Infant & Toddler
Connection of Virginia

Analysis Phase Documentation

Project Name:	ITOTS Expansion
Department:	Office of Family and Children Services
Last Updated:	12/07/2009
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Executive Sponsor:	Sanford Hostetter
Project Dept. Owner:	Mary Ann Discenza

Project Name: ITOTS Expansion

Prepared By

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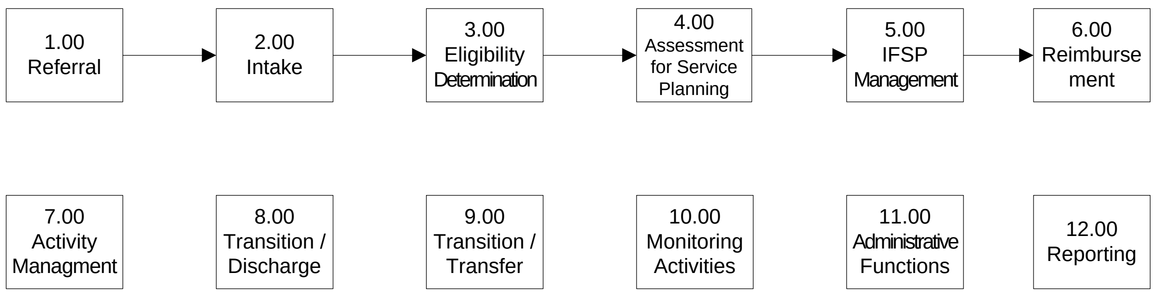
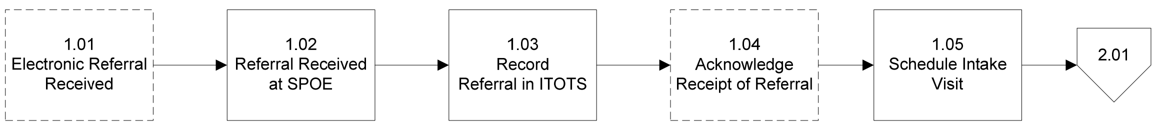
Process Flow Diagram

