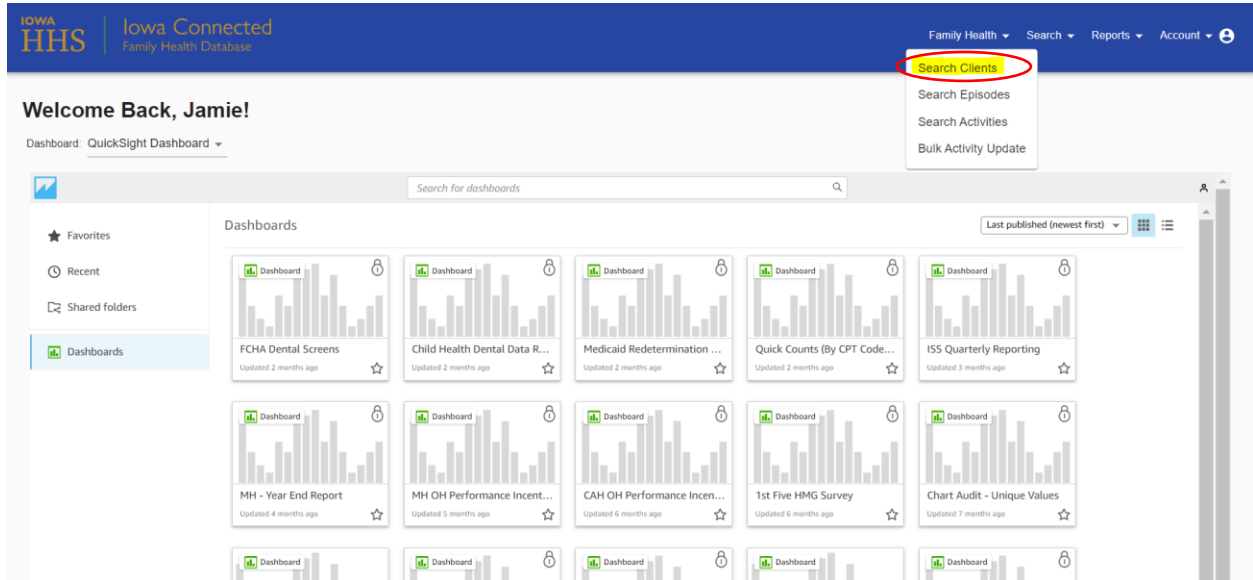
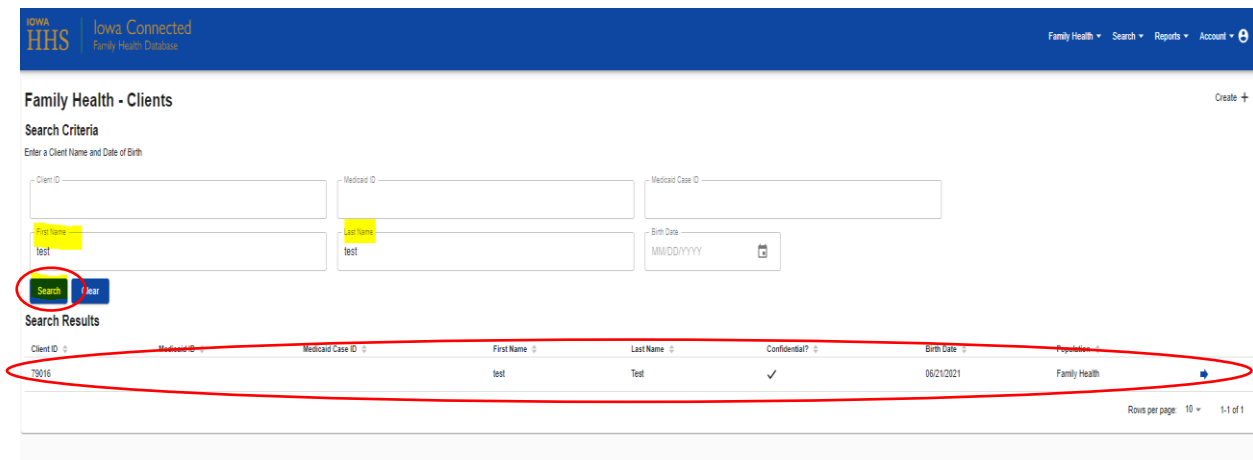


Iowa Connected Documentation Presumptive Eligibility

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



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.



