

Chapter 4: Intake.....	1
The Intake Visit (The Initial Face-to-Face Visit) .....	1
Topics to discuss with Families During the Intake Visit .....	2
Eligibility Determination tools for very young infants .....	8
Other Intake Activities Following the Intake Visit .....	9
ITOTS Data Entry – Intake .....	10
Initial Data Entry for Enrollment in Medicaid EI Benefit .....	11
Local Monitoring and Supervision Associated with Intake .....	12

## **Chapter 4: Intake**

The intake process includes the initial face-to-face visit with the family and the start of information gathering for eligibility determination. This initial visit between the service coordinator and the family provides the opportunity to welcome and get to know the family, further describe the Infant & Toddler Connection system (which was introduced in the phone call with the family to schedule the visit), and discuss the options and opportunities available to them through the system. At the point of intake, the local Infant & Toddler Connection system is already beginning to provide supports and services to the family by sharing tips and information on child development and/or parenting and by providing referrals to other resources, as appropriate and with parent consent.

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

#### Service Coordinator Responsibilities:

1. Meet with the family in order to share information about the Infant & Toddler Connection system. All families receive consistent information about the Infant & Toddler Connection system using the outline of topics in the box on the next page.

### Topics to discuss with Families During the Intake Visit:

This list is intended to guide conversations and should not be read to families.

- Introduce yourself and explain that you, as their service coordinator, will assist the family during the intake and eligibility process. Let the family know that if their child is found eligible, they will always have a service coordinator who will help them obtain the services and assistance they need.
- Explain the purpose of your visit. For example, you might say, “I am here today to talk with you about the Infant & Toddler Connection of \_\_\_\_\_, to answer any questions which you might have, and to learn about your child and his/her development, your family, your activities, and to discuss what information may be needed to proceed with determining your child’s eligibility for services.”
- Explain or briefly review (if introduced in a previous conversation or through written materials) the state definition of eligibility. Explain that if medical or other records show the child is eligible, then the other steps in eligibility determination can be skipped. Explain that, otherwise, the eligibility team will be using medical record information, a developmental screening tool (if needed), and the information the family shares about their child’s activities, what is going well or not going well, to determine whether their child is eligible. Share with the family that if the existing information is not enough to determine eligibility, then additional assessment will be conducted to determine eligibility. If the family asks you if you think their child is eligible, reflect on the information that you have gathered and how that relates to Virginia’s definition of eligibility. Unless you are able to establish eligibility based on records alone, explain that you cannot make a definitive statement at this time. (For example: “The information I have gathered today indicates that your child appears to be at age level with his development. Let me review with you the next step in our process. With your written consent, I will be taking this information and bringing it to our early intervention team for eligibility determination. Once they have reached a decision, we will know for sure if your child is eligible or not.”) Explain that if their child is eligible and they wish to receive early intervention services, an Individualized Family Service Plan, which is called an IFSP for short, will be developed. Let the family know that the IFSP will list the supports and services necessary to support the family in enhancing their child’s development through everyday activities. Incorporate concepts from the principles in Chapter 1 as you talk about early intervention supports and services for eligible children and their families, emphasizing that the purpose of early intervention is to support children in developing positive social relationships, acquiring new skills, and assisting children in learning how to get their needs met in the routines and activities that are important to the child and family.
- Remind the family that the eligibility determination and development of an Individualized Family Service Plan, including an assessment to help with service planning, will occur within 45 calendar days of the day they were referred unless the family prefers to extend that timeline.
- Explain that parents and/or other caregivers are involved in each step of the process and, if their child is eligible, in each early intervention session.
- Explain that some services are available at no cost to families (eligibility determination, assessment for service planning, IFSP development, service coordination). Let the family know that they may meet the cost of remaining services through use of Medicaid/FAMIS, TRICARE or private insurance and/or by monthly payment of a fee that is determined based on their family size and income. Emphasize that no family will be denied services because of an inability to pay.
- Let the family know that all information they share with you about their child and family is kept confidential. Specifically share that any information that has been received from the referral source and the information that you are gathering today is protected by confidentiality requirements.
- Give the family the opportunity to ask questions and to share with you information that they feel is important.

