

Early Intervention Service Coordinator Responsibilities

The Intake Visit (The Initial Face-to-Face Visit):

1. Meet with the family in order to share information about the Infant & Toddler Connection system.
2. Fully inform the family about their rights, responsibilities and procedural safeguards under Part C and complete necessary paperwork.
3. Obtain informed, written parental consent to proceed to eligibility determination using the *Notice and Consent to Determine Eligibility* form. In some situations (e.g., when eligibility can be established by records or when the family wishes to combine eligibility determination with assessment for service planning), it also will be appropriate to obtain informed written consent to proceed to assessment for service planning using the *Notice and Consent for Assessment for Service Planning* form.
4. Complete financial intake and *Family Cost Share Agreement* form.
5. Obtain parent signature on release of information forms in order to obtain existing screening, medical, or other information to assist in determination of eligibility.
6. Obtain parent consent to contact the referring agency/provider and the child's primary medical care provider to inform them of the child's status in the Infant & Toddler Connection system, if consent was not already obtained by the referral source and/or primary medical care provider.
7. Explain, complete and obtain parent and service coordinator signatures on the Initial Early Intervention Service Coordination Plan.
8. Document in the contact note for the intake visit the family's preferred method of contact (face to face, phone, email or text) for the service coordination family contacts that are required every three months.
9. Begin a conversation with the family that lets you get to know the child and his family, their activities and the family's concerns, to be used for the purpose of eligibility determination.
10. Review the available medical and other records to determine whether those records potentially establish eligibility by documenting, without the need for any additional information, a diagnosed physical or mental condition with a high probability of resulting in developmental delay, developmental delay or atypical development that meets Virginia's eligibility criteria.
 - a. If the records document a diagnosed condition (other than an endocrine disorder or a hemoglobinopathy), then complete and sign the *Eligibility Determination Form*, indicating on the form that eligibility was established by records.
 - b. If the records potentially document a developmental delay or atypical development, then coordinate with one individual who is certified as an Early Intervention Professional to review the record and determine whether it establishes eligibility. This individual may be from the same discipline as the individual who wrote the report/record being reviewed or from a different discipline. If the records are found to establish eligibility, then ensure the individual making that determination completes and signs the *Eligibility Determination Form*, indicating on the form that eligibility was established by records.

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11. Unless eligibility is established by records, gather information about the child's development and his health history.
 - a. Ensure the following eligibility determination activities have been or are conducted.
 - i. Hearing and vision screening, with the *Virginia Part C Hearing Screening* and *Virginia Part C Vision Screening* forms completed.
 - ii. An evaluation of the child's development in all areas using a screening tool unless the child has already received a developmental assessment or screening prior to referral.
12. Let the family know when their child's eligibility determination will be made and how the information provided by the family will be used in that determination.
13. Request existing screening, medical and other information to assist in eligibility determination.
14. If the referral was not from the child's primary medical care provider, then request the name of that provider from the family. If the child does not have a primary medical care provider, then offer assistance to the family in obtaining a primary care provider for their child.

Eligibility Determination:

1. If eligibility cannot be established by medical or other records, assemble documentation that will be used in eligibility determination, including results from a developmental screening tool, medical information, parent report, formal/informal observation and written assessment reports if available.
2. If eligibility cannot be established by medical or other records, facilitate identification of the multidisciplinary team that will determine eligibility and coordinate scheduling of the eligibility determination meeting.
3. Participate in the determination of eligibility by sharing information from the family and from any screening tool used and/or observation completed by the service coordinator.
4. Share results of the eligibility determination process with the family, including a copy of the completed *Eligibility Determination Form*.
5. If the child is eligible, then schedule a visit or phone contact(s) with the family, as needed, to discuss and plan for assessment for service planning and the IFSP meeting.
6. Explain how to access early childhood special education services through the local school division (under Part B) if the child is close to being age eligible for Part B services.
7. Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
8. Attempt to obtain parent consent to communicate with the primary care physician and primary referral source, if not already provided.
9. Develop and ensure implementation of an interim IFSP for an eligible child in those exceptional circumstances where there is an obvious and immediate need for services to begin before the team has completed the assessment for service planning and developed the IFSP.

