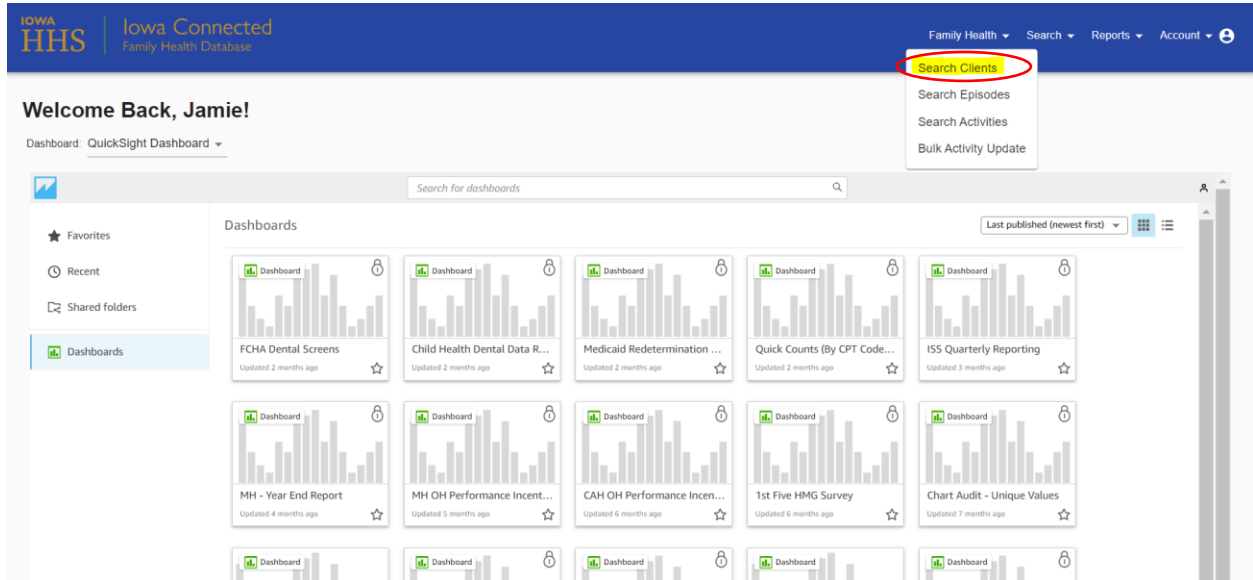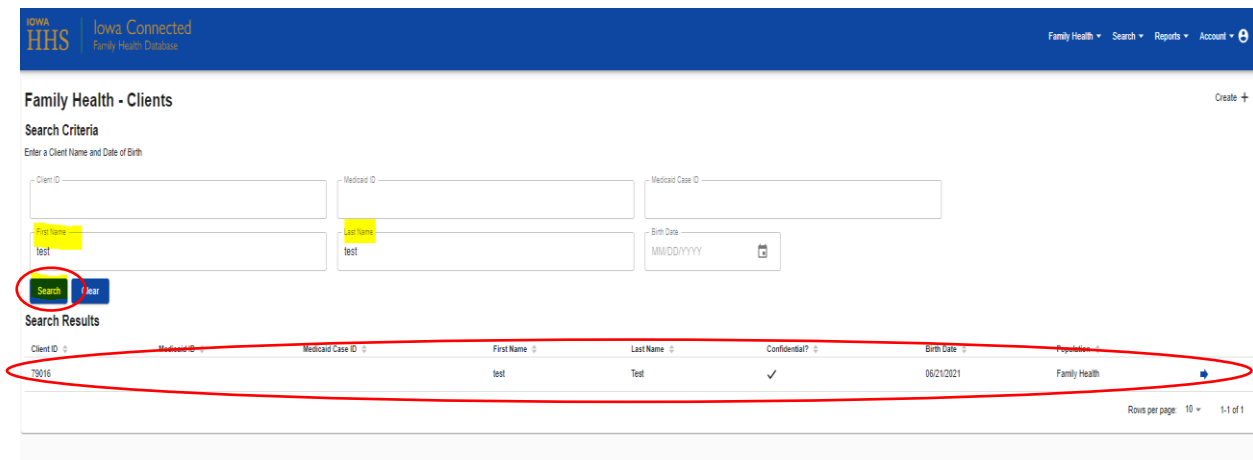**Iowa Connected Documentation**
Presumptive Eligibility

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

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.

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

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

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.

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

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

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.

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

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	Owning Agency *
Jamie Beskow, RN, BSN	IOWA HHS

Type	Date	Time In	Time Out
Care Coordination	09/25/2024		

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 Feedbac**k: 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 Payor
Title XIX - MAF   ×

Service Provider
Jamie Beskow, RN, BSN   × 👁

Service Provider Agency
IOWA HHS   × 👁

Contacted Person

Concerns and Issues

Staff Response

Medical Appointment Summary

Dental Appointment Summary

Referrals, Outcomes 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 ✕