

Iowa Connected Informing Documentation Initial Inform

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

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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.

HHHS lowa Connected Family Health Database						Family Health + Search	• Reports • Account •
Family Health - Clients							Create
Search Criteria							
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Search Results							
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						Ro	ws per page: 10 + 1-1 of



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

East record	- Confidential										🖶 Back To Search
Client ID		First Name		Middle Name		Last Na	ne	Birth Date			
79016		test				Test		06/21/2021			
Medicaid ID		Medicaid Case ID		Medicaid Case Name							
Note				Plans							
				Name of Plan	Plan Type	Coverage Type	Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value	Last Modified Date
Demographics Episodes Contact Information Relationships Attachments	Period Parnity Health Age 3 yr 2 mo Gender Malaname		✓ Is Confidential Ethnicity Hispanic Alas	No results fou	Races American Indian or Alas Maiden Name	ka Native					
Immunization Forecast	Date Of Death		Presumed Deceased								
	Marital Status										
	Country Of Birth United States of America (I	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.

Demographics	Episodes										
Episodes	Episodes Program ©		Awareness Date 单	Episode Status 👻		Owner	¢	Owning Agency 🌣 Epi:	isode Closed Date 🗢		
Contact Information	Oral Health		02/22/2024	Member		Jennifer	r Stom, RN	Family Inc Pottawattamie		+	•
Relationships	Child and Adolescent Health		03/12/2024	Member		Jennifer	r Stom, RN	Family Inc Pottawattamie		+	•
Attachments	Maternal Health		02/22/2024	Closed - PE/Lactat	tion/Oral Health	April Pe	pper	IOWA HHS		+	•
Immunization Forecast									Rows per	page: 10 - 1	1-3 of 3
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	Program 0				IOWA HHS			ne Type of Service D9990 Certified translation or sign-language service	Successful	las Survey Billed	
	Program © Child and Adolescent Health	03/12/2024	Member	April Pepper	IOWA HHS	Health Services	09/16/2024		Successful		+
	Program Child and Adolescent Health Oral Health	03/12/2024 02/22/2024	Member Member	April Pepper Cassidy Hanson, MPH	IOWA HHS	Health Services	09/16/2024		Successful		+ +
	Program © Child and Adolescent Health Oral Health Oral Health	03/12/2024 02/22/2024 02/22/2024	Member Member Member	April Pepper Cassidy Hanson, MPH Dawn Ericson	IOWA HHS IOWA HHS Cherokee County Public Health Cherokee County Public Health	Health Services Dental Complete Assessment Dental	09/16/2024 09/16/2024 09/12/2024	 D9990 Certified translation or sign-language servic	Successful ices - per visit 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.

	Program	
st Test - Confidential	Child and Adolescent Health	
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nnifer Stom, RN	Family Inc Pottawattamie	
wareness Date	Episode Status	Episode Closed Date
3/12/2024	Member	
ote		
Episode Data Episode Data		
Program Status		
Activities		
Recent Activities Medications		
Surveys Allergies		
Medicaid Paid Claims		
Referral Source		
Needs / Program Referrals		
Referral Reason		

6. Click Activities tab. Click Create Activity Bundle.

Edit Create Activity B	undle											
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ennifer Stom, RN		Owning Agency Family Inc Pottawa	sttamie									
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lote												
Episode Data	Activities											
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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				
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Activity Bundle		\times \odot		
Search Clear				
earch Results				
📶 Activity Type 🔅	Activity Date Offset (Days)	т	pics	
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Inform Follow-Up	12	1	d Attempt	+
Inform Follow-Up	22	2	d Attempt	÷
Inform Follow-Up	24	3	d Attempt	+
Inform Complete	30	le le	munizations, collect demographics, Lead, Provide information regarding coverage and rights, epsdt schedule	÷
Complete Assessment	30	In	lake Assessment, Medical Home Indicator	+
				Rows per page: 10 - 1

8. Choose Save Bundle Now.



Plan List

No results found



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

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Create Activity Bu	ndle										
		Program									
onfidential		Child and A	dolescent Health								
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- 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

Back To Task



- > **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 In	itial - test Test - Client ID:	79016								
View 🕢 Delete 🎽 Save 🗃	1									
Child and Adolescent Health	- 03/12/2024 - Member - Client ID:									
Jamie Beskow, RN, BSN	× ø	Owning Agency *		× 🛛						
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	Jamie Beskow, RN, BSN	$\times \odot$	IOWA HHS			× 👁				
	Narrative Notes Created Date Comments									
	09/17/2024 9:57 Informing packet mailed with th AM discuss further.	e following items included: Infe	orm welcome letter, EPSDT broc	hure, I-Smile brochure, immunization a	and developmental informatio	n, and resource Esting. Welco	me letter included contact information to	reach me via phone, along with date/lin	te for client to expect phone call from	s me to 🔶 🔶
	Create +								Rows per page: 10 -	1-1 of 1



Inform Follow-Up

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

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Dashboard: QuickSight Dashb								Sean	ch Episodes ch Activities Activity Update	
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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.

