



1<sup>st</sup> Five DSS Guidance:  
Documentation of 1st Five Services  
October 2025



## Table of Contents

<b>Documentation of 1st Five Services .....</b>	<b>4</b>
<i>Important Reminders .....</i>	<i>4</i>
<i>DSS Resources .....</i>	<i>4</i>
<b>Section 1: Client Record Navigation.....</b>	<b>6</b>
1.1 <i>Searching and Creating Client Records .....</i>	<i>6</i>
1.2 <i>Editing Client Records .....</i>	<i>7</i>
1.3 <i>Client Demographics.....</i>	<i>8</i>
1.4 <i>Adding Date of Death to a Client Record .....</i>	<i>9</i>
1.5 <i>Marking a Client Record as Confidential .....</i>	<i>10</i>
1.6 <i>Adding Contact Information to a Client Record .....</i>	<i>11</i>
1.7 <i>Modifying Contact Information in a Client Record .....</i>	<i>12</i>
1.8 <i>Creating Client Relationships .....</i>	<i>12</i>
<b>Section 2: Episode Navigation .....</b>	<b>15</b>
2.1 <i>Viewing All Episodes Associated to a Client .....</i>	<i>15</i>
2.2 <i>Creating a New Episode .....</i>	<i>15</i>
2.3 <i>Navigating to a Specific Episode .....</i>	<i>16</i>
2.4 <i>Editing an Episode .....</i>	<i>17</i>
2.5 <i>Closing an Episode .....</i>	<i>18</i>
<b>Section 3: Survey (aka Screening Tools) .....</b>	<b>20</b>
3.1 <i>Creating a Survey Record .....</i>	<i>20</i>
<b>Section 4: Organizations and Programs .....</b>	<b>22</b>
4.1 <i>Organizations.....</i>	<i>22</i>
4.2 <i>Programs.....</i>	<i>23</i>
4.3 <i>Searching for Organizations/Programs .....</i>	<i>24</i>
4.4 <i>Adding Organizations/Programs to Iowa Connected .....</i>	<i>24</i>
4.5 <i>Merging Organization/Program Records .....</i>	<i>25</i>
<b>Section 5: Needs and Program Referrals .....</b>	<b>26</b>
5.1 <i>Creating Needs .....</i>	<i>26</i>
5.2 <i>Creating Program Referrals .....</i>	<i>27</i>
5.3 <i>Saved Need and Program Referral .....</i>	<i>30</i>
<b>Section 6: Activity Navigation .....</b>	<b>31</b>

6.1 Adding an Activity Bundle to an Episode .....	31
6.2 Creating an Activity in an Episode .....	33
6.3 Duplicate/Incorrect Activities .....	34
6.4 1 <sup>st</sup> Five Activity Table .....	35
<b>Section 7: Referral Activity .....</b>	<b>37</b>
7.1 Referral Activity .....	37
7.2 Additional Referral Activity Data .....	38
7.3 Searching for Providers and Organizations .....	41
7.4 Adding Providers and Organizations to Iowa Connected .....	42
<b>Section 8: Phone Call Activities .....</b>	<b>43</b>
8.1 Introduction Call .....	43
8.2 Incoming Call .....	43
<b>Section 9: Care Coordination Activity .....</b>	<b>45</b>
9.1 Types of Care Coordination .....	45
9.2 Care Coordination Activity .....	46
9.3 Care Coordination Attempts .....	47
<b>Section 10: Send Letter Activity .....</b>	<b>49</b>
10.1 Types of Letters .....	49
10.2 Send Letter Activity .....	50
<b>Section 11: Family Experience Survey .....</b>	<b>52</b>
11.1 Family Experience Survey Overview .....	52
11.2 Family Experience Survey Process .....	52
11.3 Parent Completes the Survey Over the Phone with 1 <sup>st</sup> Five Staff .....	54
11.4 Incomplete Survey- Unable to Complete FES .....	55
11.5 Complete Survey- Parent Calls Back .....	56
11.6 Family Experience Survey Questions .....	56
11.7 Surveying Siblings Referred to 1 <sup>st</sup> Five .....	56
11.8 Qualtrics Playground .....	57
<b>Appendix List .....</b>	<b>58</b>
Appendix A: Initial Contact Timeline .....	59
Appendix B: Lost Contact Timeline .....	60
Appendix C: Referring Provider Contact Timeline .....	61
Appendix D: FES Survey & Script .....	62

<i>Appendix E: Closing Letter with FES Invitation .....</i>	64
---	----

# Documentation of 1st Five Services

The purpose of this guidance document is to explain documentation expectations and requirements for 1st Five Services within the Iowa Connected data system.

## IMPORTANT REMINDERS

### **Privacy and Confidential Information**

1st Five staff shall comply with all state and federal laws and regulations when accessing, using, and disclosing records, data, and information held, maintained, or processed by Iowa HHS. Information is confidential under Iowa state law, including but not limited to Iowa Code Chapters 13 and Iowa Administrative Code Chapter 441.

### **Timely Documentation**

The 1st Five Initiative includes significant data collection by 1st Five Sites using the Iowa Connected data system and regular reporting to Iowa HHS. DSS must complete data entry of 1st Five Developmental Support Services in a timely and accurate manner. In most cases, an activity or service must be documented within two weeks of completing the activity or service.

### **Agency Protocol**

Each 1st Five Site has their own 1<sup>st</sup> Five processes and protocols that align with the DSS Guidance. This also may include contact timelines, tools, and documentation practices. For that reason, please connect with your agency's 1st Five Site Coordinator with any questions on agency specific protocols.

## DSS RESOURCES

### **MCAH Project Management Portal**

Please be sure to use the secure MCAH Project Management Portal to access guidance documents and other training resources for developmental support services documentation.

Link: <https://hhs.iowa.gov/portal-mcah-project-management/1st-five>

### **DSS Trainings**

1st Five offers trainings to review 1st Five DSS documentation in Iowa Connected. Each training reviews a different topic/area of the DSS Guidance. All 1st Five staff are strongly encouraged to attend. Please connect with your 1<sup>st</sup> Five Site Coordinator or HSS 1<sup>st</sup> Five Consultant for the most recent schedule.

### **Iowa Connected Test Record – Test Test**

This record can be used for practice and training purposes. Please be sure to delete any episodes, activities, needs, program referrals, etc. that you've created so it's a clean record for the next person. If you need assistance with deleting documentation in the test record, please submit a request to the Iowa Connected Helpdesk.

**IMPORTANT: DO NOT** create additional “test” records. This record has been designated as the test case so that it is not included in reports. All test records must be approved and created by the Iowa Connected Helpdesk.

## Search Results

Client ID	Medicaid ID	Medicaid Case ID	First Name	Last Name	Confidential?	Birth Date	Population	
17334357			Test	Test		06/21/2017	Family Health	➡

# Section 1: Client Record Navigation

This section will explain how to work within the client record, which includes creating client records and using the following tabs:

- Demographics
- Contact Information
- Relationships

*\*The Attachments tab will not be used by 1st Five. All attachments will be added within 1<sup>ST</sup> Five activities. For example, the 1st Five referral form will be added as an attachment in the Referral activity.*

## 1.1 SEARCHING AND CREATING CLIENT RECORDS

### Things to remember:

- Before creating a client record, it is best practice to first search the database to see if the record already exists from a previous 1st Five referral. If the client is not already in Iowa Connected, you'll need to create a new client record.
- Always search for clients by name, and by birthday to avoid creating duplicate records that need to be merged later (we recommend searching with partial information).
  - If having a difficult time searching and there are too many names within the search results, try sorting the search results by clicking on the arrows near the column heading.
  - If the client's name is spelled incorrectly and they are a Medicaid client, the parent/guardian will need to contact Medicaid to request the correction. Medicaid data is protected and the system will not allow others to make changes.
- If siblings are referred at the same time, each referred child age birth to age five will be entered into Iowa Connected separately and have their own record.
- Always complete the race, ethnicity and language fields when creating a new record. If this information is not indicated on referral materials, you'll need to obtain this information during conversations with the parent/guardian and go back to edit these fields once that information is collected. This information is required for program evaluation purposes.
- If the client is already in the system, please be sure to verify with the parent/guardian that the race, ethnicity and language selections are correct.

### Directions:

1. In the header, hover over "Family Health and select "Search Clients" from the drop-down options that appear.

2. Populate “First Name”, “Last Name”, and birth date then select the “Search” button. For better search results, enter at least one letter for the first name and two letters for the last name.
3. If unable to find the client you are looking for, click the “Create” button on the top right of the page (under the header).

## Family Health - Clients

Create +

**Search Criteria**

X

Search
Clear

No results found

4. Enter client information and then select the “Save” button at the bottom left of the page.
  - a. Client information
    - i. First name
    - ii. Last name
    - iii. Date of birth

## 1.2 EDITING CLIENT RECORDS

### Directions:

1. Navigate to a client record.
2. Select the “Edit” button on the top left of the page.

#### Client: Charlie Brown

 Back To Search

Edit

Client ID	First Name	Middle Name	Last Name	Birth Date
_____	Charlie	_____	Brown	06/01/2020
Medicaid ID	Medicaid Case ID	Medicaid Case Name		
_____	_____	_____		

3. Update the client record.
4. Click the “Save” button on the top left or the bottom left of the page.

## Client: Charlie Brown

[Back To Search](#)

View  **Save **

Client ID	First Name *	Middle Name	Last Name *	Birth Date *
	Charlie		Brown	06/01/2010 
Medicaid ID	Medicaid Case ID	Medicaid Case Name		

5. If you do not want to save your changes, select the “View” button on the top left of the page to go back to the client record without saving any changes.

### 1.3 CLIENT DEMOGRAPHICS

The following demographic fields are required for 1st Five client records.

**Birth Date/Age:** Enter the client’s date of birth. The age field will be auto calculated based on the client’s date of birth.

**Sex:** Select the appropriate option from the drop-down list.

**Race and Ethnicity:**

- Select the appropriate option from the drop-down lists.
- The race field is a multi-select field so that more than one option can be selected as needed.
- Only select “decline” if the parent/caregiver guardian chooses not to share their child’s race and/or ethnicity.
- Only select “unknown” if the parent/caregiver guardian reports that they do not know their child’s race and/or ethnicity. Do not select “unknown” to report that this information is unknown to 1st Five.

**Language:** Select the client’s primary language and secondary language (if applicable)

**Interpreter:** Select whether the client needs an interpreter for services.

#### Things to remember:

- If the client is already in the data system, please be sure to verify with the parent/guardian that the selections are correct. This information is required for program evaluation purposes.
- If this information is not indicated on referral materials, you’ll need to obtain this information during conversations with the parent/guardian and go back to edit these fields once that information is collected.
- This information is required for program evaluation purposes.

**Directions:**

1. Navigate to a client record.
2. Select the “Demographics” tab on the left side of the page.
3. Enter edit mode by selecting the “Edit” button on the top left of the page.

**Client: Charlie Brown**

Edit 

Client ID	First Name	Middle Name	Last Name
.....	Charlie		Brown
Medicaid ID	Medicaid Case ID	Medicaid Case Name	
.....	.....	.....	
Note			

**Plans**

Name of Plan	Plan Type	Coverage Type	Eligibility Status
No results found			

Demographics

### Demographics

Episodes	Population
.....	Family Health
Contact Information	Age 3 yr 0 mo <input type="checkbox"/> Is Confidential

4. Enter client information and then select the “Save” button at the bottom left of the page.

**1.4 ADDING DATE OF DEATH TO A CLIENT RECORD**
**Things to remember:**

- Please be sure to also update the status of the client’s episode to deceased and enter an end date so that the episode is closed.

**Directions:**

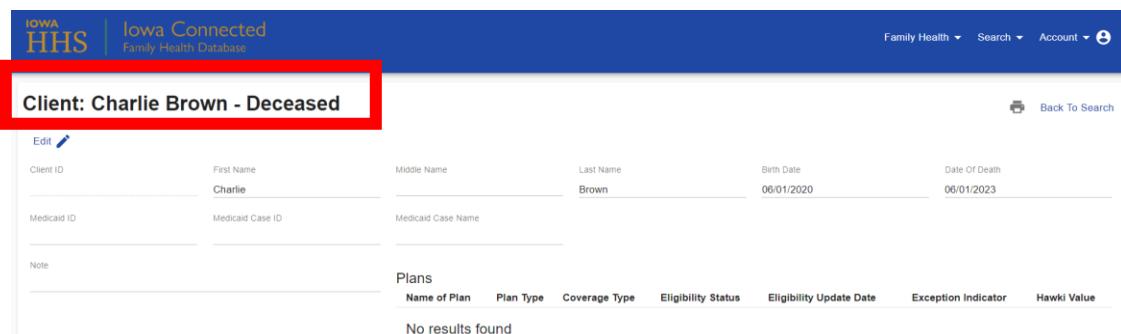
1. Navigate to a client record’s “Demographics” tab.
2. Enter edit mode by selecting the “Edit” button on the top left of the page.
3. Populate the “Date of Death” field.

**Demographics**

**Demographics**

Episodes	Age 3 yr 0 mo	<input type="checkbox"/> Is Confidential *
Contact Information	Gender Male <span style="font-size: 2em; vertical-align: middle;">X</span>	Ethnicity Not Hispanic <span style="font-size: 2em; vertical-align: middle;">X</span>
Relationships	Races White <span style="font-size: 2em; vertical-align: middle;">X</span> S... <span style="font-size: 1em; vertical-align: middle;">▼</span>	
Attachments	Nickname Alias Maiden Name	
<b>Date Of Death</b> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"> <span style="margin-right: 5px;">06/01/2023</span> <span style="font-size: 1.5em;">X</span> <span style="font-size: 1.5em; vertical-align: middle;">CALENDAR</span> </div> <input type="checkbox"/> Presumed Deceased		

4. Click the “Save” button on the top left or the bottom left of the page.
5. Note the header of the client record now displays “Deceased” along with the client’s name.



