



**The Informing and Care
Coordination Handbook**
A Guide for Working with Families

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Chapter 1 Overview of Iowa's EPSDT *Care for Kids* program

Introduction

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides comprehensive child health care for Medicaid eligible children under the age of 21. According to the federal Centers for Medicare and Medicaid Services (CMS) there are two important features of the EPSDT program: (1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources.

The purpose of this handbook is to guide Title V agencies in helping Medicaid families effectively use these resources through informing and care coordination services. This handbook should be used in conjunction with the following resources.

- The IDPH **Maternal and Child Health Services Administrative Manual**. This manual is available on the IDPH website at http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/mch_manual.pdf
- The **Medicaid Screening Center Provider Manual**. This manual is located on the Department of Human Services website at http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/scenter.pdf
- The **CAREs User Manual**. This manual provides guidelines for documentation of EPSDT services. It is available on the IDPH website at http://www.idph.state.ia.us/hpcdp/common/pdf/CARES_Manual.pdf

The EPSDT Benefit

The Early and Periodic Screening, Diagnosis and Treatment program was implemented in 1967 by the United States Congress. The EPSDT benefit includes the following services:

1. **Screening through comprehensive well-child exams.** Schedules for periodic screening (known as the *Iowa Recommendations for Scheduling Care for Kids Screenings* or “periodicity schedule”) of medical (including physical and mental health), dental, vision, and hearing are provided at intervals that meet reasonable standards of medical practice.

CMS rules require that the EPSDT screening include all of the following services:

- Comprehensive health and developmental history – including screening of both physical and mental health development
- Comprehensive unclothed physical exam
- Appropriate immunizations – according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines
- Laboratory tests – including lead toxicity screening for all Medicaid-eligible young children
- Health education – designed to assist the family in understanding expected child development milestones, the benefits of healthy lifestyles and practices, and accident and disease prevention
- Vision, hearing, and dental screening in primary care – including a direct referral to a dentist for every child beginning at age 1 year

The following services are to be provided by trained professionals according to appropriate periodicity schedules:

- Dental services – at a minimum to include screening, preventive care, relief of pain and infections, restoration of teeth, and maintenance of dental health
- Vision services – at a minimum to include screening, diagnosis, and treatment for defects in vision, including eyeglasses
- Hearing services – at a minimum to include screening, diagnosis, and treatment for defects in hearing, including hearing aids and might include follow-up to newborn hearing screening for Medicaid-recipient children

2. **Diagnosis.** When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services are provided. Follow-up contact is made to make sure that the recipient receives a complete diagnostic evaluation.

3. **Treatment.** Health care must be made available for treatment or other measures to correct or improve disabilities and physical and mental illnesses or conditions discovered by the screening services.

4. **Other necessary health care.** The individual is provided other necessary health care, diagnostic services, treatment, and other measures to correct or improve defects, physical and mental illnesses, and conditions discovered by the screening services.

EPSDT *Care for Kids* in Iowa

Iowa's Early and Periodic Screening, Diagnosis and Treatment program is called EPSDT *Care for Kids*. The activities of the EPSDT *Care for Kids* program fall into four service categories: informing, care coordination, screening, and diagnosis and treatment. The following list summarizes the primary activities of each category:

Informing:

1. The client completes the Title XIX application at the local Department of Human Services (DHS) office and learns that an agency will contact the family about EPSDT *Care for Kids* program benefits.
2. Iowa DHS provides the names of the newly eligible children, along with demographic information, to the Iowa Department of Public Health (IDPH). IDPH makes the information available to the Title V contract agency serving the area where the family lives.
3. Staff at the Title V agency contacts the family of the newly eligible child to explain the EPSDT *Care for Kids* program and its benefits. The discussion covers the benefits of preventive health care services, location of services, support services available to help the family, and local resources.
4. The Title V agency submits a claim to the Iowa Department of Public Health for informing the family about the EPSDT *Care for Kids* program.

Care Coordination:

1. IDPH provides information to the Title V contract agencies about children that are due for EPSDT *Care for Kids* screenings.
2. A care coordinator at the Title V agency contacts the family to determine whether assistance is needed to find a medical and dental home or schedule an appointment for the screening. The care coordinator might also assist the family with transportation, interpretation, developmental concerns, and other resource needs.
3. If the family chooses to obtain screening services without assistance from the care coordinator, the family is given the care coordinator's name and telephone number for future reference.
4. The Title V agency submits a claim to the Iowa Department of Public Health for care coordination for each child served.

Screening:

1. The appropriate health provider completes screenings according to the *Iowa Recommendations for Scheduling Care for Kids Screenings*.
2. The health provider submits a claim to Medicaid for each child screened.

Diagnosis and Treatment:

1. The primary health care provider offers diagnosis and treatment services or the child is referred to another health care provider.
2. If further diagnosis and treatment are indicated, the care coordinator offers assistance in locating appropriate