and the Blind (ASDB) implement the requirements of the Child Find IGA between the ADES and the Arizona Department of Education (ADE) when referrals are received for children who may be potentially eligible for the Individuals with Disabilities Education Act (IDEA), Part B. See AzEIP Policy and Procedure Manuals, Chapter 3: *Early Intervention Services* and Chapter 4: *Transition*.
- 1.1.5 ADES/AzEIP and ADE engage in ongoing communication and coordination to provide technical assistance to schools and EIPs, ensuring appropriate child find efforts between AzEIP and the schools.
- 1.1.6 The referral of children who are the subject of a substantiated case of abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure are referred to AzEIP. In accordance with Arizona statutes and DCS policy, a child who is the subject of a substantiated case of abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure may be removed from their parents' care or remain in the care of their parents with state-supervised services.

- 1.1.7 Within 30 days or less of removal, a child who is removed from the care of his/her parent(s) is referred to:
- A. The Regional Behavioral Health Authority (RBHA) for assessment, which includes developmental screening
 - B. The physician for an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) visit
 - C. The RBHA (or their contractor) or the physician refer to AzEIP when a developmental screening shows a concern in any area of development
 - D. When a child remains in the care of his/her parent(s), DCS makes referrals directly to AzEIP. After referral, AzEIP coordinates with the other entities involved with the child as appropriate and permitted under IDEA and the Family Educational Rights and Privacy Act (FERPA).

CHAPTER 2: GENERAL SUPERVISION

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES/AUTHORITY: 20 U.S.C. §1435(a)(10)(A); 34 C.F.R. §§303.11, 12, 120, 700, 704, 720 and 721, 20 U.S.C. §1416; 34 C.F.R. §§303.701 and 702, 20 U.S.C. §1431, et seq.; 34 C.F.R. §303.301, 20 U.S.C. §§1415(e); 1435(a); 1436(e); 1439; and 34 C.F.R. §303.430, 20 U.S.C. § 1435(a)(14); 34 C.F.R. §§ 303.124, 720 -724, 20 U.S.C. §§1416, 1417, 1418, and 1442; 34 C.F.R. §§303.700(a) (4) and 303.702, 20 U.S.C. §§1416, 1417, 1418, and 1442; 34 C.F.R. §303.700, 20 U.S.C. §§ 1416(a); 1435(a) (10) (A); and 1442; 34 C.F.R. §303.700, 20 U.S.C. §1434(a) (10) (A); 34 CFR §303.118; 34 C.F.R. §501, 20 U.S.C. §§1416(a) (1)(C), 1435(a)(10), and 1442, 20 U.S.C. §§1432, 1435, 1437 – 1438, and 1440 – 1441; 34 C.F.R.303.500

2.0 Data Requirements

2.0.1 ADES/AzEIP data processes for collecting and reporting data include the following:

- A. collection and verification: EIPs must ensure that the data collected and submitted to ADES/AzEIP are accurate and timely
 - 1) for data corrections, the Data Manager is responsible for ensuring the EIP contacts the AzEIP Helpdesk for assistance
- B. examination and analysis: ADES/AzEIP examines data to identify and determine patterns and trends as well as plan improvement activities
- C. reporting of data: data of the EIPs are reported in aggregate annually to the Office of Special Education Programs (OSEP) in the 618 data, the Annual Performance Report (APR), and local data for public reports
- D. status determination: ADES/AzEIP uses program data from all sources to make local program determinations, which are available to the public
- E. improvement data from Arizona's APR including the State Systemic Improvement Plan (SSIP): activities and program performance data are used for program improvement, progress measurement, and to assist in identifying technical assistance needs.

2.0.2 The service coordinator or designee ensures that all data is entered into the ADES data system(s) no later than ten (10) calendar days after the activity requiring data entry.

2.1 Integrated Monitoring Activities (IMA)

- 2.1.1 ADES/AzEIP reviews and verifies each EIP's data annually. This data includes but is not limited to:
- A. self-report data from a specified period
 - B. electronic data from a specified period
 - C. Child and Family Outcome data
 - D. dispute resolution.
- 2.1.2 In preparation for monitoring of electronic data, ADES/AzEIP runs preliminary data reports and provides the results to the EIPs.
- 2.1.3 EIPs have the opportunity to ensure their data are complete and correct.
- 2.1.4 ADES/AzEIP runs a final report for the purpose of monitoring to identify noncompliance.
- 2.1.5 ADES/AzEIP selects EIPs annually for a self-report cycle. The self-report cycle is based on multiple factors, including:
- A. when the EIP was last monitored
 - B. most recent review of electronic data and dispute resolution data
 - C. correction of noncompliance; geographic location
 - D. program size to ensure each area of the state and varying program sizes are included.
- 2.1.6 EIPs complete self-reports on a three-year cycle, or more frequently, if required by ADES/AzEIP.
- 2.1.7 ADES/AzEIP confirms receipt of all required self-report documentation and notifies programs of the files selected for verification.
- 2.1.8 EIPs must submit data for verification to ADES/AzEIP within the requested timeline.
- 2.1.9 ADES/AzEIP reviews and verifies data submitted by EIP for timeliness, completeness, and accuracy.
- 2.1.10 Based on review and analysis of all data sources, ADES/AzEIP issues written notification to each EIP of findings, required corrective action, whether the EIP was selected for an onsite visit, and the EIP's local determination.
- 2.1.11 Selection of EIPs for onsite visits is based on multiple factors including, but not limited to:
- A. the extent and level of the EIP's programmatic and fiscal compliance and noncompliance
 - B. program practices
 - C. date of the last onsite visit
 - D. local determinations.

- 2.1.12 Each EIP receives an onsite visit on a three-year cycle.
- 2.1.13 The focus of the onsite visit is to review existing data and gather additional data needed to determine the root cause(s) of the noncompliance and appropriate strategies to correct the noncompliance.
- 2.1.14 Based on the extent and level of the EIP's noncompliance and the identified root causes, each EIP is required to implement corrective actions to ensure correction of noncompliance as soon as possible, but no later than one (1) year from the date of the written notification issued by ADES/AzEIP.
- 2.1.15 Corrective Action Plans (CAPs) must include benchmarks, appropriate activities, and timelines to address the root cause(s) of the noncompliance. All CAPs must be approved by ADES/AzEIP.
- 2.1.16 EIPs must submit documentation of child-specific correction and subsequent correction for each area of noncompliance.
- 2.1.17 EIPs must review all data to identify strengths and areas in need of improvement and internal preventative action planning.
- 2.1.18 The following data sources must be periodically reviewed and analyzed:
 - A. child specific data from the ADES data system(s)
 - B. family complaints or grievances
 - C. program performance relative to State Performance Plan (SPP)/APR indicators
 - D. CAPs.

2.2 Fiscal Monitoring

- 2.2.1 The Lead Agency monitors local programs for adherence to the System of Payments as outlined in AzEIP Policy. All Fiscal Monitoring procedures are designed to align with OSEP System of Payments protocols including but not limited to:
 - A. Ensuring Part C funds are used to prevent any delay in services due to determination of payor source. In conjunction with 45-day timelines required under Indicator included in APR/SPP.
 - B. Ensuring all Early Intervention Service Providing Agencies (EISPAs) consider all available funding sources for which the child may be eligible (including public insurance/benefits and/or private insurance).
 - C. Ensuring parents are informed of their procedural safeguard options regarding payment for Part C services.
 - D. Ensuring the Consent to Bill private insurance is received prior to initial provision of services, each time there is an increase in services, frequency, intensity, or duration and any time use of private insurance is a prerequisite for the use of public benefits or insurance.

2.2.2 The process for monitoring includes:

- A. Self-assessment tool will be provided to local programs for self-reporting on Fiscal Monitoring Indicators.
- B. AzEIP staff will review files collected for compliance with System of Payments Requirements.
- C. Targeted monitoring outside of the monitoring cycle may occur as determined by the Lead Agency in accordance with General Supervision Policies and Procedures.
- D. Self-report and Data reporting are reviewed to determine adherence to policy and according to the Fiscal Monitoring Indicators.

2.3 Incident Reporting

2.3.1 The EIP must report all serious incidents to ADES/AzEIP as soon as possible and no later than 24-hours after the incident.

2.3.2 A serious incident is an extraordinary event involving a child, caregiver, or an early intervention service provider acting while providing early intervention services, that poses a threat of immediate death or severe injury to a person, involves substantial damage to an individual or state property; and/or has widespread interest in the news and media. Serious incidents include:

- A. Theft of child records or other child and family data
- B. Potentially dangerous situations involving the child and/or family
- C. Emergency situations in the home where the police or DCS were notified
- D. Weather conditions or disasters resulting in a change of operations for the EIP or early intervention service provider.

2.3.3 The EIP must submit the completed Incident Report form to ADES/AzEIP and:

- A. DDD if the child is DDD eligible; and
 - 1) Follow the [DDD Provider Quick Guide for Incident Reporting](#)
- B. ASDB if the child is ASDB eligible.

CHAPTER 3: EARLY INTERVENTION SERVICES

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES/AUTHORITY: 20 U.S.C. §§ 1431, et seq.; 34 C.F.R. §§ 303.303-346, 420, and 421, 34 C.F.R. §§ 303.340; 342(a), 343(a) and § 303.344, § 303.342(b) and § 303.342(c), Rush, D. D., & Shelden, M. L. (2011). The early childhood coaching handbook. Baltimore,MD: Paul H. Brookes Publishing Co.

3.1 Initial Planning Process (IPP)

- 3.1.1 The initial planning process (IPP) includes referral, screening, evaluation, eligibility determination, and if AzEIP eligible: assessment, identification of family priorities, resources, and interests, and the development of the Individualized Family Service Plan (IFSP), must be completed within 45 days from the date the referral is received by AzEIP or an AzEIP Service Providing Agency (See Appendix 1: IPP Process Flow Chart).
- 3.1.2 If exceptional family circumstances (events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness) make it impossible to complete the Initial Planning Process within 45 days from the initial referral date, OR the parent has not provided consent for screening, evaluation, or assessment, despite repeated attempts by the service coordinator (SC) to obtain consent, the SC documents this information in the contact log and the anticipated date for completion.

3.2 Initial Referral

- 3.2.1 When a referral is received by the ADES/AzEIP Central Referral Agency, it is processed as follows:
 - A. Within one (1) business day of receipt of a complete referral:
 - 1) all required referral information is entered into the ADES data system(s) and the appropriate TBEIS Contractor is assigned
 - 2) all documentation received with the referral is securely sent to the assigned TBEIS Contractor and designated service providing agencies as appropriate.
 - B. If an incomplete referral is received, the AzEIP Central Referral Agency will follow up with the family and/or the referral source to obtain missing information.
- 3.2.2 When a referral is received by the ASDB or DDD, within one (1) business day the agency must submit the referral to the AzEIP Central Referral Agency. The AzEIP Central Referral Agency will then follow 3.2.1

- A. When a referral is received by the ASDB, ASDB will:
 - 1) submit the referral to the AzEIP Central Referral Agency and determine eligibility for ASDB or assist the EIP to determine AzEIP eligibility based on its vision and hearing expertise
 - 2) work with the EIP to complete the required steps of the initial planning process
 - 3) enter all necessary data into the ADES data system(s) within one (1) business day.

3.2.3 If the referral source is anyone other than the parent, the service coordinator sends a letter acknowledging receipt of the referral to the referral source within seven (7) calendar days.

- A. If a referral cannot be processed because there is not enough information to contact the family, and reasonable attempts to gather this information from the referral source are unsuccessful, a letter will be sent to the referral source notifying them the referral will be closed and further action will not be taken.

