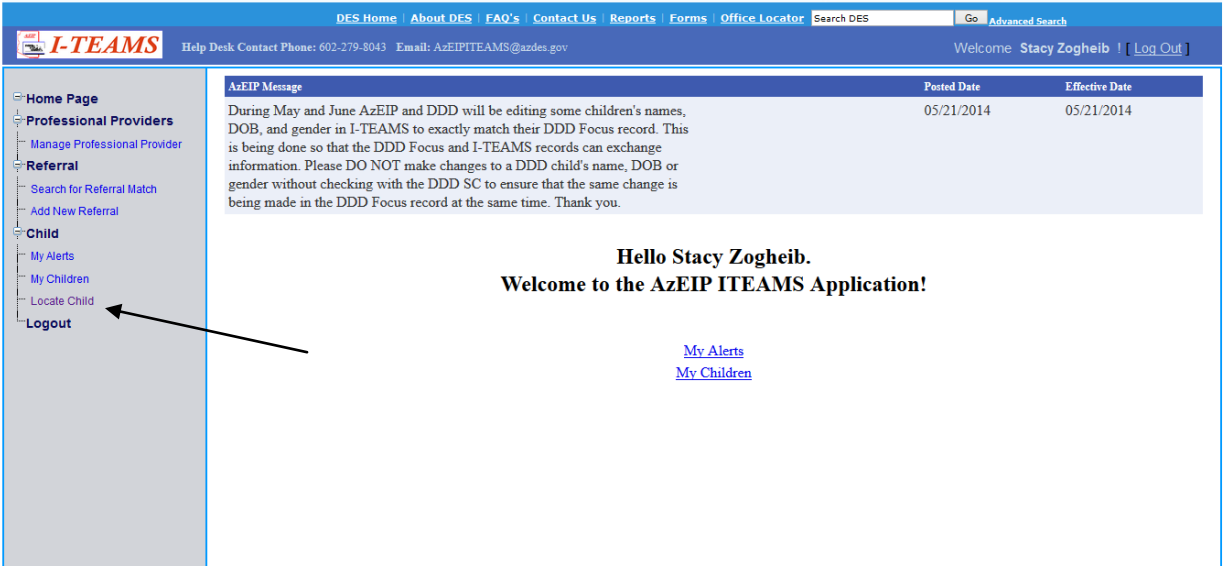


Iteams Data Entry- IPP Overview

Work through entering in IPP data in this order. There will be times that you have to go back and change something you've already done, but because the system is linear this is just how it goes.

1. Home Screen



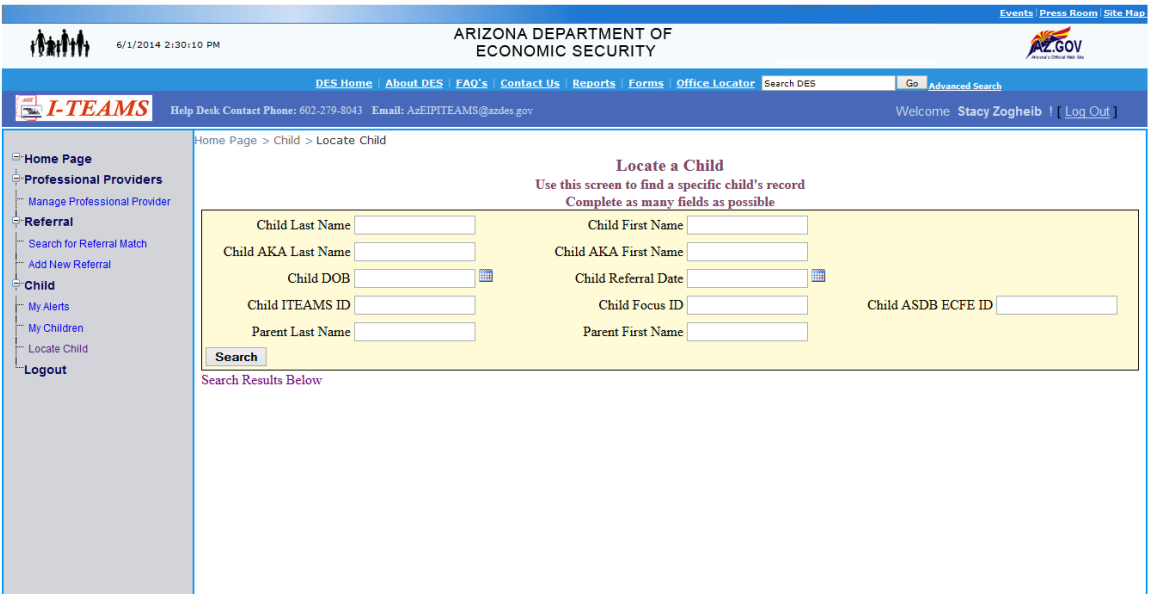
The screenshot shows the I-TEAMS Home Screen. At the top, there is a navigation bar with links for DES Home, About DES, FAQ's, Contact Us, Reports, Forms, Office Locator, and a search box. Below this is a header with the I-TEAMS logo, contact information, and a welcome message for Stacy Zogheib. The main content area features a table with an AzEIP Message and a central welcome message. A sidebar on the left contains navigation links, with an arrow pointing to the 'Locate Child' link.