Iowa HHS | Iowa Connected Family Health Database

Client: Charlie Brown - Deceased

Family Health ▾ Search ▾ Account ▾

Client ID	First Name	Middle Name	Last Name	Birth Date	Date Of Death																					
Client ID	Charlie		Brown	06/01/2020	06/01/2023																					
Medicaid ID	Medicaid Case ID	Medicaid Case Name																								
Note <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7" style="text-align: left;">Plans</th> </tr> <tr> <th>Name of Plan</th> <th>Plan Type</th> <th>Coverage Type</th> <th>Eligibility Status</th> <th>Eligibility Update Date</th> <th>Exception Indicator</th> <th>Hawki Value</th> </tr> </thead> <tbody> <tr> <td colspan="7">No results found</td> </tr> </tbody> </table>						Plans							Name of Plan	Plan Type	Coverage Type	Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value	No results found						
Plans																										
Name of Plan	Plan Type	Coverage Type	Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value																				
No results found																										

## 1.5 MARKING A CLIENT RECORD AS CONFIDENTIAL

This feature is a way to “flag” a client records that need extra precaution when sharing client information. For example, cases that may involve foster care, custody issues, domestic violence or health information related to mental health, substance abuse treatment, or HIV/AIDS.

It does not adjust or change the accessibility to the client’s information.

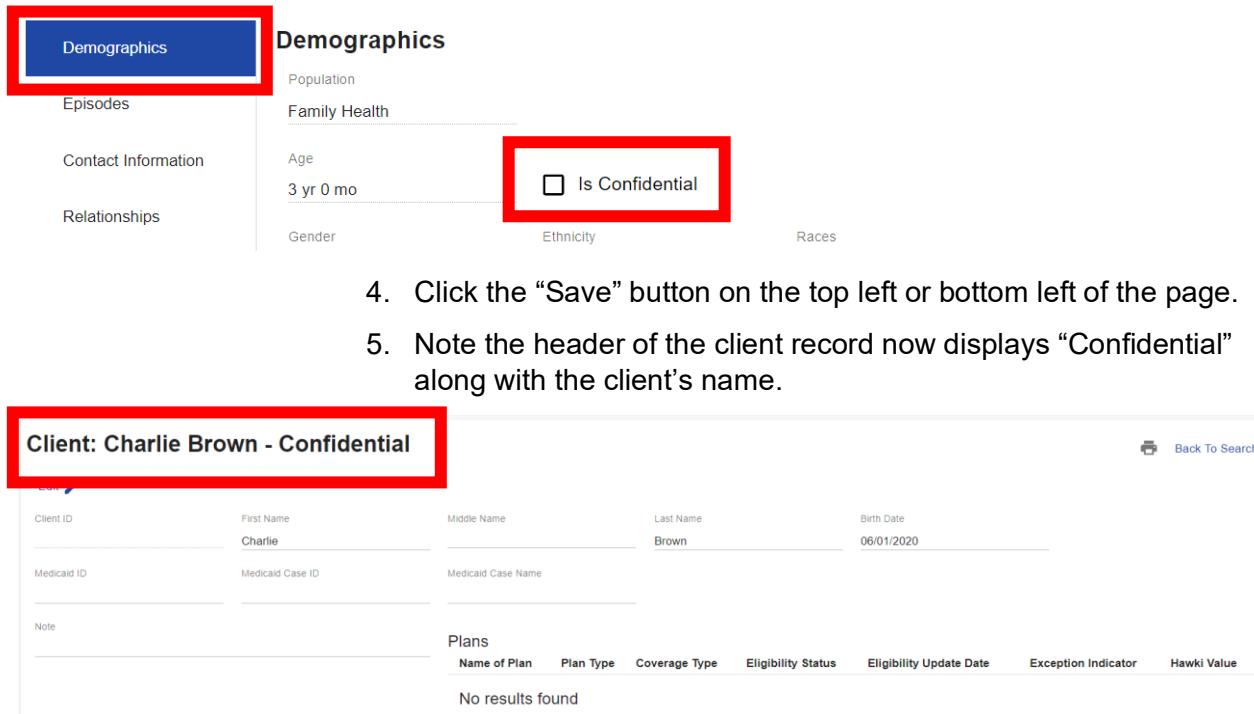
Important: Anyone with access to Iowa Connected can see the client’s demographic information, contact information and program activities. Please add a note if there are restrictions that other users should be aware of.

### Things to remember:

- 1st Five staff shall comply with all state and federal laws and regulations when accessing, using, and disclosing records, data, and information held, maintained, or processed by Iowa HHS. Information is confidential under Iowa state law, including but not limited to Iowa Code Chapters 13 and Iowa Administrative Code Chapter 441.

**Directions:**

1. Navigate to a client record's "Demographics" tab.
2. Enter edit mode by selecting the "Edit" button on the top left of the page.
3. Select the "Is Confidential" checkbox.



Demographics

Episodes

Population

Family Health

Contact Information

Age: 3 yr 0 mo

Relationships

Gender

Ethnicity

Races

Is Confidential

**Client: Charlie Brown - Confidential**

Client ID: \_\_\_\_\_ First Name: Charlie Middle Name: \_\_\_\_\_ Last Name: Brown Birth Date: 06/01/2020

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
No results found						

## 1.6 ADDING CONTACT INFORMATION TO A CLIENT RECORD

**Things to remember:**

- Please be sure to enter the client's most recent contact information which includes their phone number and address (email is optional).
- When connecting with the parent/guardian, be sure to ask what their preferred contact method is AND when they're available.
- If you'd like Iowa Connected to validate the address you enter, it's important to enter as much information as possible.

**Directions:**

1. Navigate to a client record.
2. Select the "Contact Information" tab on the left side of the page.
3. Enter edit mode by selecting the "Edit" button on the top left of the page.
4. Select the "Create" button underneath the section you wish to add more information.

Demographics	Contact Information								
Episodes	Preferred Contact Method	Phone (Cell)	X						
Contact Information									
Relationships	Phones	Phone Type	Number	Ext	Note				
Attachments	No results found								
	<a href="#">Create +</a>								
Addresses	Address Type	Line 1	Line 2	City	State	Zip	County	Note	Verification Status
	No results found								
	<a href="#">Create +</a>								
Emails	Email Type	Email							
	No results found								
	<a href="#">Create +</a>								

5. A pop-window will open prompting the user to enter the necessary information to create a record.
6. To save the record and have it applied to the client record select the “Save” button on the bottom left of the screen.
7. To cancel creating the new record, select the “Close” button on the bottom left of the screen.

## 1.7 MODIFYING CONTACT INFORMATION IN A CLIENT RECORD

### Things to remember:

- Since Medicaid and WIC data is protected by program requirements, the system will not allow others to adjust the address or phone number for those programs.
- Additional addresses/phone numbers can be added as needed by editing the record.

### Directions:

1. When needing to modify contact information, click on the line item you wish to modify, to open the record in a pop-window.
2. Enter edit mode by selecting the “Edit” button on the top left of the page.
3. In edit mode make the necessary updates and then click the “Save” button on the top left or bottom left of the page.
4. To cancel any updates made to the record click the “Close” button on the bottom of the page.

## 1.8 CREATING CLIENT RELATIONSHIPS

### Things to remember:

- When creating a client relationship and connecting client records in Iowa Connected, it's important to first search for the client to see if they already exist within the data system.
- Client records can be created using the "Create +" button if they do not have an Iowa Connected record.
- This feature can be used to add the parent/guardian and connect them to the client's record (note: first name, last name, and date of birth are required fields when creating a client).
- Creating a client doesn't attach them to a specific program/episode, it's simply creating a client record in Iowa Connected.
- This feature is also helpful when connecting a 1st Five client to another 1st Five client in Iowa Connected, for example siblings that were both referred to 1st Five.

### Directions:

1. Navigate to the client you wish to add the relationship to.
2. Once on the client record, click on the "Relationships" tab.
3. In the "Relationships" tab the user can view all related clients.
4. Enter edit mode by selecting the "Edit" button on the top left of the page.
5. Click the "Create +" button underneath the "Relationships" grid to open the "Create Client Relationship" pop-window.
6. Clicking in the "Client" field will launch the "Clients" search pop-window which can be used to search for the client that will be related.
7. Populate "First Name", "Last Name", and birth date then select the "Search" button. For better search results, enter at least 1 letter for the first name and 2 letters for the last name.
8. Selecting the client from the search will populate that client in the "Client" field.

Clients Create + X

Search Criteria

Client ID	Medicaid ID	Medicaid Case ID
First Name h	Last Name kitty	Date of Birth MM/DD/YYYY <input type="button" value="Calendar"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>		

Search Results

Client ID	Medicaid ID	Medicaid Case ID	First Name	Last Name	Is Confidential
hello			hello	kitty	

○ +

9. Populate any additional details for the specific relationship and then select “Save” button to save the Relationship. Selecting “Close” will cancel the Relationship record creation.

### Create Client Relationship

Client \*  🔍 X 🔍

Relation

Is an emergency contact

Is allowed to have medical information

Is an insurance guarantor

Is a primary caregiver

Is the legal proxy

Is the secondary caregiver

Note

Save  Close 

# Section 2: Episode Navigation

This section will explain how to create, edit and view 1<sup>st</sup> Five episodes within the client record. A 1<sup>st</sup> Five episode is equivalent to a referral to 1<sup>st</sup> Five. Each referral to 1<sup>st</sup> Five will have its own 1<sup>st</sup> Five episode.

## 2.1 VIEWING ALL EPISODES ASSOCIATED TO A CLIENT

### Things to remember:

- Do not “re-open” closed episodes for new referral data.
- If a client is a recurring client (which means that the client was referred to 1<sup>st</sup> Five before and has a “Closed” 1<sup>st</sup> Five episode), add another 1<sup>st</sup> Five episode.

### Directions:

1. Navigate to a client record.
2. Select the “Episodes” tab on the client record.
3. All Episode records associated with the client will be listed in the grid titled “Episodes”.

**Client: Charlie Brown**

[Back To Search](#)

View Save

Client ID	First Name *	Middle Name	Last Name *	Birth Date *			
<input type="text"/>	<input type="text" value="Charlie"/>	<input type="text"/>	<input type="text" value="Brown"/>	<input type="text" value="11/17/2020"/>			
Medicaid ID	Medicaid Case ID	Medicaid Case Name					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Note	Plans						
<input type="text"/>	Name of Plan	Plan Type	Coverage Type	Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value
	No results found						

Demographics

**Episodes**

Episodes	Program	Owner	Owning Agency	Awareness Date	Episode Status	Episode Closed Date	
<a href="#">Create </a>	1st Five	Amy Robak	Iowa Dept. of Public Health	03/07/2023	Member		
	1st Five	Amy Robak	Iowa Dept. of Public Health	10/03/2022	Closed	01/04/2023	

Rows per page: 10 1-2 of 2

## 2.2 CREATING A NEW EPISODE

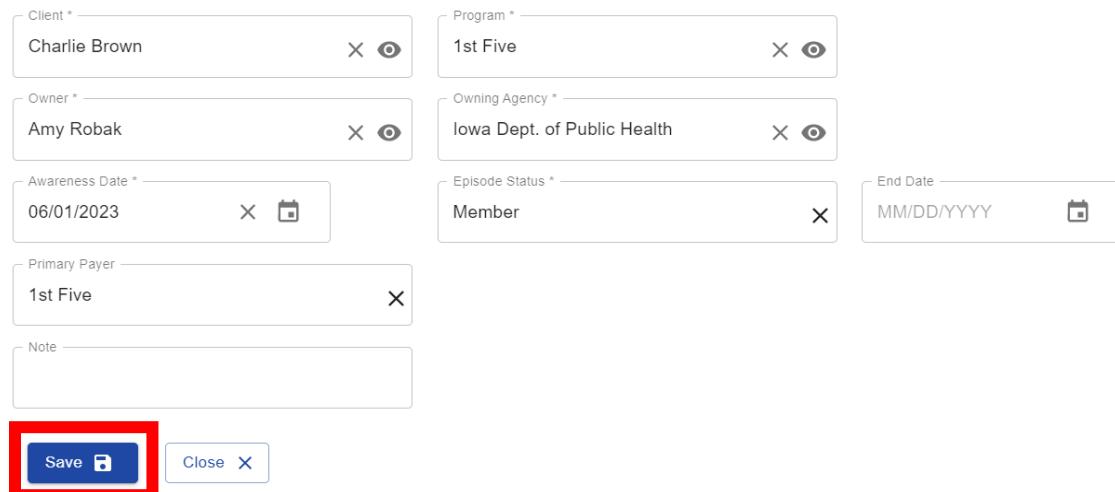
### Things to remember:

- Create a 1<sup>st</sup> Five Episode for each **NEW** referral to 1<sup>st</sup> Five.
- Clients will have a separate 1<sup>st</sup> Five episode for each 1<sup>st</sup> Five Referral.

