



1<sup>st</sup> Five DSS Guidance:  
Documentation of 1st Five Services  
January 2026



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# 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**

Client ID

Medicaid ID

Medicaid Case ID

First Name

Last Name

Birth Date

✕
📅

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

- 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/guardian chooses not to share their child’s race and/or ethnicity.
- Only select “unknown” if the parent/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 Charlie	Middle Name	Last Name 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**

Population

Family Health

Age  
3 yr 0 mo  Is Confidential

Episodes

Contact Information

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

Age  
3 yr 0 mo

Is Confidential \*

Gender  
Male X

Ethnicity  
Not Hispanic X

Races  
White X S... ▾

Nickname

Alias

Maiden Name

Date Of Death  
06/01/2023 X 📅

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
 Family Health ▾ Search ▾ Account ▾ ⚙

Client: Charlie Brown - Deceased
🖨 Back To Search

Edit ✎

Client ID	First Name Charlie	Middle Name	Last Name Brown	Birth Date 06/01/2020	Date Of Death 06/01/2023														
Medicaid ID	Medicaid Case ID	Medicaid Case Name																	
Note																			
Plans																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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" style="text-align: center;">No results found</td> </tr> </tbody> </table>						Name of Plan	Plan Type	Coverage Type	Eligibility Status	Eligibility Update Date	Exception Indicator	Hawki Value	No results found						
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**

Population

Family Health

Age  
3 yr 0 mo

Is Confidential

Gender Ethnicity Races

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

**Client: Charlie Brown - Confidential** Back To Search

Client ID	First Name	Middle Name	Last Name	Birth Date
	Charlie		Brown	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.

The screenshot shows a user interface for managing contact information. On the left, a sidebar contains navigation options: Demographics, Episodes, Contact Information (highlighted in blue), Relationships, and Attachments. The main content area is titled 'Contact Information' and includes a 'Preferred Contact Method' dropdown menu currently set to 'Phone (Cell)'. Below this are three sections: 'Phones', 'Addresses', and 'Emails'. Each section displays 'No results found' and a 'Create +' button, which is highlighted with a red box in the image. The 'Phones' section has a table with columns for 'Phone Type', 'Number', 'Ext', and 'Note'. The 'Addresses' section has a table with columns for 'Address Type', 'Line 1', 'Line 2', 'City', 'State', 'Zip', 'County', 'Note', and 'Verification Status'. The 'Emails' section has a table with columns for 'Email Type' and 'Email'.

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 + ×

**Search Criteria**

Client ID	Medicaid ID	Medicaid Case ID
First Name h	Last Name kitty	Date of Birth MM/DD/YYYY

Search Clear

**Search Results**

Client ID	Medicaid ID	Medicaid Case ID	First Name	Last Name	Is Confidential
			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 \*  
hello kitty 👁️ ✕ 🔍

Relation  
Sister

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 1st Five episode is equivalent to a referral to 1st Five. Each referral to 1st Five will have its own 1st 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 1st Five before and has a “Closed” 1st Five episode), add another 1st 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 \*

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						

Demographics

**Episodes**

Program	Owner	Owning Agency	Awareness Date	Episode Status	Episode Closed Date
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

Create

Rows per page: 10 1-2 of 2

## 2.2 CREATING A NEW EPISODE

### Things to remember:

- Create a 1st Five Episode for each **NEW** referral to 1st Five.
- Clients will have a separate 1st Five episode for each 1st 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 screenshot shows a 'Create Episode' form with the following fields and values:

- Client \***: Charlie Brown
- Program \***: 1st Five
- Owner \***: Amy Robak
- Owning Agency \***: Iowa Dept. of Public Health
- Awareness Date \***: 06/01/2023
- Episode Status \***: Member
- End Date**: MM/DD/YYYY
- Primary Payer**: 1st Five
- Note**: (Empty text area)

At the bottom of the form, there are two buttons: a blue 'Save' button with a lock icon (highlighted with a red box) and a white 'Close' button with an 'X' icon.

