

Iowa Connected Documentation Presumptive Eligibility

1. Click on Family Health drop down menu and choose Search Clients.

HHHS Iowa Connected Family Health Database		Family Health
Welcome Back, Jamie! Dashboard: QuickSight Dashboard +		Search Episodes Search Activities Buik Activity Update
**	Search for dashboards	۹ ۵
Favorites Dashboards		Last published (newsst first) 💌) 🏢 🚍
Recent Bashboard Shared folders	Image: Construction Image: Construct	Dashboard Ô 🖻 Dashboard
Dashboards FCHA Dental Screens Updated 2 months ago	Child Health Dental Data R Child Health Dental Data R Updated 2 menths app	ck Counts (By CPT Code ISS Quarterly Reporting tred 2 meenths age ☆ Updated 3 meenths age ☆
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MI - Year End Report Update 4 menths app	MH OH Performance Incent CAH OH Performance Incent 13 f J Updated 5 membra app 1 Updated 6 membra app 1 Image: Dashbeard Incent 0 Image: Dashbeard Incent 0	Prive HMG Survey Chart Audit - Unique Values Updated 7 menths age Chart Audit - Unique Values Updated 7 menths age Chart Audit - Unique Values Dashbaard -

2. Enter First and Last Name of client. You can also search by Birthdate, Medicaid Case ID, Medicaid ID, or Client ID. Click Search to bring up the client.

HHS I lowa Connected						Family Health 🔹 Search	▼ Reports ▼ Ac	ccount + 🖰
Family Health - Clients								Create +
Search Criteria Enter a Client Name and Date of Birth								
- Client D	- Medicaid ID		Medicaid Case ID					
First Name	Last Name test		Bith Date	ū				
Search kar								
Search Results	dicaid Case ID 💠	First Name 💠	Last Name 💠	Confidential? 💠	Birth Date 💠	Population +		
79016		test	Test	~	06/21/2021	Family Health		>
						Ro	wis per page: 10 💌	1-1 of 1

3. Select the client by clicking on the name in Search Results box.



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

Client: test Test	- Confidential	-							🖶 Back To Search
Client ID	First Name		Middle Name		Last Name	Birth Date			
79016	text				Test	05/21/2021			
Medicaid ID	Medicald Case ID		Medicald Case Name						
Note			Plans Name of Plan	Plan Type Coverage	www Elimibility Status	Elicibility Uorlate Date	Exception Indicator	Hawki Value	Last Mutilier Date
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5. 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														
\langle	Episodes	Episodes Program ©		Awareness Date 0	Episode Status 🔻			Owner 0		Owning A	gency 0 E	pisode Closed Date	,			
	Contact Information	Oral Health		02/22/2024	Member			Jennifer St	om, RN	Family In:	Pottawattarnie				+	
	Relationships	Child and Adolescent Health	>	03/12/2024	Member			Jennifer St	om, RN	Family In:	Pottawattamie				+	
	Attachments	Maternal Health		02/22/2024	Closed - PE/Lactat	ion/Oral Health		April Peppe	ĸ	IOWA HH	s				+	
	Immunization Forecast												Rows p	per page: 10	* 12	-3 of 3
		Activities Program ©	Episode Awareness Date	Episode Status 0	Activity Owner 0	Activity Owning Agency	Activity Type	0	Date * Activity	Time 0	Type of Service ©		Outcome 🌣	Has Survey	y Billed	
		Child and Adolescent Health	03/12/2024	Member	April Pepper	IOWA HHS	Health Servic	15	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 se	rvices - per visit				+
		Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Complete Ass	essment	09/12/2024				Successful	~		+
		Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024		D0602 Risk Assessment - moderate risk		Successful	~	~	+
		Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024		D0190 Oral screen by non dentist		Successful		\checkmark	+
		Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental		09/12/2024		D1206 Topical fluoride varnish		Successful		\checkmark	+

