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| **6. ACT Child Record Audit Tool: Annual IFSP** |
| Child Name: | Child's DOB: | I-TEAMS ID#:  |
| Service Coordinator: | Reviewer: | Date Reviewed: |
| Team Lead: | Primary Agency: AzEIP ☐ DD Only ☐ DDD AHCCCS/ALTCS ☐ ASDB ☐ |
| Other Core Team Members:  |
| This audit tool is completed 45 calendar days after the Annual IFSP; but no later than 60 days after the Annual IFSP date. (Indicators: Timely Services; Timely and Accurate Data; Child Outcomes; Family Outcomes; Transition) |
| Annual IFSP Date:  |
|   | DSI | OT | PT | SLP | Psych | Social Work | Vision | Hearing | Other  |
| IFSP Planned Start Date |   |   |   |   |   |   |   |   |   |   |
| IFSP Actual Start Date |   |   |   |   |   |   |   |   |   |   |
| AHCCCS Auth Received | N/A |   |   |   | N/A | N/A | N/A | N/A |   |   |
| Document |  Verified in File: Yes (Y) - No (N) - Not Applicable (NA) | Notes/Follow-up Needed |
| SC Contact Notes for Annual IFSP | Yes ☐ No ☐ N/A ☐  |  |   |
| Provider 1 Contact Notes (past six months) |  Yes ☐ No ☐ N/A ☐ |   |
| Provider 2 Contact Notes (past six months) |  Yes ☐ No ☐ N/A ☐ |   |
| Copy of Annual IFSP |  Yes ☐ No ☐ N/A ☐ |   |   |
| Vision Screening Checklist |  Yes ☐ No ☐ N/A ☐ |   |   |
| Hearing Screening Tracking form |  Yes ☐ No ☐ N/A ☐ |   |   |
| All Ongoing Services Started Timely |  Yes ☐ No ☐ N/A ☐ |   |   |
| IFSP Meeting Notification |  Yes ☐ No ☐ N/A ☐ |   |   |
| Copy of IFSP Provided to Family |  Yes ☐ No ☐ N/A ☐ | Date provided to family: |   |
| Consent to Bill Health Insurance |  Yes ☐ No ☐ N/A ☐ |   |
| ACT Insurance Form |  Yes ☐ No ☐ N/A ☐ |   |   |
| Consent(s) to Share EI Records |  Yes ☐ No ☐ N/A ☐ |   |
| Child Indicators |  Yes ☐ No ☐ N/A ☐ | Annual CI is completed with Annual IFSP; no data to enter  |
| Copy of Email that IFSP was sent to DDD and/or ASDB (if applicable) |  Yes ☐ No ☐ N/A ☐ |   |   |
|  |  |  |  |  |  |  |
| **4. ACT Child Record Audit Tool: Annual IFSP**  |   |
| Child's Name: | Child's DOB: | I-TEAMS ID#:  |   |
| Document |  Verified in File: Yes (Y) - No (N) - Not Applicable (NA) | Notes/Follow-up Needed |
| AHCCCS Auth Request (New Service) | Yes ☐ No ☐ N/A ☐  |   |   |
| Insurance Data Entered in I-TEAMS |  Yes ☐ No ☐ N/A ☐ |   |
| IFSP Data Entered in I-TEAMS |  Yes ☐ No ☐ N/A ☐ |   |   |
| Record Release & Access Log |  Yes ☐ No ☐ N/A ☐ |   |   |
| All Team Members Assigned in I-TEAMS |  Yes ☐ No ☐ N/A ☐ |   |   |
| ALTCS Application/Copy of email sent |  Yes ☐ No ☐ N/A ☐ |   |   |
| Collaboration with DCS |  Yes ☐ No ☐ N/A ☐ |   |   |
| Collaboration with ASDB/FBC |  Yes ☐ No ☐ N/A ☐ |   |   |
| Collaboration with Healthy Families |  Yes ☐ No ☐ N/A ☐ |   |   |
| Family Survey Provided to Family |  Yes ☐ No ☐ N/A ☐ |   |   |
| Quarterly Review Reports (past six months) |  Yes ☐ No ☐ N/A ☐ |   |   |
| IFSP Transition Steps Documented |  Yes ☐ No ☐ N/A ☐ |   |   |
| Additional Notes: |   |
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|   |
| Agency lead/date reviewed: | Date sent to ACT: |   |