### Directions:

1. Navigate to the client record's "Episodes" tab.
2. Enter edit mode by clicking on the "Edit" button on the top left of the page.
3. Click the "Create +" button underneath the "Episodes" grid to open the "Create Episode" pop-window.
4. Select 1<sup>st</sup> Five from the drop-down list in the "Program" field.
5. Complete the "Owning Agency" field and "Owner" field (this will be the individual DSS staff person assigned to the client).
6. In the "Awareness Date" field, enter the date the referral was received.
7. "Episode Status" is Member – meaning it is an open case.
8. In the 'Primary Payer' field, select 1st Five.
9. Click the "Save" button at the bottom left of the pop-window.
10. To cancel the Episode record creation, select the "Close" button at the bottom left of the page.
11. Selecting the "Save" button will create the Episode record and refresh the pop-window to display the Episode record in edit mode. Close the pop-window.

### Create Episode



The form consists of several input fields:

- Client \***: Charlie Brown (with a red 'X' and an eye icon to the right)
- Program \***: 1st Five (with a red 'X' and an eye icon to the right)
- Owner \***: Amy Robak (with a red 'X' and an eye icon to the right)
- Owning Agency \***: Iowa Dept. of Public Health (with a red 'X' and an eye icon to the right)
- Awareness Date \***: 06/01/2023 (with a red 'X' and a calendar icon to the right)
- Episode Status \***: Member (with a red 'X' to the right)
- Primary Payer**: 1st Five (with a red 'X' to the right)
- Note**: (empty text area)
- Buttons at the bottom:**
  - Save** (button highlighted with a red box)
  - Close**

### 2.3 NAVIGATING TO A SPECIFIC EPISODE

#### Things to remember:

- You are able to open a specific episode record by clicking anywhere in the "episode" line, within the episode grid.

#### Directions:

1. Navigate to a client record.
2. Select the “Episodes” tab on the client record.
3. All Episode records associated with the client will be listed in the grid titled “Episodes”.
4. Selecting a line item from the grid will open the Episode record in a pop-window or you can click on the arrows to the right of the grid.

#### Episodes

Episodes					
Program	Owner	Owning Agency	Awareness Date	Episode Status	Episode Closed Date
1st Five	Amy Robak	Iowa Dept. of Public Health	06/01/2023	Member	
1st Five	Amy Robak	Iowa Dept. of Public Health	10/03/2022	Closed	01/04/2023
1st Five	Amy Robak	Iowa Dept. of Public Health	03/07/2023	Closed	04/06/2023



## 2.4 EDITING AN EPISODE

#### Things to remember:

- Editing an episode is necessary when changing the status of an episode, for example when updating an episode status or entering an end date. It is very important to keep the Episode status accurate and current.

#### Directions:

1. Navigate to the client record’s “Episodes” tab.
2. All Episode records associated with the client will be listed in the grid titled “Episodes”.
3. Selecting a line item from the grid will open the Episode record in a pop-window.
4. To enter edit mode, click the “Edit” button on the top left of the page.
5. Click the “Save” button at the top left or bottom left of the pop-window to save all changes made to the record.
6. To cancel any updates, click the “View” button at the top left of the page. Note selecting the “Close” button at the bottom left of the page will also cancel all updates and close out of the pop-window.

### Episode: 1st Five - 03/07/2023 - Member

Edit 		Create Activity Bundle	
Client	Program		
Charlie Brown	1st Five		
Owner	Owning Agency		
Amy Robak	Iowa Dept. of Public Health		
Awareness Date	Episode Status	End Date	
03/07/2023	Member		
Note			
<a href="#">Episode Data</a>		<a href="#">Episode Data</a>	
Activities Surveys		Primary Payer 1st Five	

## 2.5 CLOSING AN EPISODE

### Things to remember:

- When closing an Episode, it is necessary to change the status of the episode from member status to closed status **AND** enter an end date. These are very important steps of the closing process.
- Episodes should be closed within 48 hours or 2 business days after the last interaction/conversation with the parent/guardian.
- Once the episode is closed, the next step is to send the appropriate closing letter to the parent/guardian and the referring provider closing letter.

### Directions:

1. Navigate to the client record's "Episodes" tab.
2. All Episode records associated with the client will be listed in the grid titled "Episodes".
3. Selecting a line item from the grid will open the Episode record in a pop-window.
4. To enter edit mode, click the "Edit" button on the top left of the page.
5. Click the "Save" button at the top left or bottom left of the pop-window to save all changes made to the record.
6. To cancel any updates, click the "View" button at the top left of the page. Note selecting the "Close" button at the bottom left of the page will also cancel all updates and close out of the pop-window.

7. Once the record has been saved, you can verify that the record has been closed by checking for the “Closed” status on the heading of the record.

**Episode: 1st Five - 03/16/2023** **Closed**

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

Client Program  
[Charlie Brown](#) 1st Five

Owner Owning Agency  
 Amy Robak Iowa Dept. of Public Health

Awareness Date Episode Status End Date  
 03/16/2023 Closed 06/09/2023

Note

**Episode Data**

### Episode Data

Activities

Primary Payer

1st Five

Surveys

Needs / Program  
Referrals

Closing Letter Type	Outcome
Closing Letter with FES Invitation	Client successfully completed the 1 <sup>st</sup> Five program
Declined – Thank you to Family	Client declined 1 <sup>st</sup> Five services
Lost Contact – Thank you to Family	Client lost contact with 1 <sup>st</sup> Five
Unable to Contact – Thank you to Family	Client did not connect with 1 <sup>st</sup> Five

# Section 3: Survey (aka Screening Tools)

## 3.1 CREATING A SURVEY RECORD

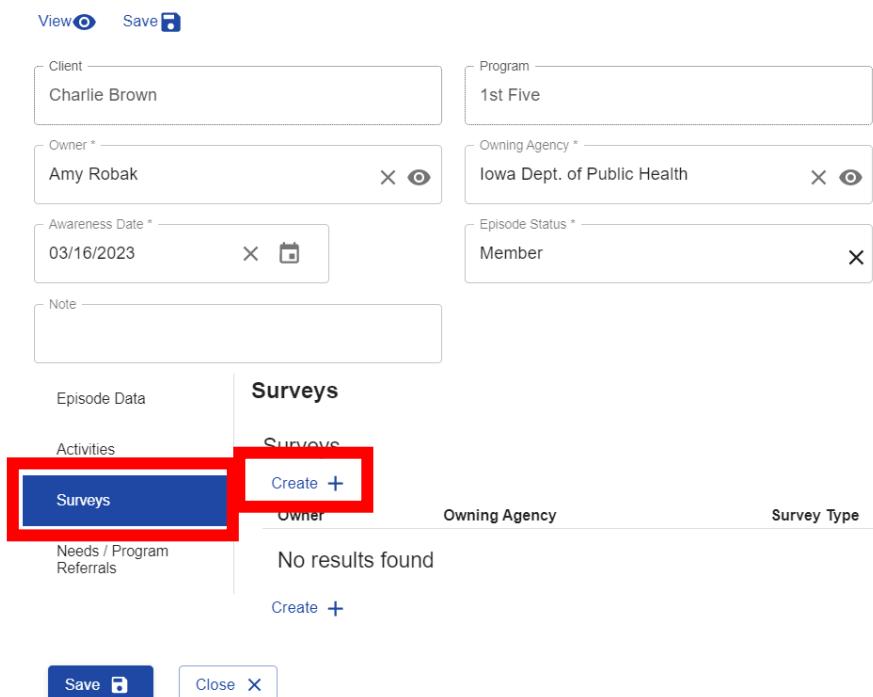
### Things to remember:

- The “Surveys” tab is used to document developmental screening tools that the referring provider completed as part of their referral to 1st Five.
- This documentation is not required. However, if you’ve received the scores from a developmental screening conducted during the well-visit and would like to record the information, this option is available.

### Directions:

1. Navigate to the Episode record in member status.
2. Select the “Surveys” tab on the left side of the page.
3. To enter edit mode, click the “Edit” button on the top left of the page.

### Episode: 1st Five - 03/16/2023 - Member



The screenshot shows the Episode record for "1st Five" on "03/16/2023" in "Member" status. The "Surveys" tab is selected. The "Surveys" section displays a grid with a "Create +" button. The "Create +" button is highlighted with a red box. The "Surveys" tab is also highlighted with a red box. The "Save" and "Close" buttons are at the bottom left of the page.

View  Save 

Client: Charlie Brown

Program: 1st Five

Owner: Amy Robak

Owning Agency: Iowa Dept. of Public Health

Awareness Date: 03/16/2023

Episode Status: Member

Note: (empty)

Episodes Data

Surveys

Surveys

Create +

Owner

Owning Agency

Survey Type

Needs / Program Referrals

No results found

Create +

Save  Close 

4. Click the “Create +” button underneath the “Surveys” grid to open the “Create Survey” pop-window.
5. Populate the “Owner”, “Owning Agency”, “Type” and “Date Survey was Performed” fields then select the “Save” button at the bottom left of the page. Depending on the type of survey being completed, additional fields will appear in a pop window

6. To cancel the Survey record creation, select the “Close” button at the bottom left of the page.
7. Selecting “Save” will result in the survey questions being displayed.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	select Screening tool
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Duration	the number of minutes spent documenting the activity, from start to finish
Outcome	select “Successful” – Survey outcomes will always be “Successful” because they were completed as part of the referral to 1 <sup>st</sup> Five
Narrative Notes	Narrative Notes can be used at your discretion

# Section 4: Organizations and Programs

## 4.1 ORGANIZATIONS

The term “Organization” is used when documenting 2 different pieces of information in Iowa Connected.

- Organization is a term used to describe the referring practice for 1st Five.
  - Example: Organization: Primary Health Care
- Organization is also a term used to describe community resources being referred to as part of Program Referrals.
  - Example: Organization: FAMILY, Inc. Program: Early Head Start

### 4.1.1 Organization – Referring Practice

This information is collected within the 1st Five Referral Activity. This is an important piece of 1st Five data that is used for reporting and tracking program growth and engagement. When documenting referring practices, we want to be sure we’re being specific with selecting the individual practice location.

Organization records within Iowa Connected can contain the following information:

- Name of Organization
- Organization ID
- Phone Number
- Website
- Hours
- Address
- Specialties
- Description

#### Organization: Community Health Center - Primary Health Care, Inc. - Marshalltown

Name of Organization Community Health Center - Primary Health Care, Inc. - Marshalltown	Organization ID 89589	<input type="checkbox"/> Is Agency	<input type="checkbox"/> Has Softastics Reporting				
Phone Number 6417534021	Website http://www.phcinc.net	Fax 6418446235	Hours General medical and mental health care				
Organization Type(s) Community Resource							
Specialties							
Description General medical and mental health care							
Primary Medical Care Services include general medical care, pediatrics, preventive care, family planning, limited laboratory and radiology test, STD and HIV testing and counseling, testing for blood lead levels, and immunizations. Obstetrical and Gynecological Care including gynecological, prenatal and postpartum care. Family planning services are also available. Mental Health Services are offered. Clinic Hours: Monday – Friday, 8:00 am – 8:00 pm. Saturday 9:00 am – 1:00 pm							
Addresses							
Address Type Physical	Line 1 412 E Church Street	Line 2	City Marshalltown	State	Zip 50158	County	Phone Number 6417534021

## 4.1.2 Organization – Program Referral

This information is collected within the Needs/Program Referrals tab and used when documenting Program Referrals made to address a Need. Organizations may be large and offer multiple programs or in some cases they may be smaller and only offer one program. If the Organization only offers one program, it is ok if the Organization and Program name are the same. When documenting program referrals, we want to be sure we're being specific with selecting the individual program being offered by the Organization.

Organization records within Iowa Connected can contain the following information:

- Name of Organization
- Organization ID
- Phone Number
- Website
- Hours
- Address
- Specialties
- Description

### Organization: Community Health Center - Primary Health Care, Inc. - Marshalltown

Name of Organization	Organization ID	<input type="checkbox"/> Is Agency	<input type="checkbox"/> Has Softaccts Reporting				
Community Health Center - Primary Health Care, Inc. - Marshalltown	89589						
Phone Number	Website	Fax	Hours				
6417534021	http://www.phcinc.net	6418446235	General medical and mental health care				
Organization Type(s)							
Community Resource							
Specialties							
Description	General medical and mental health care						
Primary Medical Care Services include general medical care, pediatrics, preventive care, family planning, limited laboratory and radiology test, STD and HIV testing and counseling, testing for blood lead levels, and immunizations. Obstetrical and Gynecological Care including gynecological, prenatal and postpartum care. Family planning services are also available. Mental Health Services are offered. Clinic Hours: Monday – Friday, 8:00 am – 8:00 pm; Saturday 9:00 am – 1:00 pm							
Addresses							
Address Type	Line 1	Line 2	City	State	Zip	County	Phone Number
Physical	412 E Church Street		Marshalltown		50158		6417534021

## 4.2 PROGRAMS

Programs are specific services/programs being offered within Organizations. This information is collected when documenting Program Referrals made to address a Need. For reporting purposes, Programs must be associated with an Organization in Iowa Connected. Organizations/Programs that are offered at multiple locations will have each location listed.

Example:

Organization: Iowa Department of Human Services

Program: Refugee Services

Each address for this program will be listed within the Program record. They do not need to be listed individually.