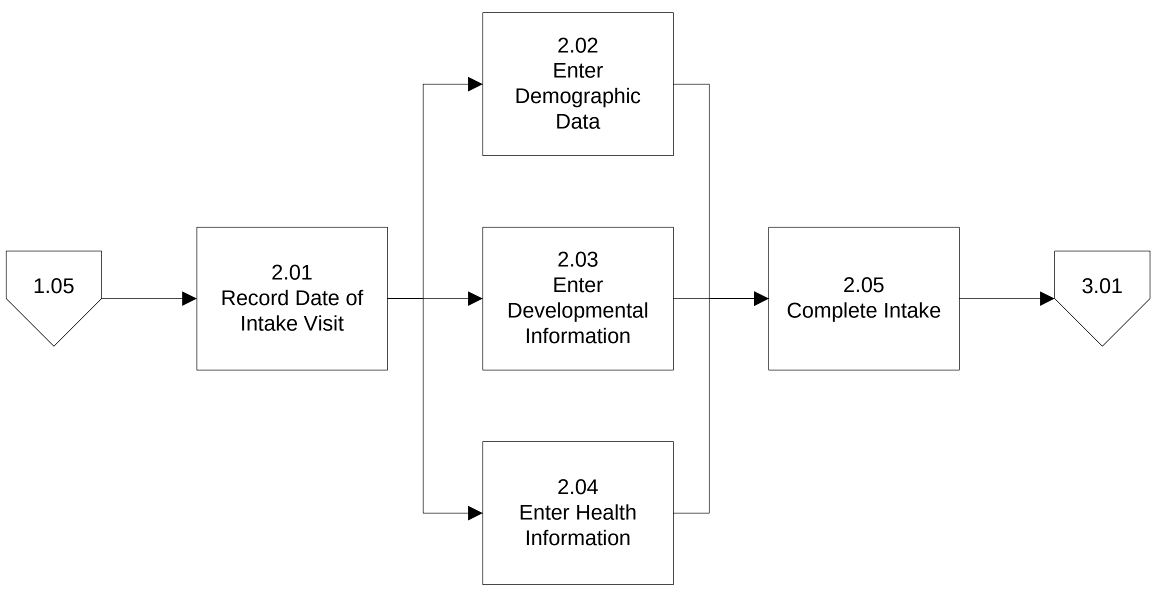
Main Flow



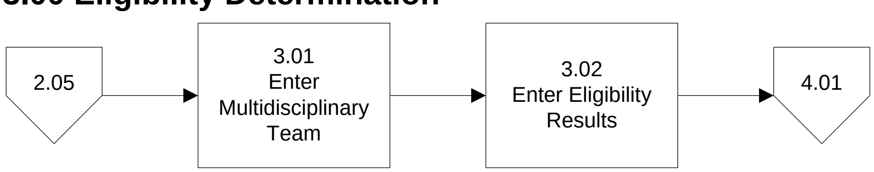
1.00 Referral



2.00 Intake

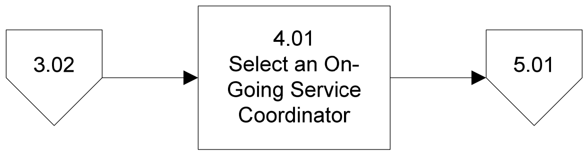


3.00 Eligibility Determination

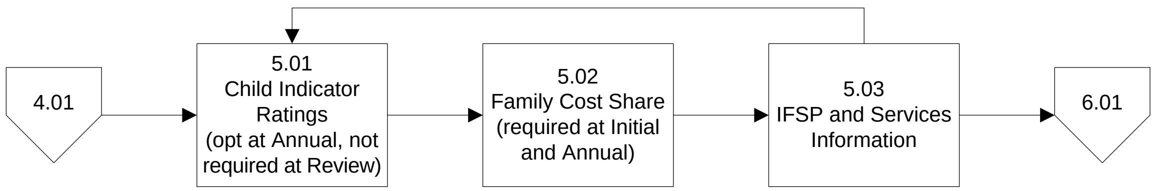


Project Name: ITOTS Expansion

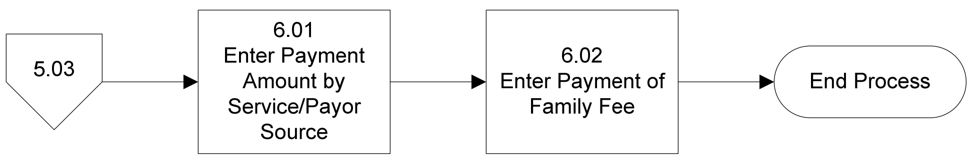
4.00 Assessment for Service Planning



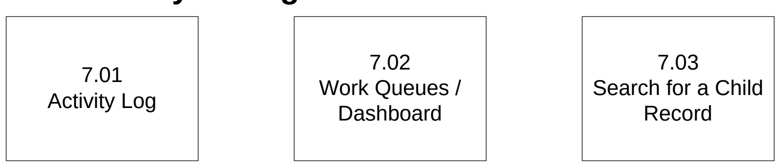
5.00 IFSP Management



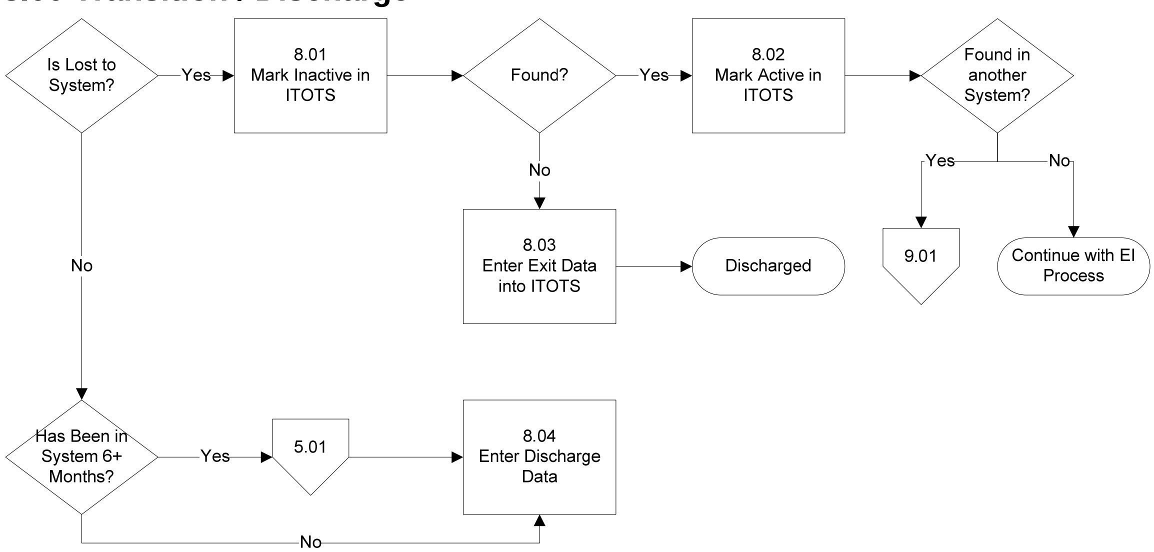
6.00 Reimbursement



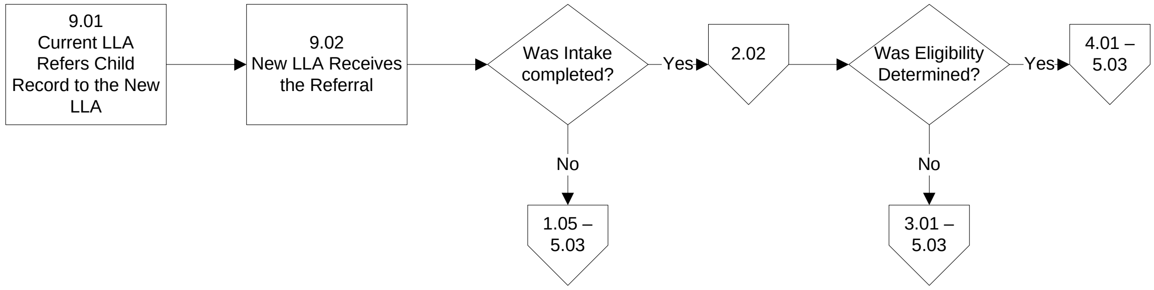
7.00 Activity Management



8.00 Transition / Discharge



9.00 Transition / Transfer



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Use Cases

Actors

1. Practitioner
2. Local User
3. Local Financial User
4. Local Supervising User
5. CO Reports
6. CO Certification
7. CO Monitor
8. CO Admin