3.3 Initial Call

- 3.3.1 Once the designated AzEIP TBEIS Contractor has the child's referral information, an IPP service coordinator is assigned to make the initial contact with the family, generally by telephone (unless the family has specified otherwise) or by letter for families without a telephone. The service coordinator documents all activities and maintains a contact log in the child's record.
- 3.3.2 The service coordinator contacts the family as soon as possible, and no later than two (2) business days from the date the referral was received, to complete all the following activities:
 - A. confirm receipt of the referral
 - B. verify spelling of child and parent's names, child's date of birth, family's physical and mailing addresses or living arrangements
 - C. if a parent or other individual with whom the child lives informs the service coordinator that s/he is part of Arizona's Address Confidentiality Program (ACP), the service coordinator must ensure compliance with the ACP law, DES policies, and AzEIP policies and procedures. (See AzEIP Policy and Procedure Manuals, Chapter 7: *Procedural Safeguards*).
 - D. if referral information indicates the child is or may be involved with DCS, the service coordinator obtains contact information for the DCS case manager and determines who is able to act as the parent for AzEIP purposes (see AzEIP Policy and Procedure Manuals, Chapter 7: *Procedural Safeguards*, for identification of parent).
 - E. if the referral information indicates the child may have a vision loss or hearing difference, the Service Coordinator will send the record to ASDB for simultaneous eligibility determination.

- F. briefly describe the purpose of early intervention and the early intervention process, including expectations for the initial visit and eligibility determination,
 - G. share information about the following early intervention key principles¹
 - 1) Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
 - 2) All families, with the necessary supports and resources, can enhance their children's learning and development.
 - 3) The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
 - 4) The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
 - 5) IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
 - 6) The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
 - 7) Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.
 - H. Verify the family's interest in proceeding with early intervention and discuss how parents can prepare for the initial visit, including having the following available:
 - 1) contact information for the child's doctor(s)
 - 2) insurance information, including insurance card
 - 3) medical/developmental records
 - 4) Other program information the parent is involved with such as a home visiting program or Head Start
 - 5) questions with which the family would like support.
- 3.3.3 If the service coordinator is unable to reach the family, s/he must make repeated attempts to contact the family over a two (2) to three (3) week period on different days of the week and at different times of the day.
- A. Attempts to contact the family must be documented in the child's record.
 - B. If the family does not have a telephone, other means, such as sending a letter, should be used, allowing the family sufficient time to respond.
 - C. The service coordinator should also contact the referral source to determine if there are other means to contact the family.

3.4 Initial Visit

3.4.1 When records that support AzEIP eligibility are available:

- A. The service coordinator ensures the appropriate team member(s) review the child's records to determine the child eligible for AzEIP.
- B. The service coordinator meets with the family within ten (10) business days from the initial AzEIP referral date in their home or other location identified by the family and shares information about the expectations for the family's experience in early intervention.
- C. The service coordinator fully explains the family's rights and provides a copy of the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet to the parent(s).
- D. The service coordinator discusses how services are funded in early intervention and provides A Family's Guide to Funding Early Intervention Services in Arizona booklet, which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.
- E. The service coordinator documents the AzEIP eligibility decision and the reason for AzEIP eligibility on the Prior Written Notice (PWN) form and provides it to the family.
- F. If the family **is not** interested in proceeding to the IFSP, the service coordinator:
 - 1) supports the family in identifying and accessing other community resources, including but not limited to AHCCCS, private insurance, parent- to-parent support groups, other early childhood education programs, etc.
 - 2) documents the parent's decision not to proceed to IFSP on the PWN form and provides it to the family
 - 3) ensures the child's record, including the information in the ADES data system(s), is current and complete
 - 4) ensures that the child's electronic record is exited in the ADES data system(s) within ten (10) calendar days of the initial visit.
- G. If it is determined by the service coordinator and family that early intervention services need to begin before the Child and Family Assessment (CFA) can be completed, such as when a child is in a medical crisis or has an obvious or immediate need, the service coordinator and family may develop an Interim IFSP which includes all the following:
 - 1) the name of the service coordinator
 - 2) the early intervention services determined to be needed immediately
 - 3) parental consent to initiate services.

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

- H. If the family **is** interested in proceeding to the IFSP, the service coordinator:
- 1) completes the Vision Checklist form with the family and refers the family to the appropriate health care or other qualified professional, if needed.
 - 2) documents one of the following on the Hearing Screening Tracking form:
 - i. the results of the child's hearing screening with an otoacoustic emissions machine (OAE)
 - ii. if the child is under one (1) year old and passed his/her newborn screening test, the results of that test
 - iii. the results of other hearing screening tests the child has had per documentation provided by the family
 - iv. a plan with the family to ensure the hearing screening is completed, for which the service coordinator is responsible for tracking to ensure the hearing screening is completed.
- I. completes a Consent to Bill Health Insurance form and obtains the parent's signature to document whether or not the child has public and/or private insurance and if so, if the parent provides or declines consent to share their personally identifiable information (PII) and use the insurance for appropriate billable services.
- J. the service coordinator notifies the family if they consented to use the child's public and/or private insurance or the child does not have insurance, a referral will automatically be made to the DDD to see if the child meets the eligibility requirements to receive additional supports through DDD.
- K. provides the Child and Family Assessment Guide for Families and lets the family know that:
- 1) completing the guide is voluntary
 - 2) the parent can share as much or as little information as they wish
 - 3) the guide will help them think about the areas in which they would like support from the early intervention team
 - 4) the information from the guide will help the parent and other team members develop outcomes and strategies and identify early intervention services to assist the family in achieving the outcomes
 - 5) the information will then be documented on the IFSP.
- L. obtains the parent's consent for assessment on the Consent for Child and Family Assessment form.

- M. discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education, and childcare programs such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
 - 1) Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share
 - 2) Authorization to Disclose Protected Health Information to obtain medical records
 - 3) Consent to Obtain Information to obtain pertinent developmental and other records that may support a decision of eligibility and/or IFSP planning
 - 4) maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents. Consents are valid for one (1) year and must be updated annually.
- N. If a child is over the age of two (2) years, the service coordinator discusses potential time-sensitive transition activities that may occur if the child is determined eligible for AzEIP according to the steps outlined in the AzEIP Policy and Procedure Manuals, Chapter 4: *Transition*.

3.4.2 When records that support AzEIP eligibility are not available:

- A. The service coordinator meets with the family within ten (10) business days from the initial AzEIP referral date in their home or other location identified by the family and shares information about the expectations for the family's experience in early intervention.
- B. The service coordinator fully explains the family's rights and provides a copy of the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet to the parent(s).
- C. The service coordinator fully explains how early intervention services are funded in Arizona and provides A Family's Guide to Funding Early Intervention Services in Arizona booklet, which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.
- D. If a screening is needed to look at the child's development, including vision and hearing, the service coordinator:
 - 1) provides PWN to the parent of AzEIP's intent to screen the child to identify whether the child is suspected of having a developmental delay
 - 2) obtains the parent's written consent to conduct the screening using the Consent for Screening - PWN form
 - 3) explains the parent's right to request an evaluation at any time during the screening process

- 4) completes the Vision Checklist form with the family and refers the family to the appropriate health care or other qualified professional, if needed
 - 5) documents one of the following on the Hearing Screening Tracking form:
 - i. the results of the child's hearing screening with an otoacoustic emissions machine (OAE)
 - ii. if the child is under one (1) year old and passed his/her newborn screening test, the results of that test
 - iii. the results of other hearing screening tests the child has had per documentation provided by the family
 - iv. a plan with the family to ensure the hearing screening is completed, for which the service coordinator is responsible for tracking to ensure the hearing screening is completed.
 - 6) completes a screening, including observation, discussion with the family, review of pertinent medical and/or developmental records available, and if necessary, an approved screening tool.
- E. If, based on the results of the screening, the child is **not** suspected of having a developmental delay, the service coordinator:
- 1) informs the family and other team members that the screening information does not substantiate the need for an evaluation to determine eligibility
 - 2) provides the family with PWN indicating the EIP intends not to proceed with an evaluation and the parent may still request an evaluation
 - 3) explains the family's rights, including what to do if they disagree with the proposed decision not to evaluate
 - 4) informs the family of local community resources and requests consent to share screening results with pediatrician or local community resources using the Consent to Share Early Intervention Records and Information form; and
 - 5) discusses the option to share information with others, such as the referral source (e.g., the pediatrician, early education, and childcare programs such as Early Head Start, etc.). If the family is interested, the service coordinator completes the Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share.
- F. If, based on the results of the screening, the child **is** suspected of having a developmental delay, or the parent requests an evaluation, the service coordinator completes all the following activities:
- 1) informs the family and other team members that the screening information supports a decision to conduct an evaluation or that the family requested an evaluation.

- 2) describes the evaluation process to the family.
 - 3) explains the family's rights, including dispute resolution procedures.
 - 4) provides the family with PWN, including the EIP's intent to evaluate, and obtains written consent from the parent to conduct the evaluation, using the Consent for Evaluation PWN form and explains the optional family assessment.
 - 5) obtains the family's insurance information and written consent to use the insurance for evaluation, using the Consent to Bill Health Insurance form, if the child has public or private insurance and consents to use it.
 - 6) discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education, and childcare programs, such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
 - i. Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to share information and the records that they agree to share; and/or
 - ii. Authorization to Disclose Protected Health Information to obtain medical records; and/or
 - iii. Consent to Obtain Information to obtain pertinent developmental and other records that may support a decision of eligibility and/or IFSP planning; and
 - iv. maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents. Consents are valid for one (1) year and must be updated annually.
- G. If a child is over the age of two (2) years old, the service coordinator discusses potential time-sensitive transition activities that may occur if the child is determined eligible for AzEIP according to the steps outlined in the AzEIP Policy and Procedure Manuals, Chapter 4: *Transition*.
- H. The service coordinator explains to the family if the child is determined AzEIP eligible and the family has consented to use their public and/or private insurance, a referral will be made to the DDD to see if the child meets the eligibility requirements to receive additional supports through DDD.
- I. The service coordinator notifies the child's team members of the need for evaluation and shares information about the parent's interests and concerns, developmental screening and observation, available records, and parent's availability for evaluation.
- J. The AzEIP TBEIS Contractor designates team members to conduct the multidisciplinary evaluation.

3.5 Hearing Screening

- 3.5.1 An otoacoustic emission (OAE) screening must be conducted by a team member who has a current certificate of completion from ADHS and is oriented to the OAE machine in accordance with Arizona Administrative Code (A.A.C.) R9-13 Article 2.
- 3.5.2 The OAE screening may be conducted during the initial visit, and annually when appropriate in accordance with A.A.C. R9-13 Article 2. The team member who conducts the screen must:
- A. obtain written consent to complete the hearing screening on the Consent for Screening form and complete the Hearing Screening Tracking form (See Appendix 5)
 - B. report all OAE screenings performed for children two years of age and under to the Arizona Department of Health Services (ADHS) by the sixth (6th) day of the subsequent week per Title 9 A.A.C. 13 Article 1. The team member may report OAE screenings by entering hearing screening results into the AzEIP data system timely or submitting hearing screening results directly to ADHS, whichever is due first.
 - C. if the hearing screening results indicate a referral is necessary, the team member will coordinate with the service coordinator to ensure that the results are shared with the child's pediatrician and a follow up hearing screening is conducted by the child's pediatrician within 10 days and no later than 30 days.
- 3.5.3 An OAE screening should not be conducted when:
- A. consent is not obtained to conduct a hearing screening and/or share hearing screening results with ADHS.
 - B. the team member does not have a current certificate of completion from ADHS and/or is not oriented to the hearing screening machine to be used. The team member must refer the family to another team member who is qualified to conduct the screening or the child's pediatrician or community partner for further follow up.
 - C. the child is deaf or hard of hearing, or other circumstances when it is not appropriate.
 - D. When an infant has spent > 5 days in the NICU, did not pass their newborn hearing screening and has not had a diagnostic evaluation by a pediatric audiologist and identified with normal hearing.
 - E. An infant who passed the newborn hearing screening but has a risk factor listed in the 2019 JCIH position statement and has not been evaluated by a pediatric audiologist at the recommended intervals.

