

## Roles and Responsibilities for Service Coordinators (SC) and Primary Early Intervention Professionals (PEIP)

Parental rights are reviewed whenever the IFSP team meets with families.

<b>SC Role</b>	<b>PEIP Role</b>
<b>Take referral</b> and contact family within 2 days	
<b>Schedules Intake-</b> With family permission schedules intake with PEIP (if applicable) and family.	<b>Intake-</b> PEIP starts gathering developmental information. Schedules tentative date for evaluation. (If PEIP participates in intake in your region.)
<b>Intake-</b> Starts Risk Assessment, Release of Information forms, admitting paperwork	
<b>Infants in the Hospital-</b> Obtains medical information for evaluation and writes the IFSP with family, refers to ID when home	<b>Schedules Evaluation-</b> PEIP arranges, confirms, sends out prior notice
	<b>Completes initial evaluation/AEPS-</b> Two disciplines complete initial evaluation with family and results are sent to SC for eligibility determination
<b>Eligibility Meeting-</b> Results given to family and Early Intervention Eligibility Letter, including recommendations for referral if not eligible, is sent to family.	<b>Uploads evaluation</b> to Therap and enters AEPS into AEPSi if child is eligible and will be in service for 6 months or longer. Share Child Progress Report with family.
PAR completed prior to the end of the month of eligibility.	<b>If eligible, PEIP reviews and provides evaluation</b> to family, schedules IFSP, invites other agencies, sends prior notice.
<b>Initial IFSP-</b> completes Risk Assessment, assists team writing outcomes and Individual Service Plan (ISP), completes Infant Development Authorization (IDA), provides MA application.	<b>Initial IFSP-</b> Complete present level, family information/assessment, priorities, and outcomes with the team assign consultants, discuss authorization
	<b>IFSP is documented</b> in Therap sent to SC within 10 working days. Provides copy to parents.
<b>Reviews IFSP</b> and activates within 5 working days.	
<b>Conducts</b> a face to face visit at least every 90 days	<b>Begins</b> providing services according to IFSP
<b>Ongoing</b> Arrange for and set up additional services such as in-home support, equipment & supplies, assists with MA follow up when needed, works with county as needed	<b>Ongoing</b> Write up home visit notes, schedule and write up consults and attach to IFSP in Therap
Regular interactions with PEIP for any issues/ follow along needed	Regular interactions with SC for any issues/ follow along needed. Schedules IFSP when family situation changes
	<b>Prior to 6-Month Review-</b> Schedule meeting and send prior notice

<b>6-Month Review-</b> Attend meeting, update authorizations, complete QER, every 6 months, provide copies to parents and provider by 15 <sup>th</sup> of month	<b>6-Month Review-</b> Review IFSP, update information where needed, take notes and document in Therap, Provide a copy of IFSP to family.
	<b>Prior to IFSP-</b> schedule and complete annual assessment, AEPS completed and entered in AEPSi, Child progress report reviewed with family complete write up, review with parents. Schedule IFSP and send prior notice.
<b>Annual IFSP-</b> MA determination reminders, update ISP, update IDA, check releases, review outcomes as a team.  Activate annual IFSP, contact PEIP when activated. Complete PAR.	<b>Annual IFSP-</b> MA reminders, check releases. Update family assessment, development and medical information. Review outcomes and services/ consultations with team. Input annual IFSP into Therap within 10 days, update risk assessment.  Provides copy to parents.
<b>Transition-</b> Engage in discussions when appropriate about Opt Out or LEA Notification	<b>Transition-</b> write a transition outcome by 2.6 years, assist with discussion of Opt Out or LEA notification
<b>If chosen, Opt Out at 2.5 –</b> Attach to Therap	<b>If chosen, LEA Notification</b> is completed by 2.6, sent to school and attached to Therap
	<b>Prior notice</b> 2-7 transition mtg scheduled and confirmed, prior notice is sent for transition meeting
<b>Transition mtg –</b> Attend meeting and support family by providing information about child. Discuss DD eligibility after age 3.	<b>Transition mtg-</b> assist family in updating information about their child.  <b>Input 2-7</b> transition summary in Therap- review transition outcomes, update IFSP
	<b>Input 2-9</b> transition summary in Therap-review outcomes, update IFSP
<b>2.9 DD eligibility</b> Attend 2.9 meeting, discuss DD eligibility redetermination.  Contact with family regarding eligibility after age 3. If eligible, complete PAR, service plan for adult, review other services.	<b>Support SC</b> by reminding family of appointments for needed evaluations for eligibility, complete closing AEPS and enter in AEPSi, visit the preschool with the family
	<b>If possible, follow up with family</b> after 3 months

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