



Arizona Early Intervention Program

Policy Manual Effective **April 1, 2022**

Table of Contents

CHAPTER 1: GENERAL OVERVIEW	5
1.0 Introduction	5
1.1 Structural Overview	7
1.2 Inter- and Intra- agency Agreements.....	8
1.3 Interagency Coordinating Council	9
1.4 Public Participation in Policies & Procedures and Part C Grant Application	11
1.5 General Supervision	12
1.6 Public Awareness	13
1.7 Child Find	14
1.8 Central Directory.....	16
1.9 Referrals to AzeIP	16
CHAPTER 2: GENERAL SUPERVISION	18
2.0 General Supervision	18
2.1 State Performance Plan/Annual Performance Report (SPP/APR)	20
2.2 AzEIP Policies and Procedures and Effective Implementation	23
2.3 Effective Dispute Resolution.....	24
2.4 Data Requirements.....	24
2.5 Integrated Monitoring Activities.....	27
2.6 Determinations	29
2.7 Public Reporting.....	34
2.8 Training and Technical Assistance System	34
2.9 Fiscal Management.....	36
CHAPTER 3: EARLY INTERVENTION SERVICES	38
3.0 Early Intervention Services	38
3.1 Initial Planning Process.....	40
3.2 Referral.....	41
3.3 Initial Call and Initial Visit	42
3.4 Eligibility Criteria	45
3.5 Eligibility Determination.....	46
3.6 Interim IFSP	49



3.7 Child and Family Assessment 49

3.8 Individualized Family Service Plan 52

3.9 Implementation of the IFSP 56

3.10 Periodic and Annual Review of the IFSP..... 58

3.11 Eligibility Consideration After Initial IFSP 60

3.12 Hearing Screening 61

3.13 Team Meetings 62

3.14 Contact Log 63

CHAPTER 4: TRANSITION 63

4.0 Introduction 63

4.1 Collaboration with the Arizona Department of Education (ADE)..... 63

4.2 Transition Planning Overview..... 64

4.3 Transition Planning Meeting 64

4.4 PEA Notification 66

4.6 Preschool Special Education..... 69

4.7 Child Find 69

4.8 Dispute Resolution 70

CHAPTER 5: FINANCIAL MATTERS 72

5.0 Financial Responsibility for AzEIP Participating Agencies 72

5.1 Federal Funds Available Under IDEA, Part C: Payor of Last Resort... 72

5.2 System of Payments..... 73

5.3 Inability to Pay..... 77

5.4 Coordination with Other Funding Sources 77

5.5 Contracting or Otherwise Arranging for Services..... 78

CHAPTER 6: COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT 80

6.0 Overview 80

6.1 Personnel Qualifications..... 82

6.2 Standards of Practice 87

6.3 Provider Registry 88

6.4 AzEIP Personnel Qualifications 88

CHAPTER 7: PROCEDURAL SAFEGUARDS 97

7.0 Introduction 97

7.1 Definitions..... 97

7.2 Confidentiality..... 100

7.3 Notice to Parents..... 101



7.4 Records 102

7.5 Destruction of Information 107

7.6 Address Confidentiality Program 108

7.7 Parental Consent and Ability to Decline Services 108

7.8 Prior Written Notice..... 108

7.9 Identification of the Parent and Use of a Surrogate Parent..... 109

7.10 Dispute Resolution..... 112

7.11 Data Breach 115

CHAPTER 1: GENERAL OVERVIEW

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 §§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; 34 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 Introduction

- 1.0.1 It has been established in the Arizona Revised Statutes (A.R.S.) to continuously develop and implement a statewide, comprehensive, coordinated, interagency, multidisciplinary system for providing early intervention services, which are based on scientifically based research, to the extent practicable, to all children who are eligible under IDEA, Part C, and their families, including:
- A. Native American infants and toddlers with disabilities, and their families who reside on a reservation geographically located in the state
 - B. Infants and toddlers with disabilities and their families
 - C. Infants and toddlers with disabilities, and their families who are experiencing homelessness
 - D. Infants and toddlers with disabilities who are wards of the state.
- 1.0.2 A.R.S. § 41-2022 designates the Arizona Department of Economic Security (ADES) as the Lead Agency responsible for the administration of the state's IDEA, Part C system.
- 1.0.3 The Director of ADES designates the Arizona Early Intervention Program (AzEIP) to carry out the functions and activities of administering the Part C system, including the:
- A. General administration and supervision of the programs and activities administered by agencies, institutions, organizations, and early intervention service providers that are receiving IDEA, Part C funding
 - B. Oversight and monitoring of programs and activities to carry out early intervention, whether or not these programs or activities are administered by agencies, institutions, organizations, or early intervention service providers that are receiving IDEA, Part C funding, to ensure that Arizona complies with all IDEA, Part C requirements, including:

- 1) Monitoring agencies, institutions, organizations, and early intervention service providers used to implement early intervention
 - 2) Enforcing any obligations imposed on those agencies, institutions, and early intervention service providers under IDEA, Part C and its regulations
 - 3) Providing technical assistance, if necessary, to those agencies, institutions, organizations, and early intervention service providers
 - 4) Correcting any noncompliance identified through monitoring as soon as possible, and in no case later than one year after ADES/AzEIP identifies the noncompliance
 - 5) Conducting the activities in A – F. of 1.0.2 consistent with 34 C.F.R. §§303.700 through 707 and any other activities required by Arizona regulations.
- C. Assignment of financial responsibility as required under IDEA, Part C
- D. Development of procedures to ensure that early intervention services are provided to AzEIP eligible children and their families in a timely manner, and if applicable, pending the resolution of any disputes among agencies or early intervention service providers
- E. Resolution of any inter- and intra-agency disputes in accordance with the AzEIP Policy Manual, Chapter 5: *Financial Matters*
- F. Entry into formal interagency agreements or other written methods of establishing financial responsibility of each agency for paying for early intervention services (consistent with Arizona law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in the AzEIP Policy Manual, Chapter 5: *Financial Matters*.
- 1.0.4 ADES/AzEIP develops and utilizes a system that results in effective general supervision of the early intervention program and ensures quality early intervention supports and services provided within the context of a family's daily activities and routines are available to infants and toddlers with disabilities and their families.
- 1.0.5 ADES/AzEIP ensures that early intervention services are based on age-appropriate scientific research, to the extent practicable given the availability of age-appropriate scientific research concerning a particular early intervention service and are available to all infants and toddlers with disabilities and their families.
- 1.0.6 The mission of early intervention is to build upon and provide supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

1.1 **Structural Overview**

1.1.1 AzEIP Participating Agencies:

- A. ADES/AzEIP administers the early intervention system in collaboration and agreement with the following AzEIP participating agencies:
 - 1) Arizona Department of Economic Security (ADES)
 - 2) Arizona Department of Education (ADE)
 - 3) Arizona Department of Health Services (ADHS)
 - 4) Arizona Health Care Cost Containment System (AHCCCS)
 - 5) Arizona State Schools for the Deaf and the Blind (ASDB).

1.1.2 AzEIP Service Providing Agencies:

- A. AzEIP service providing agencies are those state agencies in A.R.S. §41-2022 that provide service coordination and/or other early intervention supports and services in accordance with IDEA, Part C, relevant federal and state law, and AzEIP policies and procedures.
- B. AzEIP service providing agencies include the following agencies and each of their employees and contractors providing early intervention supports and services:
 - 1) Team-based Early Intervention Contractors contracted with ADES/AzEIP
 - 2) ADES/Division of Developmental Disabilities (DDD)
 - 3) ASDB.
- C. ADES/AzEIP provides technical assistance and independent review to support consistent and constructive monitoring across AzEIP service providing agencies.
- D. ADES/AzEIP addresses specific agency, contractor, and/or employee performance with the appropriate service providing agency individually and if needed, determines mutually acceptable corrective action with the service providing agency, including timelines, resources, and responsible parties. In the event that the two entities cannot agree on corrective actions, ADES/AzEIP will establish steps to ensure conformity to AzEIP policies and procedures and the process for monitoring change. See the AzEIP Policy Manual, Chapter 2: *General Supervision*.
- E. AzEIP service providing agencies serve all racial and ethnic groups within the state.
- F. AzEIP service providing agencies provide services throughout the state,

thus providing access for all cultural groups in urban and rural locations, including Native Americans living on reservations geographically located in the state.

1.2 Inter- and Intra- agency Agreements

- 1.2.1 ADES/AzEIP is responsible for ensuring that inter- and intra-agency agreements or memorandums of understanding (MOUs) are maintained between and among the AzEIP participating agencies. Each agreement must:
- A. Ensure effective cooperation and coordination between and among all agencies involved in the coordination and implementation of Part C requirements in the state
 - B. Define the financial obligations for the early intervention services delineated in each agreement
 - C. Include procedures for resolving inter- and intra-agency disputes, including the provision of services pending resolution of any dispute.
- 1.2.2 Procedures for resolving disputes must allow the AzEIP participating agencies to resolve their own internal disputes in a timely manner. If an AzEIP participating agency is unable to resolve an internal dispute within 15 days, then it must submit a written request to the Part C Coordinator of ADES/AzEIP. The Part C Coordinator of ADES/AzEIP, or designee, will review all relevant information in the dispute by:
- A. Conducting an independent, on-site investigation, if necessary
 - B. Giving all parties involved in the dispute the opportunity to submit additional information, either orally or in writing.
- 1.2.3 The Part C Coordinator of ADES/AzEIP, or designee, will make an independent determination as to the resolution within 90 days of the receipt of the request.
- 1.2.4 During a dispute, ADES/AzEIP is responsible for assigning financial responsibility to the appropriate agency, dependent upon the facts and nature of the situation. If during the course of the resolution of the dispute, it is determined that the assignment of financial responsibility was inappropriately made, then ADES/AzEIP shall reassign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility.
- 1.2.5 Through the dispute resolution above, ADES/AzEIP ensures that services are provided to children who are eligible for AzEIP and their families in a timely manner regardless of disputes regarding financial or other responsibilities. A

copy of AzEIP Interagency Agreements can be found on the AzEIP website at <http://des.az.gov/azeip> or by contacting ADES/AzEIP.

1.3 Interagency Coordinating Council

- 1.3.1 Under A.R.S. §41-2022, the Interagency Coordinating Council (ICC) for Infants and Toddlers is designated, as required by federal law, to advise and assist ADES/AzEIP, the lead agency, in developing and implementing the statewide system of early intervention services for eligible children and their families.
- 1.3.2 The members of the Council must be appointed by the Governor, pursuant to the requirements of IDEA Part C. To the extent possible, the membership of the ICC shall represent the ethnic and geographic characteristics of the state's population.
- 1.3.3 The Council shall be composed as follows:
- A. At least 20 percent of the members are parents including minority parents, of infants or toddlers with disabilities or children with disabilities ages 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one parent member has a child with a disability who is less than six years of age.
 - B. At least 20 percent of the members are public or private providers of early intervention services.
 - C. At least one member is from each of the state agencies involved in the provision of or payment for early intervention services. These agencies include the ADES/DDD, ADHS, ASDB, and AHCCCS. The agencies' representatives must have sufficient authority to engage in policy planning and implementation on behalf of their agencies.
 - D. At least one member is from ADE, the state agency responsible for preschool services for children with disabilities. The ADE representative must have sufficient authority to engage in policy planning and implementation on its behalf.
 - E. At least one member is from AHCCCS, the state Medicaid agency.
 - F. At least one member is from the state Legislature.
 - G. At least one member is involved in personnel preparation.
 - H. At least one member is from the Arizona Department of Insurance, the state agency responsible for the regulation of private health insurance.

- I. At least one member is from a Head Start or Early Head Start agency or program.
 - J. At least one member is from the ADES/Child Care Administration, the state agency responsible for childcare.
 - K. At least one member is from the ADE Office of the Coordination of Education of Homeless Children and Youth.
 - L. At least one member is from the Arizona Department of Child Safety (DCS), the state child welfare agency responsible for foster care.
 - M. At least one member is from the state agency responsible for children's mental health.
- 1.3.4 The Council meets at minimum quarterly and the meetings:
- A. Are publicized sufficiently in advance of the meeting dates to ensure all interested parties have an opportunity to attend
 - B. Are open and accessible to the extent appropriate to members and the general public
 - C. Have qualified interpreters for those in attendance who are deaf and other special services for Council members and participants, when needed.
- 1.3.5 The Council elects a Chair and Vice Chair who are not representatives of ADES/AZEIP and at least one of whom shall be a parent.
- 1.3.6 The Council consists of a standing Executive Committee, and additional standing committees and ad-hoc committees, as further defined in the ICC By-Laws, to address specific issues as identified by the Council.
- 1.3.7 Each committee of the ICC will review proposed policy, procedures, materials, and strategies within their areas of focus and make recommendations to the full Council.
- 1.3.8 The Council will consider and deliberate any proposed actions by ADES/AZEIP on behalf of AZEIP and committee recommendations before voting to forward specific recommendations to ADES/AZEIP.
- 1.3.9 A Council member may not cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.
- 1.3.10 Parent members of the Council may be reimbursed for reasonable and necessary expenses for attending Council meetings and performing Council duties as addressed in the ICC By-Laws.

1.4 Public Participation in Policies and Procedures and Part C Grant Application

- 1.4.1 At least 60 days prior to ADES/AzEIP's submittal of the Part C grant application for federal funds to the Office of Special Education Programs (OSEP), including any proposed new or revised policies, procedures, descriptions, methods, certifications, assurances and other information required in the application, ADES/AzEIP must publish in a manner that will ensure circulation throughout the State for at least a 60-day period, an opportunity for public comment on the Part C grant application for at least 30 days during that period.
- 1.4.2 Prior to adopting any new policy and/or procedure (including any revision to an existing policy and/or procedure) needed to comply with IDEA, Part C, ADES/AzEIP will:
- A. Hold public hearings on the new or revised policy and/or procedure
 - B. Provide notice of public hearings at least 30 days before the hearings are conducted to enable public participation
 - C. Provide an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, early intervention service providers, and the members of the ICC, to comment for at least 30 days on the new or revised policy and/or procedure
- 1.4.3 During the public comment period, comments may be submitted by fax, letter, or e-mail to ADES/AzEIP, or during public hearings, which are publicized with the original posting of the proposed policy. Procedures for submitting public comment are outlined in public comment and public hearing announcements.
- 1.4.4 ADES/AzEIP distributes and releases information on how to access proposed new or revised policy and/or procedure changes statewide via e-mail, posting on ADES/AzEIP website at <http://des.az.gov/azeip>, and/or at meeting presentations to the AzEIP participating agencies, the ICC and its committees, early intervention service providing agencies, families, and other stakeholders as appropriate.
- 1.4.5 Each AzEIP participating agency is responsible to distribute information to their employees, contractors, and families via agency mechanisms for communication.
- 1.4.6 The ICC and its committees, ADES/AzEIP, and the AzEIP participating agency employees and contractors are encouraged to inform a broad range of contacts.
- 1.4.7 AzEIP policies and procedures not specifically developed to meet the

requirements of IDEA, Part C are not subject to public participation requirements. Clarification of existing policies and procedures is not subject to public participation requirements. AzEIP established guidance documents are not subject to public participation requirements.

1.5 General Supervision

1.5.1 ADES/AzEIP is responsible for the:

A. General administration and supervision of programs and activities receiving funding under IDEA, Part C in Arizona.

B. Oversight and monitoring of programs and activities used by the State to carry out early intervention, whether or not these programs or activities are receiving IDEA, Part C funding, to ensure that Arizona complies with all federal requirements.

C. Implementation and monitoring of the following systems, which are defined in the AzEIP Policy and Procedure Manuals:

- 1) Public Awareness and Child Find System
- 2) Technical Assistance System
- 3) Early Intervention Services
- 4) Transition
- 5) Financial Matters
- 6) Comprehensive System of Personnel Development
- 7) Data Collection and Record Keeping

1.6 Public Awareness

- 1.6.1 AzEIP participating agencies and the ICC, maintain a public awareness system using a variety of methods to inform families, primary referral sources, and the general public about the importance of early identification of infants and toddlers with disabilities and the availability of early intervention services in Arizona.
- 1.6.2 All primary referral sources, including hospitals and physicians, are provided public awareness materials and information to be shared with parents and caregivers of infants and toddlers, especially those with premature infants or infants with other physical risk factors associated with learning and developmental complications.
- 1.6.3 All public awareness materials and public meeting agendas include the statement for people with disabilities or special needs to request appropriate accommodations to ensure their active participation on all committees, conferences, public hearings, and meetings. Facilities used for meetings must meet the accessibility requirements of the Americans with Disabilities Act.
- 1.6.4 Public awareness materials and information include, but are not limited to:
- A. A description of the purpose of early intervention and services available through AzEIP
 - B. A description of how to make a referral for a child under the age of three for screening and/or evaluation to determine eligibility for AzEIP
 - C. A description of the eligibility criteria for AzEIP
 - 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.
 - E. The availability of preschool services under IDEA, Part B at least 90 days prior to a toddler's third birthday.
 - F. A central directory, as described in 1.8.
- 1.6.5 AzEIP participating agencies and the ICC participate in public awareness activities which include but are not limited to the following:
- A. Public service announcements and news releases
 - B. Maintaining a website which provides relevant information regarding early intervention
 - C. Distribution of brochures, flyers, and printed materials

- D. Presentations and trainings to community partners
- E. Participation in health fairs and conferences
- F. Participation at school child find events
- G. Participation in relevant planning and/or advisory councils and committees.