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Assessment for Service Planning:

1. Provide a copy and explanation of the *Notice and Consent for Assessment for Service Planning* form (checking the Initial Assessment box on that form and asking for consent for both the child and family assessments).
2. Support the family in assessing their resources, priorities and concerns. This includes identifying natural environments and gathering other family input for IFSP development.
3. Coordinate the multidisciplinary assessment of the child for service planning. The assessment for service planning includes reviewing available pertinent records that relate to the child's current health status and medical history and conducting personal observation and assessment of the child in order to identify the child's unique strengths and needs including the child's functional status on the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) compared to same-age peers.
4. Obtain physician referral/authorization, if needed, for assessment.
5. Ensure that a comprehensive assessment tool is used as the foundation of the child assessment.
6. Facilitate identification of the multidisciplinary team that will complete the assessment for service planning.
7. Complete the required hearing and vision screenings, using the *Virginia Part C Hearing Screening* and *Virginia Part C Vision Screening* forms, if these screenings were not completed at intake.
8. Participate in any assessment activities that occur after referral, supporting the family as an active participant in the assessment.
9. Facilitate the summary of assessment results in terms of the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) and determination and documentation of entry ratings for the three child outcomes for all eligible children.

Initial IFSP Meeting:

1. Unless completed at intake, complete financial intake and *Family Cost Share Agreement* form.
2. Work with the family to identify the composition of the multidisciplinary IFSP team, which must include the parent, the service coordinator and at least one more individual from another discipline.
3. Plan and schedule the IFSP meeting.
4. Notify parents using the *Confirmation of Individualized Family Service Plan (IFSP) Schedule* form or *Confirmation of Scheduled Meetings/Activities*
5. Assist the family in preparing for the IFSP meeting by reviewing a blank copy of the statewide IFSP form with the family, explaining the different sections and discussing the kind of information included and the role the family can play in providing that information.
6. Conduct, in person, the initial IFSP meeting within the 45-calendar day timeline.

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7. Ensure that the IFSP meeting includes determination of entry rating statements for the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs), unless this was completed during the assessment for service planning.
8. Ensure that the IFSP team uses both information from the family regarding their priorities and results of the child assessment, including a review of pertinent records less than six (6) months old from the primary care physician and other sources related to the child's current health status, physical development, medical history, and other information regarding the child's development in determining which IFSP services and informal/formal supports and resources are needed.
9. Encourage and support the family to be a full and equal partner on the IFSP team.
10. Establish and support a team approach to service planning that recognizes and respects the expertise of all team members, including the family.
11. Build team consensus on IFSP outcomes and the supports and services necessary to achieve the IFSP outcomes.
12. Begin a discussion with the family about transition. Depending on the child's age at the initial IFSP as well as family priorities and preferences, transition planning at the initial IFSP meeting will range from sharing basic and general information about what transition means and when it may occur to development of a Transition Plan with specific transition steps and services.
13. Explain the contents of the IFSP to the parent(s) and obtain written consent from the parent(s) by signature on the IFSP form prior to the provision of early intervention supports and services described in the IFSP.
14. Retain a signed copy of the IFSP and provide a copy to the family.
15. Send a copy of the IFSP to the child's primary care physician, with parent consent.
16. Obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services if the child is covered by Medicaid/FAMIS, TRICARE or private health insurance and will receive services that can be reimbursed under that insurance plan.
17. Ensure signatures are obtained on the *Declining Early Intervention Services* form if the parent is declining any or all services listed on the IFSP.
18. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual or group), location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, then the following steps occur:
 - a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The "Other" line is checked and refusal to initiate the specific service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.).

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- b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family.
 - c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP or if the local system is proposing to decrease or end a service.
19. Request completion of the health status indicator questions by the child's physician every six months.
 20. Assist the family to select a provider(s).
 21. Contact the selected provider agency and arrange for a service provider(s).

IFSP Implementation and Review:

1. Coordinate and monitor the delivery of those IFSP supports and services for which the family has given consent.
2. Explain to families who are receiving early intervention supports and services that they may receive an annual survey from the State requesting their input on the supports and services they are receiving. Explain that family responses to the survey are confidential and help to improve service delivery in the local area and across the state. Encourage the family to complete the survey when they receive it.
3. Ensure that the language or other mode of communication normally used by the child in the home or learning environment is used in all direct contact with the child, when appropriate and if feasible to do so.
4. Make at least one direct contact with the family every three (3) calendar months.
5. Provide at least one of the allowable activities listed with the child, the family, service providers, or other organizations on behalf of the child/family in each month for which EI TCM billing occurs.
 - Allowable activities include but are not limited to the following:
 - Coordinating the initial Intake and Assessment of the child and planning services and supports, to include history-taking, gathering information from other sources, and the development of an Individualized Family Service Plan, including initial IFSP, periodic IFSP reviews, and annual IFSPs. This does not include performing medical assessments, but may include referral for such assessment;
 - Coordinating services and supports planning with other agencies and providers;
 - Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;
 - Enhancing community integration through increasing the child and family's community access and involvement;
 - Making collateral contacts to promote implementation of the Individualized Family Service Plan and allow the child/family to participate in activities in the community. A collateral contact is defined as "Contact with the child's significant others to promote implementation of the service plan and

