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.

3.0 Early Intervention Services

3.0.1 Early intervention enhances the confidence and competence of parents and other caregivers in the lives of infants and toddlers, birth to three, with developmental delays and disabilities. Early intervention service providers support parents and caregivers to identify and use strategies that help their children engage in and learn from everyday interactions, activities, routines, and events using team based early intervention services (TBEIS).

3.0.2 Early intervention is successful when:

a. Families report that early intervention has helped them:
   1) support their child's learning and development,
   2) communicate their child's interests and needs to important people in their child's life, (i.e., siblings, grandparents, family members, friends, childcare providers/teachers, or others)
   3) know their early intervention rights

b. children demonstrate growth in the following three nationally identified global child outcomes:
   1) positive social and emotional skills, including social relationships,
   2) acquiring and using knowledge and skills, and
   3) using appropriate behaviors to meet their needs.

3.0.3 Early intervention services that AzEIP service providing agencies provide:

a. Are provided at no cost
b. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family, as identified by the IFSP team in any one or more of the following areas:
   1) Physical development
   2) Cognitive development

3) Communication development
4) Social or emotional development
5) Adaptive development

c. Meet the standards of Arizona and Part C requirements

d. Are provided by qualified personnel

e. To the maximum extent appropriate, are provided in natural environments

f. Are individualized and provided in conformity with an IFSP

3.0.4 The following early intervention services are set out in IDEA, Part C:

a. Assistive technology device and service

b. Audiology

c. Family training, counseling, and home visits

d. Health services necessary to enable the child to benefit from another early intervention service

e. Medical services only for diagnostic or other evaluation purposes

f. Nursing

g. Nutrition

h. Occupational therapy

i. Physical therapy

j. Psychological services

k. Service coordination

l. Sign language and cued speech

m. Social work

n. Special instruction
o. Speech-language pathology

p. Transportation and related costs necessary for the child and family to receive an early intervention service

q. Vision.

3.0.5 Service coordination is provided to all families by a service coordinator.

a. The service coordinator is responsible for coordinating the development of supports and services to assist in the delivery of early intervention services including:

1) Coordinating all activities during the initial planning process (IPP)

2) Coordinating the provision of early intervention services and other services identified on the IFSP

3) Coordinating, facilitating, and monitoring the delivery of services to ensure that the services are provided in a timely manner

4) serving as a single point of contact for families and informing families of their rights and procedural safeguards.

3.1 Initial Planning Process

3.1.1 The initial planning process (IPP) includes the events and activities beginning with referral to AzEIP to development of the initial individualized family service plan (IFSP). IPP includes the referral, initial call, initial visit, screening, evaluation, eligibility determination, and, if AzEIP eligible, initial child and family assessment to identify family's priorities, resources, and interests, and the development of the initial Individualized Family Service Plan (IFSP). The IPP begins the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

3.1.2 The IPP must be completed by the AzEIP service providing agencies within 45 days from the date a referral is received by the AzEIP central referral agency or an AzEIP service providing agency.

3.1.3 The 45-day timeline does not apply when:

a. the child or parent is unavailable to complete the screening, initial evaluation, or assessment, or the initial IFSP meeting due to exceptional family circumstances that are documented in the child's early intervention records

b. the parent has not provided consent to screen, evaluate, or assess the child, despite documented, repeated attempts by the early intervention program (EIP)to obtain parental consent.

3.2 Referral

3.2.1 An AzEIP referral should be completed as soon as possible, but in no case more than seven (7) calendar days, after the child has been identified as suspected of having a developmental delay or disability, as defined by AzEIP's eligibility criteria.

3.2.2 A referral to AzEIP may be completed by family members, physicians, hospitals, and others in the medical community, schools, childcare providers, home visiting programs, and other referral sources, such as the Division of Developmental Disabilities (DOD) and the Arizona State Schools for the Deaf and the Blind (ASDB).

3.2.3 All AzEIP service providing agencies recognize a single referral date. A referral made to AzEIP's central referral agency or directly to an AzEIP service providing agency (e.g., ODD, ASDB, or AzEIP TBEIS contractor) for an infant or toddler birth to three years of age is considered a referral to AzEIP. Therefore, the date a complete referral is received by one of these entities is the date the initial planning process timeline begins to ensure an eligible child receives the appropriate IPP steps and activities within 45 days.

a. If an AzEIP service providing agency receives a direct referral, it is required that they send all information received with the referral to the central referral agency within one (1) business day for appropriate referral assignment.

b. The AzEIP central referral agency enters all referral information into the ADES data system and assigns the referral to the appropriate AzEIP service providing agency(s) in the region; and securely sends all documentation received with the referral to the assigned AzEIP service providing agency(s) within one (1) business day. The AzEIP central referral agency will simultaneously notify ASDB of any potential referrals that may need consideration for ASDB eligibility.