1.7 Child Find

- 1.7.1 ADES/AzEIP, in coordination with AzEIP participating agencies (including its contractors), and advice and assistance from the ICC, implements a child find system that:
- A. Ensures all infants and toddlers residing in Arizona who are potentially eligible for early intervention services through AzEIP are identified, located, and evaluated as required under IDEA, Part C, and the General Education Provisions Act (GEPA), including:
 - 1) Native American infants and toddlers with disabilities residing on a reservation geographically located in Arizona and minority populations
 - 2) Infants and toddlers with developmental delays or disabilities who are homeless, in foster care, and/or wards of the State
 - 3) Infants and toddlers who are subject of a substantiated case of child abuse or neglect or identified as directly affected by illegal substance or withdrawal symptoms resulting from prenatal drug exposure.
 - B. Includes a system for making referrals.
 - C. Ensures that the child find system is coordinated with all other entities to locate and identify children, including:
 - 1) ADE, which administers the preschool special education program under section 619 of IDEA, Part B
 - 2) ADHS, which is responsible for the maternal child health program, Women Infants and Children (WIC), behavioral health services, and other supports for families and children
 - 3) AHCCCS which oversees the administration of Early Periodic Screening, Diagnosis and Treatment (EPSDT), Arizona Long Term Care System (ALTCS), Children's Health Insurance Program (CHIP) and other health programs

- 4) Programs under the Developmental Disabilities Assistance and Bill of Rights Act
 - 5) Arizona Head Start and Early Head Start grantees
 - 6) Divisions and programs within ADES, including the Supplemental Security Income (SSI) program, Child Care Administration (CCA), Arizona Refugees Resettlement program, and domestic violence programs
 - 7) The Arizona Department of Child Safety (DCS), which administers the Child Abuse Prevention and Treatment Act (CAPTA)
 - 8) The Early Hearing Detection and Intervention (EHDI) system administered by the Centers for Disease Prevention and Control (CDC)
 - 9) The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program under Title V.
- 1.7.2 The AzEIP service providing agencies will serve all racial, ethnic, and cultural groups in all urban and rural locations of the state, including Native Americans living on reservations geographically located in the state.
- 1.7.3 ADES/AzEIP, with the advice and assistance of the ICC, ensures that there will not be unnecessary duplication of effort by the agencies involved in the IDEA, Part C Child Find system. The resources of each public agency will be utilized to implement the child find system in the most efficient manner.
- 1.7.4 ADES/AzEIP and the AzEIP participating agencies (including its contractors, as appropriate), facilitate the identification, location, and evaluation of all potentially eligible children through interagency planning, participation in public awareness and the child find system, screening and referral, and monitoring.
- 1.7.5 The AzEIP participating agencies, ICC, and other community partners identify child find partners statewide to promote collaboration with ADES/AzEIP.
- 1.7.6 ADES/AzEIP and ADE collaborate to ensure implementation of an Intergovernmental Agreement (IGA) that details each agency's responsibilities under IDEA in relation to Child Find.
- 1.7.7 ADES/AzEIP and DCS coordinate and develop procedures to ensure children under the age of three are referred to AzEIP who are:
- A. The subject of a substantiated case of child abuse or neglect

- B. Identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

1.7.8 ADES/AzEIP coordinates with the Arizona Department of Health Services, Office of Newborn Screening EHDl program, to ensure infants and toddlers with, or at-risk for, hearing loss are screened by one month of age, diagnosed by three months of age, and referred to AzEIP and receiving early intervention services by six months of age.

1.8 Central Directory

1.8.1 ADES/AzEIP shall develop and maintain a central directory of information, which includes the following information:

- A. Public and private early intervention services, resources, and experts available within the state
- B. Parent support, training, and information centers
- C. Research and demonstration projects being conducted in Arizona relating to infants and toddlers with disabilities
- D. Professional and other groups, nationally and locally, that provide assistance to infants and toddlers with disabilities, and their families.

1.8.2 The central directory shall provide sufficient detail to allow:

- A. The general public the ability to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and
- B. Families and caregivers, the opportunity to contact, by telephone, email, or written correspondence, any source listed in the directory.

1.8.3 The central directory shall be:

- A. Updated at least annually
- B. Available in each geographic region, including rural areas upon request, and on the ADES/AzEIP website at <http://des.az.gov/azeip>
- C. Available in places and in a manner which is accessible to persons with disabilities.

1.9 Referrals to AzEIP

1.9.1 Anyone may refer an infant or toddler suspected of having a developmental delay or disability to AzEIP.

- 1.9.2 A person or entity who refers an infant or toddler to AzEIP is considered a primary referral source and may include but is not limited to:
- A. Parents
 - B. Family members or friends
 - C. Hospitals, including prenatal and postnatal care facilities
 - D. Physician
 - E. Private therapists
 - F. Childcare and early learning programs
 - G. Local Education Agencies (LEAs) and schools
 - H. Head Start
 - I. Public health facilities
 - J. Other public health or social service agencies
 - K. Other clinics and health care providers
 - L. Public agencies and staff in the child welfare system, including the Department of Child Safety, and foster care and adoption agencies
 - M. Homeless shelters
 - N. Domestic violence shelters and agencies.
- 1.9.3 Primary referral sources have a responsibility to complete a referral to AzEIP within seven (7) calendar days of identifying a child suspected of having a developmental delay or disability, as defined by AzEIP's eligibility criteria.
- 1.9.4 DCS is required to refer an infant or toddler under the age of three who is:
- A. The subject of a substantiated case of child abuse or neglect, or
 - B. Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
- 1.9.5 The single entity that serves as the point of entry for families into AzEIP is called the AzEIP central referral agency.
- 1.9.6 A referral may be submitted in many ways including by e-mail, fax, phone, or through the online referral system.
- 1.9.7 Upon receipt of a referral, the AzEIP central referral agency assigns the referral to a TBEIS contractor in the geographic service region in which the child and family resides.

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 General Supervision

2.0.1 In administering the statewide early intervention program, ADES/AzEIP must ensure the following requirements are met:

- A. Monitoring the implementation of the statewide early intervention system
- B. Making annual determinations about the extent to which each AzEIP service providing agency implements the requirements of IDEA, Part C, using the four categories designated by the United States Department of Education, Office of Special Education Programs (OSEP) (1) meets requirements; (2) needs assistance; (3) needs intervention; and (4) needs substantial intervention. Local determinations are made available to the public on the ADES/AzEIP website at <http://des.az.gov/azeip>;
- C. Enforcing the requirements of IDEA, Part C using appropriate enforcement mechanisms, which include:
 - 1) Advising the early intervention program (EIP) of available ADES/AzEIP-approved sources of technical assistance to help address the area(s) in which the EIP needs assistance; and requiring the EIP to implement a corrective action plan (CAP) as appropriate. The technical assistance may include:
 - a. Assistance in identifying and implementing professional development, early intervention service provision strategies, and methods of early intervention service provision that are based on evidence-based practices
 - b. Designating and using administrators, service coordinators,

early intervention service providers, and other personnel from the EIP to provide technical assistance and support; and

- c. Devising additional approaches to provide technical assistance, such as collaborating with institutions of higher education, educational service agencies, and other entities approved by ADES/AzEIP.
- 2) Imposing special conditions on the funding of the EIP, or if the program is not funded by IDEA, Part C grant funds, additional conditions may apply
 - 3) Requiring the EIP to prepare a corrective action plan and correct noncompliance within one year
 - 4) Withholding funds, in whole or in part, to the EIP
 - 5) Suspending or terminating the AzEIP service providing agency's service provision responsibilities and funding, in part or in whole, as directed by ADES/AzEIP
 - 6) Reporting annually on the performance of ADES/AzEIP and each EIP.

2.0.2 An EIP is defined as the ADES/AzEIP service providing agencies designated to provide early intervention services in a specified region and consists of:

- A. The early intervention service providers working with one AzEIP Team-based Early Intervention Services (TBEIS) contractor
- B. The Division of Developmental Disabilities (DDD) service coordinators working as part of the team with the early intervention service providers included in 2.0.2.A and 2.0.2.C; and
- C. The ASDB teachers of the visually impaired (TVI) and teachers of the Deaf/Hard of Hearing (TOD) working as a part of the team with the early intervention service providers included in 2.0.2.A. and 2.0.2.B.

Each EIP has only one AzEIP TBEIS contractor. There may be more than one EIP in a region where the region has multiple AzEIP TBEIS contractors.

2.0.3 ADES/AzEIP ensures that the primary focus of its monitoring activities is to:

- A. Improve early intervention results and functional outcomes for all AzEIP eligible infants and toddlers and their families; and
- B. Ensure that the EIP meets the requirements under IDEA, Part C with a particular emphasis on those requirements that are closely related to

improving early intervention results for eligible children.

- 2.0.4 ADES/AzEIP carries out general supervision activities through the implementation and oversight of the following:
- A. State Performance Plan/Annual Performance Report (SPP/APR);
 - B. Annual 618 reports
 - C. AzEIP policies and procedures and effective implementation which includes Inter- and Intra- Agency Agreements and the Comprehensive System of Personnel Development
 - D. Data processes and results
 - E. Integrated monitoring activities
 - F. Effective dispute resolution
 - G. Technical assistance system and professional development
 - H. Fiscal management.
- 2.0.5 To implement general supervision responsibilities, ADES/AzEIP uses quantitative and qualitative indicators, to adequately measure performance and monitor each EIP in the priority areas of:
- A. Early intervention services in natural environments
 - B. General supervision activities, including child find, effective monitoring, mediation, fiscal monitoring, and a system of transition services as described in the AzEIP Policy and Procedure Manuals, Chapter 4, *Transition*.
- 2.0.6 ADES/AzEIP ensures that when it identifies noncompliance with the requirements of IDEA, Part C by an EIP, the noncompliance is corrected as soon as possible and no later than one year from the identification of the noncompliance.

2.1 State Performance Plan/Annual Performance Report (SPP/APR)

- 2.1.1 ADES/AzEIP maintains the SPP/APR, on file and approved with OSEP, as an accountability mechanism for the state and local EIP's. ADES/AzEIP reviews its SPP/APR annually and submits the report to OSEP.
- 2.1.2 The SPP/APR includes:
- A. Measurable federal indicators of ADES/AzEIP's performance in specific

statutory priority areas under IDEA, Part C

- B. Stakeholder feedback
 - C. Measurable and rigorous targets for the indicators
 - D. Improvement activities, timelines, and resources, which describe how the state will improve the implementation of the priority areas.
- 2.1.3 The measurable federal indicators in the SPP/APR include both compliance indicators (with required targets of 100 percent) and performance indicators (with measurable and rigorous targets established by the state with broad stakeholder involvement).
- 2.1.4 The IDEA, Part C SPP/APR federal indicators are as follows:
- A. Indicator 1 Timely Service Delivery: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.
 - B. Indicator 2 Settings: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.
 - C. Indicator 3 Child Outcomes: Percent of infants and toddlers with IFSPs who demonstrate improved:
 - 1) Positive social-emotional skills (including social relationships)
 - 2) Acquisition and use of knowledge and skills (including early language/communication)
 - 3) Use of appropriate behaviors to meet their needs.
 - a. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
 - b. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
 - D. Indicator 4 Family Outcomes: Percent of families who report that early intervention services have helped their family:
 - 1) Know their rights
 - 2) Effectively communicate their children's needs

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- 3) Help their children develop and learn.
- E. Indicator 5 Child Find, Ages Birth to 1: Percent of infants and toddlers' birth to one with IFSPs compared to national data.
 - F. Indicator 6 Child Find, Ages Birth to 3: Percent of infants and toddlers' birth to three with IFSPs compared national data.
 - G. Indicator 7 Timeliness of IFSP: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation, initial assessment and an initial IFSP meeting were conducted within IDEA, Part C's 45-day timeline.
 - H. Indicator 8 Early Childhood Transition: Percent of all toddlers exiting IDEA, Part C who received timely transition planning to support the child's transition to preschool and/or other appropriate community services by their third birthday including:
 - 1) Development of an IFSP with transition steps and services at least 90 days (and at the discretion of all parties, not more than nine months) prior to the child's third birthday
 - 2) Notification (consistent with any opt-out policy adopted by the State) to the State Education Agency (SEA) and the Local Education Agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday, for toddlers potentially eligible for IDEA, Part B preschool services
 - 3) Provision of a transition conference with the approval of the family at least 90 days (and at the discretion of all parties, not more than nine months) prior to the child's birthday, if the child is potentially eligible for IDEA, Part B preschool services.
 - I. Indicator 9 Hearing Requests Resolved: Percent of hearing requests resolved through resolution session settlement agreements. This indicator does not apply to AzEIP as Arizona's due process procedures follow IDEA, Part C; IDEA, Part B procedures were not adopted.
 - J. Indicator 10 Mediation Agreements: Percent of mediations held resulting in mediation agreements.
 - K. Indicator 11 State Systemic Improvement Plan (SSIP): A comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families, including a multi-year phased approach of analysis, plan, implementation, and evaluation.

- 2.1.5 ADES/AzEIP collects valid and reliable data on its performance on the indicators and reports to OSEP annually in its SPP/APR. Reporting includes each of the indicators and whether or not ADES/AzEIP met its targets. A copy of ADES/AzEIP's current SPP/APR can be found online at the ADES/AzEIP website at <http://des.az.gov/azeip>.
- 2.1.6 ADES/AzEIP collects data on specific federal indicators through ADES/AzEIP's integrated monitoring activities. Data are collected through the ADES data system(s), self-reports, dispute resolution data and outcome data. ADES/AzEIP collects and reports data on those federal indicators for each EIP at least once during the six-year period of the SPP/APR.
- 2.1.7 ADES/AzEIP seeks broad stakeholder feedback and involvement for the SPP/APR, including input from its ICC, on improvement activities, monitoring progress, and potential reasons for slippage.
- 2.1.8 OSEP reviews ADES/AzEIP's SPP/APR annually and makes a determination about the extent to which ADES/AzEIP meets the purposes and requirements under IDEA, Part C. based on the data from the report, any monitoring visits, and any other public information made available; and determines if the ADES/AzEIP:
- A. Meets requirements
 - B. Needs assistance in implementing the requirements of IDEA, Part C
 - C. Needs intervention in implementing the requirements of IDEA, Part C
 - D. Needs substantial intervention in implementing the requirements of IDEA, Part C.
- 2.1.9 Local data from EIP's are gathered and evaluated against ADES/AzEIP's targets for all priority areas to analyze each EIP's implementation of IDEA, Part C. Local data are publicly reported on the ADES/AzEIP website at <http://des.az.gov/azeip>.
- 2.1.10 ADES/AzEIP ensures that it does not report to the public or to OSEP any information on performance, through state, local, or public reporting, that would result in the disclosure of personally identifiable information about individual infants or toddlers or where the available data are insufficient to yield statistically reliable information.

2.2 AzEIP Policies and Procedures and Effective Implementation

- 2.2.1 ADES/AzEIP ensures that policies and procedures:
- A. Align with IDEA, Part C

- B. Are in effect statewide
 - C. Are made available for public comment.
- 2.2.2 ADES/AzEIP ensures early intervention services, based on peer-reviewed research, to the extent practicable, are available for infants and toddlers with disabilities and their families throughout the state.
- 2.2.3 AzEIP service providing agencies (including their contractors) are required to comply with IDEA, Part C, regulations, AzEIP policies and procedures, and other applicable federal and state law.
- 2.2.4 Data from various sources and activities are reviewed regularly to inform decisions about policies and procedures to ensure compliance and quality practices.
- 2.2.5 AzEIP policies and procedures include descriptions of methods used to identify noncompliance with IDEA, Part C requirements and to ensure correction of noncompliance when identified.
- 2.2.6 ADES/AzEIP integrated monitoring activities examine early intervention service providers' implementation of the AzEIP policies and procedures, as well as their use of effective practices including fiscal monitoring.