3.6 Record Review

- 3.6.1 To determine eligibility based on a review of medical or other records establishing a diagnosed established condition, one of the following core team members may determine eligibility based upon medical or other records prepared or authorized by a qualified physician, audiologist or other professional: DSI, OT, PT, SLP, social worker (SW), psychologist (Psych), teacher of the visually impaired (TVI) or teacher of the Deaf/Hard of Hearing (TOD).
- A. The TVI or TOD determines ASDB eligibility and may determine AzEIP eligibility of a significant visual impairment or hearing difference.
- 3.6.2 To determine eligibility based on a review of medical or other records establishing a significant developmental delay in one or more development domains, a core team member (excluding the service coordinator and deaf mentor) of the same discipline as the qualified professional who completed the record establishing the significant, 50 percent developmental delay, must review the record to determine eligibility
- A. The record documenting the delay may not be more than six months old
- B. The record documenting the delay must have been established using an AzEIP approved evaluation instrument.

3.7 Evaluation

- 3.7.1 To determine eligibility based on a multidisciplinary evaluation covering all of the developmental areas, two evaluation team members of different disciplines must be present and of the following disciplines: DSI, OT, PT, SLP, Psych, SW, TVI, or TOD.
- A. In no event may an evaluation standard score be used to negate a child's initial eligibility based on an established condition.
- 3.7.2 The Multidisciplinary Evaluation Team (MET) reviews all available information and determines the information still needed to determine eligibility for AzEIP. In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP. Procedures must include:
- A. Administering an ADES/AzEIP approved evaluation tool (see AzEIP website for list of approved tools) and documents the results on the Developmental Evaluation Report
- B. Documenting the child's history (including interviewing the parent)
- C. Identifying and documenting the child's present level of development in each of the following developmental domains:
- 1) physical: fine and/or gross motor and sensory (includes vision and hearing)
 - 2) cognitive
 - 3) language/communication
 - 4) social or emotional
 - 5) adaptive (self-help).

- D. Gathering information from other sources such as family members, other caregivers, medical providers, social workers, educators, etc. to understand the full scope of the child's unique strengths and needs
 - E. Reviewing medical, educational, or other records if available.
- 3.7.3 If the child is determined AzEIP eligible after the age of two (2) years six (6) months, the MET ensures the family is aware of the automatic Public Education Agency (PEA) referral unless they choose to opt-out by the end of the visit in which AzEIP eligibility is determined.
- 3.7.4 If based on the evaluation, the child **meets** the AzEIP eligibility criteria, the service coordinator:
- A. provides the family a copy of the Developmental Evaluation Report, the PWN, and the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains the reasons for the determination within ten (10) business days from the date of the evaluation
 - B. ensures the evaluation and eligibility data are entered in the ADES data system(s)
 - C. sends the Developmental Evaluation Report and all other necessary documentation to DDD for eligibility determination if the family has consented to use their insurance and completes a DDD application.
- 3.7.5 If based on the evaluation the child **does not** meet the AzEIP eligibility criteria, the service coordinator:
- A. provides the family a copy of the Developmental Evaluation Report, the PWN, and the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains the reasons for the determination within ten (10) business days from the date of the evaluation
 - B. explores with the family other community resources and activities to assist them in supporting their child, such as childcare, playgroups, library social time, informal and organized parent-parent support, and workshops through local schools, hospitals, childcare resources
 - C. ensures the evaluation and eligibility data are entered, including all information required to exit the child, in the ADES data system(s).
- 3.7.6 If the family disagrees with the denial of AzEIP eligibility, the family may initiate the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) as described in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet.

3.8 Initial Child and Family Assessment (CFA)

- 3.8.1 Prior to the initial IFSP meeting, the service coordinator and other team members, including at least one (1) team member who was involved in the evaluation if one was conducted, complete a multidisciplinary child and the voluntary family assessment. If the child is DDD eligible and DDD will provide on-going service coordination, the service coordinator invites the DDD service coordinator to attend the child and family assessment meeting.
- 3.8.2 If the family was not able to review the CFA Guide for Families prior to the CFA, the service coordinator provides the family another copy and walks through the guide with the family.
- 3.8.3 The multidisciplinary team:
- A. observes the child engaged in spontaneous, child-directed play with caregivers, siblings, and other children, structured adult-directed play, and/or play with other team members
 - B. reviews and discusses developmental and medical records including the evaluation information if an evaluation was completed.
- 3.8.4 With consent from the family, the service coordinator facilitates and documents on the CFA pages of the IFSP a discussion about the family's:
- A. priorities, resources, and concerns related to their child's present levels of development
 - B. routines, activities, and relationships with which they would like support in enhancing their capacity to meet their child's developmental needs and his/her participation in everyday life
 - C. informal and formal support systems.
- 3.8.5 The service coordinator:
- A. synthesizes information the family chooses to share, including the strategies they have tried and the results, and what the child's successful participation in a routine or activity would look like.
 - B. explains the Child Outcomes Summary (COS) process (also known as Child Indicators in Arizona) which:
 - 1) is federally required at entry into and exit from early intervention for all children who may have an IFSP for six (6) months or longer. The COS process is required in Arizona at 6-month and annual IFSP reviews as well, although the service coordinator will only enter the ratings into ADES data system(s) at entry and exit
 - 2) ensures holistic support is provided to a child and family
 - 3) measures how the early intervention supports, and services help the child progress developmentally.

- C. captures on the IFSP Child Indicators Summary form how the child's development, across all domains, affects his/her participation and engagement in:
 - 1) positive social and emotional development, including relationships
 - 2) acquisition and use of knowledge and skills
 - 3) use of appropriate behavior to meet his/her needs.
- D. Explains the three family outcomes measured through the annual family survey including a family:
 - 1) knows their rights in AzEIP
 - 2) effectively communicates their child's needs
 - 3) helps their child develop and learn

3.9 Initial IFSP

- 3.9.1 The Service Coordinator schedules the initial IFSP meeting with the family and sends the family and other participants an IFSP Meeting Notice with the agreed-upon date, time, and location of the meeting.
 - A. If the child is DDD eligible DDD will provide on-going service coordination, the service coordinator invites the DDD service coordinator to attend the initial IFSP meeting.
- 3.9.2 The service coordinator and at least one (1) team member from the multidisciplinary evaluation or assessment team attends the IFSP meeting and provides information gathered throughout the initial planning process (IPP).
- 3.9.3 The service coordinator facilitates the initial IFSP meeting, ensuring everyone on the team can participate, and documents the discussion in the IFSP packet.
- 3.9.4 The service coordinator documents the child and family's demographic information and the child's current health status, including results of the vision and hearing screenings in the IFSP.
- 3.9.5 If the CFA was completed at a separate meeting from the initial IFSP, the service coordinator reviews and updates as needed the CFA pages of the IFSP.
- 3.9.6 The IFSP team develops participation-based outcomes that reflect the family's priorities and interests, and the routines and activities with which they would like support from early intervention and documents the outcomes and strategies on the IFSP Outcomes page.
- 3.9.7 The service coordinator explains that the purpose of transition planning is to ensure the transition out of early intervention, at any time, is as smooth as possible for the child and family.
- 3.9.8 The service coordinator follows the policies outlined in the AzEIP Policy Manual, Chapter 4: *Transition*, to ensure that all transition activities are completed within required timelines based on the child's age at AzEIP eligibility determination.

- 3.9.9 Based on the family's interests, priorities, and routines, the IFSP outcomes, and the child's area(s) of developmental delay, the IFSP team selects a Team Lead (TL) who will work most closely with the child and family throughout the child's eligibility in early intervention.
- A. For example, if during the CFA the family expresses concerns about their child's participation in the neighborhood childcare setting, the team may designate the Developmental Special Instructionist (DSI), who has expertise in working with childcare center and/or a relationship with that center, as the TL.
 - B. If the AzEIP TBEIS Contractor has elected to provide dual role service coordination, only the TL for the family may be the dual role service coordinator after the initial IFSP meeting, unless DDD holds service coordination.
- 3.9.10 The IFSP team determines if the TL will need support from any other IFSP team member(s) and how the other team member(s) will be involved with the family, such as through team meetings or joint visits, and documents how any direct services will be provided on the IFSP Services page.
- 3.9.11 The service coordinator documents on the IFSP Services page the frequency and duration in which the service provider(s) is needed to build the family's capacity to support their child's needs and attain the child and family outcomes, as well as each team member's role in supporting the TL and family.
- 3.9.12 The IFSP team determines the Planned Start Date (PSD) of each service, considering the family's priorities and availability, and documents the date(s) on the IFSP Services page. The PSD should be as soon as possible after the IFSP and, unless the provider will be conducting a separate service visit after the initial IFSP meeting concludes, should not be the date of the IFSP meeting.
- 3.9.13 The service coordinator discusses and documents on the IFSP Payment Arrangements page all possible funding sources to be utilized for the services, including:
- A. Private insurance: the service coordinator explains how private insurance is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
 - B. AHCCCS: the service coordinator explains how AHCCCS is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
 - C. Other resources as identified by the team.
- 3.9.14 The Service Coordinator must obtain consent for insurance each time an early intervention service frequency, duration or intensity is increased and when a new service is added to the IFSP.

- 3.9.15 The Service Coordinator explains that if private/public insurance and/or community resources are not available for the service(s) needed to meet the outcomes on the IFSP, then AzEIP may be the funding source as the payor of last resort.
- 3.9.16 The Service Coordinator documents existing and/or needed community resources under the “Other Services” section of the Payment Arrangements page.
- 3.9.17 The Service Coordinator provides a written copy of their procedural safeguards, which are detailed in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains all of their rights including but not limited to the following:
- A. if the parent agrees to the IFSP as written, the parent’s signature on the IFSP is consenting to initiate services
 - B. the parent’s option to accept/decline services if the parent disagrees with the services identified on the IFSP.
 - C. the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) if the parent disagrees with the IFSP as written.
- 3.9.18 The Service Coordinator obtains the parent’s initials, indicating agreement/disagreement with the IFSP, and signature on the Informed Consent page.
- 3.9.19 If the family would like to share the IFSP with anyone, such as the referral source or pediatrician, etc., the Service Coordinator documents the name of the individual or agency on the IFSP Informed Consent page and obtains the parent’s signature to release the IFSP.
- 3.9.20 The Service Coordinator completes a new Consent to Bill Health Insurance form and obtains the parent’s signature to document whether the child has public and/or private insurance and if so, if the parent provides or declines consent to share their personally identifiable information and use the insurance for on-going services.
- 3.9.21 The service coordinator:
- A. ensures the parent has a copy of the evaluation, if conducted, and the IFSP within ten business days after the IFSP meeting
 - B. ensures that IFSP team members have a copy of the IFSP within ten business days after the IFSP meeting
 - C. sends the IFSP to other individuals with whom the parent has consented to share, such as the pediatrician, Healthy Families, Early Head Start, DCS, other early education or childcare programs, and documents the distribution in the Record Access and Release log
 - D. ensures all IFSP data is entered into the ADES data system(s)
 - E. if DDD will provide on-going service coordination, ensures the complete child record is provided to the DDD service coordinator.

3.9.22 The on-going service coordinator maintains the IFSP and all other early intervention records in the child's file as confidential in accordance with the FERPA.

3.10 Implementation of the IFSP

3.10.1 After the initial IFSP is completed, the service coordinator ensures the child and family receive the early intervention services identified on the IFSP by the planned start date (PSD).

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

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

3.10.4 The service coordinator contacts the family monthly by phone, e-mail, or in-person to:

- A. ensure early intervention services are provided as planned
- B. determine the need to reconvene the IFSP team to discuss new outcomes or changes in services
- C. ensure that the family has access to needed resources that were previously identified, such as WIC, Early Head Start, and other early education or childcare programs
- D. discuss any new questions or interests of the family.