3.2.4 A TBEIS service coordinator is assigned upon receipt of the referral by the EIP and begins the IPP.

3.2.5 If an EIP, has received prior approval from ADES/AzEIP to use dual role service coordination, the dual role service coordinator must be identified at the time the referral is processed and must be a member of the multidisciplinary evaluation team. A referral to AzEIP for a child younger than 2 years, 10 ½ months begins the IPP, which may include screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interests, and the development of the IFSP

3.2.6 Upon referral of a child who is 2 years, 10 ½ to 5 years of age, the AzEIP service providing agency and/or the central referral agency must:

a. assist the referral source to initiate contact with the appropriate school district of residence.

b. follow the procedures outlined in the Child Find Intergovernmental Agreement (IGA) between the ADES/AzEIP and the Arizona Department of Education (ADE).

c. assist the family by making a referral to the school district of residence after obtaining the parent's written consent or providing the parent with the contact information for the school, if they choose not to provide consent to make the referral.

3.2.7 ADES/AzEIP, the central referral agency, and the EIP's ensure compliance with Arizona's Address Confidentiality Program (ACP), which protects the home address of a person who has an ACP card issued from the Arizona Secretary of State's office (See the AzEIP Procedure Manual, Chapter 7: *Procedural Safeguards).*

3.3 Initial Call and Initial Visit

3.3.1 An initial call to contact the family is completed by the service coordinator as soon as possible, and no later than two (2) business days from the date the referral was received to acknowledge the referral and coordinate the initial visit.

3.3.2 An initial visit conducted by the Service Coordinator with the family should occur within ten (10) business days from the initial AzEIP referral date to complete the following activities:

a. Discuss the purpose of early intervention

b. Explore the priorities and concerns of the family

c. Explain Prior Written Notice (PWN) and procedural safeguards, including reviewing and providing the Child and Family Rights in the Arizona Early Intervention Program booklet (family rights booklet) with the family

d. Explain the different funding sources used in early intervention, including providing "A Family Guide to Funding Early Intervention Services in Arizona" (family funding booklet) with the family

e. Discuss appropriate screening activities, including but not limited to the most recent hearing and vision screening for the child.
   1) Conduct a hearing screening when at the initial visit and annually when appropriate and report results in accordance with Arizona Administrative Code (A.AC.) R9-13Article 2 (See section 3.12 of the AzEIP Policy Manual and AzEIP Procedure Manual Chapter 3).

3.3.3 A developmental screening may be conducted during the initial visit for a child who meets one of the following criteria:

a. Does not have medical or other records indicating that the child's level of development in one or more of the developmental areas constitutes a 50 percent developmental delay

b. Does not have an established condition

c. Has not been recently screened with a screening tool which was included with the referral.

3.3.4 Screening provides a look at a child's development, including vision and hearing, to determine if there are potential developmental concerns which should be explored through evaluation. Screening cannot be used for eligibility or diagnosticpurposes.

3.3.5 Screening activities are carried out to identify, at the earliest possible age, a child who is suspected of having a developmental delay and needs early intervention services. Screening includes parent report, observation, the gathering of information from families/caregivers and/or records indicating the results of recent and appropriate screening and may include the administration of appropriate instruments by personnel trained to administer those instruments.

3.3.6 When a developmental screening tool is administered, an AzEIP-approved screening tool must be used to ensure all areas of development are covered. Additional screening tools may be used to supplement the screening information. The most current list of approved screening tools is available on the ADES/AzEIP website at http://des.az.gov/azeip.

3.3.7 Before conducting a screening to determine whether the child is suspected of having a developmental delay, the EIP ensures that:

a. a prior written notice of the EIP's intent to screen is provided to the parent, including notice that the parent may request an evaluation at any time during the screening process

b. parental consent is obtained.

3.3.8 When explaining funding sources to a family, the Service Coordinator must advise the family that activities during the IPP will occur at no cost to the family. The service coordinator explains to the family during the initial visit that consent to use public and/or private insurance is required before the EIP, or an early intervention service provider can bill for the following activities:

a. Evaluation (must be provided at no cost to the family, therefore an EIP cannot collect co-pay if billing private insurance)

b. The initial provision of early intervention services on the IFSP

c. Each increase in frequency, length, duration, or intensity of an early intervention service on the IFSP (for private insurance only).

3.3.9 The consent to use public and/or private insurance also includes the parent's consent to disclose the family's personally identifiable information (such as the child's name and date of birth) to both their identified health plan(s) for reimbursement, as well as the sharing of information with DOD in order to determine eligibility.

