



Infant & Toddler  
Connection of Virginia

1 (800) 234-1448  
TTY/TTD 1(804) 771-5877

Department of Behavioral Health and,  
Developmental Services

1220 Bank Street, 9<sup>th</sup> Floor  
P.O. Box 1797  
Richmond, Virginia, 23218-1797  
(804) 786-3710

### Early Intervention Services - Notice of Action

**Date:**

**TO:** Name  
Address  
City/State/ZIP

Client's Name:

Dear :

The Infant & Toddler Connection of \_\_\_\_\_

Plans to take the following action effective \_\_\_\_\_:

This decision is based on:

If you disagree with the decision and action listed above, you have the right to request an appeal. The Code of Federal Regulations at 42 CFR§431, Subpart E, and the Virginia Administrative Code at 12VAC30-110-10 through 370, require that written notification be provided to you when the Department of Medical Assistance Services (DMAS) or any of its contractors takes an action that affects your child's receipt of services. If an appeal is filed before the effective date of the action, or within 10 days of the date this notice of action was mailed, services may continue during the appeal process. However, if the agency's action is upheld by the hearing officer, you will be expected to repay DMAS for all services received during the appeal period. For this reason, you may choose not to receive continued services. The provider will be notified by DMAS to reinstate services if continuation of services is applicable.

Appeals must be requested in writing and postmarked within 30 days of receipt of this notice of action. You or your authorized representative may write a letter or complete an Appeal Request Form. Forms are available from your Service Coordinator, on the internet at the Department of Medical Assistance Service's website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov), at the Infant & Toddler

Connection of Virginia's website at [www.infantva.org](http://www.infantva.org), from the Part C Procedural Safeguard Specialist at (804) 786-3710, or by calling (804) 371-8488.

When completing the request for an appeal, be specific about what you are appealing and want to be reviewed. If you received a copy of the *Parental Prior Notice* form, please include this form with your appeal request.

The appeal request must be signed and mailed or faxed to:

APPEALS DIVISION  
Department of Medical Assistance Services (DMAS)  
600 E. Broad Street, 6<sup>th</sup> Floor  
Richmond, VA 23219  
Appeal requests may also be faxed to: (804) 371-8491

Under Part C of the Individuals with Disabilities Education Act, you also have the right to file an Administrative Complaint, request Mediation and/or a Due Process Hearing to assist in resolving any disagreements. For assistance, contact:

Procedural Safeguard Consultant  
Infant & Toddler Connection of Virginia  
PO Box 1797  
Richmond VA 23218  
(804) 786-3710  
(FAX) (804) 371-7959

The Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share provides more information about these dispute resolution options.

If you have any questions regarding the actions identified in this letter, you may contact me by calling \_\_\_\_\_

Sincerely,

Name  
Title  
Infant & Toddler Connection of \_\_\_\_\_

Enc:  
Notice of Child and Family Rights and Safeguards Including Facts About Family Cost Share.

July 2015