2.3 Effective Dispute Resolution

- 2.3.1 ADES/AzEIP uses a dispute resolution system (complaints, mediation, and due process actions) to identify and correct noncompliance in the implementation of IDEA, Part C requirements and to identify components of the system that need improvement (e.g., policies, procedures, written agreements). ADES/AzEIP dispute resolution system is fully described in Chapter 7: *Procedural Safeguards*.
- 2.3.2 As part of its integrated monitoring activities, ADES/AzEIP also reviews informal and formal dispute resolution data of each EIP to identify issues related to performance as part of the local determination process, and to help plan onsite monitoring, and technical assistance activities.

2.4 Data Requirements

- 2.4.1 ADES/AzEIP annually reports to OSEP and to the public on the information required under IDEA, Part C, which includes SPP/APR and 618 data reports.
- 2.4.2 ADES/AzEIP carries out these requirements by establishing procedures to ensure that data are timely and accurate.
- 2.4.3 Each EIP collects information on early intervention services provided to children and families served within the EIP.



- 2.4.4 ADES/AzEIP reviews and analyzes the data collected by each EIP in the ADES data system(s) in order to develop required reports and to inform system monitoring and improvement efforts.
- 2.4.5 Each EIP gathers and enters all required information, updates information regularly, and submits data, electronically within ten (10) calendar days of the activity and by paper format, as requested or required by ADES/AzEIP.
- 2.4.6 Each AzEIP service providing agency designates one individual who is responsible for implementing data collection policies at the local level and is authorized to make decisions related to EIP data entry policies and activities, ensuring alignment with the ADES/AzEIP data collection policy. This individual will be considered by ADES/AzEIP to be the “Data Manager” and must be knowledgeable about:
- A. AzEIP policies and procedures,
 - B. Arizona’s Address Confidentiality Program,
 - C. ADES data system(s),
 - D. AzEIP forms,
 - E. Data collection, entry, and validation procedures,
 - F. Early intervention timelines,
 - G. The relationship between data entry and billing/invoice preparation,
 - H. Effective utilization of AzEIP reports, and
 - I. Data correction.
- 2.4.7 The Data Manager is responsible for ensuring:
- A. All required activities are entered timely and accurately into the ADES data system(s)
 - B. Each individual’s access to the ADES data system(s) within their agency is maintained and ADES/AzEIP is notified when an individual no longer needs access
 - C. Each individual who has access to the ADES data system(s) uses the system for only its intended purpose, maintains and protects the confidentiality of the data, and upholds any proprietary rights associated with the software/equipment; all required forms are completed and maintained in the child’s file; and data are reflected and entered into the

ADES data system(s)

- D. Implementation of data procedures to ensure complete, accurate, and timely data are collected and submitted, as required by ADES/AzEIP.

2.4.8 Each EIP ensures that:

- A. Electronic data for each eligible infant or toddler and his/her family are accurate and contained in a record
- B. All required data, including new demographic, evaluation, service, and/or other required information, are entered in the ADES data system(s) within ten (10) calendar days of the activity or event
- C. A written process is in place to follow-up and/or track when data is submitted or entered late; and
- D. All information contained in a child's file, including data on the IFSP and other required forms, are accurate and updated timely.

2.4.9 Each EIP will generate and submit data reports as required for billing and reporting to ADES/AzEIP and/or DDD, as appropriate.

2.4.10 The Service Coordinator or designee will input data into the ADES data system(s) in the following general categories:

- A. Child Demographics
- B. Insurance Information
- C. Team Members
- D. Eligibility
 - 1) Records and/or developmental evaluation information
- E. IFSP Information
 - 1) Services authorized by the IFSP with expected start and end dates
- F. Service Delivery
 - 1) Services received by the family with dates (this may be entered by individual service providers)
- G. Transition
- H. Exit date and reason.

2.5 Integrated Monitoring Activities

- 2.5.1 ADES/AzEIP implements and oversees integrated monitoring activities, to ensure that the requirements of IDEA, Part C are fulfilled statewide.
- 2.5.2 The primary focus of integrated monitoring activities is to:
 - A. Improve early intervention results and functional outcomes for all AzEIP eligible children and their families; and
 - B. Ensure that each EIP meets the requirements under IDEA, Part C with emphasis on those requirements that are closely related to improving early intervention results for eligible children.
- 2.5.3 Effective monitoring strategies are integrated across all components of the general supervision system to ensure data collection from EIP's on all SPP/APR indicators, which includes both quantitative and qualitative indicators.
- 2.5.4 Integrated monitoring activities include collection, review, and analysis of EIP data on related requirements and state identified priority areas.
- 2.5.5 ADES/AzEIP integrated monitoring activities are (i) multi-faceted, seeking to improve both compliance and program performance, as well as fiscal sustainability and compliance with the system of payments and payor of last resort requirements as outlined in the AzEIP Policy and Procedure Manuals, Chapter 5: *Fiscal Matters*. and (ii) coordinated with its other systems, including the Comprehensive System of Personnel Development and the Technical Assistance System.
- 2.5.6 ADES/AzEIP integrated monitoring activities are inclusive of the following data sources:
 - A. Self-Report Data
 - 1) Gather and review data from each EIP on a three-year cycle
 - 2) Gather data not available through the current ADES data system(s)
 - 3) Data that corresponds to indicators identified in the SPP/APR.
 - B. Electronic Data
 - 1) Gather data from each EIP annually
 - 2) Data that corresponds to the indicators identified in the SPP/APR.
 - C. Child Outcomes Data
 - 1) Gather data from each EIP annually

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- 2) Data are gathered through child indicators summary information and AzEIP family surveys submitted to ADES/AzEIP
 - 3) Data that corresponds to the indicators identified in the SPP/APR.
- D. Dispute Resolution Data
- 1) Review dispute resolution data to determine if formal complaints resulted in findings of noncompliance
 - 2) Data used as one source of verification of data submitted through Self-Report
 - 3) Data that corresponds to the indicators identified in the SPP/APR.
- E. Fiscal Data
- 1) Review data from financial auditing and monitoring to ensure, among other things, that funds are used in accordance with federal and state requirements and AzEIP policies and procedures, including fiscal monitoring indicators.
- 2.5.7 ADES/AzEIP's integrated monitoring activities include annual review and analysis of data for each EIP across multiple data sources for the purposes of:
- A. Identifying and correcting noncompliance with SPP/APR indicators and fiscal monitoring indicators, as described in section 2.9, including required corrective actions
 - B. Improving performance
 - C. Selecting programs for focused on-site visits
 - D. Making local program determinations
 - E. Identifying technical assistance and training priorities
 - F. Completing the SPP/APR
 - G. Identifying and highlighting program strengths and innovative practices.
- 2.5.8 ADES/AzEIP ensures that identified noncompliance is corrected as soon as possible, but no later than one year from the identification of the noncompliance.
- 2.5.9 ADES/AzEIP monitoring activities provide EIPs with support through its technical assistance system. ADES/AzEIP oversees any serious incidents that occur with children, families and EIP's. EIP's are required to report serious incidents to ADES/AzEIP using the Incident Report Form (See AzEIP Procedure Manual Chapter 2: *General Supervision*).

- 2.5.10 Through its integrated monitoring activities (IMA), ADES/AzEIP supports the improvement of program practice and correction of noncompliance to meet the requirements of IDEA, Part C and AzEIP policies and procedures.
- 2.5.11 If areas of noncompliance are identified, ADES/AzEIP may implement corrective actions, including:
- A. Required submission of additional documentation and/or increased reporting of the area(s) of noncompliance and strategies to improve compliance
 - B. Focused monitoring activities that may occur on site or remotely to review files, meet with staff, identify strategies for improvement and prepare a plan to address areas of noncompliance
 - C. Developing a corrective action plan (CAP), including timelines for implementation and periodic progress reporting
 - D. Revising contract terms and provisions of the EIP when necessary and with appropriate notice
 - E. Requiring the EIP to revise its contractual terms or procurement methods when necessary, and with appropriate notice
 - F. Adjustment or withholding of whole or partial payment until satisfactory resolution of noncompliance
 - G. Suspending all or part of the EIP's contract or service provision responsibilities
 - H. Termination of the EIP's contract or service provision responsibilities in whole or in part.

2.6 Determinations

- 2.6.1 ADES/AzEIP reviews at least annually each AzEIP service providing agency's data and other data sources to make an annual determination of the service providing agency's progress in meeting the SPP/APR federal indicator requirements.
- 2.6.2 The ADES/AzEIP will notify the EIP in writing of its determination.
- 2.6.3 The following information is considered when making local EIP Determinations:
- A. Performance on federal indicators, if available for the current reporting period
 - B. Uncorrected noncompliance from other sources

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- C. The history, nature, and length of time of identified noncompliance
 - D. Evidence of correction, including progress towards full compliance
 - E. Information regarding a local EIP's valid, reliable, and timely data
 - F. Verification or other monitoring findings including data from reviews of fiscal monitoring indicators.
- 2.6.4 Based on the above information, ADES/AzEIP will make one of the following determinations of each local EIP:
- A. Meets Requirements
 - B. Needs Assistance
 - C. Needs Intervention
 - D. Needs Substantial Intervention.
- 2.6.5 In making these Determinations and in deciding the appropriate enforcement actions, ADES/AzEIP will consider all information available at the time of the determination, including the history, nature, and length of time of any reported noncompliance, and any evidence of correction.
- 2.6.6 EIP's that do not meet one or more of the indicator targets identified in AzEIP's SPP/APR should closely examine the improvement strategies and activities identified in its Corrective Action (or other) Plan, as well as the program's implementation of the strategies and activities and consider if they need to be changed or adjusted.
- 2.6.7 Failure to meet indicator targets may result in one or more of the corrective measures and remedies set forth below. In the case of fiscal noncompliance, sanctions may be required including withholding of payments or recoupment of funds.
- 2.6.8 Correction of identified non-compliance is verified within one year from the date the EIP was notified, in writing, of the non-compliance.
- 2.6.9 The following are the state's guidelines for making determinations in one of the four categories:
- A. Meets Requirements: ADES/AzEIP will consider the following factors in determining whether an EIP meets the requirements and the purposes of IDEA, Part C:
 - 1) The EIP demonstrates substantial compliance on all compliance indicators, which may include, as appropriate, a demonstration through quantitative and qualitative data that the EIP:

- a. Timely corrects identified continuing non-compliance for indicators where noncompliance was previously identified by ADES/AzEIP
 - b. Has improvement strategies and activities in their corrective action plan to timely correct identified noncompliance for 'new' indicators for which noncompliance was not previously identified by ADES/AzEIP.
 2. All indicators, including performance indicators, have valid and reliable data as required by IDEA, Part C and AzEIP policies and procedures.
 3. Correction of identified non-compliance is completed by the EIP and verified within one year from the date the EIP was notified in writing of the non-compliance.
- B. Needs Assistance: ADES/AzEIP will consider the following factors in determining whether an EIP needs assistance in meeting the requirements and the purposes of IDEA, Part C:
 - 1) The EIP does not demonstrate substantial compliance on one or more of the compliance indicators. Evidence related to substantial compliance may include, as appropriate, a demonstration through quantitative and qualitative data that the EIP:
 - a. Timely corrects identified continuing noncompliance for indicators where noncompliance was previously identified by ADES/AzEIP
 - b. Has improvement strategies and activities in their corrective action plan (CAP) to timely correct identified noncompliance for 'new' indicators for which noncompliance was not previously identified by ADES/AzEIP.
 - 2) One or more indicators, including performance indicators, are missing valid and reliable data.
 - 3) The EIP does not demonstrate that it timely corrects noncompliance identified by ADES/AzEIP through monitoring or other means but has made significant progress in correcting the noncompliance.
 - 4) If, for two consecutive years, ADES/AzEIP determines that the EIP needs assistance, ADES/AzEIP will take one or more of the following enforcement actions, consistent with IDEA, Part C and AzEIP policies and procedures:
 - a. Advise the program of available sources of technical assistance

- b. Require the EIP to enter into a compliance agreement, if ADES/AzEIP has reason to believe that the EIP cannot correct the problem within one year
 - c. Revise contract terms and provisions of the EIP when necessary, and with appropriate notice
 - d. Require the EIP to revise its contractual terms or procurement methods when necessary, and with appropriate notice
 - e. Adjust or withhold whole or partial payment until satisfactory resolution of default/noncompliance
 - f. Suspend or terminate the AzEIP service providing agency's service provision responsibilities in whole or in part.
- D. Needs Substantial Intervention: If ADES/AzEIP determines, at any time, that an EIP needs substantial intervention in implementing the IDEA, Part C requirements and AzEIP policies and procedures or that there is a substantial failure to comply with any condition of the EIP's contract or agreement with ADES/AzEIP, ADES/AzEIP will designate the EIP as in need of substantial intervention. Among the factors that ADES/AzEIP will consider are:
- 1) The substantial failure to comply significantly affects the core requirements of the EIP, such as the delivery of services to infants and toddlers with disabilities and their families, or the EIP's ability to administer its program; and/or
 - a. The EIP has informed ADES/AzEIP that it is unwilling to comply.
 - 2) If ADES/AzEIP determines, at any time, that the EIP needs substantial intervention, ADES/AzEIP will take one or more of the following enforcement actions, consistent with IDEA, Part C and AzEIP policies and procedures:
 - a. Revise contract terms and provisions of the EIP when necessary, and with appropriate notice
 - b. Require the TBEIS contractor to revise its contractual terms or procurement methods when necessary, and with appropriate notice
 - c. Adjust or withhold whole or partial payment until satisfactory resolution of default/noncompliance
 - d. Suspend or terminate all or part of the AzEIP service providing agency's service provision responsibilities
 - e. Terminate the EIP's contract or its service provision responsibilities in whole or in part.

- 2.6.10 Under its general supervision authority, ADES/AzEIP may at any time monitor and enforce the requirements of IDEA, Part C, regardless of an EIP's determination status.
- 2.6.11 The ADES/AzEIP will make local EIP determinations letters and summary information available to the public by posting the determination for each EIP on the ADES/AzEIP website at. ADES/AzEIP may also distribute local determinations information to the Interagency Coordinating Council (ICC) and other stakeholder groups.

2.7 Public Reporting

- 2.7.1 ADES/AzEIP reports annually to the public on the performance of each local EIP on federal indicators 1 through 10 from the SPP/APR as compared to the state's targets for these indicators. ADES/AzEIP reports to the public as soon as practicable, but no later than 120 days from submission of its annual performance report to OSEP.
- 2.7.2 ADES/AzEIP compiles the public report using data from all available sources.
- 2.7.3 ADES/AzEIP reports include the most recent performance data on each local EIP and the date the data were obtained.
- 2.7.4 The public report is available through public means, including posting on the ADES/AzEIP website at <http://des.az.gov/azeip>, distributing to local EIP's, and to the media. It is also accessible to individuals with disabilities and understandable to the public.
- 2.7.5 Local EIP's must submit data as requested to ADES/AzEIP, and these data are compiled and compared with Arizona's targets for SPP/APR federal indicators to complete the report.

2.8 Training and Technical Assistance System

- 2.8.1 The purpose of the ADES/AzEIP training and technical assistance (TA) system is to provide guidance and assistance to enhance knowledge, confidence, and performance of IDEA, Part C, AzEIP policies and procedures, and State initiatives. As an interagency initiative, it directly responds to system needs identified through the continuous monitoring and quality improvement system, the comprehensive system of personnel development and identified State initiatives. Training and TA is provided in a variety of ways to ensure that the assimilation and application of information is practiced by the broad early intervention community. The overall goal of the Training and TA system is to provide EIPs the opportunity to enhance their confidence and competence in providing early intervention supports and services in accordance with federal law and AzEIP policies and procedures and to collaborate with other early childhood programs.

- 2.8.2 ADES/AzEIP oversees the Training and TA system to provide supports to the AzEIP community throughout the State.
- 2.8.3 ADES/AzEIP sets TA priorities for the State based upon: IDEA, Part C priorities; State initiatives, State monitoring findings; and current research findings.
- 2.8.4 The ADES/AzEIP TA system is directly linked to Arizona's SPP/APR indicators and to the improvement activities necessary to continue improving compliance and performance.
- 2.8.5 The AzEIP TA system is linked with other early childhood TA systems that support all infants and toddlers and their families and/or those that specialize in supporting infants and toddlers with developmental delays and disabilities.
- 2.8.6 ADES/AzEIP provides AzEIP service providing agencies, including their employees and subcontractors, with a range of assistance to improve results and compliance. TA and capacity building activities include:
 - A. Written documents
 - B. Coaching
 - C. In-service trainings
 - D. Web-based information sharing
 - E. Local, regional and/or statewide meetings and/or conferences.
- 2.8.7 The primary recipients of TA resources include:
 - A. Early intervention personnel, including service coordinators, therapists, and developmental special instructionists
 - B. Early intervention administrators, including supervisors, data managers, and management staff from AzEIP participating agencies
 - C. Families
 - D. Other early childhood community partners
 - E. Primary referral sources.
- 2.8.8 TA may be provided in the following ways:
 - A. Written materials
 - B. In person during site visits
 - C. Coaching in person, by telephone, e-mail, and web-based conferencing
 - D. Consultation in person, by telephone, e-mail, and web-based conferencing
 - E. In-service trainings
 - F. Regional/topical workshops

- G. Statewide workshops, conferences, and/or meetings
- H. Web-based information sharing.