3.3.10 Consent to use public insurance (e.g., AHCCCS health plan or ALTCS) to pay for early intervention services, is needed if:

a. the parent or child was not already enrolled in AHCCCS initially but subsequently becomes eligible

b. the child/family is enrolled in AHCCCS, and the use of the public insurance would:
   1) decrease available lifetime coverage or any other insured benefit for the child or responsible person
   2) result in the responsible person paying for services that would otherwise be covered by the public benefit/insurance
   3) result in any increase in premiums or discontinuation of public benefits/insurance for that child or responsible person
   4) risk loss of eligibility for the child or the responsible person for home and community-based waivers based on aggregate health-related expenditures.

c. Currently, none of the events listed in (1)-(4) will occur for a family when using AHCCCS. For AzEIP, the parent must sign the Consent to Bill Insurance in order to bill the AHCCCS health plan because the consent includes the parent's consent to share the child's/parent's personally identifiable information (such as the child's name and date of birth) with the health plan.

3.3.11 For all children, other than those children who "screen out" (i.e., are not suspected of having a developmental delay based off screening results), the Service Coordinator shares the Child and Family Assessment Guide for Families with the family and introduces it as a tool to help families share information with the early intervention team members so they can better assist the family in supporting the child's participation in everyday activities and routines.

3.4 Eligibility Criteria

3.4.1 In Arizona, eligibility for early intervention is defined as an infant or toddler between birth and 36 months of age who lives in Arizona and has a significant developmental delay in one or more areas of development; or an established condition that has a high probability of resulting in a developmental delay.

a. A significant developmental delay is defined as an infant or toddler who demonstrates at least two (2) standard deviations (approximately 50%) below the mean in one or more of the following developmental areas:

1) physical: fine motor, gross motor, and sensory which includes vision and hearing

2) cognitive

3) language/communication

4) social or emotional

5) adaptive (self-help).

b. Established conditions are defined as a diagnosed physical or mental condition that has a high probability of resulting in a significant developmental delay, including but not limited to the following:

1) chromosomal disorders with a high probability of a developmental delay (e.g., Down Syndrome, Fragile X Syndrome, 5p- Syndrome, Prader-Willi Syndrome, Trisomy 18, Trisomy 13 and chromosomal deletions and duplications)

2) genetic or congenital disorders with a high probability of a developmental delay (e.g., Spinal Muscular Atrophy, Krabbe Disease)

3) disorders reflecting disturbance of the development of the nervous system (e.g., autism spectrum disorders, anencephaly, seizure disorders, and children born dependent on alcohol or a substance(s) and experiencing withdrawal at birth

4) Congenital Infections (e.g., congenital cytomegalovirus, congenital toxoplasmosis, and congenital rubella)

5) Metabolic disorders (e.g., Tay-Sachs disease)

6) Hydrocephalus

7) Neural tube defects (e.g., spina bifida)

8) intraventricular hemorrhage, grade III or IV

9) Periventricular leukomalacia

10) Cerebral palsy

11) Bilateral or unilateral loss of hearing acuity, as determined by an audiologist, that interferes or has the potential to interfere with the child's development; Bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes or has a potential to interfere with the child's development

12) Failure to thrive/pediatric under nutrition

13) Severe attachment disorders

14) Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

c. Informed clinical opinion (ICO) is a part of every eligibility decision and may be used to establish a child's eligibility for AzEIP even when other instruments do not establish eligibility. However, in no event may informed clinical opinion be used to negate the results of a multidisciplinary AzEIP evaluation.

3.4.2 The state's definition of an eligible child does not include a child who is "at risk of' having substantial developmental delays if early intervention services are not provided.

3.5 Eligibility Determination

3.5.1 A child may be determined eligible for AzEIP by:

a. a review of medical or other records documenting that the child has an established condition

b. a review of medical or other records documenting that the child has a significant, 50 percent, developmental delay in one or more developmental domains

c. completion of a multidisciplinary evaluation covering all developmental areas that establishes the child has a significant, 50 percent, developmental delay in one or more of the developmental domains.

3.5.2 All evaluations, assessments, and review of medical or other records must be conducted by qualified personnel.

3.5.3 All evaluations and assessments of a child and family shall be conducted in the native language of the family members being assessed unless clearly not feasible to do so. Native language is:

a. the language normally used by the parents of the child, or

b. the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation or assessment

c. the mode of communication that is normally used by the individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, (e.g., sign language, braille, or oral communication).

3.5.4 AzEIP service providing agencies ensure a timely, comprehensive, multidisciplinary review of medical or other records to determine if a child's diagnosed established condition and/or existing developmental evaluation record(s) meet the AzEIP eligibility criteria to determine AzEIP eligibility.

a. One of the following core team members may determine AzEIP eligibility based upon medical or other records prepared or authorized by a qualified physician, audiologist or other professional: OSI, OT, PT, SLP, social worker (SW), psychologist (Psych), teacher of the visually impaired (TVI) or teacher of the Deaf/Hard of Hearing (TOD).

3.5.5 AzEIP ensures a timely, comprehensive, multidisciplinary evaluation of children who are suspected of having a developmental delay to determine AzEIP eligibility.

