

Iowa Connected Informing Documentation Initial Inform

1. Click on Search Clients under the Family Health drop down.

	Connected Velable Database			Family	Health - Search Reports - Account - 😝
Dashboard: QuickSig	ack,			Sear Sear Bulk	ch Episodes ch Activities Activity Update
		Search for dashboards	٩		*
🚖 Favorites	Dashboards				Last published (newest first) 👻 🏢
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2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.

HOWA Connected Family Health Database						Family Health + Search + Reports + .	Account - 🔒
Family Health - Clients Search Criteria Enter a Client Name and Date of Birth							Create +
- Citer ID	Medical () Last Name test		Bith Date				
Search Clear Search Results							
Client ID Medicaid ID Medica	id Case ID 0	First Name © La	stName ©	Confidential? ©	Birth Date 🔅	Population +	
10015		test Te	st	~	06/21/2021	Family Health	-
						Rows per page: 10 +	1-1 of 1



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3. Click Edit and enter demographic information. Ensure that Race, Ethnicity, and Interpreter boxes are complete, then click Save.

Edit Client: test Test	- Confidential												🖶 🛛 Back To Search
Client ID 79016 Medicaid ID		First Name test Medicaid Case ID		Middle Name Medicaid Case Name			Last Name Test		Birth 06/2	Date 1/2021			
Note				Plans Name of Plan	Plan Type	Coverage Typ	pe .	Eligibility Status	Eligibility Update D	ate	Exception Indicator	Hawki Value	Last Modified Date
Demographics Episodes	Demographics			No results four	ıd								
Contact Information	Age 3 yr 2 mo Gender		V Is Confidential		Races								
Attachments Immunization Forecast	Male Nickname		Hispanic Allas		American Indian or Alas Maiden Name	ska Native							
	Date Of Death Marital Status		Presumed Deceased										
	Country Of Birth United States of America (I Language	USA)											

4. Click the Episodes tab. Click on the Child and Adolescent Health Episode. If no episode exists, add new episode. There should only be one program episode for Child and Adolescent Health.

Demographics Episodes	Episodes Episodes													
Contact Information	Program ©		Awareness Date	Episode Status *			Owner ©		Owning Agency ©	Episode Closed Dat	• •			
Datalianabian	Oral Health		02/22/2024	Member			Jennier Sto	om, RN	Pamily Inc Pottawattamie					
Relationships	Child and Adolescent Health		03/12/2024	Member			Jennifer Sto	om, RN	Family Inc Pottawattamie				-	
Attachments	Maternal Health		02/22/2024	Closed - PE/Lactat	ion/Oral Health		April Peppe	ir	IOWA HHS				+	
Immunization Forecast											Rows	er page: 10	× 1.	3 of 3
												in page. To		
	Activities													
	Program 0	Episode Awareness Date 0	Episode Status 🗢	Activity Owner 0	Activity Owning Agency	Activity Type	0	Date 🔻 Activity Ti	ime 🗘 Type of Service 🗘		Outcome 0	Has Survey	Billed	
	Child and Adolescent Health	03/12/2024	Member	April Pepper	IOWA HHS	Health Service	8	09/16/2024			Successful			+
	Oral Health	02/22/2024	Member	Cassidy Hanson, MPH	IOWA HHS	Dental		09/16/2024	D9990 Certified translation of	or sign-language services - per visit				+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Complete Asse	ssment	09/12/2024			Successful	~		+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D0602 Risk Assessment - m	oderate risk	Successful	~	~	+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D0190 Oral screen by non d	lentist	Successful		~	+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D1206 Topical fluoride varni	sh	Successful		~	+



5. Click Edit and enter information for Medications and Allergies under Episode Data heading. This may happen during the inform completion part of the process. Click save.

