

Iowa Connected Documentation Presumptive Eligibility

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

HHS Iowa Co Family Health					Family Health - Search	✓ Reports ✓ Account ✓
Welcome Back, Ja Dashboard: QuickSight Dashboa					Search Episodes Search Activities Bulk Activity Update	
77		Search for dashboards		٩		<u>۾</u>
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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.

HINS Iowa Connected Family Health Database						Family Health + Search +	Reports 👻 Account 💌
Family Health - Clients							Create
Search Criteria Enter a Client Name and Date of Birth							
Client D	- Medicaid ID		- Medicaid Case D				
First Name	- <mark>Last Name</mark>		Birth Date MM/DD/YYYYY	i			
Search Jear							
Client ID © Multivid ID ©	Medicald Case ID 💠	First Name 💠	Last Name 🔶	Confidential? 💠	Birth Date 💠	Population *	
79016		test	Test	~	06/21/2021	Family Health	+
						Rows	per page: 10 + 1-1 of

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	test				Test	06/21/2021			
Medicald ID	Medicald Case ID		Medicald Case Name						
Note			Plans Name of Plan	Plan Type Coverage 1	ype Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value	Last Modified Date
			No results fou						
Demographics Episodes Contact information	Demographics Parily Heath Ape								
Relationships	3 yr 2 mo	Is Confidential							
Attachments	Oender Male	Ethnicity Hispanic		Races American Indian or Alaska Native					
Immunization Forecast	Nickname	Alias		Malden Name					
	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.

	Demographics	Episodes										
0	Episodes Confact Information	Episodes Program 0		Awareness Date 0	Episode Status 💌		Ow	wher 0	Owning Agency ©	pisode Closed Date 0		
		Oral Health		02/22/2024	Member		Jer	ennifer Stom, RN	Family Inc Pottawattamie			•
	Relationships	Child and Adolescent Health		03/12/2024	Member		Jei	nnifer Stom, RN	Family Inc Pottawattamie			+
	Attachments	Maternal Health		02/22/2024	Closed - PE/Lactati	ion/Oral Health	Ap	pril Pepper	IOWIA HHS			•
	Immunization Forecast									Rows p	er page: 10 👻	1-3 of 3
		Activities										
		Program 0	Episode Awareness Date 🔅	Episode Status 🗘	Activity Owner 0	Activity Owning Agency 🔅	Activity Type 🔅	Date * Activity Tin	te ♀ Type of Service ♀	Outcome 0	Has Survey Bi	led
		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	D9990 Certified translation or sign-language se	rvices - per visit		+
		Oral Health	02/22/2024	Member	Dawn Ericson	Cherokee County Public Health	Complete Assessn	ment 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	~	

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

Episode: Child a	nd Adolescent Health	- 03/12/2024 - Me	ember - Client ID: 79	016								+
Edit Create Activity Bung		Program Child and Adoles	cent Health									
Owner Jennifer Stom, RN		Owning Agency Family Inc.										
Awareness Date 03/12/2024		Episode Status Member			Episode Closer	1 Date						
Note												
Episode Data	Activities											
Activities	Activities Owner ©	Owning Agency ©	Type 0	Date 👻	Activity Time 0	Outcome 0	Type of Service 0	From Bundle 💠	Has Survey	Billed	Last Modified Date 💠	
Recent Activities	April Pepper	IOWA HHS	Health Services	09/16/2024		Successful					09/16/2024 8:05 AM	+
Surveys	April Pepper	IOWA HHS	Complete Assessment	09/02/2024		Successful		Informing	~		08/21/2024 11:08 AM	+
Medicaid Paid Claims	April Pepper	IOWA HHS	Complete Assessment	08/21/2024							08/21/2024 11:09 AM	+
Needs / Program Referrals	April Pepper	IOWA HHS	Community Event	08/09/2024							08/09/2024 9:23 AM	+
Providers / Organizations	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 9:18 AM	+



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

HHS Iowa Connected Family Health Database			Family Health + Search + Reports + Account
Create Activity Bundle			
Activities Search Criteria Presuretive Epolity Search Results	X 🛛		
Activity Type 0	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-

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 Buncle	× 👁					
	~ 0					
Search Clear 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
~						
Care Coordination - 0 × Referral - 0 ×						
<u>Complete Assessment - 0</u> ×						
 Presumptive Eligibility - 0 × 						
Owner		Owning Agency*				
Jamie Beskow, RN, BSN	× @			× •		
Activity Date*		- Time In	â		- Time Out	
Outcome						
Interaction Type						
None selected						
County of Service None selected						
C Location						
Service Provider		Service Provider Agency				
Jamie Beskow, RN, BSN	× @	IOWA HHS		× •		
County Of Residence						
Primary Payor						
None selected						
Plan List						
No results found						
Discard Edit Bundle Detailt Save Bundle Now	1					