1.01: Electronic Referral Received

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	11/24/2008	**Date Last Updated:**	11/24/2008
Actors:			
Description:			
Preconditions:	1.		
Postconditions:	1.		
Normal Flow:	1.		
Alternative Flows:	1.		
Business Rules:			
Special Requirements:	1.		
Assumptions:	1.		
Notes and Issues:	1. Duplicate children 2. Duplicate referrals 3. Method for receiving data		

	4. Process to bring into ITOTS 5. Batch of ITOTS IDs to them? 6. 12/09: Schedule a meeting with VDH to discuss. Coordinate through Joanne Boise. 7. Schedule a meeting with DMAS to discuss.

1.02: Referral Received at SPOE

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	11/17/2008	**Date Last Updated:**	01/27/2008
Actors:	Local User		
Description:	Referral is received, the user verified the child is unique or already in the system, resides in local catchments area, and is age eligible.		
Preconditions:	1. SPOE received a referral. 2. The referral had, at a minimum, First Name, Last Name, DOB, FIPS Code, Gender, and Referral Date. 3. The child is age eligible and the correct FIPS for the local system.		
Postconditions:	1. Search is completed. 2. Child record is ready for data entry.		
Normal Flow:	**1.0 Referral Received at SPOE** 1. The user navigates to the screen to search for duplicates based on child information. 2. The user enters data from referral form to perform search: Last Name Operator, Last Name, DOB, and Gender. Last Name Operator's default value is "equals". Gender default value is a blank value. 3. The user clicks the Search button. 4. The system searches for possible matches. 5. The system does not find a match. 6. The system opens the child screen to a new record with data populated from the search criteria.		
Alternative Flows:	**1.1 Reset the Search (branch after step 2)** 1. The user clicks the reset button. 2. The system clears the search criteria fields and resets the last name operator dropdown to the default value. 3. Return to step 2. **1.2 Invalid DOB Entered (branch after step 2)** 1. The system displays an error message after the DOB is entered. "Date of Birth must be within 3 years of today's date." 2. Return to step 2. **1.3 Required criteria Are Not Filled In (branch after step 3)** 1. The system displays error messages next to the fields that are not filled in. "Last Name is required." "Date of Birth is		

	required." "Gender is required." 2. The user enters data in all of the required fields. 3. The error messages disappear as the data is filled in. 4. Return to step 3. **1.4 Child Match is Found (branch after step 4)** 1. The system displays one or more possible matches in a grid (ITOTS ID, Child Name [Last Name, First Name, Middle Name], Local System Name, Local System Contact, LS Contact Phone Number, Service Coordinator, SC Phone Number). The ITOTS ID is a hyperlink. 2. The user clicks the ITOTS ID hyperlink for the matching child. 3. The system opens the child record. **1.5 Child not in Local System (branch after 1.4 step 2)** 1. The system displays a message box stating that a transfer must occur before editing the record. "This ITOTS ID is not available to your program. Please check to see that you have entered the correct ITOTS ID. If the ITOTS ID is correct, please contact the local system for more information." 2. The user contacts one of the people listed on the grid and requests a transfer. 3. A user at the other local system performs use case 9.00. 4. Return to 1.4 step 2. **1.6 Child is not a Duplicate (branch after 1.4 step 1)** 1. The user clicks the Unique Child button (add new). 2. Return to step 6. **1.7 Accident Open to Child (branch after step 6 or 1.4 step 3)** 1. The user clicks the Cancel button on the child screen. 2. The system returns to the search screen without saving. 3. Resume step 2.
Business Rules:	BR-003, BR-004
Special Requirements:	1.
Assumptions:	1.
Notes and Issues:	1. What contact should be displayed when matches are found? The main contact for the Local System or the Service Coordinator for the child, or both? Consider turnover when making this decision. Stakeholders responded that they would like to see both the main contact and the Service Coordinator.
Questions for Stakeholders:	1. Before searching for duplicate child records, in the effort to enter a new referral, should the SPOE have verified that they have the required information for a referral including Source Type and Source Name (see BR-003)? 2. Should the search provide the options to match the last name by the entire criteria, by "starts with", and by "like"?

	Currently the system only searches by exact text. 3. We have recently made the race criteria optional in ITOTS. Should this remain optional criteria for the search or be removed from the search screen? If race is selected, even as optional criteria, only children with the matching race will appear in the list of potential matches. 4. If race remains optional criteria, should Ethnicity also be added as optional criteria?