	Program	
at Test - Confidential	Child and Adolescent Health	
mer	Owning Agency	
nnifer Stom, RN	Family Inc Pottawattamie	
areness Date	Episode Status	Episode Closed Date
/12/2024	Member	
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Enico	de Dete	
Episode Data Episo		
Program	Status	
Activities		
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Descent Asthetics Medical		
Recent Activities	- 1	
Surveys		
Contraction of Contraction		
Medicaid Paid Claims		
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Reterral	Jourge	
Needs / Program		
Referrals		
Referrals		
Referrals Referral	leason	

6. Click Activities tab. Click Create Activity Bundle.

HHS I Iowa	Connected alth Database									Family Heal	th - Search	- Reports -	Account 👻 😫
Episode: Child a	and Adolescent H	ealth - 03/12/2024 - Mem	ber - Client ID: 79016										Back To Task
Client test Test - Commential	$\overline{}$	Program Child and Adolescent	l Health										
Ovmer Jennifer Stom, RN		Owning Agency Family Inc Pottawa	ttamie										
Awareness Date 03/12/2024		Episode Status Member			Episode Closed Dat								
Note													
Episode Data	Activities												
Activities	Activities	Owning Agency	Туре ©	Date 👻	Activity Time	Outcome ©	Type of Service ©	From Bundle ©	Has Survey	Billed	Last Modified D	late ©	
Recent Activities	April Pepper	IOWA HHS	Health Services	09/16/2024		Successful					09/16/2024 8:05	5 AM	+
Surveys	April Pepper	IOWA HHS	Complete Assessment	09/02/2024		Successful		Informing	~		08/21/2024 11:0	MA 80	+
Medicald Paid Claims	April Pepper	IOWA HHS	Complete Assessment	08/21/2024							08/21/2024 11:0	MA 60	+
Needs / Program Referrals	April Pepper	IOWA HHS	Community Event	08/09/2024							08/09/2024 9:23	3 AM	+
Providers / Organizations	April Pepper	IOWA HHS	Care Coordination Attempt	08/09/2024							08/09/2024 9:20	AM B	+
	April Pepper	IOWA HHS	Complete Assessment	08/09/2024							08/09/2024 9:18	8 AM	+
	April Pepper	IOWA HHS	Complete Assessment	08/01/2024					~		08/01/2024 9:25	5 AM	+
	April Pepper	IOWA HHS	Complete Assessment	07/26/2024							07/26/2024 2:04	4 PM	+



7. In Create Activity Bundle choose Informing from the list. Click Search. Check the Activity Type box located above the bundle items. This will automatically select all informing bundle activity items.

Create Activity Bundle

Activities Search Criteria				
Activity Bundle		× 👁		
Search Clear Search Results				
Activity Type 🔅	Activity Date Offset (Days)	Topics		
Inform Initial	٥	Send Informing F	Packet to Family	+
Inform Follow-Up	12	1st Attempt		+
Inform Follow-Up	22	2nd Attempt		+
Inform Follow-Up	24	3rd Attempt		+
Inform Complete	30	Immunizations, c	collect demographics, Lead, Provide information regarding coverage and rights, epsdt schedule	+
Complete Assessment	30	Intake Assessme	ent, Medical Home Indicator	+
				Rows per page: 10 - 1-6 of 6