3.10.5 The service coordinator, core team members including the developmental special instructionist (DSI), occupational therapist (OT), physical therapist (PT), speech and language pathologist (SLP), psychologist (Psych), social worker (SW), teacher of the visually impaired (TVI), teacher of the deaf and hard of hearing (TOD) and other Part C early intervention service providers utilize a coaching interaction style, which:

- A. builds the capacity of parents and other care providers to promote child learning and development in family, community, and early childhood settings; and
- B. occurs between team members to expand a practitioner's ability to reflect upon and learn from their practices.

3.10.6 Each IFSP team member implements the following five elements of coaching at every available opportunity with the family and other team members:

- A. Joint Planning:
 - 1) occurs as part of all coaching conversations
 - 2) generally, occurs at the beginning and end of each visit with a parent
 - 3) includes planning for the next visit
 - 4) includes determining the next scheduled visit based on the child and family's needs
 - B. Observation:
 - 1) occurs when a team member watches the parent during a typical routine; or
 - 2) a team member watches the parent practice recently discussed ideas/strategies; or
 - 3) a team member models an activity in an intentional, direct, and specific manner for the parent.
 - C. Practice:
 - 1) occurs when the parent implements an action during a coaching visit while being observed by a team member
 - 2) in between coaching visits as the parent implements the action into their daily routines.
 - D. Reflection:
 - 1) occurs during a visit
 - 2) follows an observation or action
 - 3) involves using reflective questions to help the parent analyze strategies and develop skills.
 - E. Feedback:
 - 1) is provided by an IFSP team member following the parent/caregiver's reflection on observations, actions, or the practice of new skills or strategies.
- 3.10.7 Through ongoing coaching activities, the family and TL may identify the need to involve another core team member(s) to address new questions and offer new strategies and perspectives.
- 3.10.8 The involvement of another core team member(s), including the service coordinator, is coordinated by the TL to support the TL and family in their continued progress toward the IFSP outcomes and may occur through:
- A. regularly scheduled team meetings to which the family is invited by the service coordinator or TL to participate in the discussion related to their child
 - B. joint visits in which the core team member attends a visit with the child, family, and TL
 - C. a separate visit with the family in which the TL is not present.
 - 1) In the rare occasion a separate visit occurs, the other core team member informs the TL of the information shared with the family as soon as possible after the visit so the TL has the information before his/her next contact with the family.

- 3.10.9 The TL synthesizes information about all areas of the child's development and integrates strategies from all team members to address the outcomes and ensure that early intervention is meaningful and functional for the family.
- 3.10.10 If during the implementation of the IFSP, the IFSP team determines that the child may be eligible for the Arizona Long-Term Care System (ALTCS), the service coordinator will assist the family in applying.
- 3.10.11 When a child is enrolled in ALTCS, the TL should attend the ALTCS 90-day review meetings with the service coordinator when possible and if it is determined that a revision to the IFSP is needed, the service coordinator will follow the Periodic Review procedures.

3.11 Periodic Review

- 3.11.1 The service coordinator ensures the IFSP is reviewed every six (6) months or more frequently if the parent or other IFSP team member requests a review.
- A. If the child is eligible for DDD under the Targeted Service Coordination (TSC) or Arizona Long Term Care System (ALTCS) categories, the service coordinator ensures the IFSP is reviewed every 90 days in accordance with DDD policy and procedure.
- 3.11.2 The service coordinator is responsible for all the following activities:
- A. Scheduling the IFSP review meeting with the family and all active IFSP team members providing services.
- 1) If the child has been receiving service coordination only, a Team Lead must still be identified and attend the periodic review with the SC and family.
- B. Sending the written IFSP meeting notification with the agreed-upon date, time, and location of the meeting to the family, IFSP team members, and any other participants requested by the family, early enough before the IFSP review meeting to ensure that they will be able to attend.
- C. Ensuring the necessary steps are taken for the review to be conducted in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so.
- D. Documenting any revisions and/or updates to the child's demographic, health, present levels of development and child and family assessment information in the most recent initial or annual IFSP document.
- E. Documenting the progress toward achieving the outcomes, as well as any necessary revisions to the outcomes and/or strategies, and any new outcomes needed in the most recent initial or annual IFSP document.
- F. Completing the COS (Child Indicators) process with the family and team as part of the process of documenting the child's progress.

- G. Use the IFSP Addendum pages to document the team's decision regarding early intervention services.
 - 1) In rare circumstances, a change in the TL may be needed if a family member requests a change due to a personality conflict or when the parent and/or TL believes that even with assistance from other team members, he/she is not the best fit to continue supporting the family.
- H. Provide a PWN, obtain parental consent for changes to services, and if needed, obtain consent to use private insurance.
- I. Provide a written copy of the family's procedural safeguards, which are detailed in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet, and explains all their rights including but not limited to the following:
 - 1) if the parent agrees to the IFSP as written, the parent's signature on the IFSP is consenting to initiate services
 - 2) the parent's option to accept/decline services if the parent disagrees with the services identified on the IFSP
 - 3) the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) if the parent disagrees with the IFSP as written.

3.11.3 Active IFSP team members should attend IFSP reviews in person per best practice. If team members are not able to attend in person, they must attend by phone or provide written documentation of the child's progress prior to the meeting.

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

3.12 Annual CFA and IFSP

3.12.1 The service coordinator:

- A. schedules the annual CFA/IFSP meeting with the family and all active IFSP team members providing services.
 - 1) If the child has been receiving service coordination only, a Team Lead must still be identified and attend the annual CFA/IFSP meeting with the SC and family.
- B. sends the written IFSP Meeting Notification with the agreed-upon date, time, and location of the meeting to the family, IFSP team members, and any other participants requested by the family, early enough before the meeting to ensure that they will be able to attend

- C. ensures the necessary steps are taken for the review to be conducted in the native language of the family or other mode of communication used by the family, unless clearly not feasible to do so.
- 3.12.2 The service coordinator or TL provides the Child and Family Assessment Guide for Families to the family in person or by mail at least ten business days prior to the annual CFA/IFSP meeting and explains that the purpose of the guide is to assist the family in helping the team understand how early intervention can be most helpful to the child and family.
- 3.12.3 Prior to the annual CFA discussion, the service coordinator obtains the parent's consent for assessment on the Consent for Child Assessment form.
- 3.12.4 Active IFSP team members should attend the IFSP/CFA in person per best practice. If team members are not able to attend in person, they must attend by phone or provide written documentation of the child's progress prior to the meeting.
- 3.12.5 The multidisciplinary team:
- A. observes the child engaged in spontaneous, child-directed play with caregivers, siblings, and other children, structured adult-directed play, and/or play with other team members
 - B. Reviews and discusses any new developmental and medical records.
- 3.12.6 The ongoing service coordinator facilitates the annual CFA/IFSP meeting, ensuring everyone on the team can participate, and documents the discussion in the IFSP packet.
- 3.12.7 The service coordinator completes a new Vision Screening Checklist and Hearing Screening Tracking form.
- A. If a hearing screening has not been conducted within the past 6 months, the service coordinator documents the steps necessary to obtain a current hearing screening on the IFSP Child and Family page.
- 3.12.8 The service coordinator uses the CFA pages from a new IFSP packet at each annual CFA to:
- A. synthesize information the family chooses to share, including, the strategies they have tried and the results, and what the child's successful participation would look like
 - B. explain the COS process, which is used to ensure holistic support is provided to a child and family and measure how the early intervention supports and services help the child progress developmentally.

- C. capture on the IFSP Child Indicators Summary form how the child's development, across all domains, affects his/her participation and engagement in:
 - 1) positive social and emotional development, including relationships
 - 2) acquisition and use of knowledge and skills
 - 3) use of appropriate behavior to meet his/her needs.

3.12.9 The service coordinator uses a new IFSP packet at each annual CFA/IFSP meeting to document:

- A. the child and family's current demographic information and child's current health status, including results of the vision and hearing screenings and present levels of development
- B. participation-based outcomes that reflect the family's priorities and interests, and the routines and activities with which they would like support from early intervention
- C. any required transition activities that are completed based on the AzEIP Policy and Procedure Manuals, Chapter 4: *Transition*.
- D. the frequency and duration in which the TL and any other service provider(s) is needed to build the family's capacity to support their child's needs and attain the child and family outcomes.
 - 1) in rare circumstances, a change in the TL may be needed if a family member requests a change due to a personality conflict or when the parent and/or TL believes that even with assistance from other team members, he/she is not the best fit to continue supporting the family.
- E. the Planned Start Date (PSD) of each service
 - 1) unless the provider will be conducting a separate service visit after the annual IFSP meeting concludes, the PSD should not be the date of the IFSP meeting, but should be the date the family and team agree or project for the team member to visit again
- F. all possible funding sources to be utilized for the service(s), recognizing that AzEIP is the payer of last resort, including:
 - 1) Private insurance: the service coordinator explains how private insurance is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
 - 2) AHCCCS or Comprehensive Medical and Dental Program (CMDP): the service coordinator explains how AHCCCS or CMDP (for a child who is in foster care) is used to pay for the service(s) with the family's written consent to bill insurance and disclose personally identifiable information (PII) to the health plan.
 - 3) Other resources as identified by the team.

- G. existing and/or needed community resources under the “Other Services” section of the Payment Arrangements page
- 3.12.10 The service coordinator provides a written copy of the family’s procedural safeguards, which are detailed in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet and explains all their rights including but not limited to the following:
- A. if the parent agrees to the IFSP as written, the parent’s signature on the IFSP is consenting to initiate services
 - B. the parent’s option to accept/decline services if the parent disagrees with the services identified on the IFSP
 - C. the dispute resolution process (i.e., filing a complaint, requesting mediation or a due process hearing) if the parent disagrees with the IFSP as written.
- 3.12.11 The service coordinator obtains the parent’s initials, indicating agreement/disagreement with the IFSP, and signature on the IFSP Informed Consent page.
- 3.12.12 The service coordinator explains that an AzEIP Family Survey will be provided to the family after the annual IFSP and at exit, the purpose of the survey, and how the data will be used.
- 3.12.13 If a family needs accommodation for the family survey in another language or format, the service coordinator will ensure the family receives the survey in the format needed for completion.
- 3.12.14 If the family would like to share the IFSP with anyone, such as the pediatrician or early childhood care provider, etc., the service coordinator documents the name of the individual or agency on the IFSP Informed Consent page and obtains the parent’s signature to release the IFSP.
- 3.12.15 The service coordinator describes the system of payments of AzEIP by discussing how services are funded for early intervention and provides A Family’s Guide to Funding Early Intervention Services in Arizona booklet which explains how public and private insurance are used and includes the identification of all potential costs the parent could incur.
- 3.12.16 The service coordinator completes a new Consent to Bill Health Insurance form and obtains the parent’s signature to document whether or not the child has public and/or private insurance and if so, if the parent provides or declines consent to share their personally identifiable information and use the insurance for on-going services.
- 3.12.17 The service coordinator discusses the option to share and/or obtain information with/from others, such as the referral source (e.g., the pediatrician, early education, and childcare programs, such as Early Head Start, etc.). If the family is interested, and if applicable, the service coordinator completes the:
- A. Consent to Share Early Intervention Records and Information form, specifically indicating the individuals with whom the family has agreed to

- share information and the records that they agree to share; and/or,
- B. Authorization to Disclose Protected Health Information to obtain medical records; and/or
 - C. Consent to Obtain Information to obtain pertinent developmental and other records that may support IFSP planning; and
 - D. Maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents.