2. Fully inform the family about their rights, responsibilities and procedural safeguards under Part C and complete necessary paperwork (if not already addressed during phone or other contact prior to the intake visit). When explaining procedural safeguards, check with the family to see if they have any questions about their rights or why things need to be done a certain way. Emphasize the rights and safeguards applicable to the eligibility determination step in the early intervention process.
  - a. Ensure that copies and explanations of procedural safeguard forms are provided in the family's native language or other mode of communication unless clearly not feasible to do so.
  - b. Provide a copy and explanation of *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share and Strengthening Partnerships: A Guide to Family Rights and Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System*.
  - c. Point out where information related to storage, disclosure, accessing and correcting of personally identifiable information is included in the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.
  - d. 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 (checking the Initial Assessment box on that form and asking for consent for both the child and family assessments).
  - e. Since the financial intake must be completed prior to IFSP development, if the family wishes to combine eligibility determination with the assessment for service planning (and potentially the IFSP meeting) or will be proceeding directly to assessment for service planning combined with an IFSP meeting, and the *Family Cost Share Agreement* form has not already been completed, then talk with the family about completing the financial intake prior to the combined activities to ensure the financial information can be discussed privately.
  - f. Obtain parent signature on release of information forms in order to obtain existing screening, medical, or other information to assist in determination of eligibility. If the family does not consent to this release of information, explain to the family the impact of their decision to refuse consent for the release of information, including why consent is needed, how the information will be used, and how the absence of that information may affect eligibility determination.
  - g. 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.
  - h. If the child has Medicaid/FAMIS:
    - Ensure completion of the *Family Cost Share Agreement* form at intake (See instructions in Chapter 11). This step is necessary in order to begin billing for Early Intervention Targeted Case

Management (EI TCM) at intake and to ensure Medicaid reimbursement for all reimbursable services, including assessment for service planning if the child is eligible.

- Obtain the child's Medicaid/FAMIS number and enter it into ITOTS within 10 business days of the intake visit.
  - DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility. This web portal can be helpful in verifying the accuracy of the Medicaid/FAMIS number. The web portal address to use to enroll for access to this system is <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderLogin>. Click on Provider Resources, then click on Automated Response System (ARS).
- Explain, complete and obtain parent and service coordinator signatures on the Initial Early Intervention Service Coordination Plan. This form is required for children with Medicaid/FAMIS and is strongly recommended for children who are potentially eligible for Medicaid/FAMIS (since Medicaid can be billed retroactively for service coordination if the child receives Medicaid/FAMIS that is retroactive). Local systems have the option to use the Initial Early Intervention Service Coordination Plan with other families as well. The Initial Early Intervention Service Coordination Plan ends when the child is found ineligible for early intervention, the IFSP is signed, or 90 calendar days from the date of intake, whichever comes first, with billing not to exceed three calendar months.
- 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. The following requirements must be met in order to offer and use texting as the preferred method of contact:
  - The service coordinator may only offer texting as an option if she has the capability to receive and send texts.
  - Texting may only be used if the family selects texting as their preferred method of contact and signs the Permission for Texting form, which notifies the family that there may be some level of risk that the information in the text may be read by a third party. The Permission for Texting form must be kept in the child's Early Intervention Record.
  - The communication that occurs via texting must constitute service coordination. Sending a text to the family to ask how things are going and getting a reply of "Fine" is not service coordination. That is true for contacts via email, phone, or in person as well. The job of service coordination does not change based on the preferred method of contact. For that reason, contact notes must substantiate that the communication between the service coordinator and the family is substantive and does constitute actual service coordination.
  - The service coordinator must either print out and attach a copy of the texts to the contact note or include in the note a thorough summary of the communication.