8. Choose Save Bundle Now.



Plan List

No results found



9. The activity items in the Informing Bundle are now available in the Activity List.

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: /9016

Edit 🧨 Create Activity Bund	le											
Client		Program										
test Test - Confidential		Child and Ado	lescent Health									
Owner		Owning Agency										
Jenniter Stom, RN		Family Inc F	Pottawattamie									
Awareness Date		Episode Status			Episo	ode Closed Date						
03/12/2024		Member										
Note												
Note												
Enisode Data	Activities											
Linear Data												
Activities	Activities											
	Owner 💠	Owning Agency 💠	Туре 💠	Date 💌	Activity Time	Outcome 💠	Type of Service 💠	From Bundle 💠	Has Survey	Billed	Last Modified Date 👙	
Recent Activities	Jamie Beskow, RN, BSN	IOWA HHS	Complete Assessment	10/16/2024		\		Informing			09/16/2024 5:24 PM	•
Surveys	Jamie Beskow, RN, BSN	IOWA HHS	Inform Complete	10/16/2024				Informing			09/16/2024 5:24 PM	•
Medicaid Paid Claims						_						
	Jamie Beskow, RN, BSN	IOWA HHS	Inform Follow-Up	10/10/2024		1		Informing			09/16/2024 5:24 PM	+
Needs / Program Referrals	Jamie Beskow, RN, BSN	IOWA HHS	Inform Follow-Up	10/08/2024	/	/		Informing			09/16/2024 5:24 PM	+
Providers /	Jagje Beskow, RN, BSN	IOWA HHS	Inform Follow-Up	09/30/2024				Informing			09/16/2024 5:24 PM	+
Organizations								-				
	April Pepper	IOWA HHS	Health Services	09/16/2924		Successful					09/16/2024 8:05 AM	+
	Jamie Beskow, RN, BSN	IOWA HHS	Inform Initial	09/16/2024				Informing			09/16/2024 5:24 PM	+
	April Pepper	IOWA HHS	Complete Assessment	09/02/2024		Successful		Informing	~		08/21/2024 11:08 AM	+
	April Pepper	IOWA HHS	Complete Assessment	08/21/2024							08/21/2024 11:09 AM	+
	April Pepper	IOWA HHS	Community Event	08/09/2024							08/09/2024 9:23 AM	+
									Rows per page: 10	·	42 1 2	5 Next >

- 10. Click Inform Initial in the activities list. Click Edit to enter documentation for the initial inform. Document the following items and click Save when done.
 - > **Owner**: Name and credentials of staff completing activity
 - > Outcome: Successful
 - > Owning Agency: Agency name

Back To Task



- > **Date**: Date of activity
- > Type of Service: Inform Initial
- Primary Payor: Title XIX-MAF
- > Interaction Type: Informing Letter Sent
- > County of Residence: County where the client lives
- > Service Provider: Name and credentials of staff completing activity
- Service Provider Agency: Agency Name
- > **Narrative**: Document materials sent in Informing Packet

Activity: Inform In	itial - test Test - Client ID:	79016								
View 🕢 Delete 🎽 Save 🗃	1									
Child and Adolescent Health	- 03/12/2024 - Member - Client ID:									
- Owner - Jamie Beskow, RN, BSN	× ø	Owning Agency 1		Xe						
inform initial		09/16/2024	×		-					
- Outcome - Successful	>	From Bundle								
Activity Data	Activity Data									
	- Frimery Payor	×								
	Title XIX - MAF	×								
	Informing Letter Sent	×								
	County of Residence Polk	×								
	Parces Property		Sandra Pundlar Ananne							
	Jamie Beskow, RN, BSN	$\times \odot$	IOWA HHS			× 👁				
	Narrative Notes									
	09/17/2024 9:57 Informing packet mailed with th AM discuss further.	e following items included: Infe	orm welcome letter, EPSDT broc	hure, I-Smile brochure, immunization a	and developmental informatio	n, and resource Esting. Welco	me letter included contact information to	reach me via phone, along with date/lin	te for client to expect phone call from	s me to 🔶 🔶
	Create +								Rows per page: 10 -	1-1 of 1