#### Organization Program: Refugee Services

Organization  
[Iowa Department of Human Services \(Iowa DHS\) - Butler](#)

Name of Organization Program  
 Refugee Services

Addresses

Address Type	Line 1	Line 2	City	State	Zip	County	Phone
	120 1st Street Northwest		Clarion	50525	Wright	5158329555	
	95 Ninth Street North		Northwood	50459	Worth	6414248641	

## 4.3 SEARCHING FOR ORGANIZATIONS/PROGRAMS

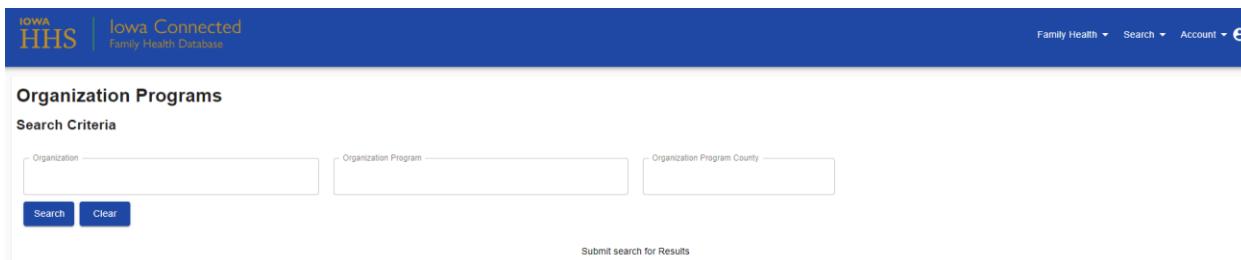
If having difficulty finding an Organization/Program, use the Iowa Connected “Search” feature to look for it.

#### Things to remember:

- Organizations/Programs may be listed differently depending on how they were entered into Iowa Connected.
- Use the EXACT name you find in the search results when adding the Organization/Program to a Program Referral.
- Be sure your agency staff are consistent with how they are selecting Organizations/Programs.
- If you discover duplicate Organizations/Programs, please notify the Iowa Connected Helpdesk so that they can merge the records.

#### Directions:

1. In the header, select “Search”
2. Select “Organization Programs” from the dropdown



3. Populate the search criteria fields and click on the “Search” button.

## 4.4 ADDING ORGANIZATIONS/PROGRAMS TO IOWA CONNECTED

If the Organization/Program you've searched for does not exist in Iowa Connected, you can submit a request to the Iowa Connected Help Desk.

**Things to remember:**

Please complete the request as thoroughly as possible. The information entered will be used to add the program to Iowa Connected. The request will need the following information to add the Organization/Program into Iowa Connected:

- Name of Program
- Organization program is associated with
- Address of Program
- County of Program
- Program Contact Information

This Helpdesk can also update information on the organization/program record (new phone number, address, etc.).

## 4.5 MERGING ORGANIZATION/PROGRAM RECORDS

If you discover duplicate Organizations/Programs, please notify the Iowa Connected Helpdesk so that they can merge the records. Merging records will not affect data that was previously tied to the duplicate organizations/programs. Once the records are merged, you will see the merged information on the record and will need to search for the name it was merged to.

# Section 5: Needs and Program Referrals

This section will explain how to create Needs and Program Referrals within a client's 1<sup>st</sup> Five episode. Needs and Program Referrals are an important part of a client record. In Iowa Connected, Needs and Program Referrals are created within 1<sup>st</sup> Five Episodes in the Needs/Program Referrals tab.

## 5.1 CREATING NEEDS

### Things to remember:

- Needs are identified by:
  - DSS during interactions with the parent/guardian
  - The Referring Provider and indicated on the 1<sup>st</sup> Five referral form
- **ALL** client Needs must be documented in the client's record as they are identified for the client. This includes:
  - all needs/concerns/issues identified by the referring provider and documented on the 1<sup>st</sup> Five referral form.
  - all needs/concerns/issues identified by DSS by interacting with the parent/guardian during care coordination activities.
- Needs will be documented as they are being identified while working with a client – Do not wait until the case is closed to add Needs.
- Sometimes DSS must collect additional information from the referring provider or parent/guardian before a need can be documented. This is ok. Be sure to go back in the record and document the need once that information is collected.
- Needs can be added more than once to a client record within different 1<sup>st</sup> Five episodes. For example, a client was referred to 1<sup>st</sup> Five and their need was food. The client was referred again the following year and food is still a concern. Food can be added to both episodes to demonstrate the reoccurring need.
- A Need must be created before a Program Referral can be recorded to address the Need.

**IMPORTANT:** When there is an outcome to report, edit the Need and select the appropriate outcome for the Need. Walk through the options, choose the "best fit" and report the outcome of the Need.

### Directions:

1. Navigate to the Episode record in member status.
2. Select the "Needs/Program Referrals" tab.
3. To enter edit mode, click the "Edit" button.
4. Click the "Add Row +" button underneath the "Needs" grid to begin adding Needs.
5. Click in the "Need" field and start typing the name of the need. A list will start forming based on the Need name being typed.
6. Populate the remaining fields. Note: the "Owner" and "Owning Agency" fields will be auto populated to the episode owner and owning agency.

7. Multiple Needs can be added using the “Add Row +” button.
8. Select the “Save” button when you are done adding Needs.
9. Once saved, you have the option to add Program Referrals to address the Need.

Field	Description
Need	select the need/concern identified for the client
Identified By	<p>select who identified the need</p> <ul style="list-style-type: none"> <li>▪ DSS: identified during an interaction with the parent/guardian</li> <li>▪ Referring Provider: indicated on the 1<sup>st</sup> Five referral form</li> </ul>
Identified Date	<p>the date the need was identified</p> <ul style="list-style-type: none"> <li>▪ Referring Provider – referral activity date</li> <li>▪ DSS – date of activity/interaction with when the need was identified</li> </ul>
Need Outcome	<p><b>IMPORTANT:</b> When there is an outcome to report, edit the Need and select the appropriate outcome for the Need. Walk through the options, choose the “best fit” and report the outcome of the Need.</p> <ul style="list-style-type: none"> <li>▪ Unaddressable – Contact does not want to pursue</li> <li>▪ Unaddressable – Resource lacks capacity</li> <li>▪ Unaddressable – No resources available</li> <li>▪ Unaddressable – Lost contact</li> <li>▪ Unaddressable – Unable to contact</li> <li>▪ Resolved – DSS resolved need (no referral)</li> <li>▪ Resolved – Resource addressed need</li> <li>▪ Resolved – Contact self-resolved need</li> </ul>
Owner	the individual DSS staff person completing the activity. Note: the “Owner” and “Owning Agency” fields will be auto populated to the episode owner and owning agency.
Owning Agency	the Owner’s agency. Note: the “Owner” and “Owning Agency” fields will be auto populated to the episode owner and owning agency.

## 5.2 CREATING PROGRAM REFERRALS

### Things to remember:

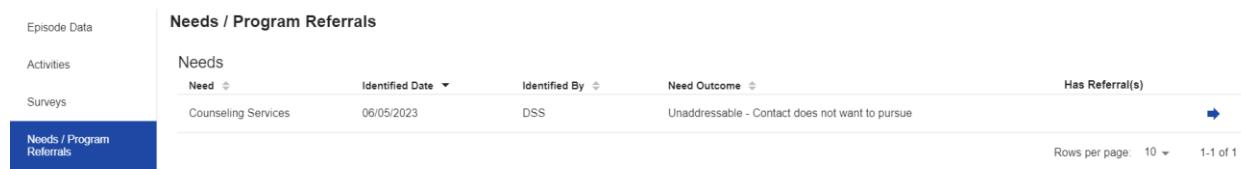
- A Program Referral is used to document a referral made to a community resource to meet a contact’s needs.
- **ALL** Program Referrals must be documented in the client’s record.
- Program Referrals will be documented as connections are being made for the client. – Do not wait until the case is closed to add Program Referrals.
- Multiple Program Referrals can be created to address each Need record. For example, a Food Need record may have four Program Referrals: one to WIC, another to the Food Box Food Pantry, another to DHS – Food Assistance and a fourth to Meals on Wheels.

- There must be a Need created first to create a Program Referral to address the Need.

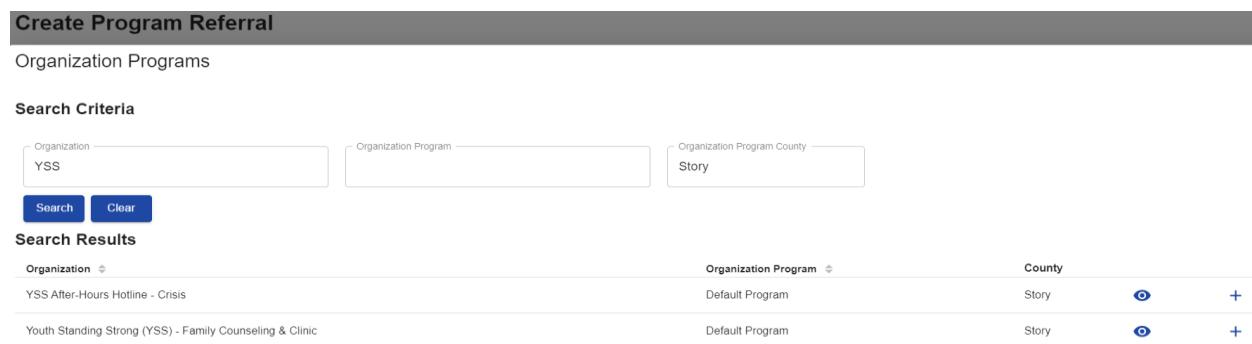
**IMPORTANT:** When there is an outcome to report, edit the Program Referral and select the appropriate outcome for the Program Referral. Walk through the options, choose the “best fit” and report the outcome of the Program Referral.

### Directions:

1. Navigate to the Episode record in member status.
2. Select the “Needs/Program Referrals” tab.
3. Within the “Needs” grid, select the Need being addressed by the Program Referral you are creating.



4. To enter edit mode, click the “Edit” button.
5. Click the “Create +” button underneath the “Program Referrals” grid to open the “Create Program Referral” pop-window.
6. Click on the “Program Referred To” field to open the search criteria fields so that you’re able to search for the Organization/Program.
7. Complete the search criteria fields and select search.



8. Click on the “+” to add the Organization/Program.
9. Populate the remaining fields then select the “Save” button at the bottom left of the page.
10. Once saved, you should see the Program Referral in the “Program Referral” grid saved as part of the Need record.

## Need: Food

[Edit](#)

Episode

 1st Five - 06/12/2023 - Member - Client ID:  
17376590

Need

Identified By

Food

DSS

Identified Date

Need Outcome

06/13/2023

Resolved - Resource addressed need

Owner

Owning Agency

Amy Robak

Iowa Dept. of Public Health

### Program Referrals

Owner	Owning Agency	Program Referred To	Organization Referred To	Activity Date	Program Referral Outcome
Amy Robak	Iowa Dept. of Public Health	WIC	Mid Iowa Community Action, Inc.	06/13/2023	Services received

Field	Description
Need	Need being addressed by the Program Referral - auto populated
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Activity Date	the date the Program Referral was completed
Program Referred To	Organization/Program addressing the Need
Program Referral Outcome	<p><b>IMPORTANT:</b> When there is an outcome to report, edit the Program Referral and select the appropriate outcome for the Program Referral. Walk through the options, choose the "best fit" and report the outcome of the Program Referral.</p> <ul style="list-style-type: none"> <li>• Services received</li> <li>• Services unavailable</li> <li>• Placed on a waiting list</li> <li>• Information received</li> <li>• Lost contact</li> <li>• Refusal of service</li> </ul>
Description	can be used at your discretion to summarize the parent/guardian's response to the program referral or outcome of the program referral

## 5.3 SAVED NEED AND PROGRAM REFERRAL

Once saved, you should see the Program Referral saved within the Need record.

Need: Counseling Services

[View](#)  [Save](#) 

Episode	1st Five - 03/16/2023 - Member	
Need	Counseling Services	Identified By *
Identified Date	06/05/2023	Need Outcome
Owner	Amy Robak	Owning Agency

Program Referrals

Owner	Owning Agency	Program Referred To	Organization Referred To	Activity Date	Program Referral Outcome	
Amy Robak	Iowa Dept. of Public Health	Default Program	Youth Standing Strong (YSS) - Family Counseling & Clinic	06/07/2023	Refusal of service	

# Section 6: Activity Navigation

This section will describe each 1st Five activity and provide directions on when to use them and how to create, edit and view 1st Five activities within the client record.

## 6.1 ADDING AN ACTIVITY BUNDLE TO AN EPISODE

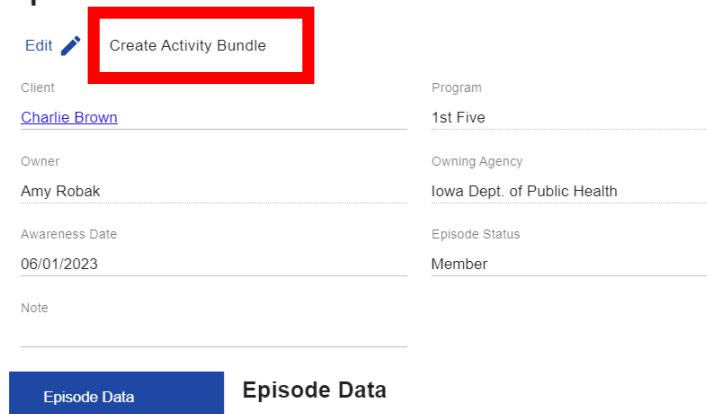
### Things to remember:

- Best practice is to use the preset 1st Five Activity Bundle. The Activity Bundle has time saving features such as cascading common fields, reminders and other reset values.
- If items in the bundle are not completed, you can update the outcome of the activity as “No Longer Necessary” and the activity will no longer appear as overdue in your dashboard.
- Activity details such as date, owner, and other activity specific fields can be edited using the “Edit Bundle Details” button before the bundle is saved.