3.5.6 With a parent's consent, an evaluation is conducted by a multidisciplinary team to determine AzEIP eligibility when one of the following criteria is met:

a. there are no available medical or other records indicating that the child's present level of development in one or more of the developmental areas constitutes a 50 percent developmental delay

b. the child does not have a qualifying established condition

c. screening results indicate that the child is suspected of having a delay, and the parent has provided consent

d. the parent has requested and consented to an evaluation in writing.

3.5.7 Multidisciplinary evaluations are conducted by two (2) qualified evaluation team members of different disciplines who have been trained to use appropriate methods and procedures to evaluate infants and toddlers' birth to 36 months of age. These individuals are considered the Multidisciplinary Evaluation Team **(MET).**

a. If the EIP has received prior approval from ADES/AzEIP to implement dual role service coordination, the dual role service coordinator must be a member of the evaluation or assessment team for the family; and may continue as a dual role Service Coordinator during implementation of the IFSP only if also identified as the appropriate Team Lead for the family.

3.5.8 In conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility for AzEIP and no one team member may determine eligibility based on the evaluation.

3.5.9 The MET conducts an evaluation, which must:

a. be completed within 45 days of referral to AzEIP

b. be comprehensive and include at least two qualified professionals from two of the following disciplines: OT, OSI, TOD, TVI, Psych, PT, SLP, or SW

c. use evaluation instruments that are administered in the native language, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the evaluation

d. use procedures and materials that are selected and administered so as not to discriminate based on race or culture.

3.5.10 A family may seek a second opinion outside of AzEIP on an evaluation. AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings. The MET considers any subsequent evaluations, to re-determine whether a child is AzEIP eligible. Only the MET determines AzEIP **eligibility.**

3.5.11 The approved evaluation instruments used for the MET's (a) initial determination of AzEIP eligibility; and (b) if needed, re- determination of AzEIP eligibility is available in the AzEIP Procedure Manual.

3.5.12 Eligibility for AzEIP, ASDB, and DOD should be made at or near the same time and as quickly as possible during the IPP.

a. The Service Coordinator and MET coordinate with ASDB and/or DOD to determine eligibility for their respective agencies before the initial IFSP meeting. DOD determines DOD eligibility. ASDB determines ASDB **eligibility**

b. The service coordinator is responsible for providing all needed records, including medical records and the evaluation report, if an evaluation was conducted which support the DOD eligibility determination process.

c. The service coordinator ensures that the DOD Application for Eligibility Determination is completed with the family as soon as possible but no later than two (2) business days following the AzEIP eligibility determination and before the initial IFSP.

3.5.13 Ongoing eligibility determination for AzEIP and other service providing agencies must be assessed to ensure continued coordination amongst service providing agencies.

3.5.14 The family is entitled to a copy of the evaluation report from the EIP for their child as soon as possible after the evaluation and no later than ten (10) business days from the date of the evaluation.

3.5.15 Children whose eligibility is determined based on Informed Clinical Opinion (ICO) by the MET must indicate in writing the justification for using ICO.

3.6 Interim IFSP

3.6.1 An interim IFSP may be developed for an eligible child when the child and family are in immediate need of services prior to the child and family assessment and completion of the IFSP. See the AzEIP Procedure Manual, Chapter 3: *Early Intervention Services,* for interim IFSP procedures.

3.6.2 The evaluations and/or assessments must be completed within 45 days from referral.

3.7 Child and Family Assessment

3.7.1 AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. The child and family assessment guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family.

3.7.2 AzEIP ensures the family provides written consent to conduct the child assessment prior to conducting the assessment.

3.7.3 For all children determined eligible for AzEIP, the following is required:

a. A thorough multidisciplinary assessment of the unique strengths and needs of the child and the identification of services appropriate to meet those needs

b. A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

c. An autism screening will be offered to any AzEIP eligible child if autism is ever suspected to be the child's underlying diagnosis.

3.7.4 Initial assessment refers to the assessment of the child and family conducted prior to the child's first IFSP meeting.

3.7.5 All assessments of the child and family must be conducted:

a. by qualified personnel, in a nondiscriminatory manner, and selected and administered so as not to be racially or culturally discriminatory

b. conducted in the native language of the child, i.e., the language normally used by the child, if determined developmentally appropriate for the child by qualified personnel conducting the assessment, unless clearly not feasible to do so

c. In the native language of the family members being assessed, unless clearly not feasible to do so.

3.7.6 The multidisciplinary team chosen to complete the assessment with the family should be individualized to the family's needs based on the information gatheredby the team throughout the initial planning process.

