

## **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.

### **3.12 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.