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- community participation, including family, non-family, health care entities and others related to the implementation and coordination of services;”
- Monitoring implementation of the Individualized Family Service Plan through regular contacts with service providers, as well as periodic early intervention visits;
 - Providing instruction and counseling that guide the family in problem-solving and decision making and developing a supportive relationship that promotes implementation of the Individualized Family Service Plan. Counseling in this context is defined as problem-solving activities designed to enhance a child’s ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;
 - Submitting to the client’s physician (semi annually) the health status indicator questions or using an alternate local mechanism to collect the information necessary to answer these questions. Based upon the results of the questionnaire from the physician, following-up with the family/caregiver to inform and/or assist in obtaining needed medical services;
 - Coordinating the child/family’s transition from Part C early intervention services; and
 - Making contacts (face-to-face, phone, email, text) with the family.
6. Request completion of the health status indicator questions by the child’s physician every six months.
 7. Document all contacts made and all activities completed with or on behalf of the child and family in accordance with the requirements.
 8. Submit a contact log or contact notes to the local lead agency no later than the 21st of each month for the previous month.
 9. Ensure that no shows (sessions missed by the family without advanced notice) for services listed on the IFSP are handled in accordance with the procedures given.
 10. Complete the following steps if a child and family are lost to contact (without a no-show):
 - a. Contact the referral source, physician or other contacts to request additional or updated contact information;
 - b. If still unable to contact a family after requesting additional contact information or the family repeatedly fails to respond, document the dates of attempted contact in the child’s record. Attempts to contact the family may be made by phone, mail, visiting the address provided, and/or other means based on the contact information available. It is recommended that no more than 15 – 20 calendar days pass during this process of attempting to contact the family;
 - c. Send a letter to the family notifying them of the attempts to contact them, the services that are still available to them, the opportunity for an IFSP review if an IFSP has been developed, the need for them to contact their service coordinator if they wish to continue receiving services and that, otherwise, their child will be discharged from early

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intervention. Include with the letter a *Parental Prior Notice* form completed as follows:

- i. In the top section, check “Other” and specify that “Your child will be discharged on {date – 10 calendar days from the date the letter and form are being sent} unless you contact us prior to that date.” Allowing 10 calendar days before discharge takes into account the time it takes for mailing and the 5 days required for prior notice; and
 - ii. In the “Reason” section, indicate that you have been unable to contact the family since {date} and summarize all attempts to contact the family. If the child is covered by Medicaid/FAMIS, the *Early Intervention Services – Notice of Action* letter also must be included.
 - d. If no contact has been made by the family within 10 calendar days of sending the letter, then discharge the child.
11. Follow-up on any child who no longer has Medicaid/FAMIS coverage by checking with the family to determine if they are in the process of re-applying or if the child no longer meets the Medicaid/FAMIS financial eligibility requirements.
12. Update *Family Cost Share Agreement* form as needed.
13. Facilitate the periodic review of the IFSP at least every six months or more frequently if conditions warrant or the family requests a review.
14. Assist the family in preparing for the IFSP review. Share any written information from providers about the child’s progress with the family prior to the IFSP review, if available. Encourage families to make notes of their input and questions prior to the IFSP review. The level of support that each family will want and need in preparing for the IFSP review will vary and should be individualized for each family.
15. Work with the family to identify the composition of the IFSP review team, which must include:
 - a. The parent(s) of the child;
 - b. Other family members, as requested by the parent, if feasible;
 - c. An advocate or person outside the family if requested by the parent;
 - d. The service coordinator who has been working with the family; and
 - e. A person or persons involved in ongoing or new assessments and individuals who are providing supports and services to the child and family participate if conditions warrant.
16. Work with the family and other participants to determine a process for reviewing and revising the IFSP that is acceptable to all parties and allows for all participants to provide input. A face-to-face meeting is not required for an IFSP review. The method used to conduct the IFSP review should ensure the following:
 - a. The family has the information and support they need to make informed decisions for their child and family;
 - b. The family’s current priorities and concerns are reviewed; and
 - c. All participants have a current and complete picture of the

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degree to which progress toward meeting the IFSP outcomes is being made.