- If, at any point, it becomes clear that texting is not a viable method of communication with a particular family, then the service coordinator needs to work with the family to identify a different method of contact.

Note: Service coordination for children with Medicaid/FAMIS is reimbursed through the EI TCM Program. While the regulatory terminology for this service is “case management,” it is referred to as “service coordination” in the Infant & Toddler Connection of Virginia.

- i. Ask the family about the child’s race/ethnicity using the federally-required 2-part question:
  - Is your child Hispanic/Latino?
  - From which of the following racial groups is your child? – American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White?

Document the family’s response for entry into ITOTS.

- If the family states that they do not belong to one of the given racial groups and states their race as something other than one of the given categories, then record in the contact note or on an intake form the race stated by the family. Based on the race stated by the family, enter the appropriate race category into ITOTS.
  - If the family states more than one race for their child, then select “2 or more races” in ITOTS.
3. 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. If the child is found eligible, this information will also be helpful in completing the family assessment and for IFSP development.

Conversation starters may include, but are not limited to, the following:

- Tell me about your family - who is in your family.
- Who are the other caregivers for Johnny, e.g., extended family, child care providers, etc.
- Tell me about the places your child and family spend time.
- What is a typical day like for your child and family?
- Tell me about your routines/activities. Which routines/activities are going well and which are not?
- What other activities would you like your child and family to participate in?
- What activities really interest your child, and which ones interest you to do with your child?

This list of suggested conversation starters is not presented in any particular order, and there is no requirement that they be worded as written.

4. 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. In order for a child to be determined eligible based on a diagnosed physical or mental condition that has a high probability of

resulting in a developmental delay, there must be documentation that the condition has been diagnosed by a professional qualified to make the diagnosis. Not all disorders within the categories of endocrine disorders and hemoglobinopathy have a high probability of resulting in developmental delay for all children. Therefore, with these diagnoses the documentation from the physician would need to specifically indicate that this condition has a high probability of resulting in delay for this child in order for the service coordinator to establish eligibility based on the records. Otherwise, the eligibility determination practices described in Chapter 5 must be used to evaluate the child's eligibility.

- 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.
- c. When completing the *Eligibility Determination Form* for a child whose eligibility is established by records:
  - Complete the information at the top of the form: Date of Eligibility Determination, Child's Name, Date of Birth, Age, Adjusted Age, Parent's Name, and Service Coordinator's Name. When recording the date of eligibility determination, use the date that eligibility was determined, even if that occurred on the same date as the assessment for service planning (Medicaid will still reimburse for the assessment for service planning in this situation since the child is eligible).
  - Check the box indicating that eligibility was established by records and list the record(s) used.
  - Mark whether this is an initial, annual, or interim eligibility determination.
  - Mark that the child was determined eligible.
  - Check off all criteria on which that eligibility was based (e.g., developmental delay and/or atypical development and/or diagnosed condition). If the child has a diagnosed condition(s), mark the specific condition(s) in the next section of the form.  
Note: The *Eligibility Determination Form* should reflect only those reasons for eligibility identified as of the date of eligibility determination. Additional reasons for eligibility may be discovered during the assessment for service planning, and these will be documented elsewhere, not on this form.
  - Identify the individual who determined eligibility. Typed names or electronic signatures are permitted in lieu of handwritten signatures. Use the appropriate check box to indicate the provider's discipline.
  - Provide the family with a copy of the completed *Eligibility Determination Form* (at no cost to the family).

- d. When eligibility is established by records, the eligibility determination process described below in #5 is not necessary and the family moves directly to the assessment for service planning, with parent consent.
  - During the intake visit, begin gathering functional information about the child's participation in everyday activity settings, within routines and across settings, keeping in mind the 3 child outcomes (positive social-emotional skills and social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) that will be the basis of the assessment for service planning.
  - Ask engaging questions and make observations to encourage the family to share their perspective about their child's behavior, skills, engagement, and functional participation across settings and situations.

