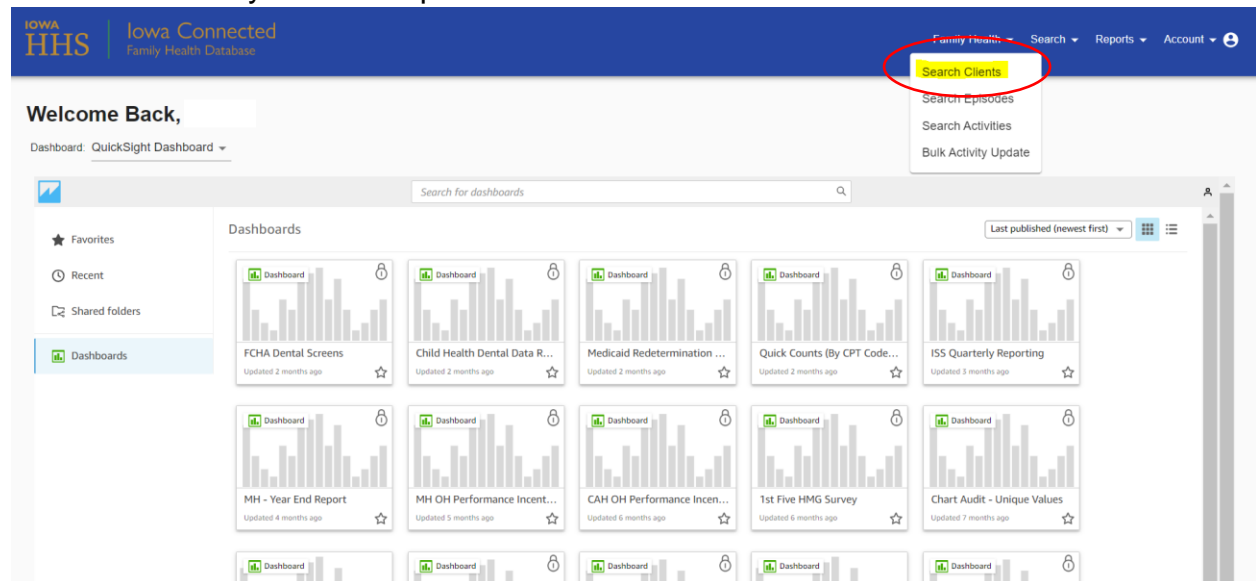


Documentation

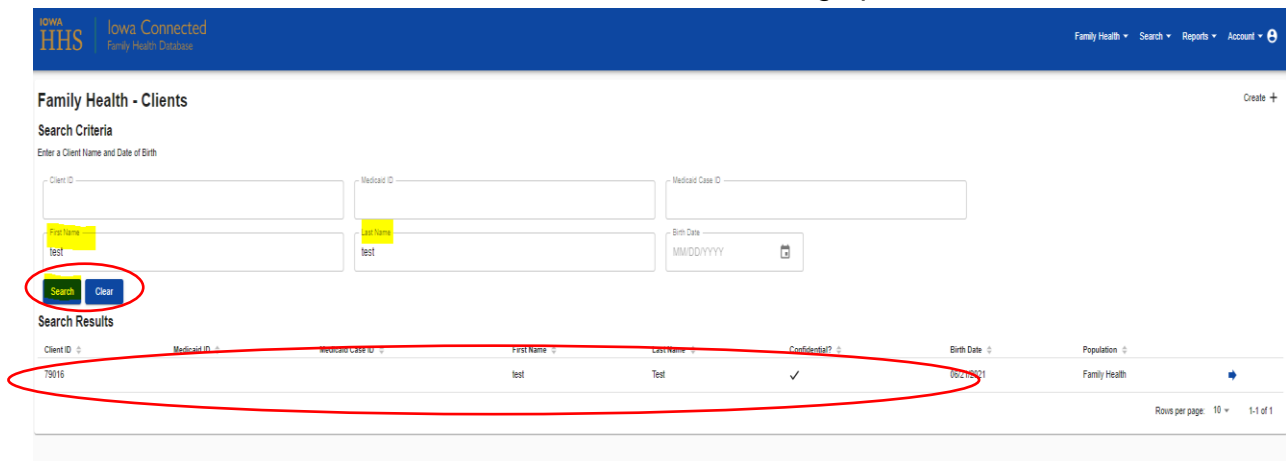
1. Contractors must document care coordination in the MH and CAH data systems.
2. For targeted follow-up care coordination notes that do not involve coordinating medical/dental care, the date of the last well visit, provider name, and immunization status assessment are not required. Indicate in the note if it is a follow-up care coordination service. Address any additional family needs.
3. If care coordination is provided for multiple clients in the family, document the care coordination in each client's record in the MH and CAH data system.