17. Ensure that the meeting is conducted in the family's native language or other mode of communication unless clearly not feasible to do so.
18. Ensure the family's signature is obtained on the IFSP review page to document their consent for the changes, if any.
19. Retain a signed copy of the IFSP with the review page and provide a copy to the family (at no cost to the family) and to all service providers who participated in assessment or the IFSP review or will be implementing the IFSP.
20. If a new service is being added or the frequency of an existing service is changing (increasing or decreasing), obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services the child will receive that can be reimbursed under public (e.g., Medicaid/FAMIS, TRICARE) or private insurance.
21. Ensure signatures are obtained on the *Declining Early Intervention Services* form if the parent is declining any or all services listed on the IFSP.
22. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual or group), location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, then the following steps occur:
 - a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The "Other" line is checked and refusal to initiate the specific service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.).
 - b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family.
 - c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP or if the local system is proposing to decrease or end a service.

Annual IFSP:

1. Conduct, in person, an annual IFSP meeting within 365 days of the date of the initial or previous annual IFSP meeting to review the child's progress and to write a new IFSP if the child continues to be eligible.
2. Ensure the family receives a copy and explanation of the *Parental Prior Notice* form (with a check mark by "A meeting to develop the annual IFSP and confirm eligibility is needed"), *Confirmation of the Individualized Family Service Plan (IFSP) Schedule* form, and *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.
3. Notify other team members in writing of the date, time and location of the annual IFSP meeting.

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4. Explain that the annual IFSP meeting will include a confirmation of ongoing eligibility and that if the child no longer meets the Infant & Toddler Connection of Virginia eligibility criteria then he/she will be discharged.
 - a. The process for determination of ongoing eligibility varies, as follows:
 - i. If the child was initially found eligible based on a diagnosed condition, then the service coordinator will complete the Eligibility Determination form indicating that eligibility was established by records.
 - ii. If contact notes are enough to establish the child's ongoing eligibility, then one individual who is certified as an Early Intervention Professional may review those notes and complete the Eligibility Determination form indicating that eligibility was established by records. The individual determining eligibility based on the contact notes may be the same individual who wrote the contact notes as long as that person is an Early Intervention Professional.
 - iii. If neither of the above conditions is met, then the determination of ongoing eligibility is made by 2 disciplines (either 2 individuals from different disciplines or one individual qualified in 2 different disciplines) and is based on the progress reports (written or verbal) of team members and/or additional information. If a child is receiving only service coordination, then the same types of information that are gathered for initial eligibility determination would be gathered for this annual confirmation of eligibility (e.g., current results from a developmental screening tool, observation, parent report, current information from the physician, etc.). The determination of ongoing eligibility considers all areas of development and is documented on the *Eligibility Determination Form*.
 - iv. The service coordinator provides the family with a copy of the completed *Eligibility Determination Form* at no cost to the family.
 - b. If, at the time of the annual IFSP, the family feels their child is demonstrating age-appropriate skills and is no longer in need of services and the family does not want to have an eligibility determination to confirm the child's status, then the service coordinator must document both the offer and the family's decision in a contact note.
5. If the child is ineligible, provide the parents with a copy and explanation of the *Parental Prior Notice* form (indicating "Your child is not eligible for Infant & Toddler Connection of Virginia") and the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*. On the *Parental Prior Notice* form, identify the information used to make the determination that the child is not eligible. For

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Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the multidisciplinary team's determination that their child is no longer eligible for early intervention services.