While records may be used, as described above, to establish that a child is eligible for early intervention, records may not be used to establish that a child is ineligible for early intervention without conducting the full eligibility process described below in #5 and in Chapter 5.

- 5. Unless eligibility is established by records (as described in #3 above), gather information about the child's development and his health history. Some of this information may have been gathered during the referral call or during the call to schedule the intake visit. In that case, use the intake visit to document any additional information needed for eligibility determination.
  - a. Ensure the following eligibility determination activities have been or are conducted. When conducted after referral to the Infant & Toddler Connection System, these activities may be conducted by any certified Early Intervention Professional, Early Intervention Specialist or Early Intervention Case Manager trained to conduct the activity.
    - Hearing and vision screening, with the *Virginia Part C Hearing Screening* and *Virginia Part C Vision Screening* forms completed.
    - 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.
      - 1) The developmental screening tool may be completed by practitioners certified as early intervention professionals and by those certified as early intervention specialists or early intervention case managers who have been trained to use the screening tool.
      - 2) The provider using the tool must actually see the child in order to complete the tool.
      - 3) The following comprehensive developmental screening tools are strongly recommended for use in the Infant & Toddler Connection of Virginia: Parents' Evaluation of Developmental Status (PEDS), Ages and Stages Questionnaire (ASQ), and Bayley Infant Neurodevelopmental Screen (BINS). These recommendations are based on the review of research and resulting recommendations presented in "Pediatric Developmental Screening: Understanding and Selecting Screening Instruments" (2008).

- 4) While the primary focus is on gathering the information needed for eligibility determination, also begin noting functional information about the child's participation in everyday activity settings, within routines and across settings, keeping in mind the 3 child outcomes (positive social-emotional skills and social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) that will be the basis of the assessment for service planning if the child is eligible.

Eligibility Determination tools for very young infants

**Question:** What instrument do we use for a child who is less than 1 month old since the ASQ does not address birth to 1 month?

**Answer:** Information from a variety of resources can be used to compare the child's development to what is expected for a child who is less than one month old, including online developmental websites, print resources, and relevant sections of developmental assessment tools. The method(s) used should include identification of potential atypical development such as issues with tone and posture, sleep, feeding and self-regulation.

- b. Document, in a contact note(s) or through other written means, the information shared by the family and gathered through the use of a tool and observation so this information can be shared with other team members during eligibility determination, assessment for service planning and IFSP development. This promotes timely and accurate communication and minimizes the number of times the family needs to share the same information. Since this information will be used by the Eligibility Determination team, the documentation needs to clearly communicate to individuals who were not present at the intake visit what the service coordinator and/or other provider observed about the child's development and learned through the use of a tool and/or parent report.
6. 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.
  - a. Local systems have the option to invite the family to participate further in the eligibility determination process by phone, in writing or through a meeting, depending on how the eligibility process works in the local system and what makes sense for this specific child and family.
  - b. If the family will not participate in the eligibility discussion then explain that you will call them following the determination to inform them of the decision.
7. If the family declines to proceed to eligibility determination:
  - a. Provide a copy and explanation of the *Declining Early Intervention Services* form and the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*.

- Make reasonable efforts to ensure the family understands the eligibility determination services that are available, that these services are provided at no cost to the family, and that these services cannot be provided without parental consent.
- Using the bottom half of the *Declining Early Intervention Services* form, the family is asked to mark the first line (that they understand that eligibility determination may be conducted and that they do not choose to have their child receive an eligibility determination).
- In explaining the *Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share*, review and explain the complaint procedures. Even if the family has already received a copy of the Notice of Child and Family Rights and Safeguards document, another copy must be offered. If the family has previously received a copy of the rights document and states that they do not want another copy, it is not necessary to leave another copy. A contact note must be used to document that another copy of the document was offered and that the family declined.
- Explain how to access early intervention services in the future, pointing out the contact number provided at the bottom of the *Declining Early Intervention Services* form.
- 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 division.
- Obtain parent consent to make referrals to other appropriate resources/services based on child and family needs and preferences.
- Obtain parent consent to communicate with the primary care physician and the primary referral source, if not already provided.
- Document in ITOTS within 10 business days of the family declining to proceed that eligibility determination was not completed for the child and that the reason was the family declined eligibility determination.