### Directions:

1. Navigate to an Episode record.
2. Confirm you are not in edit mode. If in edit mode, select the “View” button at the top left of the page to go to View mode.
3. Click the “Create Activity Bundle” button to launch the bundle creation process pop-window.

### Episode: 1st Five - 06/01/2023 - Member



The screenshot shows the 'Episode' page with the following data:

Client	Program
Charlie Brown	1st Five
Owner	Owning Agency
Amy Robak	Iowa Dept. of Public Health
Awareness Date	Episode Status
06/01/2023	Member
Note	
<hr/>	

At the bottom, there are two buttons: 'Episode Data' (highlighted in blue) and 'Episode Data'.

4. Select the “1<sup>st</sup> Five New Client” activity bundle from the dropdown and select “Search”.

IAFH Select Activity Bundle

## Activities

### Search Criteria

X
O

Search
Clear

5. Clicking the checkbox to the left of the “Activity Type” heading in the search results table will select all activities. Note, you can deselect any activities you do not want to include in the bundle.

6. Complete the “Owner” and “Owning Agency” fields to assign the activities to a specific user.

7. Complete the “Activity Date” field and enter the date the referral was received.

8. Click the “Save Bundle Now” button to create the bundle of activities.

Activity Bundle

X
O

Search
Clear

Search Results

Activity Type
Activity Date Offset (Days)

<input checked="" type="checkbox"/>	Referral	0
<input checked="" type="checkbox"/>	Care Coordination	3
<input checked="" type="checkbox"/>	Send Letter	60
<input checked="" type="checkbox"/>	Family Experience Survey	74

- [Referral - 0](#) X
- [Care Coordination - 3](#) X
- [Send Letter - 60](#) X
- [Family Experience Survey - 74](#) X

Owner

X
O

Owning Agency\*

X
O

Activity Date\*

X
C

Discard
Edit Bundle Details
Save Bundle Now

9. If you do not wish to proceed with creating the bundle, click outside of the pop-window to cancel the bundle creation process.

## 6.2 CREATING AN ACTIVITY IN AN EPISODE

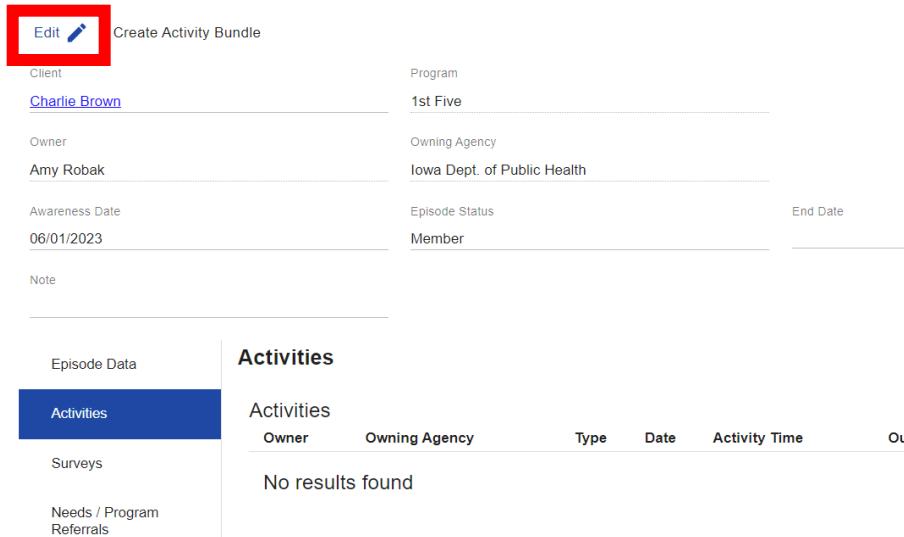
### Things to remember:

- Activities can be created to be used as reminders by scheduling them for a future date.
- Activities can also be created as they are being completed with the client.

### Directions:

1. Navigate to an Episode record.
2. Select the “Activities” tab on the left side of the page.
3. To enter edit mode, click the “Edit” button on the top left of the page.

#### Episode: 1st Five - 06/01/2023 - Member



The screenshot shows the Episode Detail page. At the top, there is a red box around the 'Edit' button. To the right of the button is the text 'Create Activity Bundle'. Below this, there are two columns of information: 'Client' (Charlie Brown) and 'Program' (1st Five); 'Owner' (Amy Robak) and 'Owning Agency' (Iowa Dept. of Public Health); 'Awareness Date' (06/01/2023) and 'Episode Status' (Member). There is also a 'Note' section. On the left, there is a sidebar with 'Episode Data' and 'Activities' (which is selected and highlighted in blue). Under 'Activities', there is a table with columns: 'Activities', 'Owner', 'Owning Agency', 'Type', 'Date', 'Activity Time', and 'Out'. The table shows one result: 'Surveys' with 'Owner' as 'Amy Robak' and 'Owning Agency' as 'Iowa Dept. of Public Health'. Below the table, it says 'No results found'.

4. Click the “Create +” button on the “Activities” grid to open the “Create Activity” pop-window.

**Episode: 1st Five - 06/01/2023 - Member**

View  Delete  Save 

Client	Charlie Brown	Program	1st Five
Owner *	Amy Robak  	Owning Agency *	Iowa Dept. of Public Health  
Awareness Date *	06/01/2023  	Episode Status *	Member 
Note			

Episode Data  Activities 

Activities  Surveys  Needs / Program Referrals 

**Create +** found **Create +**

5. Complete the activity's fields – depending on the activity type, some of the fields may look different.
6. Selecting “Save” will result in additional fields being available based on the specific activity type.
7. To cancel the activity record creation, select the “Close” button at the bottom left of the page.

### Create Activity

Episode \*  1st Five - 06/01/2023 - Member 

Owner \*   Amy Robak   Owning Agency \*   Iowa Dept. of Public Health  

Type \*  Referral  Date \*  06/05/2023   Time  06/05/2023 04:09 PM   Duration (minutes) \*  15

Outcome  Successful 

**Save ** **Close **

### 6.3 DUPLICATE/INCORRECT ACTIVITIES

**Things to remember:**

- When is it ok to delete an activity?
  - If an activity was created by mistake and it has not been completed or saved, you can delete the activity.
- Otherwise...

- If an activity was created/scheduled and not successfully completed, change the status of the activity outcome to “No Longer Needed” so that the activity does not appear on your dashboard.
- Iowa HHS will be running and reviewing audits reports to monitor data deletions.

**Directions:**

1. Navigate to the Activity record you wish to delete or edit.
2. Enter edit mode by clicking on the “Edit” button on the top left of the page.
3. Select the “Delete” button on the top left of the page.
4. In the “Delete Activity” pop-window select the “Continue” button. If you do not wish to proceed with the deletion, then select the “Cancel” button.

#### 6.4 1<sup>ST</sup> FIVE ACTIVITY TABLE

Activity Type	Description
Referral	documents a referral into the 1st Five Program and information collected on the 1st Five referral form
<b>PHONE CALLS</b>	
Introduction Call	documents initial attempt to contact a client that does not result in direct contact <ul style="list-style-type: none"> <li>▪ <b>it is possible to have multiple introduction calls if you have difficulty connecting with the client and have made several attempts to introduce 1<sup>st</sup> Five</b></li> </ul>
Incoming Call	documents missed calls and/or voicemails
Care Coordination Attempt	documents an attempt to contact a client that does not result in direct contact AFTER a care coordination activity has already occurred
<b>SEND LETTER: LETTERS TO CLIENTS</b>	
Welcome Letter	documents a welcome letter to the referred client <ul style="list-style-type: none"> <li>▪ <b>it is possible to have multiple welcome letters if you have difficulty connecting with the client and have made several attempts to introduce 1<sup>st</sup> Five</b></li> </ul>
Follow Up Letter	documents attempt to contact letters to a parent/guardian
Thank you to Family	documents formal closing letter to the parent/guardian of clients that did not successfully participate in the 1 <sup>st</sup> Five program.

Closing Letter with FES Invitation	documents formal closing letter to the parent/guardian of clients that successfully participated in the 1st Five program and invites them to complete the Family Experience Survey.
------------------------------------	---

## SEND LETTER: LETTERS TO PROVIDERS

Referring Provider Acknowledgement	
Referring Provider Request for Additional Information	<ul style="list-style-type: none"> <li>▪ documents correspondence to the referring primary care provider</li> <li>▪ these letters must also be uploaded into Iowa Connected as part of the Send Letter activity</li> </ul>
Referring Provider Update	
Referring Provider Closing	

## CARE COORDINATION

Care Coordination (phone)	documents when you are able to connect via phone with a client, provider and/or a community resource in reference to your client
Care Coordination (letter)	<p>documents letters sent to the client that include materials or information related to referrals and available services</p> <ul style="list-style-type: none"> <li>▪ <b>the Contact Established – Care Coordination letter is considered a Care Coordination activity because the letter is specific to the client's needs and follows a phone call during which a connection was established.</b></li> </ul>
Care Coordination (text, email, fax)	<ul style="list-style-type: none"> <li>▪ documents a back-and-forth dialogue when you are able to connect via text, email, fax with a client, provider and/or a referral resource in reference to your client</li> <li>▪ do not use Care Coordination if no dialogue takes place</li> </ul>

## SURVEY

Family Experience Survey	documents if the Family Experience Survey was completed via phone call with the client
--------------------------	--

The following sections will explain how to document each individual 1st Five activity and describe each field within the activity. The directions will not include steps on adding each activity. For those step-by-step directions, please refer to the section 5.2 titled, “Creating an Activity Record while in the Episode”.

# Section 7: Referral Activity

## 7.1 REFERRAL ACTIVITY

A Referral activity documents a referral into the 1st Five Program and information collected on the 1st Five referral form. The Referral Activity is a very important piece in collecting 1st Five data. Each 1st Five episode must include only ONE referral activity.

### Things to remember:

- 1st Five only accepts referrals from Primary Care Providers. If this “Source” of the referral is not a primary care provider, seek guidance from your supervisor regarding next steps.
- Screening Type is a multi-select field - please select all tools that are indicated on the referral form.
- If a screening or surveillance tool was not indicated on the referral form, please use the “None” option.
- **IMPORTANT:** When the primary reason for the referral has been addressed, edit the Referral activity and complete the Referral Outcome and Reconciliation field options.
- Additional data that is required as part of this activity includes:
  - Attachment: 1<sup>st</sup> Five referral form
  - Organization: Referring Practice
  - Provider: Referring Provider

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Referral
Date	the date the referral was received
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select “Successful” – Referral activity outcomes will always be Successful because they were completed
County of Referring Practice	select the referring practice’s county
Source	select Primary Care Provider – 1st Five only accepts referrals from Primary Care Providers. If this “Source” of the referral is not a primary care provider, seek guidance from your supervisor regarding next steps.

Reason	select the primary reason for referral identified by the referring provider, which is essentially the “need” that prompted the referral to 1st Five
Surveillance Type	select the surveillance tool indicated on the 1 <sup>st</sup> Five referral form. If the item is unknown or a tool was not used, choose None.
Screening Type	select the screening tool indicated on the 1 <sup>st</sup> Five referral form. If the item is unknown or a tool was not used, choose None.
Referral Outcome	documents the Outcome status of the primary reason for referral to 1 <sup>st</sup> Five. <b>IMPORTANT:</b> When the primary reason for the referral has been addressed, edit the Referral activity and complete the Referral Outcome field.
Reconciliation Outcome	documents the service gap code in response to the primary reason for referral to 1 <sup>st</sup> Five. <b>IMPORTANT:</b> When the primary reason for the referral has been addressed, edit the Referral activity and complete the Reconciliation Outcome field.
County of Residence	select the county in which the client lives

#### Activity: Referral - Charlie Brown

[Edit !\[\]\(826b42602eaac05f898e596128a26cd5\_img.jpg\)](#)

Episode	1st Five - 03/16/2023 - Member		
Owner	Owning Agency Amy Robak Iowa Dept. of Public Health		
Type	Date Referral 06/06/2023	Day of the Week Tuesday	Duration (minutes) 20
Outcome	From Bundle Successful 1st Five New Client		

**Activity Data**

Activity Data	
Instructions	
County of Referring Practice Story	Screening Types ASQ-3
Source Primary Care Provider	Referral Outcomes
Reason Developmental Concerns	Reconciliation Outcome
Surveillance Type CHDR	County of Residence Story

## 7.2 ADDITIONAL REFERRAL ACTIVITY DATA

The following guidance is related to essential pieces of the Referral activity. Once you've completed the necessary fields and added the additional data, click on "Save".

### 7.2.1 Adding Narrative Notes

Narrative notes are optional descriptive notes or comments

## 7.2.2 Adding Attachments

Use this feature to attach the 1<sup>st</sup> Five referral form to the Referral activity

### Directions:

1. Click the “Create +” under the “Attachments” grid to open the “Create Attachment” pop-window.
2. Type 1<sup>st</sup> Five referral form in the description field
3. Notes are optional
4. Select the file to upload and click Save.

### Create Attachment

Activity \*

Referral - Charlie Brown

Description

1st Five Referral Form

Note

optional

File

[1st Five Referral Form.pdf](#) X

**Save**  **Close** 

## 7.2.3 Adding Organizations (Referring Practice)

Use this feature to add the referring practice to the Referral activity. Organizations (Referring Practice) may be listed differently depending on how they were entered into Iowa Connected. Be sure agency staff are consistent with how Organizations are being selected. If having difficulty finding an Organization, please contact the Iowa Connected Helpdesk.