3.7.7 The voluntary, family-directed assessment is conducted to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child in early intervention. The family-directed assessment is:

a. Voluntary on the part of each family member participating in the assessment

b. Based on the information obtained through the assessment tool and through an interview with those family members who elect to participate in the assessment

c. The assessment of the child must consider:
   1) the results of the evaluation, if conducted
   2) personal observations of the child
   3) information gathered through family-directed assessment, specifically the family routines, activities, and relationships with which the family would like support in enhancing their capacity to meet their child's developmental needs

4) the child's needs in each of the developmental areas and how the child's development affects the child's participation in the routines, activities and relationships that are important to the family

5) the child's present levels of development in relation to each of the global child outcomes described previously in 3.0.2.B.

3.7.8 The child and family assessment must be sufficiently comprehensive to develop a summary of the child's present level of development for the IFSP. Therefore, if needed, the multidisciplinary team may use a broad-spectrum assessment tool (i.e., criterion- referenced).

3.7.9 The data gathered from the child and family assessment may also be used to complete the Child Outcomes Summary (COS) process, including the Child Outcomes Summary form, which is required to be completed for any child who has an IFSP for six (6) months or longer.

a. The COS process is required at 6-month and annual IFSP reviews as well, although the SC will only enter the ratings into the ADES data system(s) at entry (Initial IFSP) and exit from early intervention.

3.7.10 For children eligible for AzEIP based on a review of records (e.g., with an established condition), the child and family assessment must be conducted:

a. by the service coordinator and at least one of the following individuals: developmental special Instructionist, occupational therapist, physical therapist, psychologist, speech-language pathologist, social worker, teacher of the visually impaired, and/or teacher of the deaf/hard of hearing

b. on a separate visit, after the service coordinator's first visit and before the initial IFSP meeting.

3.7.11 For children eligible for AzEIP based on an evaluation, the child and family assessment must be conducted:

a. by the service coordinator and at least one of the following individuals: OSI, OT, PT, SLP, SW, Psych, TOD, TVI; and

b. prior to the initial IFSP meeting and may be completed as part of the evaluation visit (after eligibility determination) or prior to the beginning of the initial IFSP meeting.

3.8 Individualized Family Service Plan

3.8.1 All Individualized Family Service Plan (IFSP) meetings must be:

a. held in settings and at times that are convenient to families

b. conducted in the native language of the family or other mode of communication used by the family

c. arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they have the opportunity to attend.

3.8.2 The IFSP team includes:

a. the parent(s) of the child

b. other family members, as requested by the parent, if feasible to do so

c. an advocate or person outside of the family if the parent requests that the person participate

d. the service coordinator (either from the AzEIP TBEIS contractor or DOD)

e. at least one member of the multidisciplinary team member involved in the evaluation and/or assessment

f. as appropriate, persons who will be providing early intervention services to the child and family.

3.8.3 The IFSP process and the services needed and received by a child who is eligible for AzEIP, and the child's family will reflect cooperation, coordination, and collaboration among all agencies providing early intervention services.

3.8.4 The following are the federal components required in an IFSP:

a. Information about the child's present levels of physical (including vision, hearing, and health status), cognitive, communication, social or emotional, and adaptive development based on information from that child's evaluation and/or assessments

b. With agreement from the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of their child as identified through the family assessment

c. The measurable outcomes or results expected to be achieved for the child (including pre-literacy and language skills as developmentally appropriate for the child) and family, including the criteria, procedures, and timelines that will be used to determine (1) the degree to which progress toward achieving the results or outcomes identified on the IFSP is being made; and (2) whether modifications or revisions of the outcomes or services are needed

d. The early intervention services based on peer-reviewed research (to the extent practicable) and resources necessary to meet the unique needs of the child and family to achieve those outcomes or results. For each early intervention service, the IFSP must include:

1) the actual location(s) of where each early intervention service will be provided and justification if an early intervention service is not provided in a natural environment. The justification must:
   A. state why the service will not be provided in the natural environment
   B. the plan to transition the service to the natural environment within six months or sooner
   C. strategies to support generalization and attainment of the outcome in a natural environment.

2) the length (length of time during each session)

3) duration (dates for the initiation of each early intervention service and anticipated duration of each service)

4) frequency (number of days or sessions)

5) intensity (individual or group)

6) method of delivering each service (how a service is provided)

7) the location (actual place or places) of the services

8) if an early intervention service is not provided in a natural environment, a justification as to why the service will not be provided in the natural environment, the plan to transition the service to the natural environment within six months or sooner, and strategies to support generalization and attainment of the outcome in a natural environment

9) payment arrangements.

e. Other services, including medical or other services the child or family needs or is receiving through other sources, but that are neither required nor funded under IDEA, Part C, early intervention. For services not currently being provided, include a description of the steps the service coordinator or family will take to secure those other services.

f. The name of the service coordinator

g. The steps to be taken to support the smooth transition of the child from early intervention services by age three to (i) preschool services under

IDEA, Part B to the extent those services are appropriate or (ii) other services that may be available. Those steps are documented on the IFSP and include:

1) discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition
2) procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting
3) confirmation that child find information about the child has been transmitted to the school district and ADE, unless the family has opted out of this automatic referral
4) with parental consent, child information has been sent to the school district or other early childhood programs to ensure continuity of services from AzEIP to those other programs, including a copy of the most recent evaluation and assessments of the child and the family and most recent IFSP developed
5) identification of transition services and other activities that the IFSP Tearn determines are necessary to support the transition of the child.

h. Signature of the parent, which provides consent for the early intervention services.

