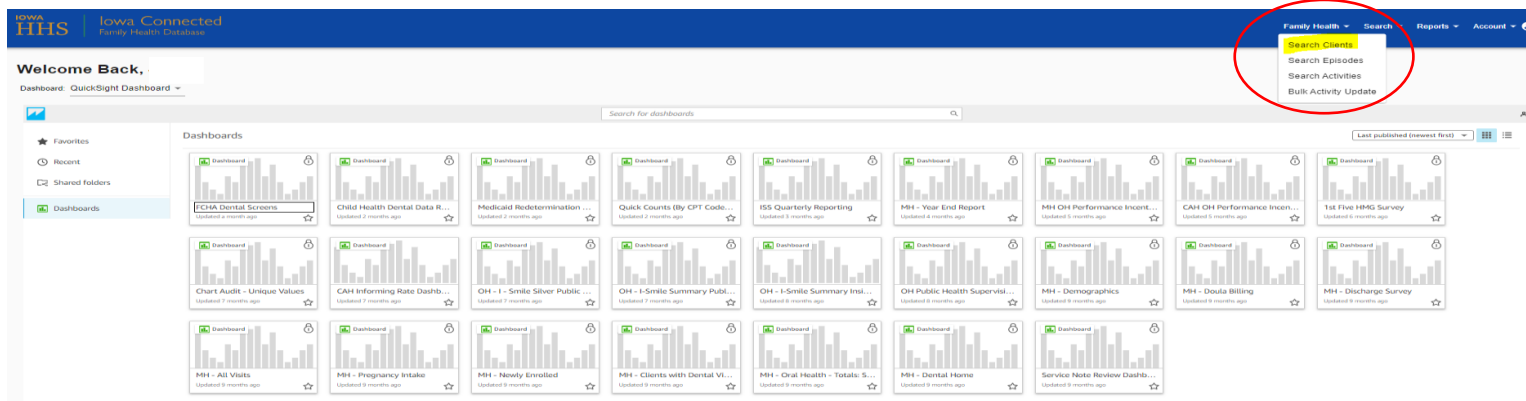
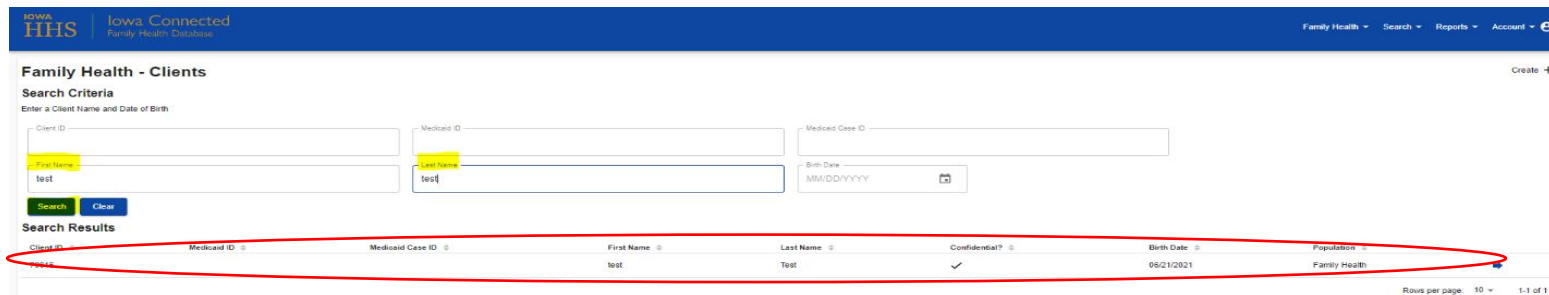


## Iowa Connected Informing Documentation Initial Inform

1. Click on Search Clients under the Family Health drop down.



2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.