2.8.9 ADES/AzEIP ensures the evaluation of the TA system by the following:

- A. Short-term impact assessment through participant feedback
- B. Evaluation of intermediate and long-range impact on agencies and programs, including the review and comparison of monitoring data to determine progress and identify potential changes
- C. Analysis of TA services requested and provided on a regular basis for inclusion, as appropriate, in federal, state, and local reporting
- D. EIP reporting in monitoring activities on the efficacy of TA
- E. Analysis of close out reports with regard to TA provided in areas that came into compliance.

2.9 Fiscal Management

- 2.9.1 ADES/AzEIP, as the designated lead agency, is responsible for administering the IDEA, Part C funds. In addition to using IDEA, Part C funds to maintain and implement the early intervention system throughout the state, ADES/AzEIP may use the funds as a payor of last resort and to expand and improve upon current early intervention services.
- 2.9.2 ADES/AzEIP has established a system of payments to ensure that eligible children and their families receive the early intervention services identified on their IFSP.
- 2.9.3 ADES/AzEIP and the AzEIP Participating Agencies recognize that IDEA, Part C funds must be used as the payor of last resort and that the following resources, and other potential financial resources, are to be used prior to using IDEA, Part C funds:
 - A. State funding
 - B. Local funding
 - C. Private donations and grant funding
 - D. Private insurance
 - E. Public insurance (Medicaid funding in Arizona is provided through the Arizona Health Care Cost Containment System, which includes both acute care funding (Early Periodic Screening Diagnosis, and Treatment - EPSDT); long-term care funding (Arizona Long-Term Care System, ALTCS) and funding for children in the child welfare system (Comprehensive Medical and Dental Program-CMDP).



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- 2.9.4 ADES/AzEIP may not use IDEA, Part C funds to pay for early intervention services when another funding source is available to pay for those services. Supplantation is prohibited. An exception may be made to prevent a delay in the delivery of early intervention services while securing the payor for services, however, IDEA, Part C funding should immediately be stopped once funding is available through the other funding source and appropriate mechanisms be taken to recoup any IDEA, Part C funding when it is appropriate.
- 2.9.5 ADES/AzEIP ensures contracts or other arrangements are in place with AzEIP service providing agencies to provide early intervention services throughout the State.
- 2.9.6 The ICC assists ADES/AzEIP in:
- A. Identifying financial resources and other supports for early intervention services
 - B. Assigning financial responsibility to AzEIP participating agencies
 - C. Promoting interagency agreements.

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

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- 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 (DDD) 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., DDD, 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.A.C.) R9-13 Article 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 diagnostic purposes.
- 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 DDD 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: DSI, 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, DSI, 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 DDD 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 DDD to determine eligibility for their respective agencies before the initial IFSP meeting. DDD determines DDD 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 DDD eligibility determination process.
 - c. The service coordinator ensures that the DDD 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 gathered by 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: DSI, 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 DDD)
- 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 Team 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 DDD eligible and the AzeIP TBEIS contractor is providing service coordination, the AzeIP service coordinator will communicate with DDD 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 DDD 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 DDD and/or ASDB, the AzEIP service coordinator is responsible for coordinating the determination of eligibility with DDD and/or ASDB.
- B. If the child who had been eligible for AzEIP, but not DDD (aka AzEIP-only), is later determined eligible for DDD, the AzEIP service coordinator works with DDD 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 DDD 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.A.C. 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.A.C. 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.

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 Introduction

- 4.0.1 ADES/AzEIP ensures early intervention programs (EIPs) meet IDEA, Part C transition requirements.
- 4.0.2 ADES/AzEIP ensures a smooth transition from early intervention for all AzEIP-eligible children and their families:
 - A. Any time the child and family exits AzEIP
 - B. To preschool or other appropriate services at or around the date a child turns three years old.
- 4.0.3 A child is no longer eligible for AzEIP services as of the date the child reaches three years of age or transitions to preschool, whichever comes first.

4.1 Collaboration with the Arizona Department of Education (ADE)

- 4.1.1 An intergovernmental agreement (IGA) between ADES/AzEIP and the Arizona Department of Education (ADE) has been established to ensure specific IDEA, Part C requirements for transition of a child in early intervention to special education services under IDEA, Part B.
- 4.1.2 The ADES/AzEIP and ADE IGA:
 - A. Delineates the procedures for the transition of children with disabilities or delays from AzEIP to the Public Education Agency (PEA). PEAs include school districts, charter schools, accommodation schools, state supported institutions, or any other political subdivisions of this state responsible for providing education to children with disabilities A.R.S. §15- 761(26)
 - B. Ensures families' rights to services for which they are eligible
 - C. Delineates responsibilities of coordination and communication among ADE, ADES, EIPs, and PEAs implementing transition requirements
 - D. Establishes uniformity statewide to provide a coordinated, unduplicated, and seamless system for serving children ages birth through five with developmental delays or disabilities according to IDEA, Parts B and C

E. Encourages cooperation and communication to ensure the provision of a Free Appropriate Public Education (FAPE) by a child's third birthday.

4.1.3 It is the responsibility of both the EIPs and the PEAs to work collaboratively to ensure children who are potentially eligible for IDEA, Part B receive timely transitions.

4.2 Transition Planning Overview

4.2.1 Discussion about transition is an ongoing process that begins when a child is determined eligible for AzEIP and is revisited during each periodic review of the IFSP.

4.2.2 The purpose of transition planning is to ensure that transition from early intervention, at any time, is as smooth as possible for the child and family.

4.2.3 Transition planning includes three specific transition activities each with required timelines based on the child's age at AzEIP eligibility determination:

- A. Transition planning meeting (TPM)
- B. PEA notification or opt out
- C. Transition conference.

4.2.4 The service coordinator is responsible for:

- A. Facilitating a child and family's transition from early intervention on or before the child's third birthday.
- B. Completing all transition activities within required timelines
- C. Ensuring a transition plan is in place in the IFSP not fewer than 90 days and at the discretion of all parties, not more than 9 months before the toddler's third birthday.

4.3 Transition Planning Meeting

4.3.1 The purpose of the transition planning meeting is to develop and document a transition plan in the IFSP. The service coordinator ensures the transition plan, including transition steps and tentative timelines, is documented in the IFSP.

4.3.2 The transition planning meeting (TPM) is a mandatory meeting that must be completed by the end of the calendar month the child turns two years, six months and may be completed as early as the day the child turns two years, three months (also defined as nine months before the child's third birthday), if all parties agree. If held later, the TPM must be completed with the initial IFSP.

4.3.3 The transition planning meeting must meet the requirements of an IFSP meeting as follows:

- 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 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 they have the opportunity to attend
- D. Fully explained to the family with consent obtained to initiate services, if needed; and
- E. Include the required participants at the meeting:
 - 1) The parent(s) of the child
 - 2) Other family members as requested by the parent
 - 3) The service coordinator
 - 4) A person(s) directly involved in conducting the evaluation or assessment (based on initial or other IFSP)
 - 5) All active IFSP team members.
 - i. If a required participant is not able to attend the meeting in person, arrangements must be made for the person's involvement by alternative methods, including participation by phone or in writing, sending an authorized representative, or making pertinent records available at the meeting.
- F. During development of the transition plan, the service coordinator, family, and team discuss and document the activities, steps, and tentative timelines to support the transition of the child from AzEIP, including but not limited to:
 - 1) Status of current vision and hearing screenings, including any additional steps needed to obtain current screenings
 - 2) All potential preschool, community, and other options available through the child's health insurance and/or public agencies that the parent would like to explore
 - 3) Parent's acknowledgement that their informed consent is required before information about their child and family is shared with future programs

- 4) Activities to prepare the child for changes in service delivery, including outcomes and services to help the child adjust to and function in a new setting
- 5) Parent's decision regarding PEA notification and understanding of their right to opt out of PEA notification to the school district and ADE
- 6) Parent's decision to hold or not hold a transition conference and who they would like invited if they would like one
- 7) Any other activities identified by the IFSP team to support the transition of the child.
 - i. If the parent opts-out of PEA notification and/or chooses not to pursue preschool eligibility, the service coordinator will coordinate all remaining transition steps and activities.
 - ii. The service coordinator ensures the transition activities completed at the transition planning meeting are entered into the ADES data system(s) within ten (10) calendar days of completion of the meeting.

4.4 PEA Notification

- 4.4.1 The child's school district of residence and ADE must be notified that a toddler receiving IDEA, Part C services who is potentially eligible for services under the IDEA, Part B section 619 preschool program will shortly turn three years old and exit the IDEA, Part C program unless the parent opts out of this notification.
- 4.4.2 Parental consent is not required to send a PEA notification; however, the parent may opt out of this notification if they do not want the child's demographic information shared with the school district.
- 4.4.3 When a parent chooses to opt out of PEA notification:
 - A. The parent must opt out in writing by signing the bottom of the PEA Notification and Referral form at the transition planning meeting for children who are determined AzEIP eligible prior to 2 years, 6 months, or at AzEIP eligibility determination for children who are determined AzEIP eligible after 2 years, 6 months
 - B. Personally identifiable information about the child and family will not be disclosed to the PEA or the ADE unless the parent provides written consent to do so.
- 4.4.4 When a parent does not opt out of PEA notification, the service coordinator must send the PEA Notification and Referral Form including the child's name, date of birth, AzEIP eligibility date, parent contact information, native language of the parent and the service coordinator's name and contact information (EIP and phone number):

- A. To the PEA within one business day of the transition planning meeting for children determined AzEIP eligible prior to two years, six months
 - B. To the PEA and ADE within one business day of the AzEIP eligibility date if the child is determined AzEIP eligible after two years, six months.
- 4.4.5 For children determined AzEIP eligible prior to two years, six months of age, ADES/AzEIP sends notification of children potentially eligible for IDEA, Part B Services to the ADE prior to the date the child reaches two years, nine months of age when the parent has not opted out of PEA notification and this decision and the child's school district is entered into the ADES data system timely.
- 4.4.6 The service coordinator ensures the date the form is sent to the PEA and ADE, if applicable, or the date on which the parent opted out of PEA notification, and the name of the school district is entered into the ADES data system(s) within ten (10) calendar days of the PEA decision.

4.5 Transition Conference

- 4.5.2 The purpose of the transition conference is to:
- A. Revise and update as needed the transition plan developed at the mandatory transition planning meeting
 - B. Provide the parent with information about the various programs in which they are interested
 - C. Identify the steps that will be taken by whom and by when to support the parent's decision-making. Steps may include but are not limited to visiting available preschool programs, completing additional evaluations
 - D. Review program options for the child for the period from the child's third birthday through the end of the school year.
- 4.5.3 When a parent agrees to hold a transition conference, it must be held on or before the day the child is 2 years, 9 months old and no earlier than the day the child is 2 years, 3 months old (9 months before the child's third birthday), if all parties agree. If held later, the transition conference must be held on the same day and immediately following the initial IFSP.
- 4.5.4 The service coordinator coordinates with the PEA and other early childhood programs in which the family is interested to facilitate a transition conference.
- 4.5.5 The service coordinator is responsible for scheduling and facilitating the transition conference and documenting any revisions to the steps and activities in the transition plan.
- 4.5.6 The transition conference must meet the requirements of an IFSP meeting as follows:
- 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 mode of

- communication used by the family
- C. Arranged with, and written notice provided to, the family and other participants far enough in advance to ensure that they have the opportunity to attend
 - D. Fully explained to the family with consent obtained to initiate services, if needed
 - E. Include the required participants at the meeting:
 - 1) The parent(s) of the child
 - 2) Other family members as requested by the parent
 - 3) An advocate or person outside of the family, if requested by the parent
 - 4) The service coordinator
 - 5) A person(s) directly involved in conducting the evaluation or assessment (based on initial or other IFSP)
 - 6) All active IFSP team members.
 - 7) A representative(s) from the PEA; and
 - 8) Other early childhood program representatives, as requested by the parent.

If a required participant is not able to attend the meeting in person, arrangements must be made for the person's involvement by alternative methods, including participation by phone or in writing, sending an authorized representative, or making pertinent records available at the meeting.

4.5.7 The service coordinator must:

- A. Ensure reasonable efforts are made to ensure a PEA representative attends the transition conference.
 - 1) If a PEA representative is unavailable due to extenuating circumstances, coordinate with the PEA representative to present materials and information on behalf of the PEA representative, including:
 - i. Part B eligibility definitions
 - ii. Timelines
 - iii. Process for consenting to an evaluation and conducting Part B eligibility determination
 - iv. Availability of special education and related services
- B. Ensure written consent to share early intervention information is obtained prior to the beginning of the transition conference so that early intervention information may be discussed during the meeting.

4.6 Preschool Special Education

- 4.6.1 When a parent is interested in determining whether their child is eligible for preschool special education services, the service coordinator and the PEA coordinate so that the school can implement the procedures and requirements under IDEA, Part B and Arizona law.
- 4.6.2 The service coordinator is responsible for sharing information with the PEA, with the family's consent, to assist the IEP team in developing the IEP, including consideration of the need for extended school year services.
- 4.6.3 The service coordinator and/or any other IFSP team member must attend the MET and the IEP conference at the request of the parent.
- 4.6.4 When the family is interested, the provision of a Free and Appropriate Public Education (FAPE) through preschool special education services is required to begin no later than the child's third birthday for any child who has been determined eligible by the PEA.
- 4.6.5 The EIP and the PEA will identify other resources in the community to assist any child and family who does not qualify for preschool special education or who turns three years old toward the end of the school year and is not eligible for Extended School Year (ESY).
- 4.6.6 In Arizona, the IFSP may not serve as the Individualized Education Plan (IEP) for a child age three (3) to five (5) with a disability.
- 4.6.7 The service coordinator ensures documentation of the IDEA, Part B eligibility decision is entered in the ADES data system(s) prior to exiting the child's record in the ADES data system(s).

4.7 Child Find

- 4.7.1 When a child is referred to AzEIP between two years, ten and one-half months and three years of age, AzEIP is not required to conduct evaluation, assessment, or create an initial IFSP.
 - A. If the child may be eligible for preschool services under IDEA, Part B, the recipient of the referral, with written parental consent, will refer the toddler to the PEA and ADE. The referral is considered a child find activity, so transition activities are not required. ADES/AzEIP and ADE have entered into a Child Find Intergovernmental Agreement which details the State's Child Find requirements.

4.8 Dispute Resolution

- 4.9.1 If a parent, PEA, service coordinator, or other interested individual believes that a PEA or an EIP is not fulfilling its obligations under the law and policies for transitioning children from AzEIP to preschool special education services, that individual may take one or both of the following steps:
- A. Seek technical assistance from ADES/AzEIP or ADE by providing a Transition Alert (EIP's contact ADES/AzEIP and PEA's contact ADE with concerns). Technical assistance may be obtained by writing or calling ADES/AzEIP or ADE. See B. below for contact information.
 - B. File a Complaint with ADES/AzEIP or ADE. ADES/AzEIP and ADE have each established complaint and dispute resolution procedures in order to comply with, respectively, IDEA, Part C and IDEA, Part B. Information about the available complaint and dispute resolution procedures may be obtained as follows:

Arizona Department of Economic Security Arizona Early Intervention Program
1789 W. Jefferson St. Phoenix, AZ 85007
Phone: 602-532-9960
Email: AzEIP@AZDES.GOV

Arizona Department of Education Early Childhood Special Education Unit
1535 W. Jefferson St. BIN 24
Phoenix, AZ 85007
Phone: 602-364-1530
Email: ECEInbox@AZED.GOV
- 4.9.2 ADE will provide to ADES/AzEIP a copy of all Letters of Findings for complaint investigations filed under IDEA, Part B relating to transition services within 30 days of issuance. ADES/AzEIP will provide to ADE a copy of all Letters of Findings for complaint investigations filed under IDEA, Part C relating to transition services within 30 days of issuance.
- 4.8.3 The ADE and ADES/AzEIP strongly encourage PEA's and EIP's to meet at least annually to develop and review written transition processes that are mutually agreeable and identify and resolve transition issues in accordance with this Agreement and with A.A.C. R7-2-401(J).
- 4.8.4 ADES/AzEIP ensure EIP's comply with Unorganized Territories guidance and child find referral procedures upon learning of a concern from a parent who lives in a region outside the boundaries of any public education agency.