Iowa Connected Care Coordination Documentation

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

[Edit](#)

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

Demographics

Family Health

3 of 2 mo

No Confidential

Gender: Male | Race: American Indian or Alaska Native

Hispanic: | Ethnicity: | Interpreter: | Language: English

- 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	03/22/2024	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	IOVA HHS	

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	IOVA HHS	Health Services	09/16/2024			Successful		
Oral Health	02/22/2024	Member	Cassidy Hanson, MPH	IOVA HHS	Dental	09/16/2024		D9990 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	✓	
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	✓	✓

- 6. Click the Activities tab. Click Edit.

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

[Edit](#)

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

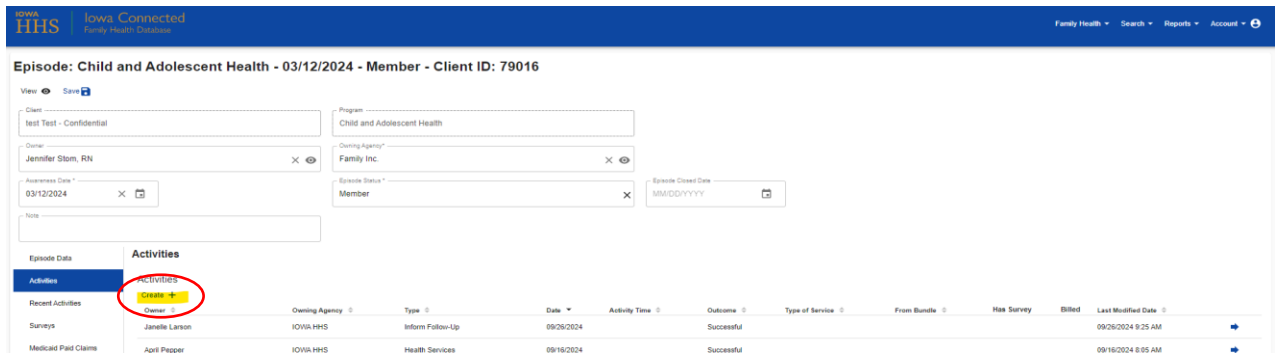
Owner: Jennifer Stom, RN | Owning Agency: Family Inc.

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

Activities

Owner	Owning Agency	Type	Date	Activity Time	Outcome	Type of Service	From Bundle	Has Survey	Billed	Last Modified Date
Janelle Larson	IOVA HHS	Inform Follow-Up	09/26/2024		Successful					09/26/2024 9:25 AM
April Pepper	IOVA HHS	Health Services	09/16/2024		Successful					09/16/2024 8:05 AM

7. Click on Create + under the Activities header.



8. Document in the following fields, choose Save when done.

- **Owner:** Name and credentials of staff completing the activity
- **Type:** Choose Care Coordination from the drop down selections
- **Outcome:** Successful
- **Owning Agency:** Agency Name
- **Date:** Date the activity was completed

Create Activity

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
09/26/2024

Time In

Outcome
Successful

Save | Close

9. Document in the following fields, choose Save when done.

- **Type of Service:** Choose from the following options (Care Coordination CHDR, Care Coordination Dental, Care Coordination Developmental/Behavioral, Care Coordination Medical, Care Coordination Mental Health, Care Coordination Presumptive Eligibility)
- **County of Residence:** County client lives in
- **Primary Payor:** Title XIX-MAF, Title V/Uninsured, Title XIX-FFS
- **Service Provider:** Name and credentials of staff providing the activity
- **Service Provider Agency:** Agency name
- **Contacted Person:** Name and relationship of contacted person to client
- **Concerns & Issues:** Document any issues, needs, questions/concerns of family
- **Staff Response:** Response of staff to client's concerns and needs

- **Assess Immunization:** Document immunization status in Medical Appointment Summary or in Narrative box
- **Medical Appointment Summary:** Date of last medical appointment and name of primary care provider
- **Dental Appointment Summary:** Date of last dental appointment and name of dental provider
- **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 *
09/26/2024

Time In

Time Out

Outcome
Successful

Activity Data

Activity Data

Interaction Type
None selected

Type of Service
Care Coordination Medical

County of Residence
Polk

Primary Payer
Title XIX - MAF

Service Provider
Jamie Beskow, RN, BSN

Service Provider Agency
IOWA HHS

Contacted Person

Concerns and Issues

Staff Response

Medical Appointment Summary

Referrals, Outcomes and Plan for Follow Up

Client Family Feedback

Narrative Notes

Created Date

Comments