3. 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**

Client Record

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

Medicaid ID: | Medicaid Case ID: | Medicaid Case Name: |

Note: | Plans: No results found

**Demographics**

Family Health

Age: 3 yr 2 mo |  Is Confidential

Gender: Male | Ethnicity: Hispanic | Races: American Indian or Alaska Native

Nickname: | Alias: | Maiden Name: |

Date Of Death: |  Presumed Deceased

Marital Status: | Country Of Birth: United States of America (USA)

Language: |

4. Click the Episodes tab. Click on the Child and Adolescent Health Episode. If no episode exists, add new 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 |                     |
| <b>Child and Adolescent Health</b> | 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 |               | D9990 Certified translation or sign-language services - per visit | Successful |            |        |
| Oral Health                 | 02/22/2024             | Member         | Dawn Ericson        | Cherokee County Public Health | Complete Assessment | 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 | ✓          | ✓      |
| Oral Health                 | 02/22/2024             | Member         | Dawn Ericson        | Cherokee County Public Health | Dental              | 09/12/2024 |               | D1206 Topical fluoride varnish                                    | Successful | ✓          | ✓      |

5. Click Edit and enter information for Medications and Allergies under Episode Data heading. This may happen during the inform completion part of the process. Click save.

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

[Edit](#) [Create Activity Bundle](#)

[test\\_Test - Confidential](#)

Program: Child and Adolescent Health

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

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

Note:

**Episode Data**

Program Status

Activities

Recent Activities

Surveys

Medicaid Paid Claims

Needs / Program Referrals

Providers / Organizations

Close X

**Episode Data**

Medications

Allergies

Referral Source

Referral Reason

6. Click Activities tab. Click Create Activity Bundle.

IOWA HHS | Iowa Connected Family Health Database

Family Health Search Reports Account

**Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: 79016** [Back To Task](#)

[Edit](#) [Create Activity Bundle](#)

Client: [test\\_Test - Confidential](#)

Program: Child and Adolescent Health

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

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

Note:

**Episode Data**

**Activities**

Recent Activities

Surveys

Medicaid Paid Claims

Needs / Program Referrals

Providers / Organizations

| 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       |             | ✓          |        | 09/21/2024 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 9:26 AM  |
| April Pepper | IOWA HHS      | Complete Assessment       | 08/09/2024 |               |            |                 |             |            |        | 08/09/2024 9:18 AM  |
| April Pepper | IOWA HHS      | Complete Assessment       | 08/01/2024 |               |            |                 |             | ✓          |        | 08/01/2024 9:25 AM  |
| April Peoeer | IOWA HHS      | Complete Assessment       | 07/26/2024 |               |            |                 |             |            |        | 07/26/2024 2:04 PM  |

7. In Create Activity Bundle choose Informing from the list. Click Search. Check the Activity Type box located above the bundle items. This will automatically select all informing bundle activity items.

**Create Activity Bundle**

**Activities**  
**Search Criteria**

Activity Bundle: Informing

Search Clear

**Search Results**

| Activity Type   | Activity Date Offset (Days) | Topics  |
|---|-----------------------------|---|
| <input checked="" type="checkbox"/> Inform Initial      | 0                           | Send Informing Packet to Family   |
| <input checked="" type="checkbox"/> Inform Follow-Up    | 12                          | 1st Attempt   |
| <input checked="" type="checkbox"/> Inform Follow-Up    | 22                          | 2nd Attempt   |
| <input checked="" type="checkbox"/> Inform Follow-Up    | 24                          | 3rd Attempt   |
| <input checked="" type="checkbox"/> Inform Complete     | 30                          | Immunizations, collect demographics, Lead, Provide information regarding coverage and rights, epsiit schedule |
| <input checked="" type="checkbox"/> Complete Assessment | 30                          | Intake Assessment, Medical Home Indicator   |

Rows per page: 10 1-6 of 6

8. Choose Save Bundle Now.

Outcome: None selected

Interaction Type: None selected

County of Service: None selected

Location:

Service Provider: Jamie Beskow, RN, BSN

County Of Residence: None selected

Primary Payor: None selected

**Plan List**

No results found

Discard Edit Bundle Details Save Bundle Now

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

Episode: Child and Adolescent Health - 03/12/2024 - Member - Client ID: /9016 Back To Task