Inform Follow-Up

1. Click on Search Clients under the Family Health drop down.

HHS	Family Health Da	nected _{Itabase}							Family	Health - Search - Reports	✓ Account ✓
Welcom	e Back, Jar	nie! -							Searc Searc Bulk	h Episodes h Activities Activity Update	
					Search for dashboards		٩				۸.
🚖 Favorite	25	Dashboards								Last published (newest first	0 - III III
Recent Shared Dashbox	folders ards	Constituent of the second of	Child Health Dental Data R Updated 2 months ago	Dashbeard O	Cashbeard Cashb	Dashbeard O	MH - Year End Report Updated A months ago	MH OH Performance Incent Upsteel 5 months ago	Avthbaard -	Dashbeard	
		Dashinaard Dashinaard O	CAH Informing Rate Dashb Updated 7 morter ago	Daahteant	Outhboard	CH - I-Smile Summary Insi Updated 8 months ago	Oranhissant	MH - Demographics Updated 9 months ago	Dauthilegard	Dashteart	
		Deshbeard	MH - Pregnancy Intake Updated 9 months ago	MH - Newly Enrolled Upsteel 9 months ago	MH - Clients with Dental Vi Updated 9 months ago	MH - Oral Health - Totals: S Upsteed 9 months ago	MH - Dental Home Updated 9 months ago	Dashboard			

2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.

Family Health - Clients							Creat
Search Criteria							
Enter a Client Name and Date of Birth							
Cient ID	- Medicaid ID		- Medicaid Case ID				
test	test		MM/DD/YYYY				
Sauch							
Rearch Results							
	Medioaid Gase ID	First Name	Last Name	Confidential?	Birth Date 3	Population =	
		last	Taot		06/21/2021	Family Realth	

3. Click the Episodes tab. Click on the Child and Adolescent Health Episode. There should only be one program episode for Child and Adolescent Health.

Demographics	Episodes						
Episodes	Episodes						
Contact Information	Program 🗢	Awareness Date 👳	Episode Status 👻	Owner 🗢	Owning Agency 🗢	Episode Closed Date 👳	
	Oral Health	02/22/2024	Member	Jennifer Stom, RN	Family Inc Pottawattamie		⇒
Relationships	Child and Adolescent Health	03/12/2024	Member	Jennifer Stom, RN	Family Inc Pottawattamie		→
Attachments	Maternal Health	02/22/2024	Closed - PE/Lactation/Oral Health	April Pepper	IOWA HHS		•
Immunization Forecast						Rows per p	page: 10 👻 1-3 of 3

Health and Human Services

- 4. Click on the Activities tab. Click on one of the Inform Follow-Up activities in the activity list. Click on Edit. Complete the following documentation and click Save. (Reminder: Repeat follow up attempts for at minimum two attempts prior to sending a follow up letter)
 - > **Owner**: Name and credentials of staff completing activity
 - > Type: Inform Follow-Up
 - > **Outcome**: Successful (always mark this as successful when a follow-up attempt was made by staff)
 - > Owning Agency: Agency Name
 - > **Date**: Date inform follow-up was made (does not need to match prepopulated date from IC system)
 - > Type of Service: Inform Follow-Up
 - Primary Payor: Title XIX-MAF
 - > Interaction Type: Choose from the following options. Call, Call And Text, Letter, Pre -Text, Text, Other.
 - > County of Residence: County client lives in
 - > Service Provider: Name and credentials of staff completing inform follow-up
 - Service Provider Agency: Agency Name
 - > Phone Message Summary: Brief summary of contact attempted, and message provided to client

Activity: Inform Follow-Up - test Test - Client ID: 79016

Edit 🦯					
Episode					Last Modified Date
Child and Adolescent Health - 03/12/2024 - Member	r - Client ID: 79016				09/17/2024 10:23 AM
Owner	Owning Agency				
Jamie Beskow, RN, BSN	IOWA HHS				
Туре	Date	Day of the Week	Time In	Time Out	
Inform Follow-Up	09/10/2024	Tuesday			
Outcome	From Bundle				
Successful	Informing				
Activity Data Activity Data Type of Service Inform Follow-I Beary Ages Title XIX. And Call County of Reade Polik Service Partice Jamie Bearkow,	ata Up F	Service Provider Agency IOWA HHS			
Phone Message :	Summary				
Phone call atte	empted in morning on 9/10/2024, no answer, was able to leave voicemai	and requested phone call back. Will	contact client again on 9/17/2024 in the afternoon.		