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)

5.0 Financial Responsibility for AzEIP Participating Agencies

- 5.0.1 Each AzEIP Participating Agency will maintain eligibility criteria as set forth in federal and state law and policy.
- 5.0.2 If a child meets the eligibility criteria for any of the AzEIP service providing agencies (AzEIP, DDD, and/or ASDB), the AzEIP service providing agencies are responsible for providing and/or arranging for the provision of early intervention services, in accordance with IDEA, Part C requirements, AzEIP policies and procedures, relevant Intergovernmental Agreements (IGA), and State law.
- 5.0.3 ADES/AzEIP is responsible for the general administration and oversight of programs and activities in the AzEIP and monitoring the programs and activities used by Arizona to carry out the early intervention system, whether or not these programs or activities are receiving assistance from IDEA, Part C.
- 5.0.4 If ADES/AzEIP, in resolving a dispute, determines that the assignment of agency financial responsibility was inappropriately made, ADES/AzEIP will:
 - A. reassign the responsibility to the appropriate agency
 - B. make appropriate arrangements for reimbursement of any expenditures incurred by the agency originally assigned this responsibility

5.1 Federal Funds Available Under IDEA, Part C: Payor of Last Resort

- 5.1.1 IDEA, Part C funds will be used to pay for the following:
 - A. activities, functions, and services authorized under IDEA, Part C, including administration, maintenance and implementation activities, direct early intervention services for eligible children and their families,

- related activities by other agencies, and support for the Interagency Coordinating Council (ICC)
- B. early intervention services for an AzEIP eligible child and his/her family, but that is not otherwise funded through other public or private sources
 - C. to expand and improve services for an eligible child and his/her family that are otherwise available.
- 5.1.2 IDEA, Part C funds will not be used for the following:
- A. to pay for early intervention services that are to be paid by another public or private source, including any medical program administered by the Department of Defense, but for the enactment of IDEA, Part C.
 - B. to supplement the level of state and local funds expended for an AzEIP eligible child and his/her family, and in no case will supplant those state and local funds.
- 5.1.3 IDEA, Part C funds will not be commingled with state funds.
- 5.1.4 No child will be denied or have early intervention services delayed due to disputes between agencies regarding financial or other responsibilities. If necessary to prevent delay in receipt of appropriate early intervention services to an eligible child or child's family, IDEA, Part C funds may be used to pay the early intervention service provider for services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.
- 5.1.5 If necessary to prevent the delay of timely and appropriate early intervention services to an eligible child and/or his family, ADES/AzEIP may use IDEA, Part C funds to pay for the provider of early intervention services, functions of the child find system, and evaluations and assessments as allowed under Part C pending reimbursement from the agency or entity that has the ultimate responsibility for payment.

5.2 System of Payments

5.2.1 Definitions

- A. Responsible person is defined as (a) the biological or adoptive parent(s) or (b) the guardian(s) of a child.
- B. Consent includes informed permission to utilize Private Insurance and Public Insurance and Benefits, and to share personally identifiable information for the purposes of billing.
- C. AzEIP Service Providing Agencies are those state agencies identified in

A.R.S. § 41-2022 that provide early intervention services under IDEA, Part C: ADES and the ASDB. The ADES provides early intervention services through the AzEIP and DDD.

5.2.2 Private Insurance

- A. AzEIP service providing agencies, or their designated contractors or subcontractors, must obtain the written informed consent to use the parent's or child's private insurance to pay for:
 - 1) Evaluation
 - 2) The initial provision of early intervention services on the Individualized Family Service Plan (IFSP)
 - 3) Each increase in frequency, length, duration, or intensity of an early intervention service on the IFSP.
- B. If a parent declines the use of private insurance, the child and family will not be denied early intervention services (CFR § 303.520).
- C. The Service Coordinator will provide the parent a copy of AzEIP's Family Guide to Funding, including the identification of potential costs that the parent may incur if they consent or do not consent to the use of their private insurance. Those costs may include but is not limited to long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps (CFR § 303.520(b)(2); CFR § 303.520(b)(1)(iii)).
- D. Families are responsible for health insurance premiums. The early intervention program will not charge a family for deductibles. If an early intervention service is denied due to not meeting the deductible, the service will be billed to the appropriate service providing agency.
- E. AzEIP service providing agencies (including their employees, contactors, and subcontractors) will not collect co-pays unless required by the health plan contract between the insurer and early intervention service provider.
- F. If a family reaches the maximum allowable units or level of service covered by their health insurance for a specified period, the appropriate system of payment hierarchy will be followed to pay for the remaining IFSP services, unless another funding source is identified.
- G. A responsible person with public insurance/benefits or private insurance will not be charged disproportionately more than a responsible person who does not have public benefits/insurance or private insurance (§303.521(a)(4)(iv)).

- 1) ADES/AzEIP will immediately notify the AzEIP TBEIS Contractor in the family's region; and
- 2) Appropriate early intervention professionals from the AzEIP TBEIS Contractor will meet with the family to revise the IFSP.

5.2.3 Public Benefits and Insurance

- A. AzEIP service providing agencies utilize public insurance, such as Medicaid's Title XIX, including Arizona Long Term Care System (ALTCS) and Early Periodic Screening Diagnosis and Treatment (EPSDT), to the maximum extent possible.
- B. A responsible person must not be required to sign up for or enroll in public benefits or insurance (AHCCCS) to receive early intervention services.
- C. Consent to use a responsible person's or child's public benefit or insurance is not required if:
 - 1) The responsible person or child is not already enrolled in AHCCCS; or
 - 2) The use of the child's or responsible person's public benefit/insurance would:
 - i. Decrease available lifetime coverage or any other insured benefit for the child or responsible person
 - ii. Result in the responsible person paying for services that would otherwise be covered by the public benefit/insurance
 - iii. Result in any increase in premiums or discontinuation of public benefits/insurance for that child or responsible person
 - iv. Risk loss of eligibility for the child or the responsible person for home and community-based waivers based on aggregate health-related expenditures (§ 303.520(a)(2)(ii)).
- D. Consent to disclose a responsible person's or child's personally identifiable information to bill a public benefit or insurance (AHCCCS) is required prior to billing for all responsible persons (whether they are currently enrolled in AHCCCS or whether they enroll after they become eligible for AzEIP).

- E. A responsible person may withdraw consent to use public insurance or benefits and/or share personally identifiable information for billing purposes, at any time.
- F. Prior to using a responsible person's or child's public benefits or insurance to pay for early intervention services, if a parent consents to enroll in Medicaid, the AzEIP service providing agencies, or their designated contractors or subcontractors, must provide written notification to the responsible person. The notification must include a statement that:
 - 1) Public benefits or insurance will not be billed unless the responsible person consents to share their or their child's personally identifiable information for billing purposes
 - 2) Describes certain no-costs provisions and that if the responsible person does not consent to use the public benefit or insurance, the early intervention services on the IFSP for which the responsible person has consented will be provided
 - 3) The responsible person has the right to withdraw their consent to disclose personally identifiable information at any time
 - 4) Lists the potential categories of costs that the responsible person might incur from using their or their child's public benefit or insurance. Potential categories include the cost of co-payments, deductibles, or the use of private insurance before using the public insurance (such as with ALTCS) (§303.520(a)(3)).

5.2.4 Family Fees

- A. Arizona's system of payments for early intervention services includes public benefits or insurance or private insurance. It does not include family fees, sliding fees or the use of IDEA, Part B funds. Arizona does not receive funds from a responsible person under the system of payments established under C.F.R §§ 303.520€ (1)-(3) and therefore is not included in these fiscal policies.
- B. Fees will not be charged for services that a child is required to receive at no cost to the family under IDEA, Part C. Fees will not be charged for the following services (§ 303.521(a)(4)(i); (a)(4)(ii); (b); and (c)):
 - 1) Child find and public awareness
 - 2) Screening, evaluation and assessment and the functions related to them
 - 3) Service coordination

- 4) Ongoing IFSP services
- 5) Administrative and coordination activities related to:
 - i. Development, review, and evaluation of IFSPs and interim IFSPs
 - ii. Transition conferences
 - iii. Implementing procedural safeguards, including dispute resolution
 - iv. Teaming activities on behalf of a family, as described in ADES/AzEIP contracts providing Team-based approach to early intervention services.
- C. AzEIP service providing agencies do not charge family fees for other early intervention services.
- D. A responsible person who disagrees may:
 - 1) make an informal complaint with ADES/AzEIP
 - 2) file a formal complaint with ADES/AzEIP
 - 3) request and/or participate in mediation
 - 4) request a due process hearing.

5.3 Inability to Pay

- 5.3.1 If a responsible person or child is unable to pay and does not provide consent to use their private insurance, the lack of consent will not be used to delay or deny early intervention services to the child and family (§ 303.521(a)(3); §303.520(b)(1)).
- 5.3.2 Families are not charged family fees, copayments are not collected unless required by the health plan contract between the insurer and early intervention service provider, and families are not charged deductibles for any early intervention service; therefore, Arizona is not required to have a definition of “inability to pay.”

5.4 Coordination with Other Funding Sources

- 5.4.1 ADES/AzEIP, in partnership with the AzEIP Participating Agencies:
- A. Identifies and coordinates available resources to pay for and provide early intervention services, including federal, state, local, and private resources.
 - B. Updates information on funding sources for early intervention services resulting from changes in administrative rules or legislation.

5.5 Contracting or Otherwise Arranging for Services

- 5.5.1 AzEIP service providing agencies establish contracts, vendor agreements, Intergovernmental Agreements, Interagency Service Agreements, and Memoranda of Agreement or Understanding in accordance with Arizona Revised Statutes and Arizona Rules, including Arizona's Procurement Code and any applicable federal law to ensure an adequate provider network to provide early intervention services.
- 5.5.2 A contractor with an AzEIP service providing agency will provide early intervention services to children who are AzEIP eligible and their families in accordance with:
- A. IDEA, Part C and its regulations
 - B. The Education Department General Administrative Regulations in 34 C.F.R. part 80
 - C. All Arizona standards, including applicable state laws
 - D. Other applicable federal and state laws
 - E. The specific terms and conditions of the contract (including applicable state and agency Terms & Conditions)
 - F. AzEIP policies and procedures.
- 5.5.3 All contractors with an AzEIP service providing agency shall submit timely bills for reimbursement according to AzEIP policies and procedures and AzEIP Billing Manual.
- 5.5.4 AzEIP service providing agencies ensure the timely payment to contractors/vendors for timely, accurate, and approved invoices.
- 5.5.5 AzEIP service providing agencies ensure the regular review, at a minimum annually, of contractual obligations and will amend contractual obligations as necessary. Contractors may be required to submit regular reports (such as monthly, quarterly, or annually) to the responsible AzEIP Service Providing Agency on the performance or fulfillment of contractual obligations.
- 5.5.6 Upon review of contractual obligations, an AzEIP service providing agency may take the following action(s) when it finds that a contractor does not comply with the terms and conditions of the agreement, including any and all applicable laws, regulations, or policies. These actions may include:
- A. Requesting the submission of additional information and/or requiring more frequent program reporting
 - B. Conducting focused monitoring visits and providing technical assistance, as discussed in AzEIP's General Supervision Policy



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- C. Implementing a corrective action plan, including timelines for implementation. as discussed in AzEIP's General Supervision Policy
 - D. Revising contract terms and provisions when necessary and with appropriate notice
 - E. Suspending or terminating the contract in whole or in part due to the failure of the contractor to comply with any term or condition of the contract. Written notice of termination will be provided
 - F. Offsetting against any sums due the contractor, any expenses or costs incurred by the AzEIP service providing agency, or damages assessed by it concerning the contractor's non-conforming performance or failure to perform the contract, including expenses, costs, and damages
 - G. Implementing other dispute resolution procedures provided by contract, such as arbitration
 - H. Withholding or reducing payment to offset any reimbursement due for ineligible expenditures not refunded to the AzEIP service providing agency by the contractor
 - I. Withholding or reducing payments for noncompliance issues including, but not limited to the following:
 - 1) Failure to submit required program and financial reports
 - 2) Failure to respond to inquiries about data on reports within the specified timelines
 - 3) Failure to address required corrective actions resulting from monitoring activities.

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.

REFERENCES/AUTHORITY:

6.0 Overview

- 6.0.1 ADES/AzEIP coordinates and maintains a comprehensive system of personnel development known as the AzEIP Professional Development, Learning, and Sustainability System, which directly coordinates with the General Supervision System. The AzEIP Professional Development, Learning, and Sustainability System includes:
- A. Training for personnel to implement innovative strategies and activities for the recruitment and retention of early intervention service providers.
 - B. Promoting the preparation of early intervention service providers who are fully and appropriately qualified to provide early intervention services in AzEIP; and
 - C. Training early intervention service providers to coordinate transition services for children in AzEIP and their families who are transitioning to an early childhood program, including a special education preschool, Head Start; and training personnel to support families in participating fully in the development and implementation of child's and family's Individualized Family Service Plan.
- 6.0.2 In addition, ADES/AzEIP may collaborate with other training systems, such as Arizona's Parent Training and Information Center (Raising Special Kids) and other early education agencies to ensure training of families and other stakeholders on the provisions of IDEA, Part C.
- 6.0.3 AzEIP Service Providing Agencies
- A. Coordinate in-service training and continuing professional development opportunities to ensure that the early intervention personnel, whether employed or contracted, are appropriately knowledgeable and skilled in the delivery of early intervention services, and understand the basic components and requirements of AzEIP
 - B. Establish and maintain consistent, statewide personnel qualifications for all employed or contracted early intervention service providers in accordance with AzEIP policies and procedures

- C. Monitor employees and contractors to ensure adherence to the personnel requirements
- D. Use a flexible combination of methods to ensure that personnel are trained, by collaborating to:
 - 1) Provide training directly to personnel
 - 2) Develop and share training across agencies
 - 3) Contract with knowledgeable individuals or organizations to provide training
 - 4) Sponsor or endorse existing conferences or training events that promote the knowledge and skills of early intervention personnel and/or the awareness and understanding of AzEIP.

6.04 General Supervision

- A. ADES/AzEIP monitors compliance with the Professional Development System requirements through the General Supervision System and implements Corrective Action Plans when a program or agency has not complied with the requirements.
- B. The AzEIP Professional Development, Learning, and Sustainability System coordinates with the AzEIP Technical Assistance (TA) System to provide ongoing guidance and assistance to early intervention professionals to enhance their knowledge, confidence, and performance.

6.05 Preservice Professional Preparation

- A. The AzEIP Professional Development, Learning, and Sustainability System promotes varied approaches to extend the appropriate knowledge, skills, and understanding of AzEIP to preservice professional preparation programs. The AzEIP Professional Development, Learning, and Sustainability System provides technical assistance and guidance to assist universities and college programs to successfully integrate the identified requirements for professional knowledge, skills, and understanding of AzEIP into course work and curricula.
- B. Pre-service training programs may request approval from ADES/AzEIP to offer a pre-service training program as a mechanism to fulfill certain AzEIP Standards of Practice (SOP) requirements. Upon completion, graduates of ADES/AzEIP-approved pre-service training programs will have satisfied the agreed-upon requirements for the AzEIP SOP.

6.0.6 Collaboration with IDEA, Part B

- A. The AzEIP Professional Development, ADES web-based training system is consistent with the comprehensive personnel development system for IDEA, Part B, as appropriate.
- B. ADES/AzEIP and the ADE work jointly to ensure consistent training for IDEA, Part C and IDEA, Part B personnel on the requirements of the Transition Intergovernmental Agreement and the Child Find Intergovernmental Agreement.

6.1 Personnel Qualifications

6.1.1 General

- A. ADES/AzEIP personnel qualifications apply to personnel who are providing early intervention services to children and their families.
- B. The personnel qualifications include two components: educational qualifications and the SOP, which apply to the following personnel categories:
 - 1) Service Coordinators
 - 2) core team members: Developmental Special Instructionists; Occupational Therapists; Physical Therapists; and Speech-Language Pathologists
 - 3) other team members: Psychologists, Social Workers, Teachers of the Visually Impaired, Teachers of the Deaf/Hard of Hearing and other IDEA, Part C early intervention service providers.
- C. The State of Arizona requires professional licensure, certification, and/or registration for many of the disciplines used in the provision of early intervention services. This licensure, certification, and/or registration are independent of AzEIP.
- D. ADES/AzEIP personnel qualifications means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services (CFR § 303.31). When seeking reimbursement from Arizona's Medicaid program (AHCCCS), EIPs shall consult the AHCCCS Medical Policy Manual (AMPM) Provider Qualifications and Provider requirements found on the AHCCCS website at <https://www.azahcccs.gov/>.