## 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**

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 <a href="#">Charlie Brown</a>	Program 1st Five	
Owner Amy Robak	Owning Agency Iowa Dept. of Public Health	
Awareness Date 03/07/2023	Episode Status Member	End Date
Note		

Episode Data

**Episode Data**

Primary Payer  
1st Five

Activities

Surveys

## 2.5 CLOSING AN EPISODE

An episode should be closed when any of the following criteria are met:

- The client has been successfully connected to appropriate resources.
- The client is on a considerable waitlist and has no additional needs.
- The parent/guardian has declined to participate in 1st Five.
- Contact with the client has been lost.
- 1st Five was unable to establish contact with the client.

**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 final interaction 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	
<a href="#">Charlie Brown</a>	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**

Primary Payer

1st Five

---

Activities

Surveys

Needs / Program Referrals

Closing Letter Type – Thank you to Family	Outcome
Services Received	Client successfully completed the 1 <sup>st</sup> Five program
Declined	Client declined 1 <sup>st</sup> Five services
Lost Contact	Client lost contact with 1 <sup>st</sup> Five
Unable to Contact	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

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

Episode Data

Activities

**Surveys**

Surveys

Create +

Owner	Owning Agency	Survey Type
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	Organization ID	<input type="checkbox"/> Is Agency	<input type="checkbox"/> Has Softfacts Reporting				
Community Health Center - Primary Health Care, Inc. - Marshalltown	99599						
Phone Number	Website	Fax	Hours				
6417534021	http://www.phcinc.net	6418448235	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

### 4.1.2 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 Softactics 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	6414248841

**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 1st 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	select who identified the need <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	the date the need was identified <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	<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. <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.

Needs / Program Referrals	<b>Needs / Program Referrals</b>				
Episode Data	Needs				
Activities	Need	Identified Date	Identified By	Need Outcome	Has Referral(s)
Surveys	Counseling Services	06/05/2023	DSS	Unaddressable - Contact does not want to pursue	➔
					Rows per page: 10   1-1 of 1

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.

**Create Program Referral**

Organization Programs

**Search Criteria**

Organization YSS	Organization Program	Organization Program County Story
---------------------	----------------------	--------------------------------------

**Search Results**

Organization	Organization Program	County		
YSS After-Hours Hotline - Crisis	Default Program	Story	👁	+
Youth Standing Strong (YSS) - Family Counseling & Clinic	Default Program	Story	👁	+

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 DSS
Identified Date 06/05/2023	Need Outcome Unaddressable - Contact does not want to pursue
Owner Amy Robak	Owning Agency 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	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

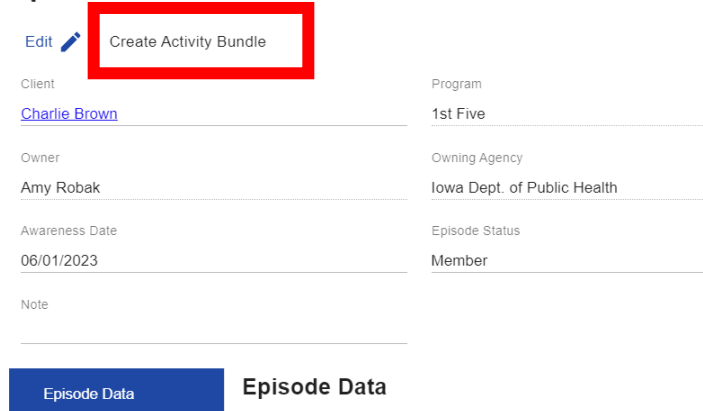
### Things to remember:

- 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 a user interface for an episode record. At the top left, there is an 'Edit' button with a pencil icon and a 'Create Activity Bundle' button, which is highlighted with a red rectangular box. Below these buttons, the episode details are displayed in a table-like format:

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

At the bottom of the page, there is a blue button labeled 'Episode Data' and the text 'Episode Data' next to it.