6. Click the Activities tab. Click on Create Activity Bundle.

Episode: C	hild and Adolescent I	lealth - 03/12/2024 - M	ember - Client ID: 7	9016								+
Edit Create	ctivity Bundle											
Client		Program										
test Test - Confidentia	1	Child and Adole	scent Health									
Owner		Owning Agency										
Jennifer Stom, RN		Family Inc.										
Austratass Date		Episode Status			Episode Close	ed Date						
03/12/2024		Member										
Note												
Episode Data	Activities											
Activities	Activities											
	Owner 💠	Owning Agency 🔅	Type 🔅	Date 💌	Activity Time 0	Outcome 0	Type of Service 💠	From Bundle 🗅	Has Survey	Billed Last Modifier	d Date 💠	
Recent Activities	April Pepper	IOWA HHS	Health Services	09/16/2024		Successful				09/16/2024 8	8:05 AM	+
Surveys	April Pepper	IOWA HHS	Complete Assessment	09/02/2024		Successful		Informing	~	08/21/2024 1	11:08 AM	+
Medicaid Paid Cla	ms April Pepper	IOWA HHS	Complete Assessment	08/21/2024						08/21/2024 1	11:09 AM	+
Needs / Program Referrals	April Pepper	IOWA HHS	Community Event	08/09/2024						08/09/2024 9	9:23 AM	+
Providers / Organizations	April Pepper	IOWA HHS	Care Coordination Attempt	08/09/2024						08/09/2024 9	9:28 AM	+
	April Pepper	IOWA HHS	Complete Assessment	08/09/2024						08/09/2024 9	9:18 AM	+



7. Click in the Activity Bundle box and choose Presumptive Eligibility. Click Search.

	HHS Iowa Connected Ferrity Health Database			Family Health 👻	Search - Reports -	Account - 🔒
	Create Activity Bundle					
(Activities Search Criteria Presurgere Espany Free angele Espany Search Results	× 🛛				
	Activity Type ©	Activity Date Offset (Days) 🔺	Topics			
	Care Coordination	0			+	
	Referral	0	Referral into CAH program		+	
	Complete Assessment	0	Intake Assessment, Medical Home Indicator		+	
	Presumptive Eligibility	0			+	
					Rows per page: 10	+ 1-4 of 4

8. Check the Activity Type box located above the bundle items. This will automatically select all informing bundle activity items. Then choose Save Bundle Now.

Search Criteria								
Activity Bundle								
Presumptive Englishing	× 🛛							
Search Clear								
Search Results								
Attivity Type	Activity Date Offset (Days)			Topics				
Care Coordination	0						-	
Referral	0			Referral into CAH program			•	
Complete Assessment	0			Intake Assessment, Medical Home Indicator			-	
Presumptive Eligibility	0						+	
						Rows	per page: 10 ↔	1-4 of 4
<u>Care Coordination - 0</u> ×								
• Referral - 0 ×								
<u>Complete Assessment - 0</u> Pressurefixe Elicibility 0 ×								
Incontraint Lowent - x								
Jamie Beskow, RN, BSN		×®	Owning Agency*		XØ			
- Activity Date"		~ •	_ Time In			- Time Out		
09/25/2024 × 🖬			t t	ð		c	i	
None selected								
Interaction Type								
None selected								
County of Service								
Location								
Service Provider			Service Provider Agency					
Jamie Beskow, RN, BSN		$\times {\boldsymbol \odot}$	IOWA HHS		× 0			
County Of Residence								
- Primary Payor -								
None selected								
Plan List								
No results found								
No results found								
Discard Edit Bundle Detail: Save Bundle Now)							
	/							