6.1.2 Service Coordinators

- A. Educational qualifications for Service Coordinators, include one of the following requirements:
- 1) a minimum of a bachelor's degree in Early Childhood, Early Childhood Special Education, Family Studies, or meeting the prescribed professional requirements and rules of professional conduct for one of the disciplines or professions outlined in 6.1.3.
 - 2) a bachelor's degree in a closely related field (e.g., Psychology, Social Work, Elementary Education, or Sociology) with review of coursework and approval by ADES/AzEIP; or
 - 3) if hired in the AzEIP system as a Service Coordinator before July 1, 2001, documentation of continued satisfactory work in the AzEIP system in a Service Coordinator position from that date of hire.
- B. Approval for Service Coordinators with a bachelor's degree in a closely related field requires a minimum of six courses related to the work of a Service Coordinator. Three of the courses must be specifically focused on early childhood development, including atypical development, education of exceptional children, and/or assessment and evaluation of infants and toddlers. An example of courses includes but is not limited to early childhood development; family relationships, infant and toddler mental health; early childhood psychology, and cultural competence for child and family relationships.
- C. An EIP, must receive prior approval from ADES/AzEIP to implement dual role service coordination. The dual role service coordinator must meet the:
- 1) Service coordinator educational requirements in 6.1.2A and 6.1.2B and
 - 2) The educational and licensing requirements for one of the following disciplines (see 6.1.3):
 - i. developmental special instructionist (DSI)
 - ii. occupational therapist (OT)
 - iii. physical therapist (PT)
 - iv. speech-language pathologist (SLP)

6.1.3 Core Team Members

- A. Educational qualifications for developmental special instructionists, include the following requirements:
- 1) A minimum of a bachelor's degree in Early Childhood, Child Development, Early Childhood Special Education, Special

- Education with an Early Childhood Endorsement, Family Studies;
or
- 2) If hired in the AzEIP system as a developmental special instructionist or before July 1, 2001, documentation of continued satisfactory work in the AzEIP system in the same position (i.e., Developmental Special Instructionist or Service Coordinator) from that date of hire.
 - 3) For developmental special instructionists, if hired, and approved with a related degree to provide services as a DSI prior to July 1, 2016, documentation of continued satisfactory work in the AzEIP system in the same position (i.e., developmental special instructionist) from that date of hire.
- B. Approval for a DSI to bill at a master's level requires:
- 1) A master's degree in one of the fields listed in 6.1.5.1.A.
 - 2) A minimum of five courses in the graduate program related to the work of a developmental special instructionist. An example of courses includes early childhood development, family relationships, infant and toddler mental health, early childhood psychology and cultural competence for child and family relationships.
- C. When a Core Team Member or Service Coordinator is employed or contracted as a professional to deliver services for which the State of Arizona has enacted or authorized certification, licensing, registration, or other comparable requirements through legislation or practice act, the core team member shall also meet the proscribed professional requirements and rules of professional conduct for that discipline or profession.
- 1) Occupational Therapist (OT) – Current, valid Arizona license from the Arizona Board of Occupational Therapy Examiners to practice occupational therapy.
 - 2) Physical Therapist (PT) – Current, valid Arizona license from the Arizona State Board of Physical Therapy to practice physical therapy.
 - 3) Speech and Language Pathologist (SLP) – Current, valid Arizona license from the Arizona Department of Health Services to practice as a Speech- Language Pathologist. (If a speech-language pathologist is completing a Clinical Fellowship Year (CFY), he or she must possess a valid, temporary Arizona license and documentation of an approved supervision plan under a Speech-Language Pathologist who has a current, valid Arizona license and the American Speech and Hearing Association Certificate of Clinical Competence (CCC).

- D. The roles and responsibilities of core team members implementing the AzEIP Team-based Early Intervention Services require independence and the ability to make changes with the families to the recommendations and strategies for the family to achieve their outcomes. Individuals are responsible for knowing and complying with the AzEIP personnel qualifications as provided in these policies, including complying with and maintaining any applicable State or other licensure requirement.
- E. A Core Team Member, who meets the requirements stated in 6.1.5, may act as a Team Lead, and may also act as a Service Coordinator (i.e., dual role Service Coordinator). EIP's may use the dual-role Service Coordinator approach, provided that all core team members must be available for this role.

6.1.4 Other Team Members

- A. When a team member is employed or contracted as a professional to deliver services for which the State of Arizona has enacted or authorized certification, licensing, registration, or other comparable requirements through legislation or practice act, the team member shall also meet the proscribed professional requirements and rules of professional conduct for that discipline or profession.
 - 1) Deaf Mentor – is a service provided by ASDB for ASDB eligible children. A Deaf Mentor must meet the following qualifications:
 - a. Fluent in American Sign Language (ASL); and
 - b. Bachelor's or master's degree in early childhood education, deaf education, deaf studies, ASL-ED or closely related degree with minimum of 3 years' experience in early childhood education and/or related Deaf Education
 - c. American Sign Language proficiency level 4 or Sign Language Proficiency Interview (SLPI) level Advanced or higher
 - d. Current SKI-HI Deaf Mentor Certification
 - e. Native signer or heritage language user with an education plan (if individual does not meet minimum education requirements).
- B. The AzEIP Personnel Qualifications at the end of this policy chapter lists the early intervention services along with the qualified personnel who may provide those services.

6.1.5 Ongoing Efforts to Recruit Personnel

- A. AzEIP makes ongoing good-faith efforts to support recruitment and ensuring personnel are appropriately and adequately trained to support families of children who are AzEIP eligible. In geographic areas of the State where there are significant, documented shortages of personnel that meet the State's qualifications, hiring the most qualified personnel available who are making satisfactory progress toward completing the degree requirements is permitted in those exceptional circumstances under the following conditions:
- 1) The employer/contractor and the individual develop and complete a written education plan for the individual to obtain the course work necessary to meet the bachelor's degree requirement within three years from the date of hire into the AzEIP system and submit to ADES/AzEIP for review and approval
 - 2) The employer/contractor will review the individual's progress toward completing the education plan annually and maintain documentation of the progress in the individual's personnel file to continue employment/contracting
 - 3) While in the process of completing the requirements of the degree and/or AzEIP SOP, the employer/contractor will review quarterly, at a minimum, ten percent of the employee's caseload using the Child File Audit tool, in order to maintain quality assurance
 - 4) The employer/contractor will conduct a final evaluation of the individual's knowledge of early intervention and skills in delivering early intervention services at the end of the three-year period from the initial hire date if the individual has not completed the degree requirement. The evaluation will take into consideration the documentation of job performance, demonstration of annual progress in completing the degree plan, individual circumstance which prohibits the completion of the degree plan, and successful completion of the AzEIP SOP. Should the employer/contractor determine that the individual should be retained, the employer/contractor may apply to ADES/AzEIP for an extension to complete the bachelor's degree to retain the individual
 - 5) All the above documentation must be maintained in the individual's personnel file to be reviewed during monitoring.
- B. The above provision shall not enable the State or any of its providers to hire or employ individuals in positions requiring professional licensure, certification, or registration, unless they comply with the licensure, certification, or registration requirements appropriate for their field.

6.2 Standards of Practice

6.2.1 General

- A. The AzEIP Standard of Practice (SOP) describes the basic knowledge required to provide early intervention services. The knowledge component involves individuals demonstrating knowledge in three content areas, see section 6.2.2., which provides a foundation for early intervention practice.
- B. The implementation of early intervention knowledge by the Core Team members, Service Coordinators and other team members is overseen by ADES/AzEIP through the integrated monitoring activities of the General Supervision system. ADES/AzEIP assesses the skills of early intervention professionals through review of data, interviews, observations, self-report, and onsite activities, and implements appropriate technical assistance and program improvement activities to ensure compliance and performance requirements are met.
- C. All early intervention service providers have three years from the date of hire into early intervention in Arizona to complete the knowledge components of the SOP.
- D. After completion of the knowledge component of the Standards of Practice, a Certificate of Completion for the SOP will be issued to the individual and a copy must be maintained in the individual's personnel file.
- E. ADES/AzEIP's oversight of the implementation of early intervention practice by Core Team members and other team members is ongoing as part of its General Supervision requirements.

6.2.2 Knowledge Component Policy

- A. All service providers demonstrate knowledge in the following content areas:
 - 1) foundations of IDEA, Part C and the AzEIP mission and key principles, and laws and policies that govern AzEIP)
 - 2) initial eligibility and ongoing functional assessment (including the determination of eligibility, the difference between evaluation and assessment and how to collect information to facilitate planning meaningful child and family assessment in natural environments)
 - 3) development and implementation of the IFSP (including an introduction to the IFSP process, how to develop and review the IFSP, and providing evidence-based early intervention services using coaching).

- B. All service providers demonstrate knowledge by completing the AzEIP Standards of Practice Checklist

6.3 Provider Registry

- 6.3.1 EIP's ensure that all personnel (employed and contracted) are registered in the ADES data system(s) within one week of hire, have up to date information, and are suspended access to the ADES data system(s) within one week of termination of employment/contract.
- 6.3.2 Early Intervention Core Team, Service Coordinators and other team members must register in the Provider Registry prior to providing early intervention services in the ADES data system(s) within one week of hire and suspend access to the system within one week of termination of employment/contract.

6.4 AzEIP Personnel Qualifications

- 6.4.1 Assistive Technology
- A. Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.
- B. Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
- 1) The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment
 - 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities
 - 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
 - 4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs
 - 5) Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family
 - 6) Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other

individuals who provide services to or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

- C. Qualified personnel for early intervention services and defined qualifications are as follows:
- 1) Speech language pathologist: Arizona licensure
 - 2) Occupational therapist: Arizona licensure
 - 3) Physical therapist: Arizona licensure
 - 4) Developmental special instructionist: Assistive technology certification
 - 5) Teacher of the Deaf and Hard of Hearing: ADE teacher certification hearing impaired special education
 - 6) Teacher of the Visually Impaired: ADE teacher certification visually impaired special education
 - 7) Audiologist: Arizona licensure; A certificate of completion of the National Center for Hearing Assessment and Management (NCHAM) Newborn Hearing Screening Curriculum or Registration with the Early Hearing Detection and Intervention-Pediatric Audiology Links to Services (EHDI- PALS) national web-based directory, displayed as meeting compatibility criteria for services (evaluation, aid dispensing and ear mold impressions) to children from birth to three years of age.

6.4.3 Audiology Services

- A. Audiology services include:
- 1) Identification of children with auditory impairments, using at- risk criteria and appropriate audiologic screening techniques
 - 2) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures
 - 3) Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment
 - 4) Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services
 - 5) Provision of services for prevention of hearing loss; and children from birth to three years of age.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:

- 1) Audiologist: Arizona licensure; A certificate of completion of the National Center for Hearing Assessment and Management (NCHAM) Newborn Hearing Screening Curriculum or Registration with the Early Hearing Detection and Intervention-Pediatric Audiology Links to Services (EHDI- PALS) national web-based directory, displayed as meeting compatibility criteria for services (evaluation, aid dispensing and ear mold impressions) to children from birth to three years of age.

6.4.4 Family Training, Counseling, and Home Visits

- A. Family training, counseling, and home visits means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
 - 1) Social worker: Arizona licensure
 - 2) Psychologist: Arizona Board of Psychologists licensure or ADE school psychologist certification
 - 3) Family therapist: Arizona licensure
 - 4) Teacher of the Deaf and Hard of Hearing: ADE teacher certification hearing impaired special education
 - 5) Teacher of the Visually Impaired: ADE teacher certification visually impaired special education

6.4.5 Health Services

- A. Health services mean services necessary to enable an otherwise eligible child to benefit from the other early intervention services under this part during the time that the child is eligible to receive early intervention services. The term includes:
 - 1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collectionbags, and other health services
 - 2) Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.
 - 3) The term does not include services that are:
 - a. Surgical in nature (such as cleft palate surgery, surgery for club

foot, or the shunting of hydrocephalus)

- b. Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose)
- c. Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.
 - i. Nothing in this part limits the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child's IFSP as being needed to meet the child's developmental outcomes.
 - ii. Nothing in this part prevents the EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly.
- 4) Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
- 5) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
 - 1) Physician: Arizona licensure
 - 2) Nurse: Arizona licensure

6.4.6 Medical services

- A. Medical services mean services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
 - 1) Physician: Arizona licensure

6.4.7 Nursing services

- A. Nursing services include:
 - 1) The assessment of health status for the purpose of providing nursing

- care, including the identification of patterns of human response to actual or potential health problems
- 2) The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development
 - 3) The administration of medications, treatments, and regimens prescribed by a licensed physician.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
- 1) Nurse: Arizona licensure

6.4.8 Nutrition services

- A. Nutrition services include:
- 1) Conducting individual assessments in:
 - a. Anthropometric, biochemical, and clinical variables
 - b. Feeding skills and feeding problems
 - c. Food habits and food preferences.
 - 2) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part.
 - 3) Making referrals to appropriate community resources to carry out nutrition goals.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
- 1) Registered Dietician: Arizona licensure

6.4.9 Occupational therapy

- A. Occupational therapy includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include
- 1) Identification, assessment, and intervention
 - 2) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- B. Qualified personnel for early intervention services and defined qualifications

Are as follows

1) Occupational therapist: Arizona licensure

C. Physical therapy Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include

1) Screening, evaluation, and assessment of children to identify movement dysfunction

2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems

3) Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.

D. Qualified personnel for early intervention services and defined qualifications are as follows:

1) Physical therapist: Arizona licensure

6.4.10 Psychological Services

A. Psychological services include:

1) Administering psychological and developmental tests and other assessment procedures

2) Interpreting assessment results

3) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development

4) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

B. Qualified personnel for early intervention services and defined qualifications are as follows:

1) Psychologist: Arizona Board of Psychologists licensure or ADE School Psychologist certification

6.4.11 Service Coordination Services

A. Service coordination (case management) services mean services provided

by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part. See § 303.34.

- B. Qualified personnel for early intervention services and defined qualifications are as follows:
- 1) Service Coordinator: bachelor's or master's degree
 - 2) Developmental Special Instructionist: bachelor's or master's degree
 - 3) Occupational therapist: Arizona licensure
 - 4) Physical therapist: Arizona licensure
 - 5) Speech language pathologist: Arizona licensure

6.4.12 Sign Language and Cued Speech Services

- A. Sign language and cued speech services include teaching sign language, cued speech, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued speech interpretation.
- B. Qualified personnel for early intervention services and defined qualifications are as follows:
- 1) Teacher of the Deaf/Hard of Hearing (TOD): ADE Hearing Impaired Special Education certification
 - 2) Speech-language pathologist: Arizona licensure; Auditory Verbal Educator certification
 - 3) Audiologist: Arizona licensure
 - 4) Deaf Mentor: bachelor's or master's degree in early childhood education, deaf education, deaf studies, ASL-ED, or closely related degree

6.4.13 Social Work Services

- A. Social work services include:
- 1) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction
 - 2) Preparing a social or emotional developmental assessment of the infant or toddler within the family context
 - 3) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents
 - 4) Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of the

child that affects the child's maximum utilization of early intervention services

- 5) Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

B. Qualified personnel for early intervention services and defined qualifications are as follows:

- 1) Social Worker: Arizona licensure

6.4.14 Special Instruction

A. Special instruction includes:

- 1) The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- 2) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability
- 3) Providing families with information, skills, and support related to enhancing the skill development of the child
- 4) Working with the infant or toddler with a disability to enhance the child's development.

B. Qualified personnel for early intervention services and defined qualifications are as follows:

- 1) Developmental Special Instructionist: bachelor's or master's degree

6.4.15 Speech-Language Pathology Services

A. Speech language pathology services include:

- 1) Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills
- 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills
- 3) Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

B. Qualified personnel for early intervention services and defined qualifications

Are as follows

- 1) Speech and Language Pathologist: Arizona licensure

6.4.16 Transportation and related costs

A. Transportation and related costs include the cost of travel and other costs necessary to enable an infant or toddler with a disability and the child's family to receive early intervention services.

B. Qualified personnel for early intervention services and defined qualifications are as follows:

- 1) Per state approved contract

6.4.17 Vision Services

A. Vision Services include:

- 1) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development
- 2) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both
- 3) Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

B. Qualified personnel for early intervention services and defined qualifications are as follows:

- 1) Teacher of the Visually Impaired: ADE teacher certification visually impaired special education
- 2) Certified Orientation and Mobility Specialist (COMS): Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) certification
- 3) Ophthalmologist: Arizona licensure
- 4) Optometrist: Arizona licensure

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/AUTHORITY: 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. 34 C.F.R. §§303.432-434

7.0 Introduction

- 7.0.1 Under the Individuals with Disabilities Education Act (IDEA), parents have legal rights called procedural safeguards.
- 7.0.2 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.
- 7.0.3 ADES/AzEIP implements the following policies and procedures and enforces the failure to comply with these requirements and the requirements in IDEA, Part C through its dispute resolution processes and use of sanctions outlined in Chapter 2, General Supervision.