Other Intake Activities Following the Intake Visit:

Service Coordinator Responsibilities:

1. Request existing screening, medical and other information to assist in eligibility determination, if not already requested.
  - a. Medical information requested should be specific to eligibility determination and service planning (e.g., diagnostic information and developmental screening and assessment results). A full medical record is generally not necessary or appropriate.
  - b. Service coordinators are expected to make every effort to obtain physician and other appropriate records prior to eligibility determination, following up on initial requests with actions such as phone calls to request a fax of the needed records, going to the physician's office to pick up copies, or collecting the information via a telephone call with a hard copy received later for inclusion in the child's record.

- How quickly the service coordinator follows up after an initial request for medical or other records may depend on the extent to which those records are needed in order to determine eligibility.
  - Eligibility determination should not be delayed to wait for medical records unless other information gathered through intake or through intake plus assessment for eligibility is insufficient to determine and document the child's eligibility.
  - Remember that in some situations the medical information will be very important in ensuring the eligibility determination team has complete information to consider since informed clinical opinion can be used to determine a child eligible even when screening or assessment instruments or other information does not establish that eligibility.
  - Also keep in mind that these records may be helpful to the team that is conducting the assessment for service planning and to the IFSP team even if they are not needed for eligibility determination.
2. 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. For example, assistance can be provided by giving the family a listing of area physicians and their phone numbers. The family cannot be required to obtain a primary care doctor in order to access early intervention services.
  3. Arrange to assist the family in completion of a Medicaid/FAMIS application or applications for other programs and supports, as needed and as desired by the family. The family cannot be required to apply for Medicaid/FAMIS in order to access early intervention services.

#### ITOTS Data Entry – Intake

The local system manager ensures the following data is entered into ITOTS:

1. Child's race/ethnicity
2. Intake visit date
3. Medicaid/FAMIS number within 10 business days of Intake visit date, if child has Medicaid or FAMIS. Select Medicaid/FAMIS from the dropdown menu under Third Party Coverage and enter an accurate 12-digit Medicaid number. Please see the box on the next page for additional information about data entry for enrollment in the Medicaid EI benefit.
4. If the family does not proceed to eligibility determination, then mark Eligibility Determination Completed as No, mark the appropriate box for the reason (Unable to contact, deceased, declined eligibility determination), and enter the exit date (the date the family declined to proceed, the date the local system closed the referral, etc.).

[Complete ITOTS instructions are available at

<http://www.infantva.org/documents/forms/INST1117eR.pdf>]

**Initial Data Entry for Enrollment in Medicaid EI Benefit:**

In order for providers to receive Medicaid reimbursement for Part C early intervention services, the following ITOTS data fields must be completed promptly and accurately:

- Medicaid/FAMIS must be selected in the Third Party Coverage section of ITOTS;
- An accurate 12-digit Medicaid number must be entered in the ID field next to Medicaid. The 12-digit number is used by the State Lead Agency to locate the child's record in the Department of Medical Assistance Services (DMAS) database, VaMMIS; and
- The Intake Visit Date must be recorded in ITOTS.
- Entering the child's social security number can facilitate locating the child's record in VaMMIS.

**Child has Medicaid/FAMIS when Child is Referred to Part C**

- ITOTS data entry must be completed (Medicaid/FAMIS selected, 12-digit Medicaid number and Intake Visit Date entered) within 10 business days of the Intake Visit Date in order to bill DMAS for Initial Early Intervention Service Coordination. (An Initial Early Intervention Service Coordination Plan also must be in place in order to bill for this service.)
- If any of the required information is entered in ITOTS more than 10 business days after the Intake Visit Date, then the date the required information is entered in ITOTS will be the start date for the Medicaid Early Intervention benefit.