### Directions:

1. Click the “Create +” under the “Organization Address” grid to open the “Create Organization Address Activity” pop-window.
2. Click on the “Organization Address” field to open the search criteria fields so that you’re able to search for the referring practice.
3. Complete the search criteria fields and select search. For better search results, enter as much criteria as you can.
4. Click on the “+” to add the referring practice to the activity, then click on “Save”.

**Search Criteria**

Name of Organization McFarland	City Nevada	County Story
<input type="button" value="Search"/> <input type="button" value="Clear"/>		

**Search Results**

Name of Organization	City	County	Is Agency	
McFarland Clinic-Physical Therapy-Nevada Office	Nevada	Story	<input type="radio"/>	<input type="button" value="+"/>
McFarland Clinic-Nevada	Nevada	Story	<input type="radio"/>	<input type="button" value="+"/>
McFarland Clinic-Nevada	Nevada	Story	<input type="radio"/>	<input type="button" value="+"/>
McFarland Clinic, P.C.	Nevada	Story	<input type="radio"/>	<input type="button" value="+"/>

## 7.2.4 Adding Providers

Use this feature to add the referring provider to the Referral activity. Providers may be listed differently depending on how they were entered into Iowa Connected. Be sure agency staff are consistent with how Providers are being selected. If having difficulty finding a Provider or if you discover duplicate providers, please contact the Iowa Connected Helpdesk.

**Directions:**

1. Click the “Create +” under the “Providers” grid to open the “Create Provider Activity” pop-window.
2. Click on the “Provider” field to open the search criteria fields so that you’re able to search for the referring provider.
3. Complete the search criteria fields and select search. For better search results, enter as much criteria as you can.
4. Click on the “+” to add the referring provider to the activity, then click on “Save” and close the activity.

**Search Criteria**

First Name John	Last Name Paschen	NPI	County Story
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

**Search Results**

Phone Number	First Name	Last Name	NPI	
(515) 239-4400	John	Paschen	1194706127	<input type="radio"/> <input type="button" value="+"/>

## 7.2 Providers and Organizations Tab

Once both the Provider and Organization have been added to the Referral Activity, they will both be listed in two areas: the Referral activity and the Providers/Organizations tab.

## Providers/Organizations Tab

[Episode Data](#)  
[Activities](#)  
[Recent Activities](#)  
[Surveys](#)  
[Needs / Program Referrals](#)  
[Providers / Organizations](#) (selected)

### Providers / Organizations

**Providers**

Activity	Activity Type	Activity Date	Provider	Credentials	Phone Number
Referral - test Test - Client ID: 79016	Referral	05/01/2025	JILL CONNELL	ARNP	(641) 257-1184

Rows per page: 10 | 1-1 of 1

**Organization Addresses**

Activity	Organization	Organization ID	Address Line 1	City	State	County	Note
Referral - test Test - Client ID: 79016	Floyd County Medical Center	4854	800 11th Street	Charles City			

## Referral Activity

Organization Addresses

Organization	Type	Address Line 1	City	County	Organization ID	Note
Floyd County Medical Center	Billing	800 11th Street	Charles City		4854	

[Create +](#)

Rows per page: 10 | 1-1 of 1

**Providers**

Provider	Credentials	Phone Number
JILL CONNELL	ARNP	(641) 257-1184

## 7.3 SEARCHING FOR PROVIDERS AND ORGANIZATIONS

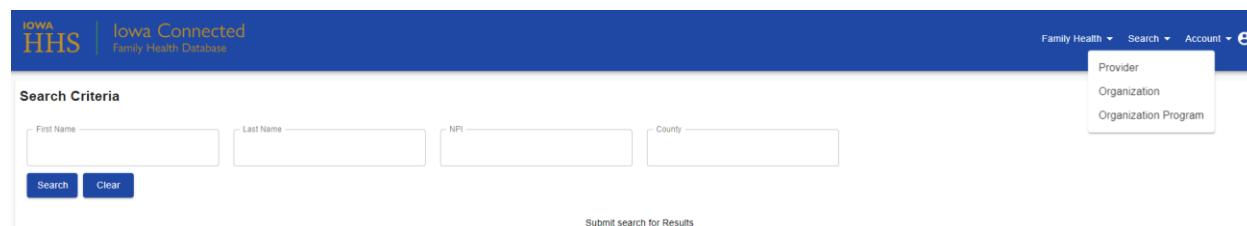
If having difficulty finding a Provider or Organization, use the Iowa Connected “Search” feature.

### Things to remember:

- Providers and Organizations may be listed differently depending on how they were entered into Iowa Connected. Use the EXACT name you find in the search results when adding this information to the Referral activity.
- Be sure your agency staff are consistent with how they are selecting Referring Providers and Organizations.
- If you discover duplicate Providers or Organizations, please notify the Iowa Connected Helpdesk so that they can merge the records.

### Directions:

1. In the header, select “Search”
2. Select either “Provider” or “Organization” from the dropdown



The screenshot shows the Iowa Connected Family Health Database interface. At the top, there's a header with the Iowa HHS logo and the text "Iowa Connected Family Health Database". On the right side of the header, there are "Family Health", "Search", and "Account" dropdown menus, along with a user icon. Below the header, a "Search Criteria" section contains four input fields: "First Name", "Last Name", "NPI", and "County". Underneath these fields are "Search" and "Clear" buttons. To the right of the search criteria, there's a "Submit search for Results" button. A dropdown menu is open over the "Search" button, listing "Provider", "Organization", and "Organization Program".

3. Populate the search criteria fields and click on the “Search” button.

## 7.4 ADDING PROVIDERS AND ORGANIZATIONS TO IOWA CONNECTED

### Things to remember:

If the Provider/Organization you've searched for does not exist in Iowa Connected, you can submit a request to the Iowa Connected Help Desk. The request will need the following information to add the Provider/Organization into Iowa Connected:

Provider	Organization
<ul style="list-style-type: none"><li>▪ Provider Full Name</li><li>▪ Provider Credentials (i.e. RN, RDH, MD)</li><li>▪ Provider NPI Number</li><li>▪ Provider Email Address</li></ul>	<ul style="list-style-type: none"><li>▪ Name of Organization</li><li>▪ Organization Phone Number</li><li>▪ Organization Website</li><li>▪ Organization Address</li><li>▪ Organization Type (i.e. hospital, clinic)</li></ul>
Provider Phone Number	

# Section 8: Phone Call Activities

## 8.1 INTRODUCTION CALL

Introduction Call activity is used to document attempts to introduce 1<sup>st</sup> Five to a client that does not result in direct contact. Introduction Call activity can also be used to document an introduction text message sent to initiate a reply/conversation, but which does not result in a text reply. Similar to a voicemail but sent via text message. **It is possible to have multiple introduction calls if you have difficulty connecting with the client and have made several attempts to introduce 1st Five.**

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Introduction Call
Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome <ul style="list-style-type: none"><li>• Successful = activity was completed</li><li>• Unsuccessful = activity was not completed</li><li>• No Longer Needed = activity was no longer needed</li></ul>
Interpreter Used	select this box if an interpreter was used to complete this activity
Narrative Notes	Narrative Notes can be used to document details related to phone calls, for example information shared on a voicemail and plan for next steps.

## 8.2 INCOMING CALL

Incoming Call activity is used to document a missed call/voicemail from a client, community partner or provider. Do not use this type of activity to document when a client calls you and you have a conversation - that interaction would be documented as a Care Coordination activity.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Incoming Call

Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	<p>select the appropriate outcome</p> <ul style="list-style-type: none"> <li>• Successful = activity was completed</li> <li>• Unsuccessful = activity was not completed</li> <li>• No Longer Needed = activity was no longer needed</li> </ul>
Interpreter Used	select this box if an interpreter was used to complete this activity
Narrative Notes	Narrative Notes can be used to document details related to phone calls, for example who the call was from and what was their voicemail.

# Section 9: Care Coordination Activity

## 9.1 TYPES OF CARE COORDINATION

Care Coordination is the process of helping the client access services to address needs identified by the primary care provider and the parent/caretaker. This includes the following:

### 9.1.1 Initial and Follow Up Calls to Client (with Contact)

Care Coordination activity is used to document care coordination services, including a call when you speak to or correspond with a parent/guardian. Follow-up with the parent/guardian may occur at varied frequencies depending on the nature of the needs and solutions. Follow-up with the parent/guardian should occur within two weeks of the first time you reached the parent/guardian. Until services are in place, additional Follow Up calls should occur at a minimum of once per month following the second time you reach the parent/guardian.

Follow up questions should include:

- Was the client able to connect with the referral resource?
- What is the status / eligibility status of the referral?
- What services are being provided?

Client's episodes should be closed if they have been connected to resources, are on a considerable waitlist and do not have additional needs.

If follow up attempts with parent/guardian does not result in speaking or corresponding with them, the activity will be documented in Iowa Connected as a Care Coordination Attempt.

### 9.1.2 Follow Up Letters to Client

Care Coordination activity is used to document letters with the parent/guardian to share brochures or information related to resources they are being connected to through 1st Five. Care Coordination letters are helpful in summarizing phone calls so that the parent/guardian has the contact information necessary to follow through with referrals discussed.

**Note: The Contact Established – Care Coordination letter is considered a Care Coordination activity because the letter is specific to the client's needs and follows a phone call during which a connection was established.**

### 9.1.3 Referrals to Community Resource

Care Coordination activity is used to document when connecting with community resources to which you are referring the client (for the contacts that the parent/guardian is not making directly) and make appropriate referrals as identified by the provider and parent/guardian. Repeat this process for each referral to each community resource.

Make referrals to a given community resource according to your agency protocols for referring to that specific resource (via phone, fax, e-mail, online referral system, etc.). Referral documents do not need to be attached to the activity.

### 9.1.4 Follow Up Calls to Community Resource

Care Coordination activity is used to document care coordination services, including follow up interactions with community resources. Follow-up may occur at varied frequencies depending on the referral protocols of the resources and availability of the service. Follow-up with community resources should occur no longer than two weeks following the send date of your referral. Execute periodic follow-up as needed with community resources to obtain information about referral status.

Follow up questions should include:

- Was the client able to connect with the referral resource?
- What is the status / eligibility status of the referral?
- What services are being provided?

If follow up attempts with community resources do not result in speaking or corresponding with them, the activity will be documented in Iowa Connected as a Care Coordination Attempt.

## 9.2 CARE COORDINATION ACTIVITY

### Things to remember:

- Care Coordination interaction types may vary including phone, text, email, and fax
- All Care Coordination activities must be documented in Iowa Connected separately as they are all individual interactions
- Additional Care Coordination activities can be added using the “Create +” button under the Activities grid
- If the interaction type is text or email, there must be a response from the recipient in order for it to be considered a Care Coordination activity
- Any emails containing protected health information must be sent via a secure mail system

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Care Coordination
Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome <ul style="list-style-type: none"> <li>▪ Successful = activity was completed</li> <li>▪ Unsuccessful = activity was not completed</li> </ul>

	<ul style="list-style-type: none"> <li>▪ No Longer Needed = activity was no longer needed</li> </ul>
Interpreter Used	select this box if an interpreter was used as to complete this activity – this field has replaced the Interpreter Services Referral activity in Signify
Interaction Type	select the Interaction Type that corresponds with your Care Coordination service
Service Provider	select the provider of the Care Coordination service
Service Provider Agency	select the Service Provider's agency
Narrative Notes	<p>Use Narrative Notes to document the following:</p> <ul style="list-style-type: none"> <li>▪ Contact Person</li> <li>▪ Concerns/Issues</li> <li>▪ Staff Response</li> <li>▪ Medical/Dental Appt Summary</li> <li>▪ Referrals, Outcomes, and Plan for Follow-up</li> <li>▪ Client/Parent/Guardian Feedback</li> <li>▪ Other Comments</li> </ul>

Owner	Owning Agency
Amy Robak	Iowa Dept. of Public Health
Type	Date
Care Coordination	06/06/2023

Outcome	Day of the Week	Time	Duration (minutes)
Successful	Tuesday	06/06/2023 1:28 PM	15

Activity Data	
<input type="checkbox"/> Interpreter Used Instructions _____ Interaction Type Phone _____ Service Provider Amy Robak Service Provider Agency Iowa Dept. of Public Health	
Narrative Notes Comments Contact Person Concerns/Issues Staff Response Medical/Dental Appt Summary Referrals, Outcomes, and Plan for Follow-up Client/ family feedback Other Comments	
Created Date 06/06/2023 1:41 PM	

## 9.3 CARE COORDINATION ATTEMPTS

Care Coordination Attempt activity is used to document when you are following up on prior conversations (aka Care Coordination) where interaction occurred, but you have been unable to connect with the parent/guardian, community partner and/or provider.

Field	Description
Owner	the individual DSS staff person completing the activity

Owning Agency	the Owner's agency
Type	Care Coordination Attempt
Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome <ul style="list-style-type: none"> <li>▪ Successful = activity was completed</li> <li>▪ Unsuccessful = activity was not completed</li> <li>▪ No Longer Needed = activity was no longer needed</li> </ul>
Interaction Type	select the Interaction Type that corresponds with your Care Coordination service
County of Residence	select the county in which the client lives
Interpreter Used	select this box if an interpreter was used as to complete this activity
Narrative Notes	Narrative Notes can be used at your discretion to summarize the parent/guardian's response or add any additional feedback.