1.03: Record Referral in ITOTS

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	11/17/2008	**Date Last Updated:**	01/27/2008
Actors:	Local User		
Description:	All available and appropriate referral information is entered into ITOTS.		
Preconditions:	1. The child is age eligible, in the catchments area, referral has required information, and a search has been completed.		
Postconditions:	1. Referral has been entered and saved.		
Normal Flow:	**1.0 Record Referral in ITOTS** 1. The user enters child information which includes, at a minimum, First Name, Last Name, DOB, and Gender. Additional information that may be entered includes Middle Name, Preferred Name, SSN, Race, Ethnicity, Living Situation, Local Case Number, City/County, School District, Contact name, Contact Relationship, Address, City, State, Zip, Email, Home Phone, Fax Number, Contact By options, Notes, Primary Language, and Service Coordinator. 2. The user saves the child information. 3. The user navigates to the Referral information. 4. The user clicks to add a new referral. 5. The system displays the Referral data entry area. 6. The user enters referral information which includes, at a minimum, referral date, source type, and source name. Additional information that may be entered includes other source information, how hear, share info w/referral source, disclosures (requested and consented), expire date, effective date, date acknowledged, and disposition(s). 7. The user saves the referral information.		
Alternative Flows:	**1.1 Enter Other Demographic Information (branch after step 2)** 1. The user navigates to the Intake area and enters demographic information gathered. 2. Resume step 3. **1.2 Enter Health Information (branch after step 7 or 1.1)** 1. The user navigates to the Intake area and performs use case		

	2.04. 2. Exit flow or resume step 3. **1.3 Enter Developmental Information (branch after step 7 or 1.1)** 1. The user navigates to the Intake area and performs use case 2.03. 2. Exit flow or resume step 3. **1.4 Enter Activity Notes (branch after step 2, 7, 1.0, 1.1, or 1.2)** 1. The user performs use case 7.01. 2. Resume normal or alternative flow.
Business Rules:	BR-001
Special Requirements:	1.
Assumptions:	1. Health information is optional at this point. 2. Developmental information is optional at this point.
Notes and Issues:	1. Collect reason for referral – waiting for details from staff.
Questions for Stakeholders:	1. What are the disadvantages of the DOB and Gender being locked to the local user and opened by a supervisor? 2. Should we require information on the referral, beyond what is listed here? How would this benefit your local system?

1.04: Acknowledge Receipt of Referral

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	11/24/2008	**Date Last Updated:**	01/27/2008
Actors:	Local User		
Description:	User generates a referral acknowledgement document to the referral source.		
Preconditions:	1. Referral has been entered and saved.		
Postconditions:	1. The Acknowledgement letter has been generated.		
Normal Flow:	**1.0 Generate Acknowledgement Letter** 1. The user clicks the Acknowledge button. 2. The system generates a Word document. 3. The system populates the date acknowledgement generated child information, and referral source information. If there has been a service coordinator selected, their information will be filled in for the closing; otherwise the system manager's information for the local system will be filled in. 4. The user saves, prints, and mails or faxes the document.		
Alternative Flows:	**1.1 Delete the Document (branch after step 3)** 1. The user deletes the document. 2. Exit flow. **1.2 Save the Document for Later (branch after step 3)** 1. The user saves the document. 2. After a period of time, the user prints and mails or faxes the		

	document. 3. Exit flow.
Business Rules:	
Special Requirements:	1. Following is a sample of the Word document created: [Current Date] [Referral Source Name] [Address] [City], [State] [Zip] Dear [Referral Source Name]: The Infant & Toddler Connection of [System Name] has received your referral of [Child's Name] on [Received Date]. We will be happy to share information on the status of this referral once we have written parent consent as required by Part C of the Individuals with Disabilities Education Act (IDEA). Should you have questions about this Part C requirement, please give me a call at [Phone Number]. Thank you for the referral. Sincerely, [Service Coordinator or System Manager Name], [Job Title]
Assumptions:	1. The service coordinator is the contact for the acknowledgement letter. If a service coordinator has not been selected, the contact will be the system manager. 2. The Service Coordinator may be selected before or after this step. 3. The document content will include local system letterhead. 4. The document generated will not be saved with the child's record.
Notes and Issues:	1. Technical issues may prevent us from using word. In that case, we would produce a PDF document instead.

1.05: Schedule Intake Visit

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	11/2/2009	**Date Last Updated:**	11/2/2009
Actors:	Local User, Local Supervising User		
Description:	User schedules an intake visit with the family.		

Preconditions:	1. A referral has been entered. 2. The family's contact information has been gathered.
Postconditions:	1. An intake visit is scheduled.
Normal Flow:	**1.0 Schedule Intake Visit** 1. Record the phone call using use case 7.01. 2. The user performs use case 7.01, selecting data to indicate that the contact is a scheduled intake visit.
Alternative Flows:	**1.1** 1.
Business Rules:	
Special Requirements:	1.
Assumptions:	1.
Notes and Issues:	1. Do scheduled calls, appointments, etc. need to appear on a calendar or will a queue be sufficient? 2. Should we create process flows for searching for child records? 3. Should we create a "dashboard" for users where queues would be displayed for things like scheduled calls, appointments, upcoming deadlines, etc.?