Inform Complete

1. Click on Search Clients under the Family Health drop down

HINS I Iowa Co Family Health	Database							Family	Health - Sean - Reports -	Account 👻 😫
Welcome Back, Ja Dashboard: QuickSight Dashboa	amie! ard -							Searc Buik A	h Episodes h Activities Activity Update	
				Search for dashboards		٩				۸
🚖 Favorites	Dashboards								Last published (newest first)	- Ⅲ ≔
 Recent Shared folders Dashboards 	Postbeard	Child Health Dental Data R Updated 2 months ago	Davitiosant Davitiosa	Quick Counts (By CPT Code Updated 2 months ago	Dashbaard O	Dashkeand Ô	MH OH Performance Incent Updated 5 months age	CAH OH Performance Incen Updated 5 months ago	Dashbeard Deshbeard Street MMG Survey Updated 6 months app	
	Chart Audit - Unique Values Updatel 2 months aga	CAH Informing Rate Dashb Updated 7 months ago	Dashtesant OH - I - Smite Silver Public Updated 7 months ago	Davitionant ; O	Dashbaant Dashbaant DH - I-Smile Summary Insl Upsteed 8 months age	Davhlesand Ô	Deshtesard Original Original Deshtesard Updated 9 months age	Deshbeant Deshbeant MH - Doula Billing Updated 9 months age	Dashheard	
	Bashbaard Bashbaard	Dashboard Ô	Dashboard Ô	Dashboard O	Dashboard Oral Health - Totals: S Updated 9 month age	Danhboard Ô	Deshboard O			

2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.

HINA Iowa Connected Family Health Database						Family Health + Search +	Reports - Account - 🔒
Family Health - Clients Search Criteria Enter a Client Name and Date of Birth							Create +
Ciert ID	Mesicaid ID		- Medicald Case ID				
test Search Clear	test		.MM/DD/YYYY				
Client ID © Medicaid ID ©	Medicaid Case ID 0	First Name ©	Last Name 🗢	Confidential?	Birth Date ©	Population ©	
79016		test	Test	~	06/21/2021	Family Health	*
						Rows	per page: 10 + 1-1 of 1

3. Click the Episodes tab. Click on the Child and Adolescent Health Episode. There should only be one program episode for Child and Adolescent Health.

Demographics	Episodes													
Episodes	Episodes Program		Awareness Date	Episode Status			Owner ≑		Owning Agency	Episode	Glosed Date			
Contact Information	Oral Health		02/22/2024	Member			Jennifer Str	om, RN	Family Inc Pottawattamie	Cprove	olosed bale +		+	
Relationships	Child and Adolescent Health		03/12/2024	Member			Jennifer Str	om, RN	Family Inc Pottawattamie				+	
Attachments	Maternal Health		02/22/2024	Closed - PE/Lactat	ion/Oral Health		April Peppe	r	IOWA HHS					
Immunization Forecast											Power	er nage: 10 :	- 13	3 of 3
											10113	er page. To		
	Activities													
	Program 🗘	Episode Awareness Date 🗢	Episode Status 🗢	Activity Owner ©	Activity Owning Agency 🗢	Activity Type	<u>Ф</u>	Date Activity Ti	ime Type of Service	\$	Outcome 🌣	Has Survey	Billed	
	Child and Adolescent Health	03/12/2024	Member	April Pepper	IOWA HHS	Health Service:	5	09/16/2024			Successful			+
	Oral Health	02/22/2024	Member	Cassidy Hanson, MPH	IOWA HHS	Dental		09/16/2024	D9990 Certified	translation or sign-language services -	per visit			+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Complete Asse	ssment	09/12/2024			Successful	~		+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D0602 Risk Ass	essment - moderate risk	Successful	~	~	+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D0190 Oral scre	en by non dentist	Successful		~	+
	Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024	D1206 Topical fl	uoride varnish	Successful		~	