3.8.5 The IFSP team considers all funding sources for early intervention services prior to using IDEA, Part C funding. See AzEIP policies and procedures, Chapter 5, Financial Matters.

3.8.6 Early intervention services must, to the maximum extent possible, be provided in the family's natural environment. Natural environments are those settings that are natural or typical for a same-aged infant or toddler without a disability. The determination of the appropriate setting for providing early intervention services for a child in AzEIP and his/her family, including any justification for not providing a particular early intervention service in the natural environment, must be:

a. made by the IFSP Team (which includes the parent and other team members)
b. consistent with the definition of natural environments as set out in 3.8.11
c. based on the child's outcomes that are identified by the IFSP Team.

3.8.7 After the outcomes have been developed, the IFSP team discusses who will be the Team Lead for the family. The Team Lead expands support for families by using the core team (and the psychologist, social worker, teacher of the visually impaired and teacher of the deaf/hard of hearing, if needed) who are accountable to the family as well as one another.

3.8.8 The Team Lead's focus is on collaborative coaching of families as the primary intervention strategy to implement jointly developed, participation based IFSP outcomes in the family's natural environments with ongoing coaching and support from other team members.

3.8.9 The Team Lead does not meet all the service needs of the child. The other team members support the Team Lead, through regular team meetings and joint visits with the family as identified on the IFSP.

3.8.10 All core team members must be available to act as a Team Lead or in any other capacity for eligible children and families. Where appropriate, the psychologist, social worker, Teacher of the Visually Impaired or Teacher of the Deaf/Hard of Hearing may be the Team Lead.

3.8.11 No one factor is the sole determinant of who is the Team Lead for a family. The following factors are all considered:

a. Parent/family factors including parent priorities, family dynamics and characteristics of family members (culture, language, etc.), and availability of the family.

b. Child factors including diagnosis, child specific interests (trains, balls, etc.) and activity settings.

c. Environmental factors include the natural learning environments of the child and family such as locations within the community and safety considerations.

d. Practitioner factors including knowledge and expertise as it relates to the child and family factors. Assigned areas, billability, prior relationship with family, and availability are factors to consider.

3.8.12 The role of a Team Lead is to:

a. act as a liaison to the family and team

b. interact with the family most often

c. promote child participation within routines and activities

d. receive team support

e. have scheduling that is flexible, activity based and includes bursts of service.

3.8.13 The contents of the IFSP must be fully explained to the family and informed written consent from the parent must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after

first providing it, that service may not be provided. The early intervention services determined by the IFSP team, written on the IFSP and to which parental consent is obtained must be provided.

3.8.14 Each family must receive a copy of the IFSP as soon as possible, but no later than ten (10) business days after the initial IFSP meeting.

3.8.15 The child and family assessments occur prior to the initial IFSP meeting and support the IFSP team to develop outcomes that reflect the family's priorities, resources and concerns, and the family's routines, activities, and relationships with which they would like support in enhancing their capacity to meet their child's developmental needs.

3.8.16 The team's understanding of the family's outcomes, existing and desired resources, and the child's strengths and interests form the basis for the discussion and determination of services that will support the achievement of the identified outcomes.

3.8.17 The initial IFSP shall be developed within 45 days of referral to AzEIP.

3.8.18 If exceptional circumstances make it impossible to complete the initial IFSP within 45 days of referral, the service coordinator shall document the reason for delay in the child's record and enter it into the ADES data system(s).

3.9 Implementation of the IFSP

3.9.1 In implementing early intervention services, the IFSP team members and the family/care providers, identify, model, evaluate, and adjust strategies that support the family and child in achieving IFSP participation-based outcomes within family, community, and early childhood contexts, which are part of the family's everyday life. Those strategies may change during a home visit with the family, as needed, and the IFSP members and family formulate new strategies for meeting the outcomes.