2.01: Record Date of Intake Visit

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/09/2008	**Date Last Updated:**	12/09/2008
Actors:	Local User		
Description:			
Preconditions:	1.		
Postconditions:	1.		
Normal Flow:	**1.0** 1.		
Alternative Flows:	**1.1** 1.		
Business Rules:			
Special Requirements:	1.		
Assumptions:	1.		
Notes and Issues:	1. Want to record the date and require entry of the initial service coordinator.		

2.02: Enter Demographic Data

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/09/2008	**Date Last Updated:**	12/04/2009
Actors:	Local User		

Description:	User enters demographic data collected during the intake interviews.
Preconditions:	1. Any required demographic information has already been entered. 2. Demographic data has been collected. 3. Referral has been entered and saved.
Postconditions:	1. Demographic data has been entered and saved.
Normal Flow:	**1.0 Enter Demographic Data** 1. Enter information on the Child tab. 2. Enter contacts. 3. Enter Medicaid information (select Medicaid as insurance and enter the insurance number).
Alternative Flows:	**1.1 No Contacts have been identified (branch after step 1)** 1. Resume step 3. **1.2 The Child Does Not Have Medicaid (branch after step 2)** 1. Exit Flow. **1.3 Other Insurance Information Gathered (branch after step 3)** 1. Enter other Insurance information. 2. Exit Flow.
Business Rules:	BR-002
Special Requirements:	1. Demographic Data a. Last Name b. First Name c. Middle Name d. Preferred Name e. DOB f. SSN g. Gender h. Race i. Ethnicity j. Living Situation k. Address l. City m. State n. Zip o. Local Case Number p. City/County q. School District r. Primary Language s. Notes t. Contacts i. Last Name ii. First Name iii. Preferred Name iv. Salutation Line

	v. Physical address same as Child's? vi. Physical Address vii. Physical City viii. Physical State ix. Physical Zip x. Mail address same as Physical? xi. Mail Address xii. Mail City xiii. Mail State xiv. Mail Zip xv. Email xvi. Home Phone xvii. Work Phone xviii. Cell Phone xix. Fax Number xx. Relationship xxi. Relationship Other xxii. Primary Contact? xxiii. Resides? xxiv. Emergency Contact? xxv. Surrogate Parent? xxvi. Surrogate Effective Date xxvii. Surrogate Termination Date xxviii. Surrogate Termination Reason xxix. Surrogate Termination Reason, Other xxx. Contact By (select multiple) xxxi. Notes u. Surrogate Parent Needed Reason v. Surrogate Parent No Longer Needed Reason 2. Selection of Surrogate Parent unlocks the Surrogate Effective Date and makes the date required. 3. Entry of a Surrogate Effective Date unlocks the Surrogate Termination Date. 4. Entry of a Surrogate Termination Date unlocks the Surrogate Termination Reason and makes the reason required. 5. Selection of other for the Surrogate Termination Reason unlocks the Surrogate Termination Reason Other and makes it required. 6. If Physical Address Same as Child's is selected, the Physical address fields will fill in with the data for the child's address. 7. If Mail Address Same as Physical Address is selected, the Mail address fields will fill in with the data for the Physical address.
Assumptions:	1.
Notes and Issues:	1.
Questions for	1. How do you want to capture information about legal

Stakeholders:	rights/status of a contact? It's enveloped in the relationship field now. 2. We would like to standardize the intake process. Please provide your intake forms/data elements.

2.03: Enter Developmental Information

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/09/2008	**Date Last Updated:**	12/07/2009
Actors:	Local User		
Description:	User enters the developmental information collected during the intake interviews.		
Preconditions:	1. Developmental information has been collected. 2. Referral has been entered and saved.		
Postconditions:	1. Developmental information has been entered and saved.		
Normal Flow:	**1.0 Enter Developmental Information** 1. The user navigates to the Developmental Information tab for the intake. 2. The user enters Information from the Family and Intake Observations. 3. The user generates the Notice and Consent for Screening form. 4. The user selects that consent for developmental screening was signed and records the date signed. 5. The user selects that a developmental screening was conducted. 6. The user enters and saves a Developmental Screening. 7. The user selects that consent for vision and hearing screening was signed and records the date signed. 8. The user enters and saves a Vision Screening. 9. The user enters and saves a Hearing Screening. 10. The user enters and saves Developmental Information from Outside Providers. 11. The user saves the changes to developmental information.		
Alternative Flows:	**1.1 No Information from the Family or Intake Observations Made (branch after step 1)** 1. Resume step 3. **1.2 Consent for Developmental Screening was not Given (branch after step 3)** 1. The user selects that consent for developmental screening was not given. 2. The user may leave the developmental screening was conducted blank or select no. If no is selected, the user selects a reason a developmental screening was not conducted. 3. Resume step 7.		

