

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.

3.4 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 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 support 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.