IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Service Note Review Summation - CAH-Care Coordination Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 1 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 2 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

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Agency: _____ Reviewer: _____

Record 3 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 4 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

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Agency: _____ Reviewer: _____

Record 5 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

Record 6 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Service Note Review Summation - CAH-Care Coordination Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 7 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

Record 8 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

IDPH
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signifycommunity™ Service Note Review Summation - CAH-Care Coordination Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 9 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

Record 10 Contact ID#: _____ Service Date: _____

1) County of service	☐ yes ☐ no	8) Dental appt. summary	☐ yes ☐ no
2) Location	☐ yes ☐ no	9) Referrals, outcomes, & plan for follow up	☐ yes ☐ no
3) Contacted person	☐ yes ☐ no		
4) Concerns & issues	☐ yes ☐ no	10) Client family feedback	☐ yes ☐ no
5) Staff response	☐ yes ☐ no	11) Service provider	☐ yes ☐ no
6) Assess Immunizations	☐ yes ☐ no	12) Intake assess. addressed	☐ yes ☐ no
7) Medical appt. summary	☐ yes ☐ no		

	Agency comments	
Pass? ○ yes ○ no	IDPH comments	

IDPH
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Agency: _____ Reviewer: _____

Total Passed: _____

Total Reviewed: _____

IDPH Overall Comments