6. Provide the family with a copy of the completed *Eligibility Determination Form*.
7. Facilitate an opportunity for the family to talk with the eligibility determination team if the family has questions or disagrees with the eligibility finding and if desired by the family.
8. If the child is ineligible, Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
If the child continues to be eligible, assist the family in planning and preparing for the annual IFSP meeting. Encourage families to make notes of their input and questions in each section of their current IFSP or a blank IFSP form and to bring that to the IFSP meeting as a reminder for the family during the meeting. The level of support that each family will want and need in preparing for the annual IFSP meeting will vary and should be individualized for each family
9. Work with the family to identify the composition of the multidisciplinary IFSP team, which must include the parent, the service coordinator and at least one more individual from another discipline.
10. Ensure that IFSP team members who are not able to meet at times convenient for the family are given other options for IFSP participation, such as telephone consultations or providing written information.
11. Review the Facts About Family Cost Share section of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* and obtain their signature on a new *Family Cost Share Agreement* form.
12. Facilitate the summary of the child's functional status in terms of the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) and determination and documentation of child outcome ratings and progress.
13. If an annual assessment is needed, document the need and parent consent for that assessment on the IFSP by holding an IFSP Review and adding the assessment(s) as a service or the *Notice and Consent for Assessment for Service Planning* form may be used.
14. Ensure a new IFSP is developed using the statewide IFSP form.
15. Ensure the family's signature is obtained on the IFSP to document their consent for the services.
16. Retain a signed copy of the IFSP and provide copies to the family (at no cost to the family) and to all service providers who participated in assessment or development of the IFSP or will be implementing the IFSP.

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17. Send a copy of the IFSP to the child's primary care physician, with parent consent.
18. Obtain physician (or physician assistant or nurse practitioner) signature to document medical necessity for services if the child will receive services that can be reimbursed under public (e.g., Medicaid/FAMIS or TRICARE) or private insurance.
19. Ensure signatures are obtained on the *Declining Early Intervention Services* form if the parent is declining any or all services listed on the IFSP.
20. Ensure that if the family is requesting a specific early intervention service, or a specific frequency, length, intensity (individual or group), location or method of delivering services that the rest of the team does not agree is appropriate to meet the needs of the child or family, then the following steps occur:
 - a. Provide a copy and explanation of the *Parental Prior Notice* form to the family. The "Other" line is checked and refusal to initiate the specific service is written in as the description. The reason why the Infant & Toddler Connection system is refusing to initiate the service is specified (e.g., progress made, other supports and services in place, evidence-based practice, etc.).
 - b. Provide a copy and explanation of the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family.
 - c. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the early intervention services listed on the IFSP or if the local system is proposing to decrease or end a service.
21. If the child is close to being age eligible for early childhood special education services through the local school division (under Part B), explain how to access Part B services through the local school system.

Transition:

1. Ensure that each child and family is offered individualized transition supports and services.
2. Ensure development of the transition plan in Section VII of the IFSP for all children exiting the early intervention system.
3. Ensure transition plan is developed at least 90 days, and at the discretion of all parties, up to 9 months before the child's anticipated date of transition.
4. Ensure the meeting to develop the transition plan meets the requirements of an IFSP meeting.
5. Ensure notification, which constitutes a referral, to the local school division and the Virginia Department of Education.
 - a. Notify parents of all children who are potentially eligible for early childhood special education services under Part B through the local school division of the local Infant & Toddler Connection

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system's intent to share the child's name, birth date, and parent contact information (name, address, and telephone number), with the appropriate local school division and the Virginia Department of Education as well as the earliest date on which this notification will occur.

- b. If approved by my parent, ensure notification occurs at least 90 days before the child's anticipated date of transition.
6. Document the notification and referral on the IFSP transition page and specify the earliest date on which the locality intends to send the information to the school division and the Virginia Department of Education.
7. Ensure families not yet ready to make a referral, opt out of notification and opt out is documented on the IFSP transition page.
8. Remind parents that they may use the "I have changed my mind..." line in Step 2a in Section VII of the IFSP to allow notification at a later time, as their child approaches age 3.
9. Transmit the notification information to the local school division and the Virginia Department of Education unless the parent indicates in writing on the IFSP transition page that he/she does not want the information transmitted.
10. Provide written prior notice and obtain parent approval to convene the required transition conference that occurs at least 90 days, or up to 9 months, prior to the child's anticipated date of transition.
11. Document parent approval for the transition conference in Section VII of the IFSP form.
12. If the parent declines the conference, document the decision in Section VII of the IFSP form and in a contact note. Provide the family with a contact person at the school division to answer any questions they have about school services.
13. Ensure scheduling of the transition conference within the required timelines and participation by required parties, including local school division personnel.
14. Ensure the meeting to hold the transition conference meets the requirements of an IFSP meeting.
15. If local school representative is unable to participate in a face to face meeting offer participation by teleconference and/or video conferencing.
16. If the local school representative cannot participate, the service coordinator must ensure parents are provided at the transition conference information about early childhood special education services through the local school system, including a description of the Part B special education eligibility definitions, timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services. Service Coordinators must also give a contact name and phone number provided by the local school division where the family can call with questions about school services.