**Child Enrolled in Medicaid/FAMIS after the Child is Referred to Part C**

- If Medicaid/FAMIS is selected and the 12-digit Medicaid number is entered in ITOTS within 60 calendar days of the Medicaid Disposition Date (the date the decision was made that the child was eligible for Medicaid or FAMIS) and the child has an Initial Early Intervention Service Coordination Plan in place, then the start date for the Medicaid EI benefit is the same as the Medicaid/FAMIS start date, unless this date precedes the Intake Visit Date. If the Medicaid/FAMIS start date precedes the Intake Visit Date, then the Intake Visit Date will be the start date for the Medicaid EI benefit.
- If Medicaid/FAMIS is selected and the 12-digit Medicaid number is entered more than 60 calendar days after the Medicaid Disposition Date, then the date the required information was entered in ITOTS will be the start date for the Medicaid EI benefit. Neither Medicaid nor Part C reimbursement will be available for the time period that is not covered.

NOTE: Targeted Case Management (service coordination) is the only service reimbursable by Medicaid prior to confirmation that a child is eligible for early intervention.

Local Monitoring and Supervision Associated with Intake:

The local system manager provides the supervision and monitoring necessary to ensure the following:

1. Procedural safeguards forms are used and explained appropriately.
2. Consistent and accurate information is provided to the family during the intake visit.
3. There are timely requests and follow-up to receive medical and other records for eligibility determination.
4. Qualified personnel and approved tools are used in conducting hearing and vision screening and gathering developmental information for use in eligibility determination.
5. The intake visit occurs quickly enough after referral to allow time for eligibility determination, assessment for service planning and IFSP development to occur within the 45-day timeline.
6. Eligibility is determined based on medical or other records when appropriate and by the appropriate personnel.
7. ITOTS data entry is timely and accurate.

Index:

	<i>Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share</i> ..... 3, 9
<b>D</b>	<b>P</b>
<i>Declining Early Intervention Services</i> .....9	parent consent .....1, 3, 7, 9
developmental screening ..... 2, 7, 9	procedural safeguards ..... 3
<b>E</b>	<b>S</b>
Early Intervention Case Manager .....7	service coordination .....2, 4, 5, 11
Early Intervention Professional.....6, 7	service coordinator ..... 1, 2, 4, 6, 8, 10
Early Intervention Specialist .....7	<i>Strengthening Partnerships: A Guide to Family Rights and Safeguards in the Infant &amp; Toddler Connection of Virginia Part C Early Intervention System</i> ..... 3
eligibility determination .....1, 2, 3, 5, 6, 7, 8, 9, 10, 12	supervision and monitoring ..... 12
<i>Eligibility Determination Form</i> .....5, 6	system manager ..... 10, 12
<b>F</b>	<b>T</b>
<i>Family Cost Share Agreement</i> .....3	Targeted Case Management ..... 4, 11
<b>I</b>	Texting ..... 4
IFSP ..... 2, 3, 4, 5, 8, 10, 12	<b>V</b>
Individualized Family Service Plan .....2	<i>Virginia Part C Hearing Screening</i> ..... 7
intake.....1, 2, 3, 4, 5, 7, 8, 9, 10, 12	<i>Virginia Part C Vision Screening</i> ..... 7
ITOTS Data Entry .....10	<b>W</b>
<b>M</b>	written consent..... 2, 3
Medicaid ..... 2, 3, 4, 5, 6, 10, 11	
Medicaid/FAMIS ..... 2, 3, 4, 5, 10, 11	
<b>N</b>	
<i>Notice and Consent for Assessment for Service Planning</i> .....3	
<i>Notice and Consent to Determine Eligibility</i> .....3	