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

HHS Iowa (Family He									Family Hea	alth - Search - R	eports + Account + 🧲
Episode: Child a	and Adolescent Hea	lth - 03/12/20	024 - Member - Client ID	: 79016							👵 🛛 Back To Ta
Edit 🧨 Create Activity Bu	indle										
Client test Test - Confidential Owner			Program Child and Adolescent Health								
lennifer Stom, RN Iwareness Date 13/12/2024		6	family Inc. Ipisode Status Aember		Episode Closed Date						
icte			ingel in del								
	Activities										
Episode Data	Activities										
Activities	Activities Other ©	Owning Agency	⇔ Type ⇔	Dag - Act	vity Time \Leftrightarrow Outcome \Leftrightarrow	Type of Service 💠	From Bundle 💠	Has Survey	Billed	Last Modified Date 💠	
		Owning Agency IOWA HHS	¢ Type ¢ Presumptive Eligibility	Date → Act 09125/2024	vity Time φ Outcome φ	Type of Service $\ \varphi$	From Bundle $\ \diamondsuit$ Presumptive Eligibility	Has Survey	Billed	Last Modified Date 09/25/2024 2:53 PM	+
Advities	omer ¢				vity Time 0 Outcome 0	Type of Service $\ \diamondsuit$		Has Survey	Billed		•
Activities Recent Activities	Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024	vity Time $\ \ominus$ Outcome $\ \ominus$	Type of Service $\ \diamondsuit$	Presumptive Eligibility	Has Survey	Billed	09/25/2024 2:53 PM	
Activities Recent Activities Surveys	Jamie Beskow, RN, BSN Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility Complete Assessment	09/25/2024 09/25/2024	vity Time 0 Outcome 0	Type of Service 🗘	Presumptive Eligibility Presumptive Eligibility	Has Survey	Billed	09/25/2024 2:53 PM 09/25/2024 2:53 PM	+

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:						
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 NOA		Primary Payor				
Approved		× Title XIX - MAF		×		
- NOA # -		County of Residence				
A012345678		Polk		×		
- Service Provider		Service Provider Agency				
Jamie Beskow, RN, BSN	\times (× •	
Contacted Person Jane Doe, mother						
ClientEamly Feedback						
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.

t 🧨 Create Activity Bur			- Member - Client ID								ē
		Program									
Test - Confidential		Child ar	d Adolescent Health								
er .		Owning A	gency								
nifer Storn, RN		Family I	nc.								
eness Date		Episode			Episode Close	d Date					
2/2024		Membe									
	\sim										
pisode Data	Activities										
civilies	Activities										
compco	Owner ¢	Owning Agency 💠	Type 💠	Date 💌	Activity Time 0	Outcome ¢	Type of Service 💠	From Bundle 0	Has Survey	Billed Last Modified Da	te ¢
ecent Activities	Jamie Beskow, RN, BSN	IOWA HHS	Presumptive Eligibility	09/25/2024		Successful	Presumptive Eligibility	Presumptive Eligibility		09/25/2024 4:04	PM
urveys	Jamie Beskow, RN, BSN	IOWA HHS	Constant Incoment	09/25/2024				Descention Distants		09/25/2024 4:34	-
ledicaid Paid Claims	Jame Beskow, RN, BSN	IOVIA HHS	Complete Assessment	09/25/2024		Successful		Presumptive Eligibility		09/29/2024 4:34	PM
	Jamie Beskow, RN, BSN	IOWA HHS	Referral	09/25/2024		>		Presumptive Eligibility		09/25/2024 2:53	PM
eeds / Program eferrals	Jamie Beskow, RN, BSN	IOWA HHS	Care Coordination	09/25/2024				Presumptive Eligibility		09/25/2024 2:53	PM
Edit pisode	nplete Assessmen Ith - 03/12/2024 - Member - Client ID										
Edit 💉	-		Curring Agency *								
pisods Piter Sind Adolescent Heal Viner amie Beskow, RN, BSN	-		Owning Agency *		Time		Duration	(minutes)			
Edit pisode hite and Adolescent Hea	-		Owing Agency * IOWA HHS		Time		Duration	(minutes)			

- 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	
Episode *	
Jamie Beskow, RN, BSN X 👁	Oursplaters*
- Type * Referral	09252024 × C
Courona Successful Successful	Produnte
Unsuccessful	
Sours - Primary Care Provider	Federal Descense Select values V
Presumptive Eligibility	×
County of Residence	×
Connul Server 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 *				
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 Agency			
	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

View 💿 🛛 Delete 📋 Save	a							
Episode *	00/40/2004 Marshar Olivet ID.							
Child and Adolescent Health	- 03/12/2024 - Member - Client ID:							
Jamie Beskow, RN, BSN	× 0	Owning Agency *			× 0			
	~ •						_	
Care Coordination		Date *	× i		- Time In		- Time Out	
- Outcome		··· From Bundle						
Successful	×	Presumptive Eligibilit	у					
	Activity Data]				
Activity Data	_ Instructions							
		~						
	_ Interaction Type							
	Walk-In	×						
	- Type of Service -							
	Care Coordination Presumptive Eligibility	×						
	County of Residence							
	Polk	×						
	- Primary Payor - Title XIX - MAF							
		×						
	Jamie Beskow, RN, BSN	× 0	- Service Provider Ager	ncy			× 0	
	Contacted Person	~ •					~ •	
	Contacted Person							
	- Concerns and Issues -							
	- Staff Response							
	wester appointment summary							
	- Dental Appointment Summary							
	Referrate, Outcomes and Plan for Follow Up							
	Clert/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 🗙								