7.1 Definitions

- 7.1.1 AzEIP Service Providing Agencies- Those state agencies identified in A.R.S. § 8-652 that provide early intervention services under IDEA, Part C: Arizona Department of Economic Security and the Arizona State Schools for the Deaf and the Blind. The Arizona Department of Economic Security provides early intervention services through the ADES/ Arizona Early Intervention Program (ADES/AzEIP) and the ADES/ Division of Developmental Disabilities (ADES/DDD).
- 7.1.1 As used in this chapter, AzEIP service providing agencies include all employees, contractors and other individuals associated with the EIP, who are involved with children and families, either directly or indirectly, referred to and/or eligible for AzEIP.

7.1.2 Consent is when:

- A. a parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language
- B. understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent form describes that activity and lists the early intervention records (if any) that will be released and to whom they will be released
- C. understands that the granting of the consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive (i.e., it does not apply to an action that occurred before the consent was revoked).

7.1.3 Destruction physical destruction of the record or ensuring that personal identifiers are removed from a record so that the record is no longer personally identifiable.

7.1.4 Disclosure to permit access to, or the release, transfer, or other communication of personally identifiable information contained in early intervention records, to any party, except the party that provided or created the record, by any means, including oral, written, or electronic.

7.1.5 An ADES/AzEIP contracted region for team-based early intervention services (TBEIS) that includes the early intervention professionals working with one AzEIP TBEIS contractor, and the DDD services coordinators and ASDB Teachers of the Visually Impaired and Teachers of the Deaf/Hard of Hearing working as part of the team.

7.1.6 Early Intervention Record means the educational records regarding a child that are required to be collected, maintained, or used in AzEIP. Records include, but are not limited to, handwritten documents or notes, print, computer data, video or audio, tape, film, microfilm and microfiche. Early Intervention Records are maintained by AzEIP or an EIP for the purpose of providing early intervention services. Financial information is not included in the definition of "early intervention records." All records regarding a child that are required to be collected, maintained, or used in AzEIP. Records include, but are not limited to, handwritten documents or notes, print, computer data, video or audio tape, film, microfilm, and microfiche.

7.1.7 Native language, when used with respect to an individual who has limited English proficiency (LEP):

- A. the language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in B. below

- B. for evaluations and assessments, the language normally used by the child, if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment.

Native language, when used with respect to an individual who is deaf or hard of hearing, blind or visually impaired, or for an individual with no written language, means the mode of communication that is normally used by the individual (such as sign language, braille, or oral communication).

7.1.8 Natural Environments settings that are natural or typical for a same- aged child without a disability, and may include the home or community settings, such as the park, restaurant, or childcare provider. Early intervention services must, to the maximum extent appropriate, only be provided in settings the natural environment and may only be provided in settings other than the natural environment when it is determined by the parent and the IFSP team that the outcomes identified on the IFSP cannot be met in a natural environment. In the rare situations where the team decides that the child cannot meet an outcome in a natural environment, a justification, including the reason for the decision, as well as a plan and timeline for providing the service in a natural environment, must be included in the IFSP.

7.1.9 The parent is the individual who makes early intervention decisions, including whether or not to participate in AzEIP, consent to screening, evaluation, assessment, consent to the provision of services, and consent to share early intervention records for a child. The parent is defined as:

- A. A biological or adoptive parent of a child
- B. A foster parent, unless Arizona law, regulations, or contractual obligations with an Arizona or local entity prohibit a foster parent from acting as a parent
- C. A guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health, or developmental decisions for the child (but not the State if the child is a ward of the state)
- D. A person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or a person who is legally responsible for the child's welfare
- E. A surrogate parent who has been appropriately appointed.

7.1.10 Personally Identifiable Information (PII) includes, but is not limited to, the following:

- A. The name of the child, the child's parent or other family member
- B. The address of the child or family
- C. A personal identifier, such as the child's or parent's social security number or child number

- D. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty
- E. Other information that would make it possible to identify the child with reasonable certainty.

7.2 Confidentiality

- 7.2.1 Parents referred to AzEIP are afforded the right to confidentiality of personally identifiable information, including the right to written notice of, and written consent to, the exchange of that information among agencies, consistent with state and federal laws.
- 7.2.1 AzEIP's confidentiality policy and procedures apply to the personally identifiable information of a child and the child's family:
 - A. Contained in early intervention records collected, used, or maintained by ADES, an AzEIP service providing Agency, or an EIP
 - B. From the date the child is referred for early intervention services until the later of when ADES, the AzEIP service providing agency, or the EIP is no longer required to maintain or no longer maintains that information under applicable federal and state laws.
- 7.2.2 ADES/AzEIP ensures the protection of the confidentiality of any personally identifiable data, information, and records collected, or maintained by AzEIP, which includes, ADES, the AzEIP service providing agencies, and the EIP.
- 7.2.3 AzEIP's policy for protecting the privacy of children and families is aligned with the Family Educational Rights and Privacy Act (FERPA), as required under IDEA, 34 C.F.R. §303.401, and which is incorporated herein by reference.
- 7.2.4 Early intervention records may contain sensitive or extraneous information that does not directly relate to the provision of early intervention services, such as information contained in medical records or documents from the Department of Child Safety (DCS). When disclosing or re-disclosing any information, the EIP must ensure the disclosure includes only information responsive to the request and must alert the parent should sensitive or extraneous information be contained in information being requested by another entity. (For example, an IFSP is appropriate to share, while a physician's report or social service report may not be necessary or appropriate to share with another early childhood program.)
- 7.2.5 When a service providing agency operates other programs in addition to an approved early intervention program, which follow other documentation and/or confidentiality requirements, early intervention records are subject to and must meet the requirements of all applicable early intervention-related federal and state laws and regulations. Under these circumstances, early intervention records must be maintained as distinct or removable from non- early intervention

records. These records (paper, electronic, etc.) may not be shared or otherwise made available to the other programs without following all of the confidentiality requirements under IDEA, Part C, including FERPA. It is the responsibility of the EIP to ensure the confidentiality of information regarding AzEIP eligible children they are serving.

7.2.6 The designated AzEIP service coordinator maintains the child's entire record and ensures that all required documentation/information is included in the record.

7.2.7 The AzEIP service coordinator may communicate about a child and family referred to early intervention with a DCS worker, without consent from the early intervention parent, upon receipt of a written request from DCS noting the DCS worker's name, the child's name, and the information requested. Consent from the parent is required for all other communication to entities involved with a DCS case, such as behavioral health providers, parent aides, etc.

7.3 Notice to Parents

7.3.1 AzEIP ensures notice to a parent of a child referred to AzEIP that is adequate to fully inform the parent about the confidentiality requirements in 7.2, including:

- A. a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the State intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information
- B. a summary of the policies and procedures that are followed regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information
- C. a description of all the rights of parents and children regarding this information, including their rights under IDEA, Part C confidentiality provisions
- D. a description of the extent that the notice is provided in the native languages of the various population groups in the state.

7.3.2 The Service Coordinator ensures a parent is provided and has access to the AzEIP family rights handbook, which outlines AzEIP's policies and procedures about confidentiality.

7.3.3 Parents are notified at a minimum annually, through the family rights handbook, of their right to:

- A. inspect and review their child's records, including the procedures to exercise this right
- B. seek amendment to the records, including the procedures to exercise this right

- C. consent to disclosures of personally identifiable information in their child's records
- D. file a complaint with the United States of Department of Education, Family Policy Compliance Office concerning alleged failures to comply with the requirements under FERPA.

7.4 Records

7.4.1 An EIP may use electronic records, including electronic signatures, in accordance with IDEA, Part C, FERPA and other applicable federal and state laws. Electronic records must be maintained in a system that (i) allows a parent to inspect and review the records; and (ii) allows the records to be printed. No State agency (ADES/DDD or ASDB) may use electronic records without the appropriate state governmental approval and coordination with ADES/AzEIP.

7.4.1 For Medicaid audit purposes, electronic documentation must be maintained in such a manner that Medicaid audit staff can answer basic questions to determine whether the requirement to prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program has been met. These questions include:

- A. Does the record itself meet the general and specific requirements of the regulations as to content?
- B. Is it possible to determine when the record was created?
- C. Is there a process to prevent records from being altered after they are created?
- D. If records can be altered, is the alteration process documented?
- E. Is the actual caregiver identified in the record?
- F. If entries are menu driven, are they appropriate to the service provided and is the caregiver identified as having selected the entry?
- G. Has the provider set up a system of internal controls that ensures that actual completed service delivery drives Medicaid billing?
- H. Are the records accessible? Records should be maintained in the ordinary course of business so that no "special" programming, software, language, etc., is required to access them.

In general, if an EIP is able to answer these questions about their record keeping system positively, the system would meet the requirements for review of Medicaid billings. Scanned documents, when consistent with the above requirements, are also generally acceptable for Medicaid record-keeping purposes.

7.4.2 For purposes of commercial insurance billing, when an EIP directly bills commercial insurers electronically, records must be maintained electronically in a system that allows the records to be printed if necessary for audit purposes. If the EIP maintains a billing service to pursue reimbursement from third party plans, there must be an electronic record of the documents transmitted to the billing service. When billing third party

payors, billing services must maintain records, either hard copy or electronic, that meet these requirements.

It should be noted that when in effect, the Health Insurance Portability and Accountability Act (HIPAA) requires that claims submitted electronically must be in accordance with HIPAA standards.

7.4.3 Rights to Access of Records

- A. A parent is entitled to inspect and review any early intervention records relating to his/her child that are collected, maintained, or used by ADES, an AzEIP service providing agency, or an EIP (collectively the “agency” when used throughout this section). The EIP must comply with the parent’s request to inspect and review records without unnecessary delay and before any IFSP meeting or IDEA, Part C dispute resolution proceedings, and in no case more than ten (10) calendar days after the request has been made.
- B. The right to inspect and review early intervention records includes the right to:
 - 1) a response to reasonable requests for explanation and interpretation of the early intervention records
 - 2) request that the agency provide copies of the early intervention records containing information if failure to provide the copies would effectively prevent the parent from exercising the right to inspect and review the records
 - 3) have a representative of the parent inspect and review the early intervention records.
- C. The agency may presume that the parent has authority to inspect and review records relating to his or her child while the child is in early intervention, unless the agency has been provided documentation that the parent does not have authority under applicable state laws governing such matters as custody, foster care, guardianship, separation, and divorce.
- D. If an early intervention record includes information on more than one child, the parent has the right to inspect and review only information relating to his/her child or to be informed of that specific information.
- E. An EIP must provide at no cost to a parent a copy of each evaluation, child assessment, family assessment, and IFSP, as soon as possible after each IFSP meeting, but no later than ten business (10) days after completion of the event.
- F. Reasonable fees may be charged for copying records, other than those described in E, requested by a parent if the fee does not effectively prevent the parent from exercising his or her right to inspect and review the

records. Fees may not be charged to a parent for the search and/or retrieval of the records.

- G. When a request for records is made by a parent of a child who is no longer in AzEIP, the EIP will take reasonable steps to ensure the individual requesting the record has the legal authority to obtain the records, including ensuring the request is in writing and signed by the early intervention parent.
- H. Agencies must keep a record of parties who obtain access to early intervention records collected, maintained, or used under IDEA, Part C (except access by parents and authorized representatives and employees of ADES or the EIP), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the early intervention records.
- I. ADES/AzEIP ensures that each agency will provide a parent, on request, a list of the types and locations of early intervention records collected, maintained, or used.

7.4.4 Amendment to Records

- A. A parent who believes information in the early intervention records collected, maintained, or used by an EIP is inaccurate, misleading, or violates the privacy or other rights of the child or parent may request that the EIP that maintains the information amend the information.
- B. Upon receipt of a request to amend an early intervention record, the EIP must decide whether to amend the information in accordance with the request within a reasonable period of time, but no later than ten (10) calendar days from the request.
- C. If the EIP refuses to amend the information as requested by the parent, it must inform the parent of the refusal, in writing, and advise the parent of their right to a hearing.
- D. A parent may request a hearing to challenge the information in their child's early intervention records to ensure that it is not inaccurate, misleading, or in violation of the privacy or other rights of the child or parents. The parent may request one of two hearings:
 - 1) a due process hearing as set out in the policies and procedures found in 7.9.7
 - 2) a hearing that meets the following requirements:
 - a. held by ADES/AzEIP within 30 days after it has been requested
 - b. the parent is provided notice of the date, time, and place of the hearing within a reasonable time prior to the hearing

- c. the hearing is conducted by an individual, including an official of ADES/AzEIP, who does not have a direct interest in the outcome of the hearing
- d. ADES/AzEIP gives the parent a full and fair opportunity to present evidence relevant to the issues raised in the request to amend the record. The parent may, at his/her own expense, be assisted or represented by one or more individuals of his or her own choice, including an attorney
- e. ADES/AzEIP makes its decision in writing within a reasonable time after the hearing
- f. the decision must be based solely on the evidence presented at the hearing and must include a summary of the evidence and the reason for the decision.

7.4.5 Consent to Disclose Records

- A. Prior parental consent must be obtained before personally identifiable information is:
 - 1) disclosed to anyone other than authorized representatives, officials, or employees of ADES or an AzEIP service providing agency, collecting, maintaining, or using the information under IDEA, Part C; or
 - 2) used for any purpose other than meeting a requirement under IDEA, Part C.
- B. Exceptions to the requirement of parental consent are:
 - 1) the automatic referral requirements when a child is potentially eligible for preschool special education and a referral is made using the PEA Notification/Referral form
 - 2) those exceptions listed in FERPA, 34 C.F.R. §99.31, including but not limited to:
 - a. when a child moves and changes early intervention providers, the early intervention records may be sent from one early intervention provider to another without the parent's consent
 - b. disclosure to ADES/AzEIP
 - c. disclosure to comply with a judicial order or lawfully issued subpoena, but only after the EIP makes a reasonable effort to notify the parent in advance of compliance with the judicial order to allow the parent to seek protective action
 - d. the disclosure is in connection with a health and safety

emergency to appropriate authorities to protect the health or safety of the child or other individuals.

- C. An EIP may use a digital electronic signature (also referred to as an advanced or secure electronic signature) for consents (and other early intervention signatures) when the EIP meets the following authentication criteria:
- 1) identifies and authenticates the early intervention parent
 - 2) attributes the signature to the consent
 - 3) secures and verifies the integrity of the consent in transmission and upon receipt
 - 4) documents and records the signed message
 - 5) maintains the electronic signature as part of the early intervention record.
- D. The following guidelines apply to the use of digital electronic signatures:
- 1) the individual whose name is on the electronic signature and the EIP bear the responsibility for authenticity
 - 2) EIP's should check with their attorneys and malpractice insurers regarding these alternate signature methods
 - 3) each EIP must develop written policies and procedures to assure complete, accurate, and authenticated records and at a minimum include the following:
 - a. Security provisions to protect the use of an electronic signature by anyone other than the person to which the electronic signature belongs
 - b. The privacy and integrity of the record is protected
 - c. A list of which records will be maintained and signed electronically
 - d. How a digital electronic code is assigned and how the code and associated staff identity are protected
 - e. How passwords are assigned and the frequency for which they are changed
 - f. Allows the parent access to his records
 - g. Allows immediate access to records by ADES, and others who are authorized by law.
 - 4) As required by HIPAA for billing purposes, the EIP must assure that the software program they are using is set up so that:

- a. The signer cannot deny having signed the document in the future
 - b. There is verification of the signer's identity at the time the signature was generated
 - c. Certainty that the document has not been altered since it was signed.
- 5) A graphical signature, which is an identical image of a person's handwritten signature) is not permitted.
- E. A consent to release confidential information is only valid for 12 months.
- F. When records are released, EIP's may only disclose personally identifiable information on the condition that the individual to whom the information was disclosed will not disclose the information to any other person without prior consent of the parent, unless as required by an exception under FERPA, such as a court order or subpoena.
- G. When medical records or other "protected health information" are placed into a child's early intervention record, it is covered by the privacy protections of FERPA, and no longer covered by the HIPAA. HIPAA expressly excludes those records that are part of a child's early intervention records in its definition of "protected health information." 45 C.F.R. §160.103.
- H. ADES, the AzEIP service providing agencies, and the EIP's protect the confidentiality of personally identifiable information at the collection, maintenance, use, storage, disclosure, and destruction stages and ensure the following requirements are met:
- 1) one official at each agency is designated as the Confidentiality Manager, assuming responsibility for ensuring the confidentiality of any personally identifiable information
 - 2) all persons collecting or using personally identifiable information are trained and instructed on AzEIP policies and procedures regarding the confidentiality of this information
 - 3) a current list of the names and positions of the employees within the agency who have access to personally identifiable information is maintained for public inspection.