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

3.13 Eligibility Redetermination

3.13.1 If the team determines an eligibility redetermination needs to take place the service coordinator must:

- A. Fully explain the family's rights and provide a copy of the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet to the parent(s).
- B. Document the AzEIP eligibility decision after the eligibility redetermination is made on the Prior Written Notice (PWN) form and provides it to the family.

3.13.2 If the IFSP team suspects a child no longer meets the AzEIP eligibility requirements and the family:

- A. agrees, the service coordinator follows the procedures to exit the child from the AzEIP and provides PWN.
- B. disagrees, the service coordinator requests written parental consent, using the Consent to Evaluate form, to conduct a new evaluation.
 - 1) If the family consents to a new evaluation, the service coordinator coordinates a multidisciplinary evaluation to determine if the child continues to meet AzEIP eligibility requirements.
 - 2) If the child is found after re-evaluation to no longer meet AzEIP eligibility criteria, the service coordinator follows the procedures to exit the child from the AzEIP and provide PWN.

3.13.3 When a child does not have an established condition or 50% delay in one (1) or more areas of development but is determined AzEIP eligible based on informed clinical opinion of developmental delay, eligibility must be re-determined one (1) month prior to the first annual IFSP meeting.

- A. If a review of records does not indicate an established condition or an evaluation does not show that the child exhibits a 50% delay in one (1) or more areas of development, the service coordinator follows the procedures to exit the child from the AzEIP and provide PWN.

3.14 Transfer

- 3.14.1 Transfers from one EIP to another may be a result of several factors, such as family request or moving to an area not served by their current EIP. EIPs should not exit a child from the ADES data system(s) if he/she is continuing to receive services from another EIP.
- 3.14.2 Before the transfer is made to the receiving EIP, all child and family information must be updated in the ADES data system(s). An EIP must accept transfers. When a family transfers from one EIP to another, the family should be informed that the existing record is being sent to the new EIP. A release of information form is not required before sending the record.
- 3.14.3 All services must continue to be provided by the sending EIP as written on the IFSP up until the day of transfer. The receiving EIP must provide supports and services as listed on the previous program's IFSP, unless the IFSP is revised.
- 3.14.4 Transfers to geographic service regions served by more than one EIP are equally distributed among the EIPs in the area. Prior approval must be granted by the AzEIP Help Desk and ADES/AzEIP to transfer a child to another region the program serves. Families should not be promised re-assignment to the same AzEIP TBEIS Contractor without prior approval of the request.
- 3.14.5 The family and all service providing agencies must be notified within three (3) business days of the completion of the transfer, which shall include information of the AzEIP TBEIS Contractor who will resume early intervention services.
- 3.14.6 Transfers when a family requests a new program due to a dispute
- A. A family may request a transfer by notifying their service coordinator. When a family has requested a transfer because of an issue they are having, the EIP must determine whether the problem can be remedied without a transfer (e.g., reassign team member(s) providing services).
 - B. If a transfer is the only remedy for a problem, the service coordinator or designee must submit a Child Transfer Form to the AzEIP Central Referral Contractor at the email address indicated on the form and cc: ADES/AzEIP at AzEIPQualityImprovement@azdes.gov to determine the new program. The email must include a subject line of "Request for Transfer Re-Assignment due to Dispute."
 - C. The AzEIP Central Referral Agency will send a return email with the name of the receiving EIP to which the child will be transferred.
 - D. Once the receiving program is identified, the sending service coordinator must notify:
 - 1) the family of the program they are transferring to and when the transfer will occur.

- 2) if the family consented to use public insurance, the sending service coordinator or designee must send a secure e-mail to the AHCCCS EPSDT Coordinator notifying them of the date the file is being transferred, the new EIP, the actual number of units delivered, and the actual start date of services if not already provided.
 - 3) if the child is ASDB eligible, the sending service coordinator must notify the ASDB Supervisor in their contract region of the transfer so that the Supervisor can simultaneously follow the case transfer guidelines.
 - 4) if the child is DDD eligible, the sending service coordinator must notify the DDD Supervisor in their contract region of the transfer so that the Supervisor can simultaneously follow the case transfer guidelines.
- E. The sending service coordinator must send a copy of the entire early intervention record, including all IFSPs, to the receiving program. The sending EIP should maintain all documentation in its original form according to the records retention policy.
 - F. When there is no active IFSP (IFSP has not been developed, IFSP has expired), the receiving service coordinator must coordinate a meeting within ten (10) days of transfer and document reason for delay if timelines for the IFSP have not been met.
 - G. The service coordinator or designee ensures that the transfer is made to the receiving program in the ADES data system(s). Until this electronic transfer is complete, the early intervention needs of the child and family remain the responsibility of the sending EIP.
- 3.14.7 Transfers when a child moves out of the program's geographic service region to another geographic service region:
- A. When a child moves out of their programs geographic service region to an area served by more than one program, the sending EIP must submit a Child Transfer Form to the AzEIP Central Referral Agency at the email address indicated on the form and cc: the current TL, all active IFSP team members (including applicable DDD and/or ASDB service providing staff and their supervisors) to determine who will be identified as the receiving program. The email must include a subject line of "Request for Transfer Re-Assignment".
 - B. Once the receiving program is identified, the service coordinator must notify the family of the program they are transferring to and when.
 - C. The sending EIP must notify the receiving EIP of the change. Within two (2) business days from the date of transfer, the sending service coordinator must send a copy of the entire early intervention record and a completed AzEIP Transfer Request Form to the receiving program. The sending EIP should maintain all documentation in its original form.
 - D. The sending EIP ensures that the transfer is made to the receiving program in the ADES data system(s). Until this electronic transfer is complete, the family remains the responsibility of the sending EIP.

- 1) If the child is DDD and/or ASDB eligible, and the newly assigned EIP is a different DDD unit and/or ASDB Regional Provider, then the sending program must end date the DDD and/or ASDB assignment in the ADES data system(s) and add the new assignment.
 - 2) If the child is DDD and/or ASDB eligible, and the newly assigned EIP is still under the same DDD unit and/or ASDB Regional Provider, then the DDD and/or ASDB assignment in the ADES data system(s) will not be end dated.
- E. If the family consented to use public insurance, the sending program must send a secure e-mail to the AHCCCS EPSDT Coordinator notifying them of the date the file was transferred, the new agency, the actual number of units delivered, and the actual start date of services.
- F. The newly assigned program must accept the pending transfer in the ADES data system(s) within one (1) business day of date of transfer.
- G. Upon accepting the transfer, the newly assigned EIP must ensure the child is assigned a team that will contact the family within ten (10) days and resume early intervention services as soon as possible.
- 1) If the child is DDD and/or ASDB eligible, and the newly assigned EIP is a different DDD unit and/or ASDB Regional Provider than previously assigned, it is the newly assigned contractor's role to assign the newly assigned DDD unit and ASDB provider in the ADES data system(s).
- H. If the child is DDD and/or ASDB eligible, the entire EIP (TBEIS Contractor, DDD, and ASDB) must work together simultaneously to communicate, coordinate, and collaborate to resume early intervention services.

3.15 **Exit**

3.15.1 All children and families who have been referred will exit the AzEIP at some time and will require transition planning. Most families will exit when their child turns three (3) years old while some families will exit earlier for other reasons.

3.15.2 Exiting without an IFSP

- A. A child may exit the AzEIP **without an IFSP** for a variety of reasons, including but not limited to screening out, a parent requesting information only or declining an IFSP, or being determined not eligible for AzEIP.
- B. When a child is exiting AzEIP without an IFSP, the service coordinator must ensure:
- 1) PWN documenting the reason for exiting the child's record is provided to the family prior to exit.
 - 2) The child's record is exited in the AzEIP ADES data system(s) no later than ten (10) calendar days from the date of the PWN.

- C. If a child is exiting AzEIP **without an IFSP** due to being unable to contact the parent, the service coordinator must also ensure:
 - 1) Prior to exit at least three (3) attempts to contact the family occur over the course of three (3) weeks at different times of day, including evenings, and that each contact attempt has been documented in a contact log. The last contact attempt must be made in writing using the PWN form.
 - 2) If the family contacts the EIP at any point prior to the record being exited, but does not follow through after making that contact, the service coordinator must begin the exit process again following Exit Step 2A above.
 - 3) The child's record is exited in the ADES data system(s) a system, no later than ten (10) calendar days from the exit date on the PWN.
- D. The EIP maintains the child's record in accordance with the procedures outlined in the AzEIP Policy and Procedure Manuals, Chapter 7: *Procedural Safeguards*.

3.15.3 Exiting with an IFSP

- A. A child may exit the AzEIP program **with an IFSP** for many reasons, including but not limited to moving out of state, voluntary withdrawal, no longer meeting eligibility criteria, or transitioning to Part B preschool at 3-years-old.
- B. For all children exiting (i.e., child is determined no longer AzEIP eligible prior to age 3-years-old, parent voluntarily withdraws, child is moving out of state, etc.) from the AzEIP, at an IFSP meeting or service visit prior to the child's exit date, the service coordinator:
 - 1) discusses with the family the AzEIP Family Survey and how it will be provided to the family
 - 2) offers the family a copy of the child's record
 - 3) supports the family in identifying and accessing any needed community resources, including but not limited to AHCCCS, ALTCS, private insurance, parent-to-parent support groups, other early childhood education programs, etc.
 - 4) coordinates case closure procedures with ASDB if the child is enrolled in ASDB
 - 5) coordinates case closure procedures with DDD if the child is enrolled in DDD.
- C. For children who will be exiting at 3-years-old, the service coordinator completes Exit Steps 1 A-D above and additionally:
 - 1) provides an overview to the family of next steps identified through the transition planning process
 - 2) coordinates case closure procedures with ASDB if the child is enrolled in ASDB

- 3) discusses with the family if a referral to DDD is needed if the child is not currently DDD eligible
 - 4) discusses with the family if a child who is currently DDD-eligible will remain enrolled in DDD
 - 5) coordinates any applicable case closure or internal DDD transfer procedures with DDD if the child is enrolled in DDD.
- D. If a child is exiting due to being unable to contact the parent, the service coordinator must ensure:
- 1) Prior to exit at least three (3) attempts to contact the family occur over the course of three (3) weeks at different times of day, including evenings, and each contact attempt has been documented in a contact log. The last contact attempt must be made in writing using the PWN form. The family must be given at least 30 days to respond before exiting the record, so a proposed exit date 30 days from the PWN date must be included in the Description of action(s) section of the PWN.
 - 2) If the family contacts the EIP at any point prior to the record being exited, but does not follow through after making that contact, the service coordinator must begin the exit process again following Exit Step 3A above.
 - 3) Case closure procedures are coordinated with ASDB prior to the child's exit if the child is enrolled in ASDB
 - 4) Case closure procedures are coordinated with DDD prior to the child's exit if the child is enrolled in DDD.
- E. For all children exiting AzEIP for any reason, the IFSP team, including the family (unless the child has died), completes the IFSP Child Indicators Summary form and enters the corresponding ratings into the ADES data system(s) a system if the child has been enrolled in AzEIP for at least 6 months, to measure how the early intervention supports and services helped the child progress developmentally across all domains and affected the child's participation and engagement in:
- 1) positive social and emotional development, including relationships
 - 2) acquisition and use of knowledge and skills
 - 3) use of appropriate behavior to meet his/her needs.
 - 4) The service coordinator ensures the child's record is up to date including the following steps:
 - i. The child record is up to date including all progress notes, home visit logs and all information required for the child record.
 - ii. The electronic record must have current data and is exited in the AzEIP data system no later than ten (10) calendar days from the date on the PWN.
 - iii. The entire record was offered and the SC documents whether the record was provided to the family prior to exit.
- F. The EIP maintains the child's record in accordance with the procedures outlined in the AzEIP Policy and Procedure Manuals, Chapter 7: *Procedural Safeguards*.