- Select the “1st Five New Client” activity bundle from the dropdown and select “Search”.  
IAFH Select Activity Bundle

### Activities

#### Search Criteria

1st Five New Client ✕ 👁

**Search** **Clear**

- 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.
- Complete the “Owner” and “Owning Agency” fields to assign the activities to a specific user.
- Complete the “Activity Date” field and enter the date the referral was received.
- Click the “Save Bundle Now” button to create the bundle of activities.

Activity Bundle

1st Five New Client ✕ 👁

**Search** **Clear**

#### Search Results

<input checked="" type="checkbox"/> Activity Type <span>⌵</span>	Activity Date Offset (Days) <span>⬆</span>
<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](#) ✕
- [Care Coordination - 3](#) ✕
- [Send Letter - 60](#) ✕
- [Family Experience Survey - 74](#) ✕

Owner

Amy Robak ✕ 👁

Owning Agency\*

IOWA HHS ✕ 👁

Activity Date\*

05/30/2025 ✕ 📅

**Discard** **Edit Bundle Details** **Save Bundle Now**

- 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:

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

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

**Edit** Create Activity Bundle

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

Episode Data

**Activities**

Surveys

Needs / Program Referrals

### Activities

Owner	Owning Agency	Type	Date	Activity Time	Out
No results found					

- 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 +

Owner	Owning Agency	Type	Date	Activity Time
				found
Create +				

- Complete the activity's fields – depending on the activity type, some of the fields may look different.
- Selecting “Save” will result in additional fields being available based on the specific activity type.
- 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 1st 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.
<b>SEND LETTER: LETTERS TO PROVIDERS</b>	

<b>Referring Provider Acknowledgement</b>	<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>
<b>Referring Provider Request for Additional Information</b>	
Referring Provider Update	
Referring Provider Closing	

**CARE COORDINATION**

Care Coordination (phone)	<ul style="list-style-type: none"> <li>▪ documents when you communicate with a client, provider, or community resource by phone.</li> <li>▪ the conversation is about the client and involves referrals, services, or care planning.</li> </ul>
Care Coordination (letter)	<ul style="list-style-type: none"> <li>▪ documents when you send a letter that includes:             <ul style="list-style-type: none"> <li>○ Referral information</li> <li>○ Resource options</li> <li>○ Other materials specific to their needs</li> </ul> </li> </ul>
Care Coordination (text, email, fax)	<ul style="list-style-type: none"> <li>▪ documents when you communicate with a client, provider, or community partner by:             <ul style="list-style-type: none"> <li>○ Text</li> <li>○ Email</li> <li>○ Fax</li> </ul> </li> <li>▪ the communication is about the client and involves referrals, services, or care planning.</li> <li>▪ if communication is initiated by 1<sup>st</sup> Five staff, there must be a response in order for it to be documented as care coordination.</li> </ul>

**SURVEY**

Family Experience Survey	documents if the Family Experience Survey was shared 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 1st 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 1st 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 

Episode

[1st Five - 03/16/2023 - Member](#)

Owner

Amy Robak

Owning Agency

Iowa Dept. of Public Health

Type

Referral

Date

06/06/2023

Day of the Week

Tuesday

Duration (minutes)

20

Outcome

Successful

From Bundle

1st Five New Client

Activity Data

**Activity Data**

Instructions

County of Referring Practice

Story

Source

Primary Care Provider

Reason

Developmental Concerns

Surveillance Type

CHDR

Screening Types

ASQ-3

Referral Outcomes

Reconciliation Outcome

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

### 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
-----------------------------------	----------------	-----------------

**Search Results**

Name of Organization	City	County	Is Agency	
McFarland Clinic-Physical Therapy-Nevada Office	Nevada	Story		+
McFarland Clinic-Nevada	Nevada	Story		+
McFarland Clinic-Nevada	Nevada	Story		+
McFarland Clinic, Pc	Nevada	Story		+