AzEIP Message	Posted Date	Effective Date
During May and June AzEIP and DDD will be editing some children's names, DOB, and gender in I-TEAMS to exactly match their DDD Focus record. This is being done so that the DDD Focus and I-TEAMS records can exchange information. Please DO NOT make changes to a DDD child's name, DOB or gender without checking with the DDD SC to ensure that the same change is being made in the DDD Focus record at the same time. Thank you.	05/21/2014	05/21/2014

Hello Stacy Zogheib.
Welcome to the AzEIP ITEAMS Application!

[My Alerts](#)
[My Children](#)

2. Locate Child. Typically the first few letters of the first and last name will find the child for you.



The screenshot shows the I-TEAMS Locate Child screen. The header includes the Arizona Department of Economic Security logo and the AZ.GOV logo. The main content area features a form titled 'Locate a Child' with various input fields for child and parent information. A search button is located at the bottom of the form.

Locate a Child
Use this screen to find a specific child's record
Complete as many fields as possible

Child Last Name	Child First Name
Child AKA Last Name	Child AKA First Name
Child DOB	Child Referral Date
Child ITEAMS ID	Child Focus ID
Parent Last Name	Parent First Name
Child ASDB ECFE ID	

Search Results Below

3. Click Select next to the name of the child you need.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

6/1/2014 2:33:00 PM

DES Home | About DES | FAQ's | Contact Us | Reports | Forms | Office Locator | Search DES | Go | Advanced Search

Help Desk Contact Phone: 602-279-8043 Email: AzEIPITEAMS@azdes.gov

Welcome Stacy Zogheib | [Log Out]

Home Page > Child > Locate Child

Locate a Child

Use this screen to find a specific child's record
Complete as many fields as possible

Child Last Name: tro Child First Name: gav
 Child AKA Last Name: Child AKA First Name:
 Child DOB: 4/22/2014 Child Referral Date: 4/22/2014
 Child ITEAMS ID: Child Focus ID: Child ASDB ECFE ID:
 Parent Last Name: Parent First Name:

Search Results Below

Select	Child ID	Referral Date	Child Last Name	Child First Name	Child DOB	Child Gender	Child Record Status
Select	72235	4/22/2014	Troup	Gavin	2/9/2012	M	Open

4. Child Home Page. This page is more public and most people can see this information.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

6/1/2014 2:33:00 PM

DES Home | About DES | FAQ's | Contact Us | Reports | Forms | Office Locator | Search DES | Go | Advanced Search

Help Desk Contact Phone: 602-279-8043 Email: AzEIPITEAMS@azdes.gov

Welcome Stacy Zogheib | [Log Out]

Home Page > Child > Locate Child

Locate a Child

ITEAMS ID: 72235
 Child: Troup, Gavin DOB: 2/9/2012 Status: Open as of 4/22/2014
 Agency: AzEIP Contract Region: ACT West Central Maricopa

AzEIP 45th day from Referral Date:
Friday, June 06, 2014

Child Last Name, First Name: Troup Gavin
 Child AKA Last Name, First Name:
 Parent Last Name, First Name: Troup Sara
 Child AzEIP I-TEAMS ID, DDD Focus ID, ASDB ID: 72235 0 0
 Child Record Status, Status Date: Open 4/22/2014
 Child Gender, DOB, Referral Date: M 2/9/2012 4/22/2014
 Service Coordinator Last Name, First Name: Zogheib Stacy
 Service Coordinator Phone: (623) 910-9587

Privacy Disclaimer Web Accessibility & Reasonable Accommodations
 Copyright 2008 DES. All rights reserved.