3.16 Team Conference - (Team Meeting)

- 3.16.1 The EIP is required to hold weekly (unless otherwise approved by ADES/AzEIP) team meetings to share information among team members about children and families referred to and/or eligible for AzEIP, provide coaching opportunities, and ensure that services are provided in accordance with the IFSP.
- 3.16.2 Each team meeting includes the AzEIP TBEIS Contractor and DDD service coordinators, all core team members (DSI, PT, OT, SLP), and as appropriate the Psych, SW, TVI, and TOD working with the families.
- 3.16.3 The EIP identifies one (1) team member, supervisor, or other staff person, to serve as the facilitator for each team meeting.
- 3.16.4 The team meeting facilitator is responsible for:
- A. ensuring all information is gathered from team members
 - B. publishing an agenda 24 hours prior to the team meeting
 - C. ensuring that team members stay on track and follow the agenda
 - D. ensuring that discussions are related to the child and family outcomes and new priorities and/or concerns
 - E. ensuring discussions adhere to team-based practices and use components of coaching for all agenda items
 - F. challenging team members to confirm that the strategies suggested are evidence-based; and
 - G. maintaining the schedule for quarterly reviews
- 3.16.5 The EIP ensures that a standard agenda and internal procedures for adding children to the agenda are implemented and each agenda includes the following sections:
- A. Attendance: this section includes the name and discipline of each team member in attendance at the team meeting
 - B. Welcome to the Program: this section focuses on children who have been recently referred and recently determined eligible and will be used as an opportunity for the team to review the Worksheet to Select the Most Likely Team Lead.
 - C. Coaching Opportunities: this section focuses on supporting a TL with a particular outcome or question they have in working with the family and provides an opportunity to receive support and plan for a joint visit(s) if needed.
 - D. Quarterly Progress Reports: this section focuses on reviewing the progress toward outcomes, learning opportunities for the child and family and how visits are progressing.
 - E. Transitions/Closures: this section is optional and may be used to briefly communicate any upcoming changes. Team members may not bill for this portion of the discussion.
 - F. Scheduling: this section is optional and may be used to schedule evaluations, IFSPs, or transition meetings. Team members may not bill for this portion of the discussion.

- 3.16.6 The service coordinator ensures that each child is reviewed at a team meeting on at least a quarterly basis from the date of the initial IFSP.
- A. If the TL or service coordinator determines that a child needs to be discussed at a team meeting earlier than the quarterly timeline requires, the TL or service coordinator contacts the team meeting facilitator to request that the child be added to the team meeting agenda. Once discussed, the team meeting review schedule for the child is adjusted accordingly.
- 3.16.7 The service coordinator or TL ensures the parent(s) is invited to any team meeting in which their child will be discussed.
- A. If the parent(s) does not participate in the Team Meeting, the TL summarizes and shares the team's discussion with the family at the next home visit.
- 3.16.8 The EIP ensures the following agenda items are documented on the AzEIP-approved forms:
- A. Welcome to the Program
 - B. Coaching Opportunities
 - C. Quarterly Progress Reports
- 3.16.9 The TL is responsible for completing the quarterly progress report. If the TL is not providing direct services, the TL or SC is responsible.
- 3.16.10 The service coordinator ensures that documentation for each child and family that is discussed at a team meeting is maintained in the child's early intervention record.

CHAPTER 4: TRANSITION

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES/AUTHORITY: 20 U.S.C. §§1436((d)(8); 1437(9); 34 C.F.R. §§303.209, -.342(d), and (e), -.343(a), -.344(h), and -.401(d) and (e); A.R.S. §41-2022

4.0 Transition out of Early Intervention

4.0.1 A child is no longer eligible for early intervention services as of the date the child reachesthree years of age or transitions to preschool, whichever comes first.

4.0.2 The Service Coordinator is responsible for facilitating a child and family's transition outof early intervention on or before the child's third birthday.

4.1 Transition Activities

4.1.1 Discussion about transition out of early intervention is an ongoing process that beginswhen the child is determined eligible for AzEIP and is revisited during each periodic review of the IFSP.

4.1.2 Transition planning requires consideration of three specific transition activities: Transition Planning Meeting, PEA Notification, and Transition Conference.

A. Refer to Appendix 4: AzEIP Transition Timeline to determine by when each of thetransition activities must occur based on the child's age at AzEIP eligibility determination.

B. The service coordinator is responsible for ensuring each transition activity is entered in the ADES data system within ten (10) calendar days of the completion of the activity.

4.1.3 The purpose of transition planning is to ensure the child's transition out of early intervention is as smooth as possible for the child and family.

4.2 Transition Planning Meeting (TPM)

4.2.1 A TPM must be held to develop and document on the IFSP the child and family's transition plan, including the steps, outcomes, and any services needed to support the child and family's transition out of AzEIP.

4.2.2 The TPM must meet the following requirements of an IFSP meeting:

A. Held in a setting and at a time that is convenient for the family

B. Conducted in the native language of the family or other modes of communication used by the family, unless it is clearly not feasible to do so

C. Fully explained to the family so appropriate consent may be obtained to initiateservices, if needed.

4.2.3 The TPM must include the following required participants:

- A. The parent(s)
- B. Other family members as requested by the parent
- C. The service coordinator
- D. A person(s) directly involved with conducting the evaluation or assessment, if the TPM is being held in conjunction with the initial IFSP
- E. All active IFSP team members.

4.2.4 The service coordinator sends the Invitation to Participate in a Transition Conference/IFSP Transition Planning Meeting, which serves as the PWN for the TPM, to all participants.

4.2.5 Prior to the beginning of the TPM, the service coordinator obtains written consent from the parent to share early intervention information if there are individuals who are not involved in early intervention at the meeting.

4.2.6 The IFSP transition plan must include documentation of the following:

- A. Date of the child's most recent vision screening within the past 12 months
- B. Date of the child's most recent hearing screening within the past 12 months or steps that will be taken to obtain one
- C. Preschool options, community resources, and options available through the child's insurance or other public agencies that may be available to the child and family upon transition out of early intervention, including steps and tentative timelines to obtain them
- D. The need for the parent to provide informed consent before information about the child and family will be shared with anyone involved with the transition process
- E. The family's questions, concerns, and priorities regarding transition, including any outcomes or services needed to support the child and family through the transition process
- F. The parent's understanding that the service coordinator will share the child and family's demographic information with the local school district and Arizona Department of Education (ADE) unless the parent opts out of this notification
- G. The parent's agreement or disagreement with holding a transition conference with the local school district to discuss possible preschool options
- H. If the parent would like to hold a transition conference with the school district, names of the people and/or programs they would like to attend the meeting
- I. Any other activities identified by the IFSP team to support the child and family's transition out of early intervention.

4.2.7 Refer to Appendix 4 AzEIP Transition Timeline to determine when the mandatory Transition Planning Meeting must be completed based on the child's age at AzEIP eligibility determination.

4.2.8 The service coordinator ensures information from the Transition Planning Meeting is entered into the ADES data system within ten (10) calendar days after completion of this meeting.

4.3 **PEA Notification**

4.3.1 PEA notification is the sharing of a child and family's demographic information with the local education agency (LEA) and state education agency (SEA).

4.3.2 IDEA, Part C requires that the LEA and SEA are notified when a child is approaching three years of age and is potentially eligible for IDEA, Part B services, unless the parent opts out of that notification.

4.3.3 If the parent does not want their child and family's demographic information shared with the PEA and ADE, the parent has the opportunity to opt out of the PEA notification by signing the bottom portion of the PEA Notification/Referral form.

A. If the parent **does not sign** the bottom of the PEA Notification/Referral form to opt out of PEA notification within the required timeframe, the Service Coordinator and/or AzEIP must send the PEA Notification/Referral form to the PEA and ADE as outlined in Appendix 4: AzEIP Transition Timeline.

B. If the parent **signs** the bottom of the PEA Notification/Referral form to opt out of PEA notification, no information about the child and family will be disclosed to the PEA or ADE unless the parent provides written consent to do so. The PEA Notification/Referral form will be maintained in the child's record and will not be sent to the PEA or ADE.

4.3.4 If the parent does not opt out of PEA notification, the service coordinator must send the PEA Notification/Referral form, which includes the following, to the local school district:

A. Child's name

B. Child's date of birth

C. Parent contact information, including name(s), address(es) and telephone number(s)

D. Language of the child and language of the home

E. Service coordinator's name and contact information.

4.3.5 The service coordinator ensures the date the PEA Notification is sent to the PEA or the date the parent opts out and the name of the School District is entered in the ADES data system within ten (10) calendar days after the PEA decision.

4.4 **Transition Conference**

4.4.1 A Transition Conference is a meeting arranged and facilitated by the service coordinator that includes those early childhood programs in which the family has an interest, such as the PEA, Head Start, and/or private preschools.

4.4.2 The Transition Conference must meet the requirements of an IFSP meeting and must be:

- A. Held in a setting and at a time that is convenient for the family
- B. Conducted in the native language of the family or other modes of communication used by the family, unless it is clearly not feasible to do so
- C. Fully explained to the family so that appropriate consent may be obtained to initiate services, if needed.

4.4.3 The following required participants must be invited to the Transition Conference:

- A. The parent(s)
- B. Other family members as requested by the parent
- C. An advocate or person outside of the family, if requested by the parent
- D. The service coordinator
- E. A person(s) directly involved with conducting the evaluation or assessment, if the transition conference is being held in conjunction with the initial IFSP
 - 1) In the event that a person(s) directly involved with conducting the evaluation or assessment is unable to attend the Transition Conference in person, they must attend by phone or provide written documentation of the child's progress prior to the meeting.
- F. All active IFSP team members
 - 1) In the event that an active IFSP team member is unable to attend the Transition Conference in person, they must attend by phone or provide written documentation of the child's progress prior to the meeting.
- G. A PEA representative
 - 1) In the event that a representative from the PEA is unable to attend the child's Transition Conference, the service coordinator will:
 - Coordinate with the PEA representative to present materials and information on behalf of the PEA representative, including:
 - Part B eligibility definitions
 - Timelines
 - Process for consenting to an evaluation and conducting Part B eligibility determination
 - Availability of special education and related services
 - Conduct the conference as scheduled.
- H. A representative(s) from other early childhood programs (i.e., Head Start, private or community preschool), as requested by the parent.

- 4.4.4 The service coordinator sends the Invitation to Participate in a Transition Conference/IFSP Transition Planning Meeting, which serves as the PWN for the Transition Conference to all participants.
- 4.4.5 With the parent's written consent, the service coordinator shares information (evaluation results, progress reports, IFSP, etc.) with the PEA.
- 4.4.6 Prior to the beginning of the Transition Conference, the service coordinator ensures that written consent to share early intervention information is obtained from the parents so that early intervention information may be discussed during the meeting.
- 4.4.7 During the Transition Conference, the service coordinator ensures the following steps are taken and any additional action steps needed are documented on the Transition Conference Summary:
- A. Review and revise, as needed, the transition plan developed at the mandatory Transition Planning Meeting
 - B. Review the potential program options/continuum of services available on the child's third birthday
 - C. Establish tentative timelines and activities for the child's transition into the PEA, if eligible
 - D. Establish a plan for parental visitation to the education programs available (if requested by the parent and not already completed)
 - E. Review existing data including vision and hearing screening information; and
 - F. Plan for the collection of additional information, including evaluation and procedures to assist in determining eligibility for IDEA, Part B and appropriate IEP services, including ESY.
- 4.4.8 The service coordinator ensures that information related to the Transition Conference is entered in the ADES data system within ten (10) calendar days after completion of this meeting.
- 4.4.9 If the child will transition to preschool, the service coordinator ensures the IDEA, Part B Start Date is entered in the ADES data system prior to exiting the child's record in the ADES data system.