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

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Episode: Child a	nd Adolescent Healt	h - 03/12/2024 -	Member - Client ID	79016							ē	Back To Task
Edit 🧨 Create Activity Bun	die											
Client test Test - Confidential		Program Child and	Adolescent Health									
Owner Jennifer Storn, RN		Ouring Age Family Inc	ency 2									
Awareness Date 03/12/2024		Episode Sta Member	this -		Episode Closed Date							
Note												
Episode Data	Activities											
Activities	Activities	Owning Agency 💠	Туре ф	Date - Activity	Time	Type of Service 💠	From Bundle \$	Has Survey	Billed	Last Modified Date	¢	
Recent Activities	Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024			Presumptive Eligibility			09/25/2024 2:53 PI		+
Surveys	Jamie Beskow, RN, BSN	IOWA HHS	Complete Assessment	09/25/2024			Presumptive Eligibility			09/25/2024 2:53 PI		+
Medicaid Paid Claims	Jamie Beskow, RN, BSN	IOWA HHS	Referral	09/25/2024			Presumptive Eligibility			09/25/2024 2:53 PI		+
Needs / Program Referrals	lamie Beskow, RN, BSN	IOMA HHS	Care Coordination	09/27/2024			Presumptive Eligibility			09/25/2024 2:53 PI		+
Providers / Organizations	April Pepper	IOVIA HHS	Health Services	09/16/2024	Successful					09/16/2024 8:05 AI	1	+

10. Click on the activity Presumptive Eligibility. The activity will open in a new popup screen.

Child and Adelescent Health 02/12/2024 Member Client ID:						
Child and Addrescent Health - 03/12/2024 - Member - Client ID						
Owner Jamie Beskow, RN, BSN X 4	Owning Agency* IOWA HHS		× 0			
Type * Presumptive Eligibility	Date *	× 🖬	- Time In	Ξ.	- Time Out	Ċ.
Outcome	× From Bundle Presumptive Elig	gibility				
Activity Data Activity Data						
Type of Service		Type of Document				
Presumptive Eligibility		X MPEP Application (8)	Select values	*		
Interaction Type		- Documents Provided -				
None selected		MPEP Application	NOA Results 🛞 Select values	*		
County of Service		- Applied For Insurance				
Polk		× None selected				
Coverage Explained - Discussed benefits for medical, dental, phai	macy is granted on daily	b Agency				
- Result of NQA		Primary Payor				
Approved		× Title XIX - MAF		×		
- NOA#-		County of Residence				
A012345678		Polk		×		
- Service Provider		Service Provider Agency				
Jamie Beskow, RN, BSN	\times (IOWA HHS			× •	
Contacted Person						
Clinet Early Early Sectors						
Family understands how to use benefits at t	hild's upcoming well visit	and dental check up. Have no	additional needs, questions, or c	oncerns.		
- Requested Services						
Family requested PE services for upcoming	well child visit and denta	I check up due to having no ins	surance coverage.			
Narrative Notes						



- 11. Click Edit and document in the following fields, choose Save when done:
 - Outcome: Successful
 - > **Type of Service:** Presumptive Eligibility
 - Primary Payor: Title XIX-MAF
 - > County of Service: County where the PE was completed
 - > Location: Where the PE was completed
 - > **Result of Notice of Action**: Choose approved or not approved
 - > NOA Number: Document approval number of NOA
 - > Contacted Person: Name and relationship of person contacted
 - Client/Family Feedback: Document questions, concerns, needs discussed with family
 - Documents Provided: Choose MPEP Application or Paper Application, NOA results, and Other. These items need to be provided to the family with the Rights & Responsibilities.
 - Coverage Explained: Document benefits and coverage of PE explained to family
 - Narrative: Describe documents kept on file- Application, copy of NOA, Signature page.
- 12. Return to the Activities List screen. 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 last 30 days.
 - > **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 answered.



13. Return to the Activities list. Choose Referral from the list. Click Edit.

Create Activity BL	undle										
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st - Confidential			Child and Adolescent Health								
			Owning Agency								
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ties	Activities	Owning Associ	A Tons A	Data ¥	Activity Time	Outcome A	Turne of Service	Erron Rundla	Has Survey	Billed art Modified Data	
nt Activities	Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024		Successful	Presumptive Eligibility	Presumptive Eligibility		09/25/2024 4:04 PM	
ys	Jamie Reskow RN RSN	IOWA HHS	Complete Assessment	09/25/2024		Successful		Presumptive Flipibility		09/25/2024 4 34 PM	
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	arrie beskow, kiv, bow	IOVIA HIIS	Referral	09/25/2024		>		Presumptive Englanity		09/20/2024 2:55 PM	
s / Program		IOWA HHS	Care Coordination	09/25/2024				Presumptive Eligibility		09/25/2024 2:53 PM	
: / Program als	Jamie Beskow, RN, BSN										
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tivity Con tivity Con Unit Adviscent He Esskov RIV, BSN	Jamie Beston, RAI, ESH	t - test Tes - 79016	t - Client ID: 79016								
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tivity Con tivity Con Can Advescent Here Beskow Rity BSH pipete Assessment	Jamie Beston, RAI, (ES)	t-testTes	t - Client ID: 79016		Ting		Dustion	(minute)			

