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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: | | | | |  |