	1.3 No Developmental Screening Conducted (branch after step 4) 1. The user selects that a developmental screening was not conducted. 2. The user selects the reason a developmental screening was not conducted. 3. Resume step 7. **1.4 Consent for Vision and Hearing Screenings was not Given (branch after step 6)** 1. The user selects that consent for vision and hearing screening was not given. 2. Resume step 10. **1.5 No Vision Screening performed (branch after step 7)** 1. Resume step 9. **1.6 No Hearing Screening performed (branch after step 8)** 1. Resume step 10. **1.7 Multiple Developmental Screening Conducted (branch after step 6)** 1. Resume step 6. **1.8 No Developmental Information from Outside Providers (branch after step 7)** 1. Resume step 9. **1.9 Multiple Developmental Information from Outside Providers (branch after step 8)** 1. Resume step 8.
Business Rules:	
Special Requirements:	1. Consent Given and Signed for Developmental Screening must be Yes or blank before selection of Developmental Screening was Conducted can be made. It cannot be selected if Consent is No. 2. Selection of Yes or No for Developmental Screening was Conducted is required before completing the intake. 3. If Developmental Screening was Conducted is No, Reason not Conducted is required. 4. Must have the ability to clear the selection of Yes or No for Developmental Screening was Conducted. 5. Consent Given and Signed for Vision and Hearing Screening must be Yes before Vision or Hearing Screenings may be filled in. 6. Data to be collected: a. Information from the Family b. Intake Observations c. Consent Given and Signed for Developmental Screening (Yes, No, not selected) d. Developmental Screening was Conducted (Yes, No, not selected)

	e. Reason Developmental Screening not Conducted (select from list)
	f. Developmental Screening
	    i. Conducted By (select from a list of EI certified practitioners)
	    ii. Screening Date
	    iii. Screen Tool (select from list)
	    iv. Screen Tool Other
	    v. Developmental Areas Screened (multi select)
	    vi. Narrative
	g. Consent Given and Signed for Vision and Hearing Screenings (Yes, No, not selected)
	h. Hearing Screening
	    i. Person Completing Screening (select from a list of Certified EI Practitioners)
	    ii. Date Form Completed
	    iii. Newborn Hearing Screening Results (select from list)
	    iv. Other Hearing Screening Results
	        1. Date of Screening
	        2. Conducted By
	        3. Screening Procedure Used
	        4. Results
	        5. Scanned Document
	    v. Full Audiological Evaluation
	        1. Date
	        2. Conducted By
	        3. Type of Testing Completed
	        4. Results
	        5. Scanned Document
	    vi. Risk Factors – Neo-natal Period (multi select)
	    vii. Risk Factors – that may develop (multi select)
	    viii. Behavioral Observations (multi select and indicate P for parental report or O for observation)
	    ix. OAE Left Ear (Pass or Refer)
	    x. OAE Right Ear (Pass or Refer)
	    xi. OAE Conducted By
	    xii. OAE Date
	    xiii. ABR Left Ear (Pass or Refer)
	    xiv. ABR Right Ear (Pass or Refer)
	    xv. ABR Conducted By
	    xvi. ABR Date
	    xvii. Visual Reinforcement Audiometry: Conducted By
	    xviii. Visual Reinforcement Audiometry: Date

	xix. Visual Reinforcement Audiometry: Results xx. Conditioned Play Audiometry: Conducted By xxi. Conditioned Play Audiometry: Date xxii. Conditioned Play Audiometry: Results xxiii. Findings (select from list) xxiv. Recommended Frequency xxv. Recommended Type of Monitoring i. Vision Screening i. Person Completing Screening (list of Certified EI Practitioners) ii. Date Form Completed iii. Prior Vision Screening 1. Results (Pass or Refer) 2. Conducted By 3. Date of Screening 4. Procedures Used 5. Scanned Document iv. Full Vision Evaluation 1. Results 2. Conducted By 3. Date of Screening 4. Procedures Used 5. Scanned Document v. Risk Factors (multi select) vi. Behavioral Observations (multi select and indicate P for parental report or O for observation) vii. Observation of the Eyes (multi select) viii. Findings (select from list) ix. Recommended Frequency x. Recommended Type of Monitoring j. Developmental Information from Outside Providers i. Scanned Document ii. Document Description 7. Required fields for Developmental Screening: Conducted By, Date of Screening, Screen Tool (may be Other), and at least one Developmental Area must be selected. 8. If Screen Tool selection is Other, Screen Tool Other must be filled in. 9. Required fields for Hearing Screening: Person Completing Screening, Date Form Completed, Newborn Hearing Screening Results, and Findings. 10. After the date for Full Audiological Evaluation is filled in, display a message. a. If the date is less than or equal to 6 months from the Date Form Completed: “If medical/health and

	developmental screening information indicates no reason for concern about hearing, then skip to Section 5." b. If the date is more than 6 months from the Date Form Completed: "Please complete all sections of this form." 11. Required fields for Vision Screening: Person Completing Screening, Date Form Completed, and Findings. 12. After the date for Full Vision Evaluation Results is filled in, display a message. a. If the date is less than or equal to 6 months from the Date Form Completed: "If medical/health and developmental screening information indicates no reason for concern about vision, then skip to Section 5." b. If the date is more than 6 months from the Date Form Completed: "Please complete all sections of this form." 13. Required fields for Developmental Information from Outside Providers: Scanned Document and Document Description.
Assumptions:	1.
Notes and Issues:	1. Stakeholders have decided they want screening information in the application.