[Edit](#) [Create Activity Bundle](#)

|  |                             |                     |
|--|-----------------------------|---------------------|
| Client                                   | Program                     |                     |
| <a href="#">test Test - Confidential</a> | Child and Adolescent Health |                     |
| Owner                                    | Owning Agency               |                     |
| Jennifer Stom, RN                        | Family Inc. - Pottawattamie |                     |
| Awareness Date                           | Episode Status              | Episode Closed Date |
| 03/12/2024                               | Member                      |                     |

Note

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      | Complete Assessment | 10/16/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| Jamie Beskow, RN, BSN | IOWA HHS      | Inform Complete     | 10/16/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| Jamie Beskow, RN, BSN | IOWA HHS      | Inform Follow-Up    | 10/10/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| Jamie Beskow, RN, BSN | IOWA HHS      | Inform Follow-Up    | 10/08/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| Jamie Beskow, RN, BSN | IOWA HHS      | Inform Follow-Up    | 09/30/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| April Pepper          | IOWA HHS      | Health Services     | 09/16/2024 |               | Successful |                 |             |            |        | 09/16/2024 8:05 AM  |
| Jamie Beskow, RN, BSN | IOWA HHS      | Inform Initial      | 09/16/2024 |               |            |                 | Informing   |            |        | 09/16/2024 5:24 PM  |
| April Pepper          | IOWA HHS      | Complete Assessment | 09/02/2024 |               | Successful |                 | Informing   | ✓          |        | 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  |

Rows per page: 10 | 1-10 of 42 | 1 2 ... 5 Next >

10. Click Inform Initial in the activities list. Click Edit to enter documentation for the initial inform. Document the following items and click Save when done.

- **Owner:** Name and credentials of staff completing activity
- **Outcome:** Successful
- **Owning Agency:** Agency name

- **Date:** Date of activity
- **Type of Service:** Inform Initial
- **Primary Payor:** Title XIX-MAF
- **Interaction Type:** Informing Letter Sent
- **County of Residence:** County where the client lives
- **Service Provider:** Name and credentials of staff completing activity
- **Service Provider Agency:** Agency Name
- **Narrative:** Document materials sent in Informing Packet

**Activity: Inform Initial - test Test - Client ID: 79016**

View Delete Save

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

Client: Jamie Beskow, RN, BSN | Agency: IOWA HHS

Type: Inform Initial | Date: 09/16/2024 | Time In: | Time Out: | From Bundle: Informing

Status: Successful

---

**Activity Data**

Type of Service: Inform Initial

Primary Payor: Title XIX - MAF

Interaction Type: Informing Letter Sent

County of Residence: Petk

Service Provider: Jamie Beskow, RN, BSN | Service Provider Agency: IOWA HHS

---

**Narrative Notes**

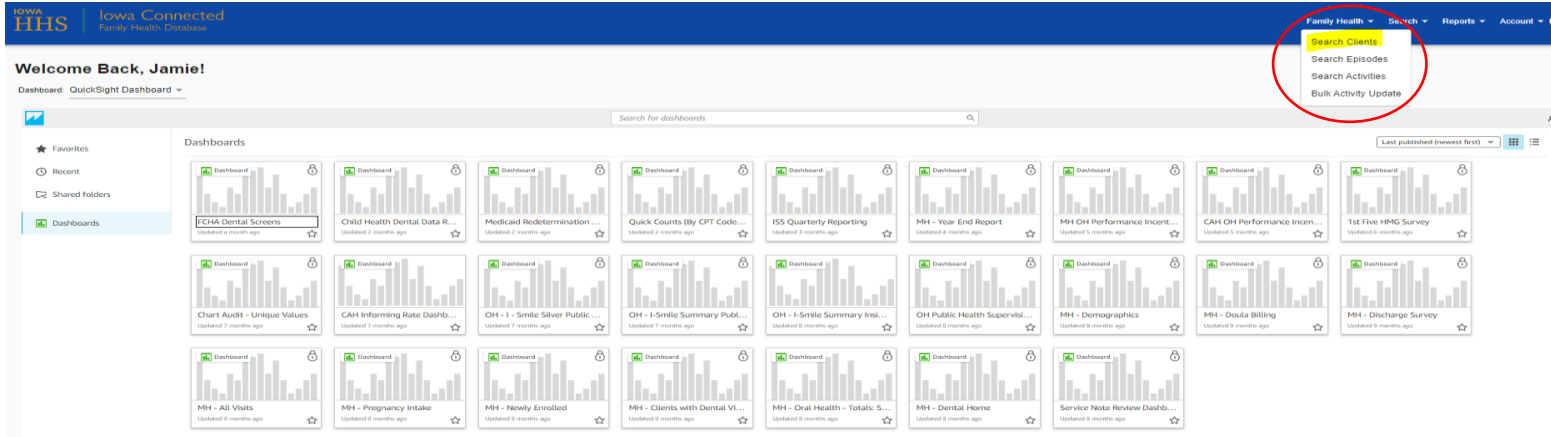
| Created Date       | Comments  |
|--------------------|---|
| 09/17/2024 9:57 AM | Informing packet mailed with the following items included: Inform welcome letter, EPSDT brochure, I-Smile brochure, immunization and developmental information, and resource listing. Welcome letter included contact information to reach me via phone, along with date/time for client to expect phone call from me to discuss further. |