# Section 10: Send Letter Activity

## 10.1 TYPES OF LETTERS

DSS communicate with clients and providers using letters. The following section describes the different types of letters and how they should be used.

### Notes:

- Please refer to the Appendix section for timeline expectations. Use these timelines to ensure timely and consistent communication with parents and referring providers.
- To ensure consistent messaging across all sites, the use of letter templates is required. This helps maintain clarity, professionalism, and alignment with 1st Five communication standards. Letter templates have been shared with each site. Sites are only allowed to modify sections of text that are highlighted yellow.
- **The Contact Established – Care Coordination letter is considered a Care Coordination activity because the letter is specific to the client's needs and follows a phone call during which a connection was established.**

### 10.1.1 Letters to Client

#### Welcome Letter

- documents a stock welcome letter sent to the referred client to introduce 1<sup>st</sup> Five
- this letter should remain succinct and specific to 1st Five (do not use this letter as agency outreach).
- Types of Welcome Letters:
  - Welcome Letter – 1st Letter
  - Welcome Letter – 2nd Letter
  - Welcome Letter – 3rd Letter
- **It is possible to send multiple Welcome Letters if you have difficulty connecting with the client and have made several attempts to introduce 1st Five.**

#### Follow Up Letter

- documents letters sent to the client in an attempt to connect with them if you've lost contact with them.

#### Thank You to Family

- documents the formal closing letter to the parent/guardian and informs them that you are closing their case.
- Types of "Thank you to Family Letters":
  - Thank you to Family- Unable to Contact
  - Thank you to Family – Lost Contact

- Thank you to Family - Declined

### Closing Letter with FES Invitation

- documents the formal closing letter to the parent/guardian, informs them that you are closing their case and thanks them for their participation in 1st Five.
- this type of closing letter is only sent to clients that successfully participated in 1<sup>st</sup> Five and invites them to participate in the Family Experience Survey.
- contents of this letter include:
  - 1st Five contact information
  - a recap of referrals and contact information for the community resources to which the child was connected
  - a reminder that referrals are only accepted via primary care providers, to reduce the likelihood that a client will attempt to “self-refer”
  - encouragement for the parent/guardian to contact their child’s primary care provider regarding any future concerns
  - a reminder that their child can be re-referred up to the age of 5
  - Link, QR Code, and phone contact for completing Family Experience Survey
  - See the letter template in Appendix E

#### 10.1.2 Letters to Referring Provider

##### Referring Provider Acknowledgement

- documents a letter sent to the provider to inform them that you’ve received the referral

##### Request for Additional Information

- documents a letter sent to the provider to request additional contact information such as alternative phone numbers or addresses.

##### Referring Provider Update

- documents an update letter sent to the provider to inform them of appropriate referrals and connections being made.

##### Referring Provider Closing

- documents a letter sent to the provider to inform them that the referred client’s case has been closed
- contents of this letter include:
  - a summary of the community resources to which the child was connected and the results of the connections offered
  - an invitation for the provider to refer again if additional developmental concerns are identified before the child’s 5th birthday
  - a thank you to the provider for the referral

## 10.2 SEND LETTER ACTIVITY

Send Letter activities are used to document letters sent to clients and referring providers.

Field	Description
-------	-------------

Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Send Letter
Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	<p>select the appropriate outcome</p> <ul style="list-style-type: none"> <li>▪ Successful = activity was completed</li> <li>▪ Unsuccessful = activity was not completed</li> <li>▪ No Longer Needed = activity was no longer needed</li> </ul>
Type of Letter	select the type of letter
Narrative Notes	Narrative Notes can be used at your discretion to summarize material that was included in the letter or sent to the client
Attachments	<p>Letters to the referring provider <b>MUST</b> be attached to the Send Letter activity.</p> <ol style="list-style-type: none"> <li>1. Click the “Create +” under the “Attachments” grid to open the “Create Attachment” pop-window.</li> <li>2. Type the title in the description field</li> <li>3. Notes are optional</li> <li>4. Select the file to upload and click Save.</li> </ol>

**Activity: Send Letter - Charlie Brown**

View  Save 

Episode

Owner  X 

Type

Outcome  X

Owning Agency

Date  X 

Time  X 

Duration (minutes)

**Activity Data**

Type of Letter  ▼

Narrative Notes

Comments

Created Date

No results found

[Create !\[\]\(00ee99bd2a6a24130e53f9928c98d135\_img.jpg\)](#)

**Attachments**

Description ▼

Provider Update 6/8/23

File Name ▼

Provider Update Letter 6.8.23.docx

[Create !\[\]\(a3d43c42514a4fda1e0f3bf3e850022d\_img.jpg\)](#)

# Section 11: Family Experience Survey

## 11.1 FAMILY EXPERIENCE SURVEY OVERVIEW

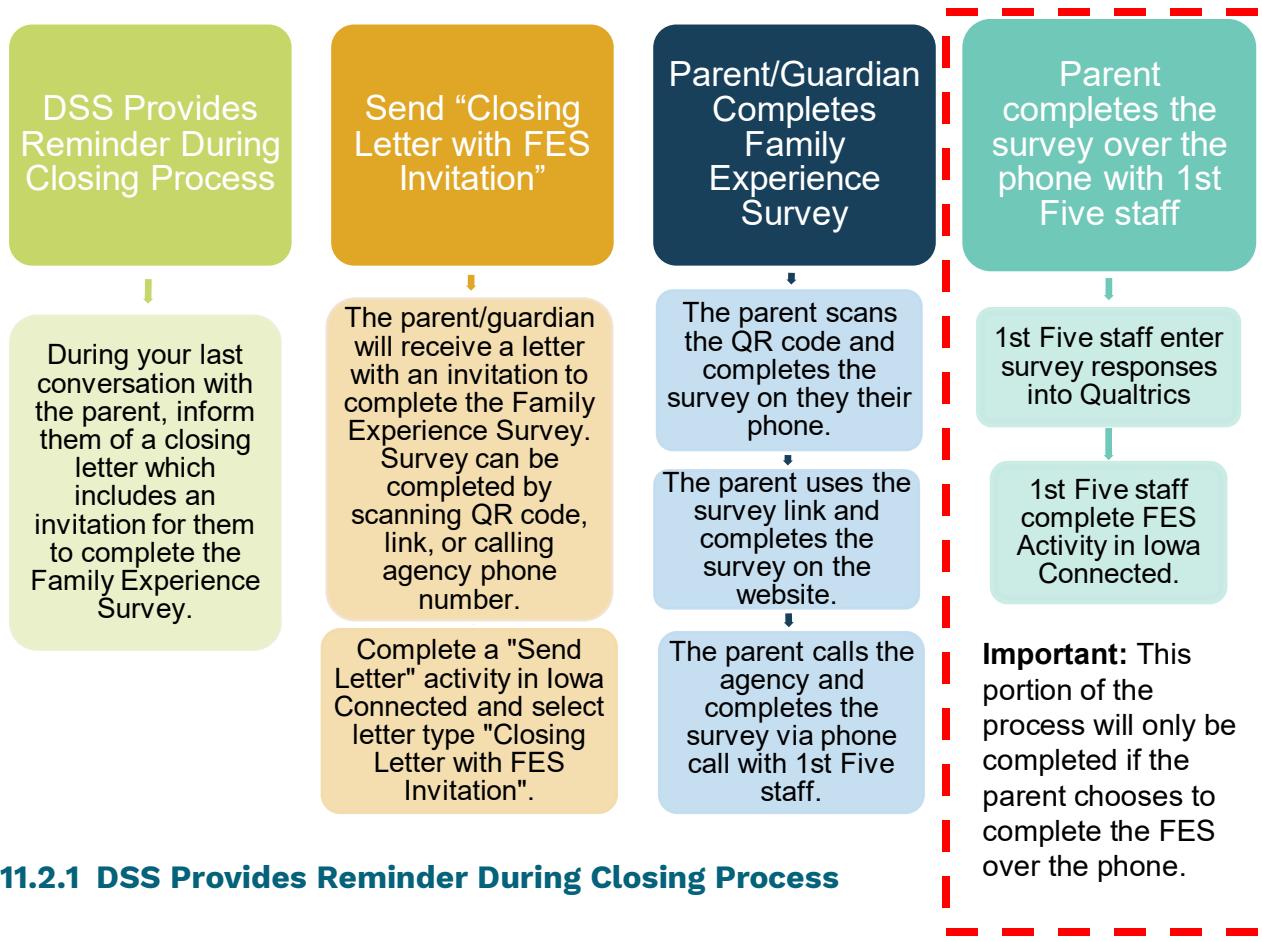
The University of Kansas Center for Public Partnerships and Research team designed a new Family Experience Survey and protocol. The purpose of the Family Experience Survey (FES) is to improve the 1st Five program and support general professional development of 1st Five staff.

Data collection will occur at all 1st Five sites. The Family Experience Survey will be given to clients that successfully participated in 1<sup>st</sup> Five and have a closed 1<sup>st</sup> episode in Iowa Connected. This does not include clients that:

- did not make contact with 1<sup>st</sup> Five
- lost contact with 1<sup>st</sup> Five
- or declined 1st Five services

## 11.2 FAMILY EXPERIENCE SURVEY PROCESS

Following the process, will provide consistency to delivering the Family Experience Survey and improve the collection of survey responses. Parent/guardian feedback will help to improve our program and services.



### 11.2.1 DSS Provides Reminder During Closing Process

Reminders are helpful – this we know! When closing a case, parents will be reminded of the upcoming survey during their final communication/conversation with their DSS. During the last conversation with the parent, inform them that they will be receiving a closing letter which includes an invitation for them to complete the Family Experience Survey and provide feedback on 1<sup>st</sup> Five.

**Things to remember:**

- Share the “why” behind the survey
  - Our goal is to use their feedback to help us improve the 1<sup>st</sup> Five program and our services.

Example: “Within the next few weeks, you will receive a letter from 1<sup>st</sup> Five. The letter is a part of our closing process and gives you an opportunity to complete a short survey and share more about your experience with 1<sup>st</sup> Five. You can complete the survey using a QR code, going to our survey website or calling us and answering the questions over the phone. Please choose whatever option is easiest for you. Your feedback is important to us and we use it to learn more about ways we can improve our program and services.

**11.2.2 Send “Closing Letter with FES Invitation”**

1<sup>st</sup> Five staff should send the “Closing Letter with FES Invitation” within 24 hours or by the end of the next business day after closing the client’s record.

The letter will include an invitation for the parents to complete the Family Experience Survey using one of the following options:

- QR code
- Survey link
- Agency phone number

Each site’s closing letter has a unique QR code and survey link. **IMPORTANT:** Do not modify or change the QR codes and survey links -these are specific to each agency. Do not modify closing language within the letter. Closing letter language must remain the same across all 1<sup>st</sup> Five sites.

Sites are only allowed to modify sections of text that are **highlighted yellow**.

Please see Appendix E for an example of a “Closing Letter with FES Invitation”.

**Things to remember:**

- Only clients that successfully participated in 1<sup>st</sup> Five will receive a “Closing Letter with FES Invitation” that offers the Family Experience Survey.
- Clients will only receive one letter. Do not send any additional letters as an attempt to collect responses.
- 1<sup>st</sup> Five staff that did not work directly with the family will conduct the survey with the parent/guardian if they call the agency to complete the survey over the phone. For this reason, it might be helpful to think about the phone number being included in the letters sent to clients. For example: clients that were served by DSS Amy will include

the phone number for DSS Megan so that if the parents call to complete the survey, the calls will go directly to that specific DSS.

### **11.2.3 Complete Send Letter Activity in Iowa Connected**

1st Five staff will be responsible for documenting the “Send Letter” activity in Iowa Connected to document the “Closing Letter with FES Invitation” was sent to the client. 1st Five staff will use “successful” to report the outcome of the activity – meaning the letter was sent and the activity was completed.

### **11.2.4 Parent/Guardian Completes Family Experience Survey**

Once the parent receives the letter, they will be given the option to complete the FES using one of the following options:

- QR code
- Survey link
- Agency phone call

The QR code and survey link will take the parent/guardian directly to Qualtrics where they are able to access the FES. Parents will have the option to select the language they prefer to complete the survey.

## **11.3 PARENT COMPLETES THE SURVEY OVER THE PHONE WITH 1<sup>ST</sup> FIVE STAFF**

If a parent/guardian calls the agency to complete the Family Experience Survey over the phone, 1st Five staff will be responsible for providing the survey to the parent/guardian over the phone, entering survey responses into Qualtrics and documenting the FES in Iowa Connected.

1<sup>st</sup> Five staff should be prepared to speak with the parent/guardian and provide the survey if they call their agency. It might be helpful to have the survey questions printed and nearby and the agency's Qualtrics survey link bookmarked and ready to access.

### **11.3.1 1<sup>st</sup> Five Staff Complete Survey with Parent/Guardian and Enter Responses in Qualtrics**

1st Five staff that did not work directly with the family will conduct the survey with the parent/guardian. This can be the Site Coordinator, another DSS or support staff from the agency. Those conducting the survey will need to be trained in the FES process and have access to Iowa Connected for data entry.

Staff will read the survey questions and response options to the parent/guardian. Be sure to read the questions as they are written and, in the order, they are presented – do not skip questions or reorder them. The questions have been intentionally worded and placed in the order they are in. Staff will use an interpreter if the parent needs the survey questions read to them in another language.

1st Five staff will enter survey responses in their agency's anonymous survey link – this should be done while conducting the phone survey. Please do not enter responses elsewhere and copy responses into the link at a later time. This can result in errors and missed data entry.