©2011 - 2014 DES. All rights reserved. - AzEIP I-TEAMS - v3.1.14122.1129 (4.0.53)
 Browser: *Firefox29* Real Browser: *Firefox29*

4. Child Demographics. See Child Demographics cheat sheet. If you see a message saying you cannot access this page from the Locate Child screen e-mail either the SC for that child or the Help Desk to help gain access.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

6/1/2014 2:37:04 PM

DES Home | About DES | FAQ's | Contact Us | Reports | Forms | Office Locator | Search DES | Go | Advanced Search

I-TEAMS Help Desk Contact Phone: 602-279-8043 Email: AzEIPTEAMS@azdes.gov Welcome Stacy Zogheib | Log Out

Home → Child Demographics

ITEAMS ID: [Redacted]

Child: Tru [Redacted]

Agency: [Redacted]

AzEIP 45th day from Referral Date: **Friday, June 06, 2014**

*Child Name: [Redacted]

Child AKA: [Redacted]

*Date of Birth: [Redacted]

Agency: [Redacted]

*School District of Residence: Litchfield Elementary District [Find School District](#)

Is CPS Involved? Yes No

Ethnicity/Race

*Did parent or guardian provide information? Yes No

*Is Child Hispanic or Latino? Yes No

*Race: American Indian or Alaska Native Asian Black or African American
(select all that apply) Native Hawaiian or Other Pacific Islander White

Language of Home: English *(Must have an adult.)* Interpreter Needed? Yes No

Language of Child: English *(if different)*

Child Resides With: Parent *(Needs to be set in the adult grid.)*

Child Address:	Address	Address Type	Verified

5. Assign/Change Team Members. Assign at least the SC and whoever is going to do the screening and/or evaluation. DO NOT assign a team lead at this time or it will mess things up further down.

Agency

Agency	Contract Provider Name	Is Primary	Assignment Start Date	Assignment End Date
Edit Remove	AzEIP	Arizona Cooperative Therapies West Central Maricopa	<input checked="" type="checkbox"/>	04/23/2014
Add			<input type="checkbox"/>	

Assign / Change Team Members

Discipline Type	Provider Name	Team Lead	Team Lead Assignment Date	Assignment End Date
Edit	Service Coordinator	Stacy Zogheib [West Central Maricopa]	<input type="checkbox"/>	
Edit	Developmental Special Instr	Stacy Zogheib [West Central Maricopa]	<input type="checkbox"/>	
Edit	Speech-Language Pathologic	Jennifer Yancey [West Central Maricopa]	<input type="checkbox"/>	
Add			<input type="checkbox"/>	

Additional Data

[Referral](#)

[Insurance Information](#)

6. Eligibility. See Eligibility cheat sheet.

Eligibility

[Back to Child Demographics](#)

ITEAMS
Child:
Agency:

AzEIP 45th day from Referral Date:
Friday, June 06, 2014

Screening Conducted? Yes No

Select Screening Results: Evaluation Recommended

Screened Out Date:

Parents Requested Evaluation: Yes No

AzEIP Eligibility Decision: Yes No

AzEIP Eligibility Decision Date: 05/15/2014

45 Day Delay Reason:

PWN for Screening Provided:

Date PWN for Screening Provided: 04/28/2014

Consent for Evaluation / PWN Signed:

Date Consent for Evaluation / PWN Signed: 04/28/2014

PWN for Eligibility Provided:

Date PWN for Eligibility Provided: 05/22/2014

FCP Packet Provided:

Date FCP Packet Provided: 05/15/2014

Delay Reason Other:

Select Established Condition or Developmental Delay: Established Condition Developmental Delay

Eligibility Decision Based on: Records Evaluation

Select All Established Conditions that Apply:

<input type="checkbox"/> Auditory Impairment	<input type="checkbox"/> Disorders Disturbing Nervous Systems	<input type="checkbox"/> Metabolic Disorder	<input type="checkbox"/> Periventricular Leukomalacia
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Disorders Secondary to Toxic Substance Exposure (FAS)	<input type="checkbox"/> Neural Tube Defect	<input type="checkbox"/> Severe Attachment Disorder
<input type="checkbox"/> Chromosomal Abnormality	<input type="checkbox"/> Hydrocephalus	<input type="checkbox"/> Other Condition not Listed	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Congenital Infections	<input type="checkbox"/> Intraventricular Hemorrhage Grade III or IV	<input type="checkbox"/> Pediatric Under Nutrition	

If Other Condition not Listed has been chosen, Enter the Other Established Condition.