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

Edit Test Record

Client ID: 79016 | First Name: test | Middle Name: | Last Name: Test | Birth Date: 06/21/2021

Healthcare ID: | Healthcare Case ID: | Healthcare Case Name: |

Name: | Plans: No results found

Demographics Demographics

Episodes: Family Health

Contact Information: Age: 3 yr 2 mo | It's Confidential

Relationships: Gender: Male | Ethnicity: Hispanic | Race: American Indian or Alaska Native

Attachments: | Address: | Member Name: |

Immunization Forecast: | Date Of Death: | Presumed Deceased

Marital Status: | |

Country Of Birth: United States of America (USA)

Language: |

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.

Episodes

Program	Awareness Date	Episode Status	Owner	Owning Agency	Episode Closed Date
Oral Health	02/22/2024	Member	Jennifer Stom, RN	Family Inc - Pottawattamie	
Child and Adolescent Health	03/12/2024	Member	Jennifer Stom, RN	Family Inc - Pottawattamie	
Maternal Health	02/22/2024	Closed - PE/Lactation/Oral Health	April Pepper	IOWA HHS	

Rows per page: 10 | 1-3 of 3

Activities

Program	Episode Awareness Date	Episode Status	Activity Owner	Activity Owning Agency	Activity Type	Date	Activity Time	Type of Service	Outcome	Has Survey	Billed
Child and Adolescent Health	03/12/2024	Member	April Pepper	IOWA HHS	Health Services	09/16/2024			Successful		
Oral Health	02/22/2024	Member	Cassidy Hanson, MPH	IOWA HHS	Dental	09/16/2024		0990 Certified translation or sign-language services - per visit			
Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Complete Assessment	09/12/2024			Successful	<input checked="" type="checkbox"/>	
Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental	09/12/2024		D0802 Risk Assessment - moderate risk	Successful	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental	09/12/2024		D0190 Oral screen by non dentist	Successful	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Dental	09/12/2024		D1206 Topical fluoride varnish	Successful	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: 79016 Back To Search

Edit Create Activity Bundle

Client: test Test - Confidential | Program: Child and Adolescent Health

Owner: Jennifer Stom, RN | Owning Agency: Family Inc.

Awareness Date: 03/12/2024 | Episode Status: Member | Episode Closed Date: |

Note: |

Activities

Owner	Owning Agency	Type	Date	Activity Time	Outcome	Type of Service	From Bundle	Has Survey	Billed	Last Modified Date
April Pepper	IOWA HHS	Health Services	09/16/2024		Successful					09/16/2024 8:05 AM
April Pepper	IOWA HHS	Complete Assessment	09/02/2024		Successful		Informing	<input checked="" type="checkbox"/>		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
April Pepper	IOWA HHS	Care Coordination Attempt	08/09/2024							08/09/2024 9:28 AM
April Pepper	IOWA HHS	Complete Assessment	08/09/2024							08/09/2024 9:15 AM

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

Create Activity Bundle

Activities

Search Criteria

Activity Bundle: Presumptive Eligibility

Search Clear

Search Results

Activity Type	Activity Date Offset (Days)	Topics
<input type="checkbox"/> Care Coordination	0	
<input type="checkbox"/> Referral	0	Referral into CAH program
<input type="checkbox"/> Complete Assessment	0	Intake Assessment, Medical Home Indicator
<input type="checkbox"/> 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 Eligibility

Search Clear

Search Results

Activity Type	Activity Date Offset (Days)	Topics
<input checked="" type="checkbox"/> Care Coordination	0	
<input checked="" type="checkbox"/> Referral	0	Referral into CAH program
<input checked="" type="checkbox"/> Complete Assessment	0	Intake Assessment, Medical Home Indicator
<input checked="" type="checkbox"/> Presumptive Eligibility	0	

Rows per page: 10 1-4 of 4

• Care Coordination X
• Referral X
• Complete Assessment X
• Presumptive Eligibility X

Owner: Jamie Beskow, RN, BSN

Activity Date: 09/25/2024

Outcome: None selected

Interaction Type: None selected

County of Service: None selected

Location:

Service Provider: Jamie Beskow, RN, BSN

Service Provider Agency: IOWA HHS

County Of Residence: None selected

Primary Payer: None selected

Plan List

No results found

Discard Edit Bundle Details Save Bundle Now

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

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: 79016

Client: [Text - Confidential](#) | Program: Child and Adolescent Health

Owner: Jennifer Stom, RN | Owning Agency: Family Inc.