Family Health - Clients							Cr
Search Criteria							
Enter a Client Name and Date of Birth							
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er FristName -							
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(8010		test	Test	~	06/21/2021	Family Health	_

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.

Demographics	Episodes						
Episodes	Episodes Program ©	Awareness Date 0	Episode Status 🔻	Owner ©	Owning Agency	Episode Closed Date 🗢	
Operant Information	Oral Health	02/22/2024	Member	Jennifer Stom, RN	Family Inc Pottawattamie		+
Relationships	Child and Adolescent Health	03/12/2024	Member	Jennifer Stom, RN	Family Inc Pottawattamie		+
Attachments	Maternal Health	02/22/2024	Closed - PE/Lactation/Oral Health	April Pepper	IOWA HHS		+
Immunization Forecast						Rows per page: 10	

Health and Human Services

- 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					Last Modified Date
Child and Adolescent Health - 03/12/2024 - Member	r - Client ID: 79016				09/17/2024 10:23 AM
Owner	Owning Agency				
Jamie Beskow, RN, BSN	IOWA HHS				
Туре	Date	Day of the Week	Time In	Time Out	
Inform Follow-Up	09/10/2024	Tuesday			
Outcome	From Bundle				
Successful	Informing				
Activity Data Activity Data Type of Service Inform Follow-I Beary Ages Title XIX. And Call Centry Reade Polik Service Reade Jamie Bearkow, Jamie Bearkow,	ир	Service Provider Agency IOWA HHS			
Phone Message :	Summary				
Phone call atte	empted in morning on 9/10/2024, no answer, was able to leave voicemai	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

bloord: QuickSight Dashi							h Activities Activity Update
	Dashboards	Search for das	rboards	۹			Last published (newest first)
Favorites Recent Shared folders Dashboards	Child Health Dental Soreens	Devideand Devideand	s (By CPT Code ISS Quarterly Reporting	MH - Year End Report Updated 4 morths ago	Dashbaard	CAH OH Performance Incen Updated 5 months ago	Davibeard O
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	MH - All Visits MH - Pregnancy intake	B Deshboard Image: Construction Image: Construction MH - Clent Image: Construction of the constr	with Dental VI MH - Oral Health - Totals: S	Danhbeard Ö MH - Dental Home Updated 9 months age	Dashboard Dashboard Service Note Review Dashb Updated 9 months age		

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.

HINA Iowa Connected Family Health Database						Family Health + Search +	Reports • Account • 🕄
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						Rows	per page: 10 + 1-1 of 1

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.

Demographics	Episodes										
Episodes	Episodes										
	Program \$		Awareness Date 🔅	Episode Status 🔻	•	Owner 🗢	c	wning Agency 🗘 Epis	sode Closed Date 🗢		
Contact Information	Oral Health		02/22/2024	Member		Jennifer St	tom, RN F	amily Inc Pottawattamie			+
Relationships	Child and Adolescent Health		03/12/2024	Member		Jennifer St	tom, RN F	amily Inc Pottawattamie			+
Attachments	Maternal Health		02/22/2024	Closed - PE/Lactat	tion/Oral Health	April Pepp	er lo	DWA HHS			+
Immunization Forecast									Rows	erpage: 10 👻	
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Immunization Forecast		Episode Awareness Date © 03/12/2024	Episode Status © Member	Activity Owner 🔶 April Pepper	Activity Owning Agency IOWA HHS	Activity Type the alth Services	Date Cativity Time 09/16/2024	○ Type of Service ○			- 1-3 (
Immunization Forecast	Program 💠				IOWA HHS			Type of Service D9990 Certified translation or sign-language service	Outcome 🌩 Successful		- 1-3 o Billed
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Immunization Forecast	Program © Child and Adolescent Health Oral Health Oral Health	03/12/2024 02/22/2024 02/22/2024	Member Member Member	April Pepper Cassidy Hanson, MPH Dawn Ericson	IOWA HHS IOWA HHS Cherokee County Public Health	Health Services Dental Complete Assessment Dental	09/16/2024 09/16/2024 09/12/2024	D9990 Certified translation or sign-language service	Outcome © Successful es - per visit Successful	Has Survey	1-3 d

- 4. 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

Health and Human Services

- > 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

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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.

Child and Adolescent Health -	03/12/2024 - Member - Client ID							
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	- 2. Does the clent have medical inscience?						1.1.8 y milits resistant series with new victime part 6 Months	×
	Yes					×		~
	 My shift's must exert medical visit for a well shifted unsern 3 Months 	even was within the past.				×	3. De portine ary southern et parents date your effet i sold (copie), that has our officer week. No	×