### 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
--------------------	----------------------	-----	-----------------

**Search Results**

Phone Number	First Name	Last Name	NPI	
(515) 239-4400	John	Paschen	1194706127	+

### 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

Providers / Organizations							
Providers							
Activity	Activity Type	Activity Date	Provider	Credentials	Phone Number		
<a href="#">Referral -test Test - Client ID: 79016</a>	Referral	05/01/2025	<a href="#">JILL CONNELL</a>	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
<a href="#">Referral -test Test - Client ID: 79016</a>	<a href="#">Floyd County Medical Center</a>	4854	800 11th Street	Charles City			

### Referral Activity

Organization Addresses							
Organization	Type	Address Line 1	City	County	Organization ID	Note	
<a href="#">Floyd County Medical Center</a>	Billing	800 11th Street	Charles City		4854		
						Rows per page: 10	1-1 of 1
Providers							
Provider	Credentials	Phone Number					
<a href="#">JILL CONNELL</a>	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

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

- Provider Full Name
- Provider Credentials (i.e. RN, RDH, MD)
- Provider NPI Number
- Provider Email Address

Provider Phone Number

#### Organization

- Name of Organization
- Organization Phone Number
- Organization Website
- Organization Address
- Organization Type (i.e. hospital, clinic)

# 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 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 a client access services to address needs identified by the primary care provider and the parent/guardian. These activities are documented when communication occurs by phone, text, email, fax, or other methods and the content is related to the client's care.

Care Coordination supports:

- Connecting families to appropriate services
- Monitoring referral outcomes
- Ensuring follow-through on connections
- Strengthening communication between families, providers, and community resources

### 9.1.1 Contact with Client

Document all direct communication with the parent or guardian, including initial and follow-up conversations by phone, text, or email.

Follow-up should occur within two weeks of the initial successful contact. Ongoing follow-up should continue at least once per month until services are in place. Frequency may vary based on the client's needs and the complexity of the referral. Follow up questions should include:

- Has the client connected with the referral resource?
- What is the status or eligibility of the referral?
- What services are being or will be provided?

If follow-up attempts do not result in direct contact (e.g., no response or no dialogue), document the activity in Iowa Connected as a Care Coordination Attempt.

### 9.1.2 Follow Up Letters to Client

Use Coordination activity to document letters sent to the parent/guardian that include brochures or information related to the community resources they are being connected to through 1st Five. These letters serve as a helpful tool to summarize phone conversations, ensuring that the parent or guardian has the necessary contact information to follow through or connect with the referrals discussed.

### 9.1.3 Contact with Community Partners

Use Care Coordination activity to document when you are connecting with community resources on behalf of the client, specifically for referrals that the parent/guardian is not making directly.

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.

Follow-up with community resources should occur within two weeks of sending a referral and continue periodically as needed to monitor the status of the referral and support the client's

connection to services. The frequency of follow-up may vary depending on the referral protocols of the resource and the availability of services. When following up, consider asking:

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

If follow-up attempts do not result in direct communication or correspondence, the activity should be documented in Iowa Connected as a Care Coordination Attempt.

### 9.1.4 Contact with Referring Providers

Use Care Coordination activity to document communication with referring providers and clinic staff that pertains to a client’s care, referrals, or service coordination. This includes interactions initiated by either 1st Five staff or the referring provider’s office. The purpose of this communication is to request or share information that supports the coordination of services and ensures continuity of care for the client. Communication may be conducted through phone calls, emails, faxes, or other appropriate methods.