7.5 Destruction of Information

- 7.5.1 The EIP must inform parents when personally identifiable information collected, maintained, or used in AzEIP is no longer needed to provide services to the child and family under IDEA, Part C.
- 7.5.2 Subject to 7.5.1. above, personally identifiable information must be destroyed at the request of the parents. However, a permanent record of a child's name, date of birth, parent contact information (including address and phone number), names of Service Coordinator(s) and early intervention service providers, exit data (including year and age upon exit), and the request for destruction may be maintained without time limitation.

7.6 Address Confidentiality Program

7.6.1 The Address Confidentiality Program (ACP) is a program that helps prevent victims of domestic violence, sexual offenses, and/or stalking from being located by the perpetrator through public records. The program provides a substitute address and confidential mail forwarding services to individuals and families across Arizona. The EIP must ensure adherence to Arizona's Address Confidentiality Program (ACP) to ensure that any enrolled family's address is at no time documented in the ADES data system(s) or any other data systems, files, emails, be included in the child's record, or any public records. The EIP must ensure compliance with the ACP law, ADES policies, and AzEIP policies and procedures.

7.7 Parental Consent and Ability to Decline Services

7.7.1 Parental consent must be obtained before:

- A. administering screening procedures to determine whether a child is suspected of having a developmental delay or disability
- B. evaluating a child to determine eligibility
- C. conducting child and family assessments
- D. providing early intervention services to the child and family
- E. using public benefits or insurance or private insurance if such consent is required
- F. disclosing personally identifiable information.

7.7.2 If a parent does not give consent, reasonable efforts are made to ensure the parent:

- A. is fully aware of the nature of the evaluation and assessment of the child and family, or early intervention services that would be available
- B. understands that the child will not be able to receive the evaluation, assessment, or early intervention services unless consent is given.

7.7.3 Due process procedures will not be used to challenge a parent's refusal to provide any consent that is required under 7.7.1.

7.7.4 The parent of a child referred to AzEIP:

- A. determines whether he/she, his/her child, or other family members will accept or decline any early intervention service in AzEIP at any time, in accordance with Arizona law
- B. may decline a service after first accepting it, without jeopardizing other early intervention services.

7.8 Prior Written Notice

7.8.1 Prior written notice (PWN) must be given to the parent of an eligible child a reasonable amount of time before an EIP proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.

7.8.2 The notice must contain sufficient detail to inform the parent about:

- A. the action that is being proposed or refused
 - B. the reasons for taking the action
 - C. all procedural safeguards available under the federal regulations, including a description of mediation, how to file a complaint and request a due process hearing, and the timelines under those procedures.
- 7.8.3 The notice must be understandable to the general public and provided in the native language of the parent, unless it is clearly not feasible to do so.
- 7.8.4 If the native language or other mode of communication of the parent is not a written language, the Service Coordinator shall take steps to ensure that:
- A. the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication
 - B. the parent understands the notice
 - C. there is written evidence that the requirements of this paragraph have been met.
- 7.8.5 If the parent has a vision impairment or hearing difference, or has no written language, the mode of communication must be the identified mode of communication the parent normally uses, or as requested by the parent (such as American Sign Language, Braille, or oral communication).

7.9 Identification of the Parent and Use of a Surrogate Parent

- 7.9.1 A parent is defined as:
- A. a biological or adoptive parent of a child
 - B. a foster parent, unless Arizona law, regulations, or contractual obligations with an Arizona or local entity prohibit a foster parent from acting as a parent
 - C. a guardian generally authorized to act as the child's parent, or authorized to make early intervention, educational, health or developmental decisions for the child (but not the State if the child is a ward of the State)
 - D. a person acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare
 - E. a surrogate parent who has been appropriately appointed.
- 7.9.3 It is the responsibility of the EIP to determine who can make early intervention service decisions for a child, including deciding whether to participate in AzEIP, consent to screening, evaluation, assessment, the provision of services, and consent to share early intervention records.
- 7.9.4 AzEIP policies and procedures protect the rights of children referred to AzEIP when:
- A. no parent can be identified
 - B. after reasonable efforts, the EIP cannot locate a parent
 - C. the child is a ward of the State of Arizona.

- 7.9.5 When more than one individual is qualified to act as the parent of a child, the biological or adoptive parent who attempts to act as the parent is presumed to be the parent for purposes of making early intervention decisions on behalf of the child, unless:
- A. that person does not have legal authority to make educational decisions for the child (such as when parental rights have been terminated)
 - B. there is a judicial order or decree that specifies some other individual to act as the parent for early intervention purposes.
- 7.9.6 If the biological or adoptive parent cannot be located or does not attempt to act as the parent, the EIP shall determine the parent in the following order of availability:
- A. a relative or stepparent with whom the child lives
 - B. a foster parent
 - C. a guardian appointed for the child, other than the state (i.e., DCS, or its' employees/contractors)
 - D. a surrogate parent who meets the requirements in this section.
- 7.9.7 When DCS has legal custody of a child and the child has been removed from his/her home, a biological parent is not attempting to act as the early intervention parent (and another early intervention parent must be identified) when the EIP:
- A. has made three attempts to contact the biological parent (if a telephone number is available, calling at different times of day, including at least one contact attempt during the evening hours) and if no telephone is available, then through the mail over the course of three weeks; and
 - B. has contacted the referral source, to gather additional information, if available, about the biological parent's last known telephone number or address, but still is not able to make contact with the parent; or
 - C. the attorney for the biological parent or the biological parent states that he/she does not want to act as the early intervention parent; or
 - D. there is a No Contact Order as to the biological parent.

If A – D is met, the EIP may identify another individual to act as the parent for the child under IDEA, Part C who meets the requirements of this section.

- 7.9.8 The EIP is responsible for:
- A. determining whether a child needs a surrogate parent contacting ADES/AzEIP to coordinate the assignment of a surrogate parent to the child within 30 days
 - B. consulting with the agency (such as DCS) that has been assigned care of the child to discuss the appointment of a surrogate parent when the child is a ward of the State or placed in foster care.
- 7.9.9 In the case of a child who is a ward of the State, the surrogate parent may be appointed by the judge overseeing the child's case provided that the requirements of a surrogate parent in this section are met.

7.9.10 A surrogate parent is an individual who has been appropriately trained and is identified on the list of available persons by ADES/AzEIP to act as a surrogate parent. A surrogate parent:

- A. may not be an employee of ADES or any other public agency or early intervention service provider that provides early intervention services, education, care, or other services to the child or any family member of the child
- B. may not have a personal or professional interest that conflicts with the interest of the child he/she represents
- C. has knowledge and skills that ensure adequate representation of the child.

7.9.11 A person who is otherwise qualified to be a surrogate parent is not an employee of an agency solely because she/he is paid by the agency to serve as a surrogate parent.

7.9.12 A surrogate parent has the same rights as a parent in AzEIP and may represent the child in all matters, including:

- A. the screening, evaluation, and assessment of the child
- B. development and implementation of the child's IFSP, including annual evaluations and periodic reviews
- C. the ongoing provision of early intervention services to the child
- D. any other rights established under IDEA, Part C, such as procedural safeguards.

7.10 Dispute Resolution

- 7.10.1 ADES/AzEIP is responsible for ensuring that procedures for the resolution of disputes are in keeping with the child's best interests and family's priorities. Parents will be informed of all their options for dispute resolution and provided assistance, as appropriate, in accessing these options.
- 7.10.2 AzEIP ensures that families are informed of all their informal and formal dispute resolution options.
- 7.10.3 Informal disputes include working with the Service Coordinator, his/her supervisor, or program director to resolve the concern without the use of formal procedures, as listed below.
- 7.10.4 Formal dispute resolution options include:
- A. requesting mediation to resolve disputes involving any matter under IDEA, Part C
 - B. filing a signed written complaint regarding any violation of IDEA, Part C
 - C. requesting a due process hearing to resolve a complaint with respect to a particular child when the EIP proposes or refuses to initiate or change the identification, evaluation, or placement of the child, or the provision of early intervention services to the child and family.
 - D. ensuring that the parent understands these options and the procedures to exercise one or more of them. The Service Coordinator may help the parent access the various dispute resolution options, if needed.
 - E. collaborating to determine jurisdiction based on the nature of the complaint if the child who is the subject of the dispute is also eligible for another Federal or State program, which has its own dispute resolution process.
- 7.10.5 Mediation
- A. Mediation is voluntary and may only be used when both parties to the dispute agree to do so.
 - B. A party may seek mediation to resolve disputes involving any matter under IDEA, Part C, including matters arising prior to the filing of a due process complaint.
 - C. Mediation cannot be used as a mandatory preliminary step prior to any other administrative or legal recourse.
 - D. Mediation may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights under IDEA, Part C.
 - E. Mediation must be conducted by a qualified and impartial mediator who is trained in effective mediation techniques and knowledgeable in the law related to early intervention.

- F. ADES ensures that it selects mediators on a random, rotational, or other impartial basis.
- G. The State bears the cost of the mediation process, including the cost of mediation.
- H. Parties resolving a dispute through mediation must sign a legally binding agreement that describes the resolution and states all discussions occurring during mediation are confidential and may not be used as evidence in any subsequent due process hearing procedure or civil proceeding in any Federal or State court; and is signed by both the parent and a representative of ADES who has the authority to bind ADES.
- I. A written, signed mediation agreement is enforceable in any State court of competent jurisdiction or in a district court of the United States.
- J. An individual who serves as a mediator:
 - 1) may not be an employee of ADES or an EIP that is involved in the provision of early intervention services or other services to the child. However, a person who otherwise qualifies as a mediator is not an employee of ADES or an EIP solely because s/he is paid by the agency to serve as a mediator; and
 - 2) must not have a personal or professional interest that conflicts with the person's objectivity.

7.10.6 Formal Complaints

- A. An agency, employee, parent, or organization may file a written, signed complaint with ADES/AzEIP alleging a violation of the requirements and regulations of IDEA, Part C and the facts on which the complaint is based.
- B. Parents shall be given written information describing the procedures to resolve disputes.
- C. Parents will be informed that they may file a formal complaint and use the informal complaint resolution process, mediation, or request a due process hearing at the same time. Service coordinators are responsible for ensuring that parents understand these procedures. If appropriate, they may help parents file a formal complaint.
- D. Information on the procedures to resolve complaints will be widely disseminated to:
 - 1) the AzEIP service providing agencies and their contractors
 - 2) family training, protection, and advocacy centers
 - 3) other appropriate individuals, agencies, institutions, and organizations.

- E. ADES/AzEIP will resolve all timely filed complaints meeting the requirements in 7.9.6 within 60 days after the complaint is filed. A complaint is considered filed upon receipt by the ADES/AzEIP.
- F. An extension to the 60-day timeline will be permitted if:
 - 1) exceptional circumstances exist with respect to a particular complaint
 - 2) the parent (or individual or organization if mediation is available to them under State procedures), the ADES, the AzEIP service providing agency, the EIP and/or early intervention services provider agree to extend the time to engage in mediation under 7.9.6.F.
- G. Complaints alleging a failure by an EIP or contractor to implement a due process hearing decision must be resolved by ADES/AzEIP.

7.10.7 Due Process Complaint and Hearing

- A. A parent may file a due process complaint requesting a hearing to resolve a complaint with respect to a particular child related to the proposal or refusal to initiate or change the:
 - 1) identification of the child (screening)
 - 2) evaluation of the child (evaluation)
 - 3) placement of the child (eligibility determination)
 - 4) provision of early intervention services to the child and family (IFSP services).
- B. All due process hearings must be carried out at a time and place that is reasonably convenient to the parent.
- C. The due process hearing procedures must be completed, and a written decision mailed to each of the parties within 30 days after the appropriate EIP or ADES/AzEIP receives the request for the due process hearing. A hearing office may grant an extension beyond the 30-day period at the request of either party.
- D. During the pendency of a due process complaint, unless ADES/AzEIP and the parent of a child otherwise agree, the child must continue to receive the appropriate early intervention services in the setting consented to by the parent on the IFSP. If the complaint involves an application for initial services, the child must receive those services that are not in dispute.
- E. In a due process proceeding, the parent has a right to:
 - 1) be accompanied and advised by an attorney and/or individual(s) with special knowledge or training with respect to early intervention services for eligible children
 - 2) present evidence and confront, cross-examine, and compel for the

- 3) attendance of witnesses
- 4) prohibit the introduction of any evidence at the hearing that has not been disclosed to the parent at least five (5) days before the hearing
- 5) obtain written or electronic, verbatim transcription of the hearing at no cost to the parent
- 6) receive a written copy of the findings of fact and decision at no cost to the parent.

7.10.8 Civil Action

- A. Any party aggrieved by the findings and decision regarding a due process complaint has the right to bring a civil action in State or Federal court.

7.11 Data Breach

7.11.2 Introduction

- A. Federal and Arizona law requires reasonable efforts to secure and protect certain information that the ADES/AzEIP possesses, thereby protecting the integrity and confidentiality of any such maintained information.

7.11.3 Definitions

- A. For purposes of this policy, a data breach is “any instance of an unauthorized release of or access to personally identifiable information (PII) or other information not suitable for public release” that ADES/AzEIP collects, maintains, manages, operates control over, and/or otherwise oversees.
- B. A data breach may occur from, but is not limited to, unauthorized data copying, unauthorized dissemination, system hacking, unauthorized data viewing, loss of physical data (e.g., loss of laptop computer, flash drive, mobile phone, tablet, etc.), accidental release of data, and/or accidental (unsecured) access to data.

7.11.4 Scope

- A. This data breach response policy applies and includes any child data, family data, financial data, health insurance data which are collected, maintained, managed, operated, or otherwise controlled by ADES/AzEIP, including AzEIP Participating Agencies, local early intervention programs, contractors, or subcontractors.
- B. This data breach response policy specifically excludes:
 - 1) aggregate/publicly reported data
 - 2) training reports
 - 3) information that could not result in identifying a particular child

- C. This data breach response policy applies to AzEIP Participating Agencies and AzEIP service providing agencies that collect, maintain, manage, operate, or are otherwise active in the control of child data, family data, fiscal data, health insurance data that if breached would trigger notification. This may include staff or subcontractors from local programs directly associated with ADES, ADHS, AHCCCS, ASDB or ADE. If such local programs are named, all such programs must adhere to this policy including actions listed below in response to a data breach for any data that ADES/AzEIP collects, maintains, manages, operates control over, and/or otherwise oversees.

7.11.5 Policy

- A. It is the responsibility of anyone observing what appears to be a data breach, including a breach of security designed to protect such data, potential or actual violation of other federal or state data law/statute/regulation/rule/policy, theft of hardware and/or software designed to house and protect data, unauthorized duplication of data, or any action placing the state or state resources at risk pursuant to this data breach policy, must immediately report the incident to an appropriate-level supervisor, manager, or security officer within their organization.
- B. The Part C Coordinator or designee is responsible for informing and ensuring that staff follow the intent of this policy and adhere to all related procedures including the provision of training and technical assistance. The Part C Coordinator or designee is responsible for investigating and confirming any data breach. The Part C Coordinator or designee is charged with carrying out the actions within this data breach response policy. The Part C Coordinator or designee is responsible for monitoring adherence to this policy and will document such monitoring.
- C. In the event of a data breach, all the following immediate actions shall be considered and those deemed applicable by the Part C Coordinator or designee shall be implemented:
 - 1) As it is the responsibility of anyone, including ADES/AZEIP staff, Participating State Agencies, vendors, contractors, and subcontractors to report a data breach or potential data breach, and when such breach has been confirmed, report to the Part C Coordinator or designee. The Part C Coordinator or designee shall follow ADES policies and procedures.
 - 2) The Part C Coordinator or designee shall consider all options of informing both individuals potentially at risk based on the breached data and, if warranted, the public at large.
 - 3) When individuals potentially at risk based on the breached data and/or the public at large are to be informed, the Part C Coordinator or designee shall determine when and how such notification shall occur

- in accordance with all applicable laws.
- 4) After any notifications have occurred, the Part C Coordinator or designee shall consider and may implement any of the following post breach actions:
 - a. The Part C Coordinator or designee shall review the data breach and determine what and when procedures shall be taken to prevent or minimize risk of similar data breaches in the future.
 - B. A participating state agency or service providing agency that has a security policy in place and maintains a breach response policy and procedures consistent with the requirements in this policy shall be in compliance with the requirements of this policy.