Awareness Date: 03/12/2024 | Episode Status: Member | Episode Closed Date:

Notes:

Episode Data

Activities

Owner	Owning Agency	Type	Date	Activity Time	Outcome	Type of Service	From Bundle	Has Survey	Billed	Last Modified Date
Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024			Presumptive Eligibility	Presumptive Eligibility			09/25/2024 2:53 PM
Jamie Beskow, RN, BSN	IOWA HHS	Complete Assessment	09/25/2024			Presumptive Eligibility	Presumptive Eligibility			09/25/2024 2:53 PM
Jamie Beskow, RN, BSN	IOWA HHS	Referral	09/25/2024			Presumptive Eligibility	Presumptive Eligibility			09/25/2024 2:53 PM
Jamie Beskow, RN, BSN	IOWA HHS	Care Coordination	09/25/2024			Presumptive Eligibility	Presumptive Eligibility			09/25/2024 2:53 PM
April Peppert	IOWA HHS	Health Services	09/16/2024		Successful					09/16/2024 8:05 AM

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

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

Owner
Jamie Beskow, RN, BSN

Owning Agency *
IOWA HHS

Type *
Presumptive Eligibility

Date *
09/25/2024

Time In

Time Out

Outcome
Successful

From Bundle
Presumptive Eligibility

Activity Data

Type of Service
Presumptive Eligibility

Type of Document
MPEP Application

Interaction Type
None selected

Documents Provided
MPEP Application, NOA Results

County of Service
Polk

Applied For Insurance
None selected

Coverage Explained
Discussed benefits for medical, dental, pharmacy is granted on daily b

Location
Agency

Result of NOA
Approved

Primary Payor
Title XIX - MAF

NOA #
A012345678

County of Residence
Polk

Service Provider
Jamie Beskow, RN, BSN

Service Provider Agency
IOWA HHS

Contacted Person
Jane Doe, mother

Client Family Feedback
Family understands how to use benefits at child's upcoming well visit and dental check up. Have no additional needs, questions, or concerns.

Requested Services
Family requested PE services for upcoming well child visit and dental check up due to having no insurance 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.

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: 79016

Client: test Test - Confidential | Program: Child and Adolescent Health

Owner: Jennifer Storm, RN | Owning Agency: Family Inc.

Awareness Date: 03/12/2024 | Episode Status: Member | Episode Closed Date:

Episode Data: **Activities**

Owner	Owning Agency	Type	Date	Activity Time	Outcome	Type of Service	From Bundle	Has Survey	Billed	Last Modified Date
Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024		Successful	Presumptive Eligibility	Presumptive Eligibility			09/25/2024 4:04 PM
Jamie Beskow, RN, BSN	IOWA HHS	Complete Assessment	09/25/2024		Successful		Presumptive Eligibility			09/25/2024 4:34 PM
Jamie Beskow, RN, BSN	IOWA HHS	Referral	09/25/2024				Presumptive Eligibility			09/25/2024 2:53 PM
Jamie Beskow, RN, BSN	IOWA HHS	Care Coordination	09/25/2024				Presumptive Eligibility			09/25/2024 2:53 PM

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

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

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: 79016

Owner: Jamie Beskow, RN, BSN | Owning Agency: IOWA HHS

Type: Complete Assessment | Date: 09/25/2024 | Time: | Duration (minutes):

Outcome: Presumptive Eligibility | From Bundle:

Activity Data: Instructions: Intake Assessment, Medical Home Indicator

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 Test - Client ID: 79016

View | Delete | Save

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

Owner: Jamie Beskow, RN, BSN | Owning Agency: IOWA HHS

Type: Referral | Date: 09/25/2024 | Time: | Duration (minutes):

Outcome: Successful | From Bundle: Presumptive Eligibility

Instructions:

- Source: Primary Care Provider
- Reason: Presumptive Eligibility
- County of Residence: Polk
- County of Service: Polk

Referral Outcomes: Services Received | Select values

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

Activity: Care Coordination - test Test - Client 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

Instructions

Interaction Type

Type of Service

County of Residence

Primary Payor

Service Provider
[Jamie Beskow, RN, BSN](#)

Service Provider Agency
[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

View Delete Save

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

Owner *
Jamie Beskow, RN, BSN

Owning Agency *
IOWA HHS

Type *
Care Coordination

Date *
09/25/2024

Time In

Time Out

Outcome *
Successful

From Bundle
Presumptive Eligibility

Activity Data

Activity Data

Instructions

Interaction Type
Walk-In

Type of Service
Care Coordination Presumptive Eligibility

County of Residence
Polk

Primary Payer
Title XIX - MAF

Service Provider
Jamie Beskow, RN, BSN

Service Provider Agency
IOWA HHS

Contacted Person

Consents and Issues

Staff Response

Medical Appointment Summary

Dental Appointment Summary

Diagnosis, Concerns and Plan for Follow Up

Client/Family Feedback

Narrative Notes

Created Date	Comments
No results found	

Create +

Attachments

Description	File Name	Note
No results found		

Create +

Organizations

Organization	City	County	Organization ID
No results found			

Providers

Provider	Credentials	Phone Number
No results found		

Save Close