- 4. Click on the Activities tab. Click on the Inform Complete activity in the activity list. Click on Edit. Complete the following documentation and click Save.
 - > **Owner**: Name and credentials of staff completing activity
 - > **Type**: Inform Complete
 - > Outcome: Successful
 - > **Owning Agency**: Agency Name
 - > Date: Date inform complete was accomplished
 - > **Type of Service**: Inform Complete
 - Primary Payor: Title XIX-MAF
 - Interaction Type: Choose from the following options. Agency Visit, Childcare, HS/EHS Home Visit, Phone, WIC, Walk-In, School, Other.
 - > County of Residence: County client lives in
 - > Service Provider: Name and credentials of staff completing activity
 - > Service Provider Agency: Agency Name
 - > Contacted Person: Person that was spoken with regarding benefits of Medicaid
 - > Explanation of EPSDT Benefits: brief description of explanation

Health and Human Services

- > Medical Appointment Summary: Last well child exam date and medical provider
- > **Dental Appointment Summary**: Last dental exam and dentist
- > Immunization Status: IRIS status of immunizations
- > **Issues Addressed**: Description of any questions or concerns from client
- > Client/Family Feedback: Description of family feedback
- Referrals, Outcomes, and Plan for Follow-Up: Description for any needed resource referrals or care coordination follow up for client

Activity: Inform Complete - test Test - Client ID: 79016

Delete Save	And The second sec							
Id and Adolescent Hea	alth - 03/12/2024 - Member - Client ID:							
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form Complete		10/16/2024	× 🖬	Time in	5	Time Dut		
turne		- From Bundle						
	Activity Data	morning						
every Linka	Type of Service	×						
	Title XIX - MAF	×						
	Phone Type	~						
	County of Massdarda	~						
	Service Frontier	~	Service Provider Agency					
	Consulted Parson	× 0	10 HA HAG			~ 0		
	Englandor of EP 007 Data fits						a Addressed	
						Cier	Family Feetback	
	Medical Appointment Summary							
	- Dental Appointment Summary					- Anton	rata, Outcomes and Plan for Follow Up -	

Complete Assessment

- 1. Click Complete Assessment in the activities list. Click Edit. Document the following items and click Save when done. Intake Assessment must be done if not completed within the last 30 days of the inform completion.
 - > **Owner**: Name and credentials of staff entering activity
 - > **Type**: Complete Assessment
 - > Outcome: Successful
 - > Owning Agency: Agency Name
 - > Date survey was performed: Date of Intake Assessment Survey
 - Intake Assessment Type: Choose from the following options. (Intake Assessment- Initial survey attached, Intake Assessment- Reviewed w/ survey attached, or Intake Assessment- Reviewed w/ no changes)
 - Medical Home Indicator: Choose from the following based upon client having a medical home. (Medical Home- yes, Medical Home no, or Medical Home unknown)
 - > **County of Service**: County where staff is completing the activity
 - > County of Residence: County client lives in

> Intake Assessment: Complete all the questions 1-8 of the survey. Immunization question must be documented.

Child and Adolescent Health -	03/12/2024 - Member - Client ID							
Outer		Owning Agency *						
Jamie Beskow, RN, BSN	× ©	IOWA HHS		×ø				
Complete Assessment		Date *	×Ħ	Time	 Duration (minutes)			
-Omma		Ener Burde	~ @					
Successful	×	Informing						
ALEAN DATA	Activity Data							
	- Instructions							
	Intaka Assessment							
	Intake Assessment - Initial survey attached	×						
	Vedax Hare Indiana							
	Medical Home-Yes	×						
	County of Service						Yes	×
	Poix	x					E that we have seen of the low-shocks allowed of	
	Polk	×					IRIS	×
	Intaka Assasament							
	Intake Assessment						DWP KidsiMedicaid	×
	Yes					×		
	2. Does the client have medical insciance?						E la construction des de la visit de la construction de la construction de la construction de la construction d E Months	×
	Yes					×		
	Wy shid's most recent medical wait for a well shidladolescer Months	Leven was within the past.				×	na un per den any senara di seconda di second No	×
						~		