- 14. The Referral Activity is used to capture data from how the client was referred to the CAH program for the presumptive eligibility service. Document the following items and click save when completed.
 - > Outcome: Successful
 - > **Source:** Document source that referred client to CAH program for PE
 - > **Reason:** Presumptive Eligibility
 - > County of Residence: Document county client lives in
 - > County of Service: Document county that the PE was completed
 - > **Referral Outcomes:** Result of client being referred to CAH program

Activity: Referral - test lest - Client ID: 79016	
Episode *	
Jamie Beskow, RN, BSN X 👁	Oursplaters*
- Type * Referral	092552024 × C
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Unsuccessful	
Sours - Primary Care Provider	Federal Descense Select values V
Presumptive Eligibility	×
County of Residence	×
Countral Service Polik	×



15. Return to the Activities list. Choose Care Coordination from the Activities list. Click Edit.

Activity: Care Cod	ordination - test Test - Clien	t ID: 79016				
Edit 🥕						
Episode						
Child and Adolescent Health - 03/12	/2024 - Member - Client ID: 79016					
Owner Jamie Beskow, RN, BSN		Owning Agency * IOWA HHS				
Type Care Coordination		Date 09/25/2024		Time In	Time	Out
Outcome		From Bundle Presumptive Eligibility				
	Activity Data					
Activity Data	Instructions					
	Interaction Type					
	Type of Service					
	County of Residence					
	Primary Payor					
	Service Provider		Service Provider Anenry			
	Jamie Beskow, RN, BSN		IOWA HHS			
	Contacted Person					
	Concerns and Issues					
	Staff Response					
	Medical Appointment Summary					
	Dental Appointment Summary					

- 16. Document the following items and click Save when done:
 - > Outcome: Successful
 - County of Residence: County client lives in
 - Primary Payor: Title XIX-MAF
 - > Service Provider: Staff person completing care coordination activity
 - > **Type of Service**: Care Coordination Presumptive Eligibility
 - > **Contacted Person**: Name and relationship to client of contacted person
 - Concerns & Issues: Note any needs, concerns or issues for client that require care coordination support
 - > **Staff Response**: Response of staff person completing care coordination
 - Assess Immunizations: Document with Medical Appointment Summary or in Narrative Note
 - Medical Appointment Summary: Date of last medical visit and name of primary care provider
 - Dental Appointment Summary: Date of last dental visit and name of dentist
 - Referrals, Outcomes, and Plan for Follow Up: Documentation of care coordination referrals made for client, outcome of referral/care coordination and any needed follow up



Client Family Feedback: Response of client/family to care coordination service

Activity: Care Coordination - test Test - Client ID: 79016

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Episode *	00/40/2004 Marshar Olivet ID.							
Child and Adolescent Health	- 03/12/2024 - Wember - Client ID							
Owner	×	Owning Agency *			×			
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Care Coordination		Date *	× 🖬	- Time li	n	ti i	Time Out	
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	Care Coordination Presumptive Eligibility	×						
	County of Residence							
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	- Primary Payor -							
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	- Service Provider - Jamie Beskow, RN, BSN	×	Service Provider Agence	у ———			× @	
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	Contacted Person							
	- Concerns and Issues -							
	- Staff Response							
	Wastoal Appointment Summary -							
	- Dental Appointment Summary							
	Referrals, Outcomes and Plan for Follow Up							
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	Narrative Notes Created Date				c	omments		
	No results found							
	Create +							
	Attachments Description			File Na	ame			Note
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	Organization		City	County		Organization ID		
	No results found							
	Providers Provider	Credentials	,			Phone Number		
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Save 🖬 Close 🗙								