2.04: Enter Health Information

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/09/2008	**Date Last Updated:**	12/07/2009
Actors:	Local User		
Description:	User enters health information.		
Preconditions:	1. Referral is entered and saved.		
Postconditions:	1. Health information is entered and saved.		
Normal Flow:	**1.0 Enter Health Information** 1. The user navigates to the Health tab for the child. 2. The user enters health information. 3. The user enters and saves Medical Physician. 4. The user enters and saves risk factors. 5. The user enters and saves diagnosed conditions. 6. The user saves the health information.		
Alternative Flows:	**1.1 No Medical Physician Collected (branch after step 2)** 1. Resume step 4. **Multiple Medical Physicians (branch after step 3)** 1. Resume step 3. **1.3 No Risk Factor (branch after step 3)** 1. Resume step 5. **1.4 Multiple Risk Factors (branch after step 4)**		

<table>
<tr><td></td><td>1. Resume step 4.
1.5 No Diagnosed Condition (branch after step 4)
1. The user enters and saves a diagnosed condition of “None”.
2. Resume step 6.
Multiple Diagnosed Conditions (branch after step 5)
1. Resume step 5.</td></tr>
<tr><td>**Business Rules:**</td><td></td></tr>
<tr><td>**Special Requirements:**</td><td>1. Data to be collected:
a. Gestational Age (in weeks)
b. Birth Weight (grams)
c. Birth Weight (pounds)
d. Birth Weight (ounces)
e. Failed Newborn Hearing Screen (Yes, No, Unknown, or not selected)
f. Medially Fragile (Yes, No, or not selected)
g. Health Notes
h. Medical Team
i. Primary Care (Yes or No)
ii. Physician Type (select from list)
iii. First Name
iv. Last Name
v. Practice/Company
vi. Address
vii. City
viii. State
ix. Zip
x. Phone
xi. Fax
xii. Email
i. Risk Factors
i. Risk Factor
j. Diagnosed Conditions
i. Diagnosed Condition
2. Selection of Failed Newborn Hearing Screen is required.
3. Selection of at least one diagnosed condition is required. If none, select “None”.
4. When displaying Birth Weight, arrange pounds and ounces next to each other.
5. If the user enters birth weight in grams, calculate the pounds and ounces.
6. If the user enters birth weight in pounds and ounces, calculate the grams.
7. Recalculate the adjusted age in the header of the form when the health information is saved.
8. Adjusted age is N/A if the gestational age is 37 weeks or greater or if the current date is 18 months or more after the</td></tr>
</table>

	child's DOB.
Assumptions:	1.
Notes and Issues:	1. Need to get the calculations to convert from pounds and ounces to grams and from grams to pounds and ounces.
Questions for Stakeholders:	1. Should Medical Home be called Primary Care Physician instead? 2. Should we collect other medical information such as allergies and medicines?

2.05: Complete Intake

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/02/2009	**Date Last Updated:**	12/07/2009
Actors:	Local User		
Description:	The user indicates that the child's record is ready for eligibility determination.		
Preconditions:	1. Required demographic information has been entered. 2. At least one referral has been entered. 3. Developmental Screening was Conducted has a value of Yes or No unless Consent Given and Signed for Developmental Screening is No. 4. At least one Diagnosed Condition is selected (even if the one selected is "None")		
Postconditions:	1. An intake disposition is entered.		
Normal Flow:	**1.0 Complete Intake** 1. The user selects that consent for eligibility determination was given and signed and records the date signed. 2. The user selects a disposition for the child's intake record. 3. The user saves the disposition.		
Alternative Flows:	**1.1 Consent not Given or Signed (branch before step 1)** 1. The user selects that consent for eligibility determination was not given or signed. 2. Resume step 2.		
Business Rules:			
Special Requirements:	1. The user cannot select a disposition unless they have marked whether consent has been given for eligibility determination. 2. If consent was given and signed, Date Consent Signed is required. 3. If consent was not given or signed, the disposition must not be "Proceed to Eligibility Determination". 4. When a Disposition has been selected, Date of Disposition is required. 5. Data to be collected: a. Consent for Eligibility Determination Given and Signed b. Date Consent Signed		

	c. Disposition d. Date of Disposition
Assumptions:	1.
Notes and Issues:	1.