## 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 care coordination is a text or email being sent from 1<sup>st</sup> Five staff, 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> <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	Day of the Week	Time	Duration (minutes)
Care Coordination	06/06/2023	Tuesday	06/06/2023 1:28 PM	15
Outcome	From Bundle			
Successful	1st Five New Client			

Activity Data

**Activity Data**

Interpreter Used

Instructions

---

Interaction Type

Phone

---

Service Provider

Amy Robak

---

Service Provider Agency

Iowa Dept. of Public Health

---

**Narrative Notes**

Comments	Created Date
Contact Person Concerns/Issues Staff Response Medical/Dental Appt Summary Referrals, Outcomes, and Plan for Follow-up Client/ family feedback Other Comments	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

Thank you to Family	Outcome
Services Received	Client successfully completed the 1 <sup>st</sup> Five program
Declined	Client declined 1 <sup>st</sup> Five services
Lost Contact	Client lost contact with 1 <sup>st</sup> Five
Unable to Contact	Client did not connect with 1 <sup>st</sup> Five

- documents the formal closing letter to the parent/guardian and informs them that you are closing their case.

### Thank you to Family – Services Received

- 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.
- 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
  - 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

- o 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 1st Five - 03/16/2023 - Member	Owning Agency * Iowa Dept. of Public Health	Date * 06/08/2023	Time 	Duration (minutes) 13
Owner * Amy Robak				
Type * Send Letter				
Outcome Successful				

**Activity Data**

**Activity Data**

Type of Letter  
Select values

**Narrative Notes**

Comments	Created Date
No results found	

Create +

**Attachments**

Description	File Name
Provider Update 6/8/23	Provider Update Letter 6.8.23.docx

Create +

# Section 11: Family Experience Survey

## 11.1 FAMILY EXPERIENCE SURVEY OVERVIEW

The University of Kansas Center for Public Partnerships and Research developed a new Family Experience Survey (FES) and protocol to support the 1st Five program. The purpose of the FES is twofold: to improve the 1st Five program based on feedback from families, and to support the ongoing professional development of 1st Five staff.

Data collection will take place at all 1st Five sites. The Family Experience Survey will be offered to clients who successfully participated in the 1st Five program and have a closed first episode in Iowa Connected.

## 11.2 FAMILY EXPERIENCE SURVEY PROCESS

Following this process helps ensure consistency in how the Family Experience Survey is delivered.

### DSS Provides Reminder During Final Conversation

- During your last conversation with the parent, complete 2 tasks:
- Confirm the parent's preferred FES method
- Inform them about what to expect next

### DSS Sends FES Invitation via Email or Text

- Send a text or email inviting the parent to complete the Family Experience Survey.
- The parent can complete the survey:
  - Using the survey link, or
  - By calling the agency to complete it over the phone with 1st Five staff.

### DSS Sends "Thank you to Family" letter

- Send a "Thank you to Family" closing letter.
- Complete a "Send Letter" activity in Iowa Connected.
- Select letter type "Thank you to Family - Services Recieved".

### DSS Completes the FES Activity in Iowa Connected

- 1st Five staff will complete the FES activity in Iowa Connected to document how the FES was shared with the parent.

### Parent Calls Agency for FES

- 1st Five staff provide survey to parent
- 1st Five staff enter survey responses into Qualtrics
- Create NEW FES Activity in Iowa Connected.
- **Note: This step is only completed if the parent chooses to complete the survey by phone.**

### 11.2.1 DSS Provides Reminder During Final Conversation

The final conversation with the parent is a key moment to wrap up the family's experience with 1st Five and prepare them for the next steps. During this conversation, the DSS should complete two important tasks:

1. **Confirm the parent's preferred contact method** – Ask if they would like to receive the Family Experience Survey (FES) by text or email and verify that the phone number or email address on file is correct.
2. **Inform them about what to expect next** – Let them know they'll be receiving both a survey invitation (via text or email) and a closing letter.

Parents will be receiving:

- a “Thank you to Family – Services Received” closing letter summarizing the services and resources connected to the family.
- A text or email invitation to complete the Family Experience Survey (FES) and share feedback about their experience with 1st Five.