Other Established Condition:

7. Service Delivery. See Service Delivery cheat sheet. Enter in ALL IPP service delivery including the CFA and IFSP before entering in an initial IFSP. Do not enter in TC billing. Do not enter in any service delivery from after the IFSP/CFA. If the child did not qualify for services enter in all eligibility info and all IPP service delivery, then skip down to step 12: Exit Child Record.

Service Delivery

[Back to Child Demographics](#)

AzEIP 45th day from Referral Date:
Friday, June 06, 2014

Date: 06/01/2014

Service:

Team Member:

Modifier(s)

Assessment Meeting Non-Direct Service Coordination (Dual role)

Assistive Technology Multiple eligible children 2 Record Review Sign Language and Cued Language

Data Multiple eligible children 3 Report Writing Team Lead

Evaluation

Units: 0 .00

Reversal? Yes No

Setting:

Location (Zip):

Is TPL Reimbursable: Yes No

Service Delivery Notes:

Number Of Records to View: 25

Date	Provider	Service	Service Modifier(s)
------	----------	---------	---------------------

8. Assign/Change Team Members. Yes, again. If the child qualified for services, assign the rest of the team. Designate a team lead, and enter in the effective date for the TL (usually the date of the initial IFSP. Dedicated SC cannot be a team lead. If the TL is dual role assign the professional role (not the SC) as the team lead.

Agency

Agency	Contract Provider Name	Is Primary	Assignment Start Date	Assignment End Date
Edit Remove	AzEIP	Arizona Cooperative Therapies West Central Maricopa	<input checked="" type="checkbox"/>	04/23/2014
Add	-----	-----	<input type="checkbox"/>	____/____/____

Assign / Change Team Members

Discipline Type	Provider Name	Team Lead	Team Lead Assignment Date	Assignment End Date
Edit	Service Coordinator	Stacy Zogheib [West Central Maricopa]	<input type="checkbox"/>	
Edit	Developmental Special Instr	Stacy Zogheib [West Central Maricopa]	<input type="checkbox"/>	
Edit	Speech-Language Pathologic	Jennifer Yancey [West Central Maricopa]	<input type="checkbox"/>	
Add	-----	-----	<input type="checkbox"/>	____/____/____

Additional Data

[Referral](#)

[Insurance Information](#)

8. Insurance Information. The system will generally not let you enter in post-IFSP service delivery info without insurance information. Click the Edit button at the bottom of the page to open those fields up. For AHCCCS or other public insurance children enter their AHCCCS number into the red spaces for policy and group numbers. Effective date of coverage is generally the child's birth day unless you specifically know otherwise.

Insurance Information

[Child Demographics](#)

ITEAMS ID: 72285

Child: Tr

Agency: [Redacted]

AzEIP 45th day from Referral Date:
Friday, June 06, 2014

Primary Care Provider: _____ Insured DOB: 2/9/2012 AHCCCS ID: _____ Exp. Date: ____/____/____

Primary Care Provider Phone: _____ ALTCS ID: _____ Exp. Date: ____/____/____

Primary Insurance	Secondary Insurance
<p>Family Consent: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Consent Date: ____/____/____ Rescind Date: ____/____/____</p> <p>Child's Member ID: _____</p> <p>Insurance Type: -----</p> <p>Insurance/Health Plan Name: -----</p> <p>Policy Holder's Name: _____</p> <p>Policy Holder's Employer: _____</p> <p>Plan Type: _____ (Example: EPO, PPO, HMO, etc.)</p> <p>*Policy Number: _____</p> <p>*Group Number: _____</p> <p>*Effective Date of Coverage: ____/____/____</p> <p>Customer Service Phone: _____</p> <p>Claims Address: _____</p>	<p>Family Consent: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Consent Date: ____/____/____ Rescind Date: ____/____/____</p> <p>Child's Member ID: _____</p> <p>Insurance Type: -----</p> <p>Insurance/Health Plan Name: -----</p> <p>Policy Holder's Name: _____</p> <p>Policy Holder's Employer: _____</p> <p>Plan Type: _____ (Example: EPO, PPO, HMO, etc.)</p> <p>Policy Number: _____</p> <p>Group Number: _____</p> <p>Effective Date of Coverage: ____/____/____</p> <p>Customer Service Phone: _____</p> <p>Claims Address: _____</p>

[Edit](#) [Cancel](#) [New Primary](#) [New Secondary](#)

Previous Insurance(s)

9. IFSP Information. Enter in the IFSP type, the date, parent consent date (typically the same date as the IFSP) and click Save IFSP. Then click Add New Service. Enter in the service type, discipline, service location, start and end dates, and funding sources. For frequency if you decided on a block of services (ex 24 visits in 6 mo) then click Other and type in the number of visits. Click Add Service, then add new service if you need to add another service. Click Save IFSP when finished adding services.

