IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____ ☐ NO SERVICES THIS PERIOD

Record 1 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 2 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 3 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 4 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 5 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 6 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 7 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 8 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____

Record 9 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

Record 10 Contact ID#: _____ Service Date: _____

1) County of Service	☐ yes ☐ no	6) Pregnant woman application for full Medicaid or not	☐ yes ☐ no
2) Location	☐ yes ☐ no	7) Coverage explained	☐ yes ☐ no
3) NOA #	☐ yes ☐ no	8) Service provider	☐ yes ☐ no
4) Result of NOA	☐ yes ☐ no	9) Client / family feedback	☐ yes ☐ no
5) Documents kept on file & given to family	☐ yes ☐ no		

	Agency comments	
Pass? ◯ yes ◯ no	IDPH comments	

IDPH
IOWA Department of PUBLIC HEALTH

signifycommunity™ Svc Note Review Summation - MH - Presumptive Eligibility Period Reviewed: _____

Agency: _____ Reviewer: _____

Total Passed: _____

Total Reviewed: _____

IDPH Overall Comments