Create +

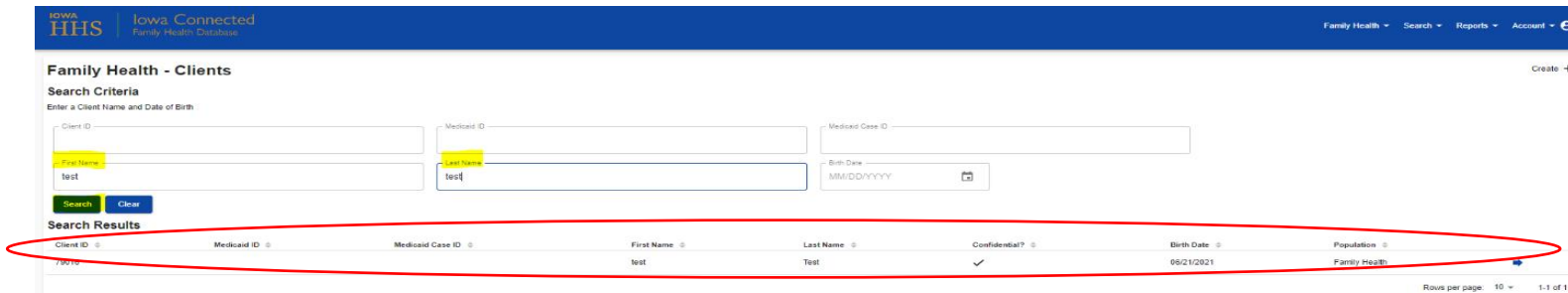
Rows per page: 10 - 1-1 of 1

## Inform Follow-Up

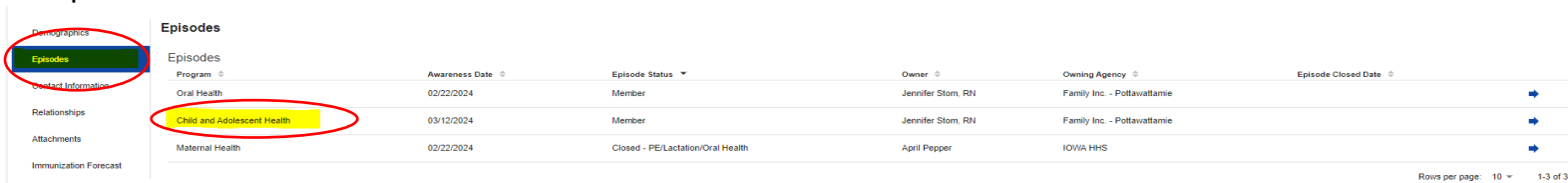
1. Click on Search Clients under the Family Health drop down.



2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.



3. Click the Episodes tab. Click on the Child and Adolescent Health Episode. There should only be one program episode for Child and Adolescent Health.