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17. If local school system is unable to participate in a transition conference, the service coordinator must document the invitation extended to the local school system and their decision to decline.
18. For families that wish to consider options in addition to or instead of early childhood special education services through the local school system, service coordinators should make every effort to include representatives from other community programs (e.g., head start, preschool/child care programs) in the transition conference.
19. Transmit, with parent permission, child-specific information (e.g. current IFSP, recent assessment findings, and other pertinent records) to the appropriate school division in which the child resides as soon as possible after the notification and referral to the local school division to ensure continuity of services.
20. Make every effort to participate in the initial Individualized Education Plan (IEP) meeting for children transitioning to early childhood special education services if invited by the local school division at the request of the parent.
21. Ensure that families whose children are referred to the local Infant & Toddler Connection system close to the child's third birthday or after April 1 when the child will reach the age of eligibility for special education at the beginning of the upcoming school year are informed of services available through the public schools and that, with parental permission, child-specific information is shared with the local school division as soon as possible following referral to the local Infant & Toddler Connection system.
22. Assist the family in exploring alternative settings, if desired by the family, for:
 - a. The child who is not eligible for early childhood special education services under Part B through the local school division and who continues with early intervention supports and services until the third birthday;
 - b. The child whose family chooses not to receive early childhood special education services under Part B through the local school division and who continues with early intervention supports and services until the third birthday; or
 - c. The child who is no longer eligible for early intervention supports and services prior to the third birthday.

Discharge and Determination of Child Progress at Exit:

1. Ensure exit ratings on all three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) are done prior to exit for all children who had an entry rating **AND** who have been in the system for 6 months or longer since their initial IFSP (i.e., there have been 6 months between the initial IFSP and the exit assessment). The rating must be done no more than 6 months prior to exit from early intervention.

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2. Provide a copy and explanation of the *Parental Prior Notice* form (with “Your child is not eligible for Infant & Toddler Connection of Virginia” marked) and the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share* to the family. Parental prior notice must be provided to the family at least 5 days before early intervention services will be terminated.
3. For Medicaid/FAMIS recipients only: If the family is receiving prior notice that their child is no longer eligible (but is within the age range for early intervention services) or that their child is being discharged after being lost to contact, complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid if they disagree with the multidisciplinary team’s determination that their child is no longer eligible for early intervention services.
4. Ensure that no IFSP services are delivered on or after the child’s third birthday.

The Early Intervention Record:

1. Maintain a clinical/working file that must include, at a minimum, a copy of the IFSP (including reviews), contact notes, and any completed screening and/or assessment protocols if not housed in the early intervention record.
2. During the intake visit, point out where information related to storing, accessing, and correcting records is included in the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.

Dispute Resolution:

1. Ensure that when disagreement occurs on matters relating to identification, eligibility determination, or placement of the child or the provision of appropriate early intervention supports and services under Part C for the child and family, the parent of the child is informed, in writing and verbally, of the options for resolution.
2. For Medicaid/FAMIS recipients only: Complete and provide the family with the *Early Intervention Services – Notice of Action* letter and explain to the family their right to appeal under Medicaid any time there is an adverse action proposed by the Infant & Toddler Connection system.
3. Provide the family with a contact at DBHDS who can:
 - a. Offer them technical assistance in framing their complaint, including language interpreters as requested and/or reducing oral complaints to writing; and
 - b. Inform them of individuals and organizations who provide free or low cost legal or lay assistance to persons who wish to lodge a complaint.
4. Ensure that during dispute resolution, unless the family and local lead agency agree otherwise, the child and family continue to receive the supports and services on the child’s current IFSP.

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5. Ensure that if the family-provider disagreement involves initial eligibility to receive supports and services under Part C, the child and family will not receive supports and services under Part C until the eligibility question is resolved.
6. Ensure that if a family chooses to appeal a decision using the Medicaid Right to Appeal procedures, the family also is informed of their options for dispute resolution under Part C.
7. Ensure that families understand their right to bring a civil action in Federal or State court if they are not satisfied by the hearing officer's decision in a due process hearing.