Each site has a unique survey link to collect site specific responses. The survey link is reusable and will be reused each time staff need to enter survey responses. 1st Five staff should be able to access their unique Qualtrics site using the short survey link that is included in their agency's "Closing Letter with FES Invitation." Please contact your 1st Five Site Coordinator or HHS Consultant if you need your agency's letter and Qualtrics link.

### 11.3.2 Complete the FES Activity in Iowa Connected

Once the FES has been completed with the parent/guardian and responses have been documented in Qualtrics, the next step is to document this activity in Iowa Connected.

Remember: This activity will only be used when/if the parent calls the agency to complete the survey over the phone and 1<sup>st</sup> Five staff assist them with entering their responses into Qualtrics.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Family Experience Survey
Date	the date the activity was completed
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	<p>select the appropriate outcome</p> <ul style="list-style-type: none"> <li>▪ Successful = activity was completed</li> <li>▪ Unsuccessful = activity was not completed</li> <li>▪ No Longer Needed = activity was no longer needed</li> </ul>
Interpreter Used	select this box if an interpreter was used as to complete this activity – this field has replaced the Interpreter Services Referral activity in Signify
Report Outcome of Survey	<ul style="list-style-type: none"> <li>▪ Survey Completed via Phone Call</li> <li>▪ Incomplete Survey via Phone Call</li> </ul>

### 11.4 INCOMPLETE SURVEY- UNABLE TO COMPLETE FES

If the parent calls the agency to complete the FES but the survey is interrupted and they're not able to complete the survey (dropped call, parent hangs up, etc) – please do the following:

1. Close out of the Qualtrics survey and take note of where you've left off.
  - o If the parent calls back to complete the survey, pick up where you left off.
  - o Do not call the parent back. We will leave it up to them to call us back at a better time.
2. Create a new Family Experience Survey activity, complete the Survey Outcome field as "Incomplete Survey via Phone Call" and document the outcome of the activity as "Successful".
  - o Include a narrative note in the activity to share the outcome of the call and where you've left off in the survey. This note might be helpful if the parent calls back and another 1st Five staff answers the call. They can use this note to pick up where you left off and complete the survey.

## 11.5 COMPLETE SURVEY- PARENT CALLS BACK

If the parent calls back after an interrupted survey attempt and would like to complete the survey – please do the following:

1. Open Qualtrics and complete the survey from where they left off.
  - o Details related to previous survey attempts can be found in Iowa Connected FES activity note.
  - o The child's name and date of birth are required to be completed. Once you've submitted those responses, you can skip ahead to the questions that still need completed.
2. Create a new Family Experience Survey activity, complete the Survey Outcome field as "Survey Completed via Phone Call" and document the outcome of the activity as "Successful".

Note: if a parent calls back at a time when staff are not available to complete the survey, please be sure to return their call and make an attempt to complete the survey with them over the phone.

## 11.6 FAMILY EXPERIENCE SURVEY QUESTIONS

There are 9 survey questions. Questions are either open-ended and ask for qualitative responses or they are on a Likert scale and ask for a scaled response within a certain range. See survey questions listed in Appendix D.

## 11.7 SURVEYING SIBLINGS REFERRED TO 1<sup>ST</sup> FIVE

In circumstances where siblings are referred to 1st Five, each child will receive their own "Closing Letter with FES Invitation" and the parent/guardian will be given the opportunity to complete the survey for each child.

## 11.8 QUALTRICS PLAYGROUND

The “Qualtrics Playground” can be utilized as a “safe space” for testing and/or training on the FES process. This Qualtrics space is safe in that the responses will not be recorded or used as part on the 1st Five Program Evaluation.

Qualtrics Playground Link: <https://tinyurl.com/1stFivePlayground>

# Appendix List

- Appendix A: Initial Contact Timeline
- Appendix B: Lost Contact Timeline
- Appendix C: Referring Provider Contact Timeline
- Appendix D: FES Survey & Script
- Appendix E: Closing Letter with FES Invitation

## APPENDIX A: INITIAL CONTACT TIMELINE

Use this timeline to guide outreach and ensure timely follow-up for new referrals. Follow the appropriate steps and letter templates based on contact with the parent/guardian.

Action:	When:	Next Steps:	Notes:
1 <sup>st</sup> Phone Call	Within 2 business days of receiving the referral	<p><b>If contact is made:</b></p> <p><b>Step 1: Referring Provider Acknowledgement</b></p> <p><b>Step 2:</b> Provide care coordination, schedule additional care coordination phone calls</p> <p><b>Step 3: Contact Established – Care Coordination Letter</b> by the end of the next business day</p> <p><b>If no contact is made:</b></p> <p><b>Step 1: Referring Provider Acknowledgement</b></p> <p><b>Step 2: 1<sup>st</sup> Welcome Letter</b> by the end of the next business day</p> <p><b>Step 3:</b> Proceed to 2<sup>nd</sup> Phone Call</p>	<ul style="list-style-type: none"> <li>A text or email may follow each Welcome Letter.</li> <li>Do not contact families beyond the timeline to respect their time and boundaries.</li> <li>If a parent/guardian declines services during initial contact, send the <b>Thank You – Declined</b> letter.</li> <li>When requesting additional information from a provider, a call may also be made to collect information promptly.</li> </ul>
2 <sup>nd</sup> Phone Call	Within 3-5 business days after 1 <sup>st</sup> Welcome Letter	<p><b>If contact is made:</b></p> <p><b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls</p> <p><b>Step 2: Contact Established – Care Coordination Letter</b> by the end of the next business day</p> <p><b>If no contact is made:</b></p> <p><b>Step 1: 2<sup>nd</sup> Welcome Letter</b> by the end of the next business day</p> <p><b>Step 2:</b> Proceed to 3<sup>rd</sup> Phone Call</p> <p><b>Step 3: Referring Provider Request for Additional Information</b></p>	<ul style="list-style-type: none"> <li>While the case is open, referring providers should receive monthly updates.</li> <li><b>Contact Established – Care Coordination letters are documented as Care Coordination activities.</b></li> <li><b>Welcome Letters are documented as Send Letter activities (type: Welcome Letter).</b></li> <li><b>Phone calls with no connection are documented as Introduction Call activities.</b></li> <li><b>Phone calls with a connection are documented as Care Coordination activities.</b></li> </ul>
3 <sup>rd</sup> Phone Call	Within 3-5 business days after 2 <sup>nd</sup> Welcome Letter	<p><b>If contact is made:</b></p> <p><b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls</p> <p><b>Step 2: Contact Established – Care Coordination Letter</b> by the end of the next business day</p> <p><b>If no contact is made:</b></p> <p><b>Step 1: 3<sup>rd</sup> Welcome Letter</b> by the end of the next business day</p> <p><b>Step 2:</b> Proceed to Closing 1<sup>st</sup> Five Case</p>	<ul style="list-style-type: none"> <li><b>Welcome Letters are documented as Send Letter activities (type: Welcome Letter).</b></li> <li><b>Phone calls with no connection are documented as Introduction Call activities.</b></li> <li><b>Phone calls with a connection are documented as Care Coordination activities.</b></li> </ul>
Close 1 <sup>st</sup> Five Case	Begin the closing process 10 business days after 3 <sup>rd</sup> Welcome Letter	<p><b>If no response is received from the parent/guardian:</b></p> <p><b>Step 1:</b> Send the appropriate <b>Thank you to Family letter</b></p> <p><b>Step 2: Referring Provider Closing letter</b></p> <p><b>Step 3:</b> Close the 1<sup>st</sup> Five episode in Iowa Connected</p>	

## APPENDIX B: LOST CONTACT TIMELINE

Use this timeline after two unanswered calls following prior contact. It ensures consistent follow-up and timely case closure. Use the correct letter templates at each step.

Action:	When:	Next Steps:	Notes:
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> consecutive unanswered phone calls</b>	N/A	<b>If both phone calls to the parent/guardian go unanswered, begin the “Lost Contact” timeline starting with the 3<sup>rd</sup> phone call</b>	<ul style="list-style-type: none"> <li>A text or email may follow each Welcome Letter.</li> <li>Do not contact families beyond the timeline to respect their time and boundaries.</li> </ul>
<b>3<sup>rd</sup> Phone Call</b>	Within 3-5 business days of 2 <sup>nd</sup> unanswered call	<b>If contact is made:</b> <b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls <b>If no contact is made:</b> <b>Step 1:</b> Proceed to 4 <sup>th</sup> Phone Call	<ul style="list-style-type: none"> <li><b>Follow Up Letters are documented as Send Letter activities (type: Follow Up Letter).</b></li> </ul>
<b>4<sup>th</sup> Phone Call</b>	Within 3-5 business days after 3 <sup>rd</sup> phone call	<b>If contact is made:</b> <b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls <b>If no contact is made:</b> <b>Step 1: Follow Up Letter</b> by the end of the next business day <b>Step 2:</b> Proceed to Closing the 1 <sup>st</sup> Five Case	<ul style="list-style-type: none"> <li><b>Phone calls with no connection are documented as Care Coordination Attempt activities.</b></li> <li><b>Phone calls with a connection are documented as Care Coordination activities.</b></li> </ul>
<b>Close 1<sup>st</sup> Five Case</b>	<b>Begin the closing process 10 business days after the Follow Up Letter</b>	<b>If no response is received from the parent/guardian:</b> <b>Step 1: Thank you to Family – Lost Contact Letter</b> <b>Step 2: Referring Provider Closing</b> <b>Step 3: Close the 1<sup>st</sup> Five episode in Iowa Connected</b>	

## APPENDIX C: REFERRING PROVIDER CONTACT TIMELINE

Use this timeline for timely, consistent updates to referring providers. Follow the steps and use the correct letter templates based on the status of the referral.

Action:	When:	Next Steps:	Notes:
Referring Provider Acknowledgment	Within 2 business days of receiving the referral	<b>Step 1: Send Referring Provider Acknowledgement</b>	<ul style="list-style-type: none"> <li>• All provider letters must be uploaded in Iowa Connected.</li> <li>• When requesting additional information from a provider, a call may also be made to collect information promptly.</li> <li>• While the case is open, referring providers should receive monthly updates.</li> </ul>
<b>If no contact has been made with parent/guardian</b>			
Referring Provider Request for Additional Information	Within 10 business days of receiving the referral	<b>Step 1: Send Referring Provider Request for Additional Information</b> Note: A phone call can be made to the provider in addition to the written request.	
Referring Provider Update(s)	Within 30 days of the last provider letter/update.	As long as the case remains open, referring providers should receive monthly updates <b>Step 1: Send Referring Provider Update</b>	
Referring Provider Closing	Within 1 business day following the mailed closing letter to client.	<b>Step 1: Send Referring Provider Closing</b>	

## APPENDIX D: FES SURVEY & SCRIPT

### Survey Introduction

Your child, under the age of 5, was referred to 1st Five by their doctor. 1st Five is a program that connects with you over the phone. We, [INSERT AGENCY NAME] gave you information and helped connect you to other community services. Today we want to learn more about your thoughts about the 1st Five program.

1. Child's Full Legal Name
2. Birth Date

The next set of questions are about your experience with 1st Five staff:

3. Staff were knowledgeable about resources, information, and community programs for my family.
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree
4. Tried to connect or talk with me.
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree
5. I felt heard and respected.
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree

How much do you agree with the following questions?

6. I would tell a friend about the 1<sup>st</sup> Five Program.
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree
7. My family got what they needed from the 1<sup>st</sup> Five Program.
  - a. Strongly disagree

- b. Disagree
- c. Neither agree or disagree
- d. Agree
- e. Strongly agree

8. How much did 1<sup>st</sup> Five make a difference for your family?  
a. On a scale from 0 to 10 (slider bar question)

9. Is there anything else that you would like to share about your time in the 1<sup>st</sup> Five Program?

**End of Survey Message**

Thank you for your time taking this survey today. If you have any new needs or concerns with your child's development, please call your doctor. Your doctor can refer you again to 1st Five before your child's 5<sup>th</sup> birthday.

## APPENDIX E: CLOSING LETTER WITH FES INVITATION

Date: [INSERT DATE]

Dear [INSERT PARENT/GUARDIAN NAME],

Your child's doctor referred [CHILD'S NAME] to the 1<sup>st</sup> Five Program at [INSERT AGENCY NAME] on [DATE OF REFERRAL] for [INSERT GENERAL REASON FOR REFERRAL]. Thank you for your participation in the 1<sup>st</sup> Five Program. I have enjoyed getting to know you, your family and helping you connect to community resources. Referrals were made to the following resources:

- [LIST RESOURCES FAMILY WAS CONNECTED TO]

If you have any questions or concerns regarding the information provided to you and/or referrals to local agencies/programs, please feel free to contact me.

I will be closing the 1<sup>st</sup> Five referral at this time. If you have any new needs or you have concerns with your child's development, please contact your child's doctor to discuss a developmental screening and another referral to 1<sup>st</sup> Five before your child's 5<sup>th</sup> birthday.

We would like to understand your experience with the 1st Five program. You can take a short 5-minute survey with the following options:

**Link:** <https://tinyurl.com/1stFivePlayground>

**QR Code:** scan the QR Code with your phone's camera and click the link to take the survey.



If you are unable to take the survey by link or QR code, you can call at [INSERT NUMBER YOU WOULD LIKE THEM TO CALL] we can assist you in taking the survey.

Thank You,

[NAME]

1st Five Developmental Support Specialist

[AGENCY PHONE NUMER]