AzEIP DDD ASDB
 Initial IFSP Date: 05/23/2014 Team Lead: Stacy Zogheib
 *IFSP Type: ----- IFSP Date: 05/23/2014
 Parent Consent as Written? Yes No
 Comments:
 Date PWN Provided: Primary Service Setting: Restrict to NO COST services: Yes No
 Consent Date: 05/23/2014

Services Needed to Make Progress Towards Outcomes

Service Type	Discipline	Cost Participation	Frequency	Planned Start	Planned End	Service Setting	Funding Source
Edit Service Coordination Services	Developmental Special Instruction	No	monthly 60 min	5/23/2014	11/2/2014		Arizona Early Intervention Program (AzEIP)
Edit Special Instruction	Developmental Special Instruction	Yes	Other 60 min	6/15/2014	11/2/2014	Home	Arizona Early Intervention Program (AzEIP), Family Cost Participation (FCP)

Service: --Select--
 Discipline: --Select-- Frequency: ----- Service Setting: -----
 *Planned Start: *Planned End: Max End Date: 11/02/2014
 Funding Source:
 Arizona Early Intervention Program (AzEIP) Arizona Long Term Care System (ALTCs)
 Arizona State Schools for the Deaf and the Blind (ASDB) Division of Developmental Disabilities (DDD)
 Family Cost Participation (FCP) Medicaid (AHCCCS/CMDP)
 Private Insurance (PI)

Additional Data

[Referral](#)

10. Entry Indicators. Enter these in if you did them with the initial IFSP.

Arizona Early Intervention Program (AzEIP) Child Entry Indicator - Summary

Child's Name: Ayden Lacy	Date of Birth: 11/3/2011 12:00:00 AM
Date of Entry Rating: <input type="text"/>	Child's County of Residence: Maricopa
Child ID NO: 72429	

Use the initial evaluation and assessment information to rate the questions below using the following chart.

Age-appropriate function to all or almost all everyday situations.	Age-appropriate functioning some of the time and/or in some situations.	Not yet showing age-appropriate functioning, but showing immediate functional skills.	Not yet showing age-appropriate functioning. Including any immediate functional skills.
T	E	M	I N G

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (Including Social Relationships)
 To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Enter T.E.A.M.I.N.G)

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS
 To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Enter T.E.A.M.I.N.G)

3. TAKING APPROPRIATE ACTION TO MEET NEEDS
 To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Enter T.E.A.M.I.N.G)

Additional Data

[Referral](#)
[Insurance Information](#)
[Assign / Change Team Members](#)

11. Service Delivery. Once you have selected a TL, entered insurance info, and entered an initial IFSP you can input ongoing service delivery.

12. Exiting Child Record. If you do not have an IFSP entered it will say IFSP not created. Select the reason for exit and enter the date. Click confirm, then confirm again and the record will be closed. Only do this if a child did not qualify or is exiting services entirely. DO NOT do this for children who are transferring to another region/team.

The screenshot displays the 'Exit Child Record' form within the I-TEAMS system. The header includes navigation links such as 'DES Home', 'About DES', 'FAQ's', 'Contact Us', 'Reports', 'Forms', and 'Office Locator'. The main content area features a form with the following elements:

- ITEAM:** A text input field.
- Child:** A text input field.
- Agency:** A text input field.
- Confirmation:** A message stating 'IFSP has been created'.
- Reason for Exit:** A dropdown menu with the placeholder text '[Please select a reason..]'. A small downward arrow is visible on the right side of the dropdown.
- Days from Referral:** A text field containing the value '37'.
- Exit Date:** A date selection field with a calendar icon.
- Action:** A 'Confirm Exit' button.

Additional information is provided at the bottom of the form, including a section for 'Additional Data' and links for 'Referral' and 'Insurance Information'. A status message in the top right corner indicates 'AzEIP 45th day from Referral Date: Monday, June 09, 2014'.