3.01: Enter Multidisciplinary Team

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/11/2008	**Date Last Updated:**	12/07/2009
Actors:	Local User		
Description:	A new eligibility determination is started with the type of eligibility selected and the team members indicated.		
Preconditions:	1. Intake disposition says that the parents have given permission for eligibility determination. 2. Demographic and family information has been entered.		
Postconditions:	1. An eligibility determination record is created.		
Normal Flow:	**1.0 Enter Multidisciplinary Team** 1. The user navigates to the Eligibility Determination tab. 2. The user clicks to add a new eligibility determination record. 3. The user selects the type and enters the team members. 4. The user saves the eligibility determination record.		
Alternative Flows:	**1.1** 1.		
Business Rules:			
Special Requirements:	1. Data collected: a. Eligibility Determination Type (Initial, Annual, or Interim) b. Team Members i. Type (Certified EI Practitioner or Other) ii. Certified EI Practitioner iii. Other Discipline iv. Other Name 2. Eligibility Determination Type is required. 3. Type of Team Member is required. 4. If Type of Team Member is Certified EI Practitioner, a Certified EI Practitioner must be selected. 5. If Type of Team Member is Other, Other Discipline must be selected from the list of disciplines and Other Name must be entered.		
Assumptions:	1.		
Notes and Issues:	1. Since demographic and family information is required to go to this phase, should we require at least one contact be added to the child record before we go to 2.05 Complete Intake?		

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3.02: Enter Eligibility Results

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/11/2008	**Date Last Updated:**	12/07/2009
Actors:	Local User		
Description:	User enters remaining eligibility information including developmental delays, atypical developments, and diagnosed conditions.		
Preconditions:	1. An eligibility determination record has been created.		
Postconditions:	1. The results of eligibility determination have been entered. 2. At least one of developmental delays, atypical developments, or diagnosed conditions is selected.		
Normal Flow:	**1.0 Enter Eligibility Results** 1. The user enters, on the Eligibility Determination form, the date of eligibility determination, whether the child is eligible, and a disposition. 2. The user saves the eligibility determination record. 3. The system returns the user to the Child screen. 4. The user enters at least one of developmental delays, atypical developments, or diagnosed conditions.		
Alternative Flows:	**1.1** 1.		
Business Rules:			
Special Requirements:	1. Data collected: a. Date of Eligibility Determination b. Statement of Eligibility (Eligible or Not Eligible) c. Referrals were Made (Yes, No, or not selected) d. Referrals To e. Developmental Delay (Yes or No) f. Atypical Development (Yes or No) g. Diagnosed Physical or Mental Condition (Yes or No) h. Diagnosed Conditions (multi select) i. Methods and Documents (multi select) j. Eligibility Narrative k. Team Members i. Participation (multi select) l. Consent for Assessment for Service Planning signed m. Eligibility Determination Disposition n. Disposition Date 2. Required fields: Date of Eligibility Determination, Statement of Eligibility, Developmental Delay, Atypical Development, Diagnosed Physical or Mental Condition, 2 or more Methods and Documents, 1 or more Participation for each team member, Consent for Assessment for Service Planning Signed, Eligibility Determination Disposition, and Disposition Date. 3. Referrals To cannot be filled in unless Referrals were Made		

	is Yes, but is never required.
Assumptions:	1. The determinations available for selection are dependant on the value selected for Eligible.
Notes and Issues:	1. If we are starting fresh with diagnosed conditions and have not selected developmental delays or atypical developments before this process and they are not required as part of this process, when will they be required/entered?

4.01: Select an Ongoing Service Coordinator

Created By:	Wendy J. Cary	**Last Updated By:**	Wendy J. Cary
Date Created:	12/11/2008	**Date Last Updated:**	12/11/2008
Actors:	Local User		
Description:	Parents select an ongoing service coordinator and the user records this in the application.		
Preconditions:	1. The child is eligible for Part C services. 2. The family agrees to enter the Part C program.		
Postconditions:	1. An ongoing service coordinator is selected.		
Normal Flow:	**1.0 Select an Ongoing Service Coordinator** 1. The user navigates to the Child Demographics tab. 2. The user edits the existing service coordinator and enters an End Date. 3. The user adds a new service coordinator with a start date.		
Alternative Flows:	**1.1 Intake and Ongoing Coordinators are the Same (branch after step 1)** 1. Exit the flow.		
Business Rules:			
Special Requirements:	1.		
Assumptions:	1.		
Notes and Issues:	1.		

Business Rules

ID	Rule Definition	Type of Rule*
BR-001	Selection of a service coordinator is optional for a referral because there may be a lapse in time between when a referral is entered and when a service coordinator is selected.	Fact
BR-002	If Medicaid is selected as insurance, the related insurance number must be entered, and this number must be exactly 12 digits.	Constraint
BR-003	A referral must contain the following demographic and referral information, at a minimum: First name, last name, DOB, FIPS Code, Gender, Referral Date, Source Type, and Source Name.	Constraint
BR-004	When searching for duplicate children, the search criteria of	Constraint

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ID	Rule Definition	Type of Rule*
	DOB must occur on or before the current date and must occur on or before the DOB plus three years.	
BR-005		

*Fact, Constraint, Action Enabler, Computation, or Interface