4. Click on the Activities tab. Click on one of the Inform Follow-Up activities in the activity list. Click on Edit. Complete the following documentation and click Save. (Reminder: Repeat follow up attempts for at minimum two attempts prior to sending a follow up letter)

- **Owner:** Name and credentials of staff completing activity
- **Type:** Inform Follow-Up
- **Outcome:** Successful (always mark this as successful when a follow-up attempt was made by staff)
- **Owning Agency:** Agency Name
- **Date:** Date inform follow-up was made (does not need to match prepopulated date from IC system)
- **Type of Service:** Inform Follow-Up
- **Primary Payor:** Title XIX-MAF
- **Interaction Type:** Choose from the following options. Call, Call And Text, Letter, Pre -Text, Text, Other.
- **County of Residence:** County client lives in
- **Service Provider:** Name and credentials of staff completing inform follow-up
- **Service Provider Agency:** Agency Name
- **Phone Message Summary:** Brief summary of contact attempted, and message provided to client

Activity: Inform Follow-Up - test Test - Client ID: 79016

[Edit](#)

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

Last Modified Date  
09/17/2024 10:23 AM

|                                       |                                  |                           |                                   |                |                 |
|---------------------------------------|----------------------------------|---------------------------|-----------------------------------|----------------|-----------------|
| <b>Owner</b><br>Jamie Beskow, RN, BSN | <b>Owning Agency</b><br>IOWA HHS | <b>Date</b><br>09/10/2024 | <b>Day of the Week</b><br>Tuesday | <b>Time In</b> | <b>Time Out</b> |
| <b>Type</b><br>Inform Follow-Up       | <b>From Bundle</b><br>Informing  |                           |                                   |                |                 |
| <b>Outcome</b><br>Successful          |                                  |                           |                                   |                |                 |

**Activity Data**

**Type of Service**  
Inform Follow-Up

**Primary Payor**  
Title XIX - MAF

**Interaction Type**  
Call

**County of Residence**  
Polk

**Service Provider**  
Jamie Beskow, RN, BSN

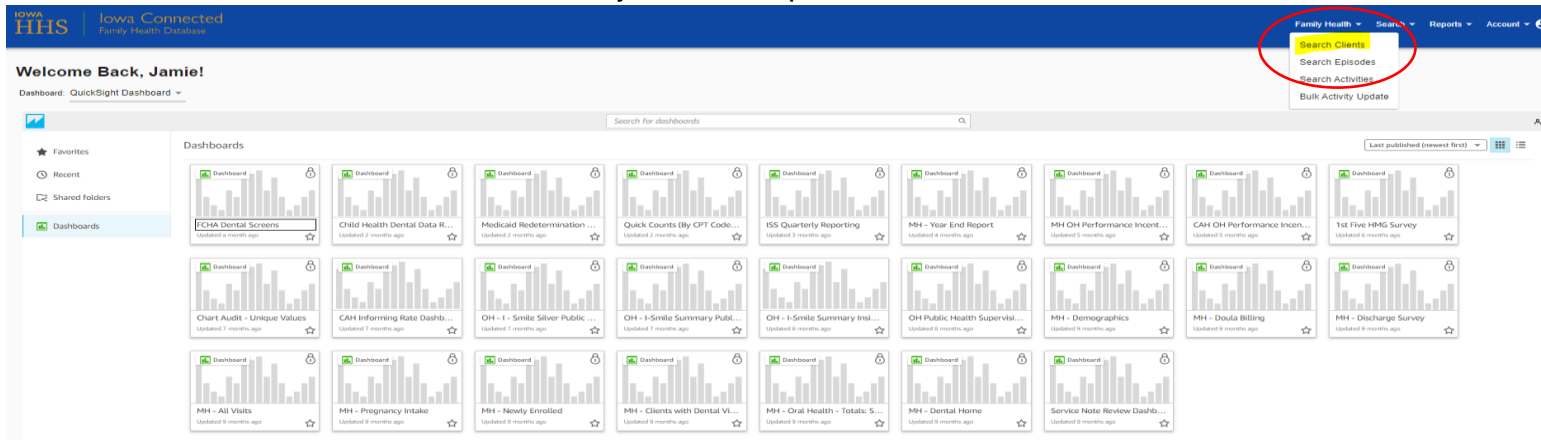
**Service Provider Agency**  
IOWA HHS

**Phone Message Summary**  
Phone call attempted in morning on 9/10/2024, no answer, was able to leave voicemail and requested phone call back. Will contact client again on 9/17/2024 in the afternoon.