#### Things to remember:

- Explain the “why” behind the survey:
  - “We use your feedback to improve the 1st Five program and make sure families get the best support possible.”

Suggested Script:

“Before we wrap up, I’d like to confirm how you’d prefer to receive the Family Experience Survey, by text or email. Can I quickly check that we have the right contact information for you?”

“In the next few weeks, you will get a letter from 1<sup>st</sup> Five. It’ll go over everything we worked on together and the services your family was connected to.”

“You’ll also get a quick survey by **[TEXT/EMAIL]**. It’s super short and just asks about your experience with 1st Five. Your feedback is important to us and helps us make the program better for other families.”

### 11.2.2 DSS Sends FES Invitation via Email or Text

Within 24 hours or by the end of the next business day after the closing conversation, the DSS will send the FES invitation by text or email. This message will invite the parent to complete the Family Experience Survey (FES), and will include two easy options:

- Survey link
- agency’s phone number

**IMPORTANT:** Each site’s has its own unique survey link. Do not change or edit the survey links. These are specific to each agency. Do not change the language in the email/text. This language must remain the same across all 1st Five sites.

**Things to remember:**

- Only clients that successfully participated in 1st Five should receive the invitation to complete the Family Experience Survey.
- Clients will only receive one text or email. Do not send reminders or follow up messages.

**11.2.3 DSS Sends “Thank you to Family” Letter**

1<sup>st</sup> Five staff should send the “Thank you to Family – Services Received” closing letter to the parent within 24 hours or by the end of the next business day after closing the client’s record.

This letter serves two important purposes:

- It lets the parent know their case has officially been closed
- It provides a summary of the services and resources their family was connected to through 1st Five

1st Five staff will be responsible for documenting the “Send Letter” activity in Iowa Connected to document the “Thank you to Family – Services Received” 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.

Please see Appendix E for the “Thank you to Family – Services Received” template. Sites may only edit the sections highlighted in yellow to personalize the message while keeping the core content consistent.

**11.2.4 DSS Completes the FES Activity in Iowa Connected**

After sending the FES invitation by text or email, document the FES activity in Iowa Connected. This documentation confirms that the parent or guardian was invited to complete the survey and helps to track what method was used.

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	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 to complete this activity
Report Outcome of Survey	<ul style="list-style-type: none"> <li>▪ Survey completed via phone</li> <li>▪ Survey sent via text</li> <li>▪ Survey sent via email</li> </ul>

### 11.3 PARENT CALLS AGENCY FOR FES

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 a new FES activity 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.

**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.

#### 11.3.1 1<sup>st</sup> Five Staff Complete Survey with Parent/Guardian

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.

#### Enter Responses in Qualtrics

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 later. 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 can access their unique Qualtrics site using the short survey link that is included in their agency’s “FES Invitation”. Please contact your 1st Five Site Coordinator or HHS Consultant if you need your agency’s survey link.

## Create FES Activity

Create a new Family Experience Survey activity, complete the Survey Outcome field as “Survey Completed via Phone” and document the outcome of the activity as “Successful”.

**IMPORTANT:** Be sure to create a new FES activity. Do not edit the initial FES activity which documents if the FES survey was shared via text or email.

### 11.3.2 Incomplete Survey

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.
  - If the parent calls back to complete the survey, pick up where you left off.
  - Do not call the parent back. We will leave it up to them to call us back at a better time.