3.9.2 The role of the IFSP team members in supporting infants and toddlers and their families:

A considers the natural environments, family routines, and activity settings in which the child could, should, or would like to participate and that are the context for attainment of IFSP functional outcomes

B. identifies both planned and spontaneous interest-based learning opportunities that do or could occur within these activity settings

C. assists the family and other caregivers to use these learning opportunities to lead to desired skills and behaviors.

3.9.3 Joint visits by team members are an important component of early intervention.

The benefits of joint visits include the following:

A. Families can explain their concerns once, versus having to repeat their story to different people on different days

B. Team members can strategize with the family together, incorporating the family's goals with each member's professional expertise

C. Team members can learn from each other as expertise is shared with the family

D. A joint plan of strategies can be created during the visit.

3.9.4 The service coordinator helps the family expand their resource network by helping the family to access community resources and assistance identified through the family assessment and IFSP process. These discussions may include, but are not limited to:

A. Exploring community resources that the family maybe interested in such as Supplemental Security Income (SSI) or WIC, and if they need further assistance.

B. identifying new circumstances for the family, such as interest in the child's participation in swimming lessons or activities with other children in their neighborhood.

3.9.5 If a child referred to and/or eligible for AzEIP becomes a ward of the State, the service coordinator follows the AzEIP policies and procedures to identify an appropriate representative to act as the child's early intervention parent under IDEA, Part C. See Chapter 7 Procedural Safeguards of AzEIP policy and procedure.

3.9.6 The service coordinator is responsible for ensuring that all early intervention services on the IFSP are provided timely.

3.9.7 To be considered timely, each service identified on the IFSP must have a planned start date that is on or before 30 days from the date the family consents to the service (i.e., signs the IFSP).

A. Only a parent can request for a service to have a planned start date greater than 30 days from the date of the IFSP. Justification for the start date must be documented on the IFSP.

3.9.8 The planned start date is the agreed upon date by which a service will start and should not be the date of the IFSP unless the service is initiated on the same day as the IFSP meeting.

3.9.9 All services identified in a child's IFSP must be initiated on or before the planned start date.

3.9.10 The service coordinator discusses the importance of completing a family survey and the timelines the family will receive a survey (after annual IFSP(s)and exit).

3.9.11 The service coordinator discusses the Child Outcomes Summary (COS) process, the family's role in providing information for the rating, and when this will be completed (at entry, 6-month, and annual reviews, and exit from early intervention).

3.9.12 When a licensed professional seeks reimbursement for IFSP services from public or private insurance, the professionals shall prepare and maintain the appropriate documentation in the file of record necessary to seek such reimbursement.

3.9.13 Team-based early intervention services are provided with a Team Lead using a coaching approach for the families and children served.

3.9.14 When the child is DOD eligible and the AzEIP TBEIS contractor is providing service coordination, the AzEIP service coordinator will communicate with DOD when the child's circumstances change indicating potential eligibility for AHCCCS and/or ALTCS, such as a new developmental or medical diagnosis, or regression in development. The AzEIP service coordinator will coordinate with DOD to ensure the family is informed about ALTCS and, if interested, moves forward with the steps to determine whether an application is appropriate.

3.10 Periodic and Annual Review of the IFSP

3.10.2 A review of the IFSP for a child and the child's family must be conducted in-person at least every six months.

3.10.3 The purpose of the periodic review is to determine:

A. the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made; and

B. whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.

C. Complete the COS process if the periodic review is a six-month IFSP review, including the Child Outcomes Summary form. If needed, the multidisciplinary team may use a broad-spectrum assessment tool (i.e., criterion-referenced).

3.10.4 Other reviews may occur more frequently if conditions warrant, or if the family requests such a review.

3.10.5 All IFSP reviews must:

A. be conducted in the native language of the family or other mode of communication used by the family

B. be arranged with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

3.10.6 IFSP team members currently providing services to the child and family are required to attend IFSP meetings in person with the one exception of the team member who conducted the assessment who, if unable to attend the meeting in person, may have arrangements for the person's involvement through other means, including:

A. participating in a telephone conference call

B. having a knowledgeable authorized representative attend the meeting

C. making pertinent records available at the meeting, such as a quarterly report.

3.10.7 Changes to early intervention services on the IFSP must be documented on the Addendum pages of the IFSP.

3.10.8 Each early intervention service must be provided in accordance with the IFSP planned start date, which should be as soon as possible after the IFSP meeting where the parent consents to the service, and in a manner that best supports the IFSP outcome and recognizes the family's priorities and schedules.

3.10.9 A meeting must be conducted on at least an annual basis to evaluate and review the existing IFSP, as appropriate, and develop a new IFSP for the child and family. The results of any current evaluations and other information available from the assessments of the child and family conducted must be used in determining the early intervention services that are needed and will be provided.

3.10.10 An annual assessment must be conducted before or during the annual IFSP meeting and sufficiently comprehensive to develop a summary of the child's present levels of development for the annual IFSP. The annual assessment must meet the following requirements:

A. Consent to conduct the child assessment must be obtained prior to conducting the child assessment

B. Consent to conduct the family assessment must be obtained prior to conducting the family assessment

C. The Child and Family Assessment Guide for Families must be provided to the family at least two weeks prior to the scheduled annual IFSP date.