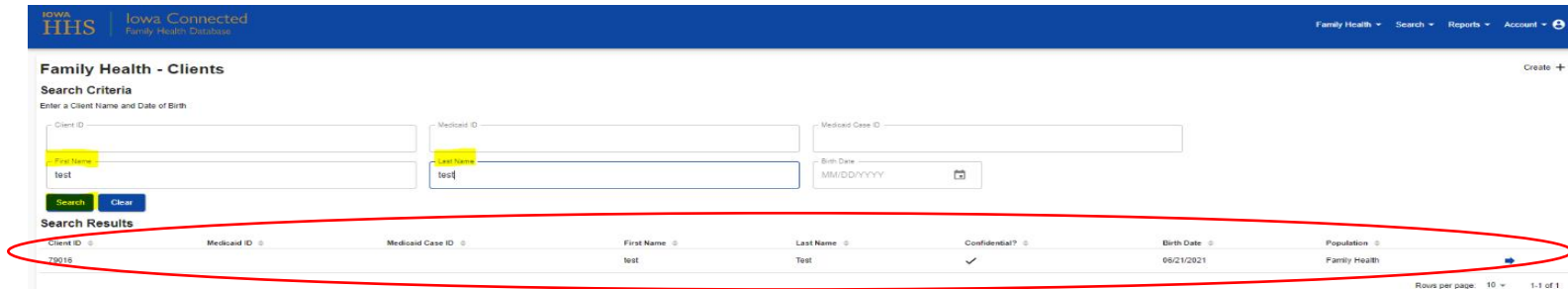


## Inform Complete

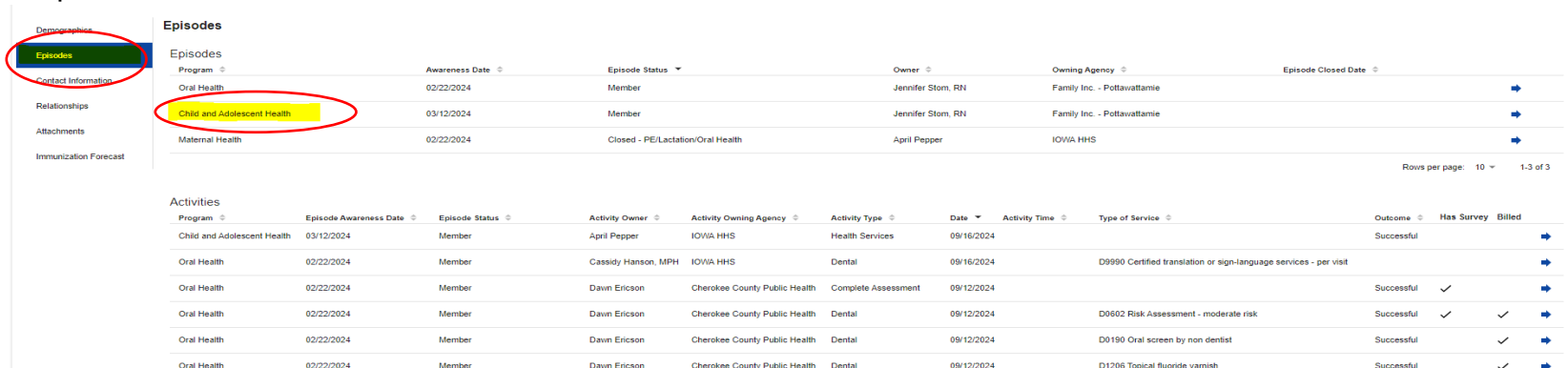
1. Click on Search Clients under the Family Health drop down



2. Enter the client's first and last name and click the Search button. Select the client by clicking on the name in Search Results box.



- Click the Episodes tab. Click on the Child and Adolescent Health Episode. There should only be one program episode for Child and Adolescent Health.