## 11.4 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.

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

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

## 11.6 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: Thank you to Family – Services Received
- Appendix F: FES Email and Text Templates

## 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	<b>If contact is made:</b> <b>Step 1: Referring Provider Acknowledgement</b> <b>Step 2:</b> Provide care coordination, schedule additional care coordination phone calls <b>Step 3: Contact Established – Care Coordination Letter</b> by the end of the next business day	<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> <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>
		<b>If no contact is made:</b> <b>Step 1: Referring Provider Acknowledgement</b> <b>Step 2: 1<sup>st</sup> Welcome Letter</b> by the end of the next business day <b>Step 3:</b> Proceed to 2 <sup>nd</sup> Phone Call	
2 <sup>nd</sup> Phone Call	Within 3-5 business days after 1 <sup>st</sup> Welcome Letter	<b>If contact is made:</b> <b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls <b>Step 2: Contact Established – Care Coordination Letter</b> by the end of the next business day	
		<b>If no contact is made:</b> <b>Step 1: 2<sup>nd</sup> Welcome Letter</b> by the end of the next business day <b>Step 2:</b> Proceed to 3 <sup>rd</sup> Phone Call <b>Step 3: Referring Provider Request for Additional Information</b>	
3 <sup>rd</sup> Phone Call	Within 3-5 business days after 2 <sup>nd</sup> Welcome Letter	<b>If contact is made:</b> <b>Step 1:</b> Provide care coordination, schedule additional care coordination phone calls <b>Step 2: Contact Established – Care Coordination Letter</b> by the end of the next business day	
		<b>If no contact is made:</b> <b>Step 1: 3<sup>rd</sup> Welcome Letter</b> by the end of the next business day <b>Step 2:</b> Proceed to Closing 1 <sup>st</sup> Five Case	
Close 1 <sup>st</sup> Five Case	Begin the closing process 10 business days after 3 <sup>rd</sup> Welcome Letter	<b>If no response is received from the parent/guardian:</b> <b>Step 1:</b> Send the appropriate <b>Thank you to Family letter</b> <b>Step 2: Referring Provider Closing letter</b> <b>Step 3:</b> Close the 1 <sup>st</sup> Five episode in Iowa Connected	

## 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> <li>• <b>Follow Up Letters are documented as Send Letter activities (type: Follow Up Letter).</b></li> <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>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 <hr/> <b>If no contact is made:</b> <b>Step 1:</b> Proceed to 4th Phone Call	
<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 <hr/> <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	
<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:
<b>Referring Provider Acknowledgment</b>	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>			
<b>Referring Provider Request for Additional Information</b>	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.	
<b>Referring Provider Update(s)</b>	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>	
<b>Referring Provider Closing</b>	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: THANK YOU TO FAMILY – SERVICES RECEIVED

Date: [INSERT DATE]

Dear [INSERT PARENT/GUARDIAN NAME],

Thank you for being a part of the 1<sup>st</sup> Five Program! I enjoyed getting to know you and your family. I'm glad I could help connect you with the following resources:

[LIST RESOURCES FAMILY WAS CONNECTED TO]

Now that we've finished working together, I will be closing your 1st Five referral. If you have new concerns before your child turns 5, please talk to your doctor about a new referral. If you have questions or need more support, feel free to reach out to me.

I have also sent you a short survey by [EMAIL/TEXT]. If you haven't taken it yet, please take a few minutes to share your feedback. If you need help with the survey, call us at [INSERT NUMBER YOU WOULD LIKE THEM TO CALL].

Thank You,

[NAME]

1st Five Developmental Support Specialist

[AGENCY PHONE NUMBER]

## APPENDIX F: FES EMAIL AND TEXT TEMPLATES

### Text Template

Hi [INSERT PARENT/GUARDIAN NAME],

It's [INSERT DSS NAME], your 1st Five Developmental Support Specialist.

Please take this short 5-minute survey to share your experience with 1st Five:

Link: [Insert site specific link here]

If you need help with the survey, call XXX-XX-XXXX.

Thank You!

### Email Template

Subject: 1st Five Family Experience Survey

Dear [INSERT PARENT/GUARDIAN NAME],

It's [INSERT DSS NAME], your 1st Five Developmental Support Specialist. Please take this short 5-minute survey to share your experiences with 1st Five:

Link: [Insert site specific link here]

If you need help with the survey, call XXX-XX-XXXX.

Thank you,

**DSS NAME**

1st Five Developmental Support Specialist