D. Complete the COS process if the periodic review is a six-month IFSP review, including the Child Outcomes Summary form. If needed, the multidisciplinary team may use a broad-spectrum assessment tool (i.e., criterion-referenced).

3.10.11 The annual IFSP meetings must:

A. Be held in settings and at times that are convenient to families

B. Be conducted in the native language of the family or other mode of communication used by the family

C. Be arranged with, and written notice is provided to, the family and other participants early enough before the meeting date to ensure that they have a reasonable opportunity to attend.

D. Include the IFSP team.

3.10.12 The contents of the IFSP must be fully explained to the parents and informed written consent must be obtained, prior to the provision of early intervention services described in the IFSP.

3.11 Eligibility Considerations after Initial IFSP

3.11.11 Subsequent Eligibility for Other AzEIP service providing agency

A. If during implementation of the IFSP, the IFSP team determines that the child may be eligible for either DOD and/or ASDB, the AzEIP service coordinator is responsible for coordinating the determination of eligibility with DOD and/or ASDB.

B. If the child who had been eligible for AzEIP, but not DOD (aka AzEIP-only), is later determined eligible for ODD, the AzEIP service coordinator works with DOD to determine if there will be a change in service coordinator. If there is a change, the AzEIP service coordinator informs the family of the change and coordinates with the family and the new service coordinator. The AzEIP Service Coordinator sends a copy of the child's complete file to DOD within two (2) business days of determination of eligibility if service coordination will change.

3.11.12 Re-determination of Eligibility

A. A child who is initially determined eligible based on informed clinical opinion must be re-evaluated by a multi-disciplinary team within one month of the first annual IFSP meeting using a standardized instrument to document that the child is exhibiting a developmental delay of 50 percent in on one or more areas of development.

B. If the IFSP team suspects, that a child is functioning at or near appropriate developmental levels, the Service Coordinator, along with the IFSP team, will discuss how the child is functioning within the family. At this time, the family may decide that they no longer want to continue with early intervention services.

3.11 Hearing Screening

3.11.13 The EIP may conduct a hearing screening at the initial visit and annually when appropriate in accordance with A.AC. R9-13 Article 2 (See section 3.5 of the AzEIP Policy Manual and AzEIP Procedure Manual Chapter 3).

3.11.14 Anyone who conducts hearing screenings must meet screener qualifications and have a current certificate of completion from ADHS to perform hearing screenings per A.AC. R9-13 Article 1.

3.12 Team Meetings

3.12.11 The purpose of team meetings is to share information among team members about children referred to and/or eligible for AzEIP, provide coaching opportunities, and ensure that services are provided in accordance with the IFSP.

3.12.12 Team meetings should occur in person or if necessary, by telephone conferencing to ensure all team members participate, as long as confidentiality is maintained.

3.12.13 Within an EIP there may separate, small teams with individual caseloads that meet for shorter periods of time weekly, or on an alternate schedule approved by ADES/AzEIP, due to the smaller caseload.

3.12.14 Team meetings occur weekly and shall include all core team members, the Service Coordinator, and as appropriate, the Psychologist, Social Worker, Teacher of the Visually Impaired, and Teacher of the Deaf/Hard of Hearing.

3.12.15 The weekly discussion shall not include all children and families, but only those requested by a team member to be included on the agenda or those scheduled for their periodic review. Periodic reviews of all children shall occur at least quarterly.

3.12.16 Families participate in the team meetings through in-person attendance, calling- in to the meeting, or asking the Team Lead to share their questions/concerns. Teams should ensure that families have adequate notice to be able to participate in team meetings in person or by phone.

3.12.17 The team accommodates family participation by telephone or other means to ensure it is convenient for the family. If the family participates in the team meeting and an IFSP change is identified and agreed upon by the family, a revision may only be made in accordance with AzEIP policies and procedures. In most circumstances, IFSP decisions will not be made at the team meeting. IFSP decisions are never made without the full participation of the parent(s).

3.12.18 Team meetings shall have a facilitator.

3.12.19 Every child is discussed quarterly (four times per year from the date of the initial IFSP) and a quarterly report prepared and kept in the child's early intervention records.

3.13 Contact Log

3.13.1 Every child record must contain a contact log that is maintained at all times by each early intervention service provider providing services to that child and family and at minimum contains:

A. the name(s) of the early intervention provider (SC's and core team members) and their role and credentials
B. detailed description of the activity
C. time in and time out (or start and end times) of each activity
D. total hours worked
E. parent signature or initials when applicable
F. all communication attempts (successful and unsuccessful).

3.13.2 All home visits conducted by IFSP team members must be documented using a home visiting log, signed by the family. When the home visit is an ongoing IFSP service; the team member shall include the IFSP outcomes and the appropriate elements of coaching used during the session, including the joint plan made by the team member(s) and the family at the end of the session.