CHAPTER 5: FINANCIAL MATTERS

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES/AUTHORITY: 20 U.S.C. §§ 1432, 1435, 1437-1438, 1440; 34 C.F.R. §§ 303.500,

501, 510, 511, 520, 521, § 303.521(a), 34 C.F.R. §§ 303.501, 510-511; § 303.203(b)(1), 34 C.F.R. § 520, § 303.420(a)(3); § 303.520(b)(1)(i)

See the AzEIP Billing Manual and the AzEIP Policy Manual, Chapter 5: *Financial Matters*.

CHAPTER 6: COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

6.0 Transcript review and approval

6.0.1 Service Coordination and Developmental Special Instructionist Qualifications

A. Programs must ensure all team members meet personnel qualifications as described in the AzEIP Policy Manual, Chapter 6: *Comprehensive System of Personnel Development*. Service Coordinators and Developmental Special Instructionists must have their transcripts reviewed and approved by ADES/AzEIP prior to hire. Additionally, all DSIs with a Master's degree must be approved for the Master's rate for billing. The transcripts must be submitted to AzEIPQualityImprovement@azdes.gov. Please see the qualifications as described in the AzEIP Policy Manual, Chapter 6: *Comprehensive System of Personnel Development*.

6.1 Recruitment for difficult to hire positions or areas

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

A. Submit documentation for attempts at hiring a qualified candidate. This may include:

- 1) Job descriptions and ads posted.
- 2) Description of attempts to hire including candidates not meeting qualifications
- 3) Submit education plan to meet the appropriate discipline qualifications.
- 4) Service Coordinators: must have a related degree and enroll in Early Childhood courses as described in table above.
- 5) Developmental Special Instructionists: must enroll or be currently enrolled in a qualifying Bachelor's or Master's degree program.

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

C. Upon approval from ADES/AzEIP of an educational plan, the program must ensure the educational plan candidate personnel record contains up to date information regarding supervision, training, and evidence of being coached on personnel expectations. The candidate must complete required AzEIP

training and meet qualifications within 3 years. Upon completion of the education plan or termination of the candidate, the program, must notify ADES/AzEIP.

6.2 Transcript Submittal Process

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

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

CHAPTER 7: PROCEDURAL SAFEGUARDS

REVISION DATES: 07/01/2021, 12/14/2018

EFFECTIVE DATES: 04/01/2022, 07/01/2019

INTENDED USER(S): All ADES/AzEIP personnel, AzEIP Service Providing Agencies including all employees, contractors, subcontractors, and volunteers.

REFERENCES: 20 U.S.C. §1401(23); 34 C.F.R. Part 99; 34 C.F.R. §303.7, -.27 123, -.400, -.403, and -.449; 34 C.F.R. §99.3, 20 U.S.C. §§1232g, 1439(a)(2), and 1442; 34 C.F.R. §303.401-402, 34 C.F.R. 303.404, 20 U.S.C. §1232, et seq. (FERPA) and 34 C.F.R. §303.405 - 413., 34 C.F.R. §303.405-409, 34 C.F.R. §303.410-411, 34 C.F.R. §303.401(d)(1), -.414-.415; 34 C.F.R. 99.30(d), 34 C.F.R. §303.416; 20 U.S.C. 1232f; 34 C.F.R. Parts 76 and 80, 34 C.F.R. §420, 20 U.S.C. §§1439(a)(6) and (7); 34 C.F.R. §§303.21 and 303.421, 20 U.S.C. §1439(a)(5); 34 C.F.R. §§303.27; -.422, 20 U.S.C. §1439; 34 C.F.R. §§303.401-449, 20 U.S.C. §1415(e); 34 C.F.R. §303.431, 34 C.F.R. §303.438, 34 C.F.R. §§303.430; 435. 34C.F.R. §§303.432-434

7.0 Introduction

- 7.0.1 Procedural safeguards represent one of the most important protections for children and families within the early intervention system. Federal regulations recognize that families need to be involved personally every step of the way. Providing families with their rights helps to ensure that families are involved in the decision-making process regarding services for their child. Rather than being a stand-alone activity, procedural safeguards are best offered to families within the process of participation.
- 7.0.2 AzEIP implements the following procedures and enforces failure to comply with these requirements and the requirements in IDEA, Part C through its dispute resolution processes and use of sanctions outlined in the AzEIP Procedure Manual, Chapter 2: *General Supervision*.

7.1 Confidentiality

- 7.1.1 The service coordinator verbally provides a parent his/her rights with regard to the confidentiality of early intervention records and shares the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet.
- 7.1.2 AzEIP, AzEIP Service Providing Agencies, and the EIPs must protect personally identifiable information which is collected, used, or maintained by:
- A. keeping child/family files in a locked cabinet located in a semi-private or private location in an office
 - B. keeping the keys to the file cabinet in a discrete place
 - C. posting a list of the individuals who have access to the files on or next to the locked cabinets
 - D. keeping any fax machines in a private area
 - E. using fax coversheets for confidential faxes
 - F. keeping computers in a semi-private or private location in an office

- G. ensuring all computers have password access only, if appropriate
- H. having a paper shredder easily accessible
- I. ensuring the availability of space for private/confidential telephone calls
- J. ensuring the availability of space for private/confidential meetings
- K. ensuring appropriate encryption and safeguarding of electronic files.

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

7.2 **Records**

7.2.1 The service coordinator is responsible for explaining to a parent his or her rights to inspect, review, and have a copy of his/her child's early intervention records. This information is also included in the Child and Family Rights in the Arizona Early Intervention Program (AzEIP) booklet. A complete description of when and how the service coordinator explains rights to a parent is found in the AzEIP Policy and Procedure Manuals, Chapter 3: *Early Intervention Services* and Chapter 4: *Transition*.

7.2.2 The service coordinator provides the parent copies of all screenings, evaluations, child and family assessments, and IFSP's (including any reviews) within ten (10) calendar days of written completion of the document.

7.2.3 A parent may request verbally or in writing that s/he would like to inspect or review the early intervention records of his or her child when the child is in early intervention. If the request is verbal, the EIP shall document the request in the child's record. The program to whom the request is directed must make the records available no more than ten (10) calendar days after the request has been made.

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

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

7.2.6 When the request is for records of a child who is no longer eligible for early intervention, the EIP or designated AzEIP TBEIS Contractor or subcontractor will engage in reasonable efforts to ensure the requestor is the early intervention parent who has the right to seek the records. Those efforts include:

- A. reviewing the child's record to identify the name(s) of the person(s) who was

- the early intervention parent, and comparing the name and signature of the requestor with those found in the child's record
- B. requesting identification from the person seeking the records
 - C. if relevant, reviewing a custody order to determine who is the early intervention parent for the child.
- 7.2.7 All agencies must keep within the child's file a Records Released Log, which is accessible to parents. When records are released, the following information must be recorded:
- A. the date records are released
 - B. agency/person to whom the records were released
 - C. the purpose of release
 - D. verification that consent is on file and up to date
 - E. the records that are released.
- 7.2.8 All agencies must use the Records Released log to record the following information when there is a request to access information in a child's record:
- A. the date records are accessed
 - B. the name of the individual and EIP, if relevant, accessing their information
 - C. the purpose for the request.

7.3 **Amendment to Records**

- 7.3.1 Requests to amend records may be submitted if a parent believes the information in their child's record is inaccurate, misleading, or violates privacy or other rights of their children.
- 7.3.2 If a parent wishes to amend a child's early intervention records, the service coordinator lets the parent know that s/he must submit a request in writing, if possible, to the EIP that maintains the information, setting forth the specific parts of the child's records that the parent requests be amended and what the desired amendment is. If the parent is unable to make the request in writing, the service coordinator shall assist the parent in making the request in another acceptable manner, such as braille, sign language, etc.
- 7.3.3 The EIP receiving the request shall review the request and determine within 14 (fourteen) calendar days whether or not to amend the record as requested.
- 7.3.4 If the EIP agrees to amend the record, it shall amend the child's record by replacing the old record, which shall be destroyed.
- 7.3.5 If the EIP determines not to amend the record as requested, it will notify the parent in writing of the reasons for denying the request. It shall also notify the parent of his/her right to request a hearing, which must be submitted in writing to ADES/AzEIP within 30 days from the date of the letter of denial from the EIP, unless an exception is granted by ADES/AzEIP.
- 7.3.6 Upon receipt of a parent's request for a hearing, ADES/AzEIP will contact the

parent to ask which of the two hearing options they would like as outlined in the AzEIP Policy Manual, Chapter 7: *Procedural Safeguards*. Depending on which hearing is chosen, either the ADES/AzEIP or the due process hearing officer will provide the parent notice of the date, time, and place reasonably in advance of the hearing.

- 7.3.7 The hearing shall be conducted by the Part C Coordinator of ADES/AzEIP, or designee, or through the due process hearing officer, as long as that person does not have a direct interest in the outcome of the hearing.
- 7.3.8 ADES/AzEIP or the due process hearing officer shall make its decision in writing within a reasonable period of time after the hearing. The decisions must be based solely on the evidence presented at the hearing and must include a summary of the evidence and the reasons for the decision.
- 7.3.9 If the decision is that the record should be amended, AzEIP will direct the service coordinator or his/her supervisor to so amend the record.
- 7.3.10 If the decision is that the record shall not be amended, the parent shall be notified within a reasonable time in writing along with notification of the parents' right to prepare a statement of disagreement to be kept in the child's record. The service coordinator maintains the statement in the child's record for as long as the record is maintained per retention policy.
 - A. If the early intervention record or the contested portion are disclosed to any party, the statement of disagreement must also be disclosed.

7.4 **Consent to Disclose Records**

- 7.4.1 The service coordinator ensures the parent knows his/her rights for the protection of their personally identifiable information and obtains consent, where appropriate, prior to disclosing this information.
- 7.4.2 The service coordinator must maintain a record of all requests for and disclosure of a child's early intervention records on the Records Released log.
- 7.4.3 The EIP ensures a current list is available for public inspection of the names and positions of those individuals within the program who have access to personally identifiable information.
- 7.4.4 A valid court order or subpoena to produce records for a child in early intervention is an exception under IDEA, Part C and the Family Education Rights and Privacy Act (FERPA) to the requirement that parental consent be obtained prior to releasing early intervention records.
- 7.4.5 Before any early intervention records may be released pursuant to a court order or subpoena, the individual or program releasing the records must:
 - A. provide written notice to the parent notifying of the intended release
 - B. if possible, per the timelines set out in the order or subpoena, allow at least

ten (10) business days to seek a protective order before the records are released.

7.5 **Destruction of Information**

- 7.5.1 Early intervention records are kept by the EIP for ten (10) years from the date the child was exited from early intervention, unless otherwise required by State law and reviewed by AzEIP. When a child exits AzEIP, the service coordinator explains the destruction policy to the parent and asks whether they would like a copy of the child's records.
- 7.5.2 A parent may make a request to AzEIP in writing (or other means if unable to provide a written request) to have their child's early intervention records destroyed. AzEIP will inform the parent that their request for record destruction along with the name and date of request will be maintained for five years from the date of the child's exit from AzEIP.
- 7.5.3 AzEIP maintains copies of all or part of a child's early intervention records that it may have according to the Records and Retention Schedule filed with the Arizona State Library, Archives and Public Records. A copy of this schedule is available upon request to ADES/AzEIP.

7.6 **Address Confidentiality Program**

- 7.6.1 Upon notification that a parent or other individual with whom the child resides is an ACP participant, the EIP must verify the ACP status by contacting the Secretary of State's ACP Office or viewing the client's ACP authorization card.
- 7.6.2 Upon verifying the current ACP status for an individual, the EIP must:
- A. immediately notify ADES/AzEIP of the ACP participant
 - B. provide a copy of the ACP authorization card to ADES/AzEIP
 - C. ensure all team members are aware of the family's enrollment, unless the family specifically requests the client's ACP status not be shared, and requirement to maintain strict confidentiality of the child and family's address
 - D. follow the requirements for working with individuals in the ACP, which state that:
 - 1) at no time will an ACP's actual address be entered into the ADES data system(s) or any other data systems or be included in the child's record.
 - 2) if the family has been enrolled with AzEIP and later becomes part of the ACP after an address is already entered, the address may need to be redacted from physical and electronic records. Please consult with the ADES/AzEIP office for assistance.
 - 3) the substitute address shall be used in all child records (paper and electronic).

7.7 **Parental Consent and Ability to Decline Services**

- 7.7.1 The service coordinator ensures that parents are fully informed of their rights to consent to any proposed action, including the right to refuse and revoke their consent.
- 7.7.2 Complete information must be provided in the native language of the parent. The EIP is responsible for coordinating translation and interpretation services as necessary.
- 7.7.3 All consent decisions must be made in writing by the parent.

7.8 **Prior Written Notice (PWN)**

- 7.8.1 In general, the service coordinator must provide PWN to a parent after the team makes its decisions and before the implementation of those decisions. (after the decision, before the action.)
- 7.8.2 The family must be provided written information and provided an explanation of their rights and procedural safeguards with every PWN.
- 7.8.3 PWN must be provided to a parent by the service coordinator and parental consent obtained before a screening is conducted to determine if the child is suspected of having a developmental delay. The Consent for Screening – Prior Written Notice form satisfies both the PWN and parental consent requirements. The notice must include a description of the parent’s right to request an evaluation at any time throughout the screening process.
- 7.8.4 PWN must be provided to a parent by the service coordinator and parental consent obtained before an evaluation to determine the initial or continuing eligibility for AzEIP. The Consent for Evaluation – Prior Written Notice satisfies both PWN and parental consent requirements.
- 7.8.5 PWN must be provided to a parent by the service coordinator when the EIP refuses to conduct an initial evaluation to determine a child’s eligibility. This decision is made when discussions with the parent, a review of records, and the screening results do not support the need for an evaluation.
- 7.8.6 PWN must be provided to a parent by the service coordinator after the multidisciplinary team determines eligibility, but before the team takes any further action. Inform the parent of the reason(s) the child was determined eligible or not eligible, and the options available if the parent disagrees with the determination.
- 7.8.7 PWN must be provided to a parent by the service coordinator at the end of each IFSP meeting (initial, 6-month review, annual, or periodic review) to confirm the decisions that were made regarding services during the meeting with the parent.
 - A. If the parent agrees to all the decisions being made the signature page of the IFSP (the “IFSP Informed Consent by Parent(s) for Services”

page”) is used as the PWN.

- B. If the parent disagrees with the decisions of the other team members, the service coordinator must complete the PWN form describing the action being proposed or refused and the reason(s) for the decision.

7.9 **Identification of the Parent and Use of a Surrogate Parent**

- 7.9.1 When a referral is made by the DCS or another referral source, such as the Regional Behavioral Health Authority (RBHA), and the child is a ward of the State or when an AzEIP eligible child becomes a ward of the State, a decision must be made as to who will best represent the early intervention interests of a child.
- 7.9.2 The service coordinator contacts the referral source (such as DCS Specialist) or others for whom there is an appropriate consent to learn the details regarding the parent’s whereabouts, the placement of the child, orders of the Court, etc. in order to make a decision as to who should represent the child’s interests and, if needed, how to gather additional information. This contact should be the first step when working with a child who is a ward of the State.
- 7.9.3 When a child is involved with the child welfare system of a tribe (and not involved with DCS), the EIP must contact the tribal child welfare worker to assist in determining the early intervention parent. Tribal laws vary by tribe and the EIP should contact ADES/AzEIP to assist in determining the early intervention parent as needed.
- 7.9.4 The service coordinator must attempt to locate the biological parent when parental rights have not been severed. The service coordinator must make at least three (3) phone call attempts at different times of day over the course of three (3) weeks, including evenings. If no phone number is available, the service coordinator must make attempts through mail or other methods identified with the DCS case worker.
 - A. If service coordinator cannot locate the DCS case worker, the service coordinator must elevate to a supervisor at DCS and notify DCS of the requirement to attempt to engage the biological family in decisions regarding AzEIP eligibility and services.
- 7.9.5 If the service coordinator reaches the biological parent and the parent chooses not to act as the parent for AzEIP services, the service coordinator must identify an individual to act as parent in accordance to requirements outlined in the AzEIP Policy Manual, Chapter 7: *Procedural Safeguards*.
- 7.9.6 The service coordinator must document contacts with the DCS Specialist (when DCS is the referral source) to attempt to identify the individual most appropriate to represent the child’s early intervention interests and, as appropriate, attempts to contact the biological parents.

- A. In those circumstances when the biological parent does not attempt to act as the “parent,” but his/her rights have not been severed and his/her whereabouts are known, the service coordinator should discuss with the DCS Specialist (with appropriate consent) and the early intervention parent strategies to involve the biological parent throughout the initial process, IFSP development and reviews, and/or the implementation of early intervention services, as appropriate.
- 7.9.7 The service coordinator should proceed with the individual identified to represent the child’s interest as the parent.
 - 7.9.8 When a child who has been receiving supports and services through AzEIP no longer has a parent who can be located or identified, or the child becomes a ward of the State, the same procedures apply for determining who may represent the child’s early intervention interests.
- 7.10 **Dispute Resolution**
- 7.10.1 Informal Disputes
 - 7.10.2 When an issue or concern arises, an early resolution may be reached through the informal dispute process which may alleviate the need to file a formal written complaint, mediation, or due process hearing.
 - A. All individuals who submit their concerns through the informal dispute process must be advised of their right to file a request for a formal complaint, mediation, or due process hearing at any time.
 - B. A parent may at any time, verbally or in writing, informally inform their service coordinator, his/her supervisor, and/or program director about concerns they have regarding services.
 - C. Parents and others are encouraged to attempt to resolve disputes by speaking to their service coordinator, his/her supervisor, and/or program director before filing a formal complaint or requesting mediation or a hearing. The service coordinator and EIP shall respond to these concerns in a timely manner and must be available to discuss the situation and determine a resolution.
 - D. EIPs must maintain logs to track informal complaints, including how and when it was resolved.
 - 7.10.3 Formal Complaints
 - A. Any agency, employee, parent, organization may file a formal written complaint alleging noncompliance with IDEA Part C. ADES/AzEIP will conduct an investigation and within 60 calendar days will issue a written decision to the complainant. If there are exceptional circumstances, an extension shall be agreed upon by both parties and will not exceed an additional 60 calendar days.
 - B. The individual or organization filing the complaint must submit a written, signed complaint to ADES/AZEIP or the Part C Coordinator and the local EIP serving the child at the same time.

- C. The written complaint must include:
 - 1) a statement that AzEIP, an EIP, or an early intervention services provider has violated a requirement of IDEA, Part C that occurred not more than one (1) year prior to the date that the complaint is received
 - 2) the facts on which the statement is based
 - 3) the signature and contact information for the person filing the complaint
- D. If the statement alleges a violation about a specific child:
 - 1) the name and address of the residence of the child
 - 2) the name of the EIP and/or early intervention services provider serving the child
 - 3) a description of the nature of the problem with the child, including facts relating to the problem
 - 4) a proposed resolution of the problem to the extent known and available to the person at the time the complaint is filed.
- E. The party filing the complaint must forward a copy of the complaint to the EIP or early intervention services provider serving the child at the same time the party files the complaint with ADES/AzEIP. The party may request that ADES/AzEIP forward the copy on their behalf.
- F. The Part C Coordinator, or designee, will review the complaint to determine its validity for follow-up and further action. A complaint will be judged valid if the alleged violation occurred not more than one (1) year before the date the complaint was received.
- G. The Part C Coordinator, or designee, may provide the individual/agency about whom the complaint is made the opportunity to propose a resolution to the complaint.
- H. The Part C Coordinator or designee will review all relevant information and will:
 - 1) Conduct an independent offsite or onsite investigation, as necessary
 - 2) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- I. The Part C Coordinator, or designee, will make an independent determination of whether there is a violation of IDEA, Part C.
 - 1) The Part C Coordinator, or designee, will send a written decision to all parties. The decision shall address each allegation in the complaint and include findings of fact and conclusions with the reasons for the final decision.
- J. When necessary, AzEIP's decision will also include procedures for

technical assistance activities and required corrective actions for an agency or provider to achieve compliance.

- K. In resolving a complaint in which it finds a failure to provide services as listed on the IFSP, ADES/AzEIP, pursuant to its general supervisory authority under IDEA, Part C, will address:
 - 1) how it will remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's parents
 - 2) appropriate future provision of services for all infants and toddlers with disabilities and their families.
- L. All investigations and resolutions must be completed within 60 days of receipt of the complaint unless an exception has been granted.
- M. To request an extension, a party must contact ADES/AzEIP verbally or in writing. ADES/AzEIP will notify all parties if an extension is appropriate and include, where possible, the new date by which the complaint will be resolved.
- N. If a written complaint is received that is also the subject of a due process hearing or contains multiple issues, of which one or more are part of that hearing, ADES/AzEIP will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within 60 days using the procedure described above.
- O. If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties:
 - 1) the due process hearing decision is binding on that issue; and
 - 2) ADES/AzEIP must inform the complainant to that effect.

7.10.4 Due Process Complaint and Hearing

A. To file a due process complaint, a parent must send a written, signed complaint to the Part C Coordinator of ADES/AzEIP which includes both of the following:

- 1) a statement concerning the matters related to AzEIP's proposal or refusal to initiate or change the:
 - i. identification of the child
 - ii. evaluation of the child
 - iii. placement of the child
 - iv. provision of early intervention services to the child and family
 - v. the facts of the situation.

- B. An EIP must forward written complaints received by their program to

the ADES/AzEIP within one (1) business day of receiving the complaint. ADES/AzEIP will coordinate with the EIP.

- C. If the child who is subject of the hearing is also eligible for another Federal or State program which has its own due process hearing procedures, ADES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, ADES/AzEIP will arrange the due process hearing according to IDEA, Part C.
- D. The following are the steps to initiate a due process hearing:
 - 1) a written request must be filed with the Part C Coordinator of ADES/AzEIP.
 - 2) the Part C Coordinator of ADES/AzEIP or a designee shall appoint a trained, impartial hearing officer.
- E. The hearing officer shall:
 - 1) have knowledge about the provisions of IDEA, Part C and the needs of, and services available for, eligible children and their families
 - 2) not be employed by the ADES or an EIP involved in the provision of early intervention services or care of the child and family, except when a person who otherwise qualifies to conduct the hearing is paid by the agency solely to serve as a hearing officer
 - 3) not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.
- F. The hearing officer shall:
 - 1) listen to the presentation of relevant viewpoints about the due process complaint
 - 2) examine all information relevant to the issues
 - 3) seek to reach a timely resolution of the due process complaint
 - 4) provide a record of the proceedings, including a written decision.
- G. Unless agreed upon by the parent and ADES/AzEIP, there shall be no change made in the services received by the child prior to a final order by a hearing officer.
- H. The decision made in a due process hearing is final.

7.10.5 Mediation

- A. The following are the steps to initiate the mediation process:

- 1) A written request is made to the Part C Coordinator of ADES/AzEIP.
 - 2) The Part C Coordinator of ADES/AzEIP or a designee will obtain written agreement to the mediation process by the parties to the dispute.
- J. Once agreement is obtained, ADES/AzEIP will appoint a qualified, impartial mediator who is trained in effective mediation techniques. ADES/AzEIP will access qualified mediators who are knowledgeable in laws and regulations related to the provision of early intervention services.
- K. ADES/AzEIP shall ensure that each session of the mediation process is scheduled in a timely manner and held in a location convenient to the parties involved in the dispute.
- L. ADES/AzEIP shall ensure that agreements reached by the parties through mediation will be recorded in a written mediation agreement.