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

| 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 |               | D9990 Certified translation or sign-language services - per visit | Successful |            |        |
| Oral Health                 | 02/22/2024             | Member         | Davin Ericson       | Cherokee County Public Health | Complete Assessment | 09/12/2024 |               |   | Successful | ✓          | ✓      |
| Oral Health                 | 02/22/2024             | Member         | Davin Ericson       | Cherokee County Public Health | Dental              | 09/12/2024 |               | D0602 Risk Assessment - moderate risk                             | Successful | ✓          | ✓      |
| Oral Health                 | 02/22/2024             | Member         | Davin Ericson       | Cherokee County Public Health | Dental              | 09/12/2024 |               | D0190 Oral screen by non dentist                                  | Successful | ✓          | ✓      |
| Oral Health                 | 02/22/2024             | Member         | Davin Ericson       | Cherokee County Public Health | Dental              | 09/12/2024 |               | D1206 Topical fluoride varnish                                    | Successful | ✓          | ✓      |

- Click on the Activities tab. Click on the Inform Complete activity in the activity list. Click on Edit. Complete the following documentation and click Save.

- **Owner:** Name and credentials of staff completing activity
- **Type:** Inform Complete
- **Outcome:** Successful
- **Owning Agency:** Agency Name
- **Date:** Date inform complete was accomplished
- **Type of Service:** Inform Complete
- **Primary Payor:** Title XIX-MAF
- **Interaction Type:** Choose from the following options. Agency Visit, Childcare, HS/EHS Home Visit, Phone, WIC, Walk-In, School, Other.
- **County of Residence:** County client lives in
- **Service Provider:** Name and credentials of staff completing activity
- **Service Provider Agency:** Agency Name
- **Contacted Person:** Person that was spoken with regarding benefits of Medicaid
- **Explanation of EPSDT Benefits:** brief description of explanation

- **Medical Appointment Summary:** Last well child exam date and medical provider
- **Dental Appointment Summary:** Last dental exam and dentist
- **Immunization Status:** IRIS status of immunizations
- **Issues Addressed:** Description of any questions or concerns from client
- **Client/Family Feedback:** Description of family feedback
- **Referrals, Outcomes, and Plan for Follow-Up:** Description for any needed resource referrals or care coordination follow up for client

**Activity: Inform Complete - test Test - Client ID: 79016**

View Delete Save

Specialty: Child and Adolescent Health - 03/12/2024 - Member - Client ID: [redacted]

Name: Jamie Beskow, RN, BSN IOVA HHS

Title: Inform Complete Date: 10/16/2024 Time In: Time Out:

Status: Successful From Bundle: Informing

---

**Activity Data**

Type of Service: Inform Complete

Priority: Title XIX - MAF

Insurance Type:

Phone:

County of Residence: Polk

Medical Provider: Jamie Beskow, RN, BSN IOVA HHS

Completed Patient:

Explanation of Benefits Details:

Medical Appointment Summary:

Dental Appointment Summary:

Immunization Status:

Issues Addressed:

Client/Family Feedback:

Referrals, Outcomes and Plan for Follow-Up:

## Complete Assessment

1. 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 the last 30 days of the inform completion.

- **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 documented.

The screenshot shows a web-based form for 'Complete Assessment'. At the top, there are fields for 'Client and Adolescent Health - 00120204 - Member - Client ID', 'Owner' (James Baston, RN, BSN), 'Agency' (IOWA IHI), and 'Date' (10/18/2024). Below this is an 'Activity Data' section with a dropdown menu and several checkboxes for 'Initial Assessment', 'Intake Assessment - Initial survey attached', 'Medical Home - Yes', and 'County of Residence'. The 'Intake Assessment' section contains eight numbered questions, each with a dropdown menu for the answer. The questions are: 1. Is the client currently in a crisis or emergency? (Yes), 2. Does the client have a medical home? (Yes), 3. How many months since last assessment? (8 Months), 4. Has the client been assessed within the last 30 days? (3 Months), 5. Is the client currently immunized? (Yes), 6. How many months since last immunization? (RIS), 7. How many months since last assessment? (DWP IOWA Medicare), 8. How many months since last assessment? (8 Months), 9. Do you have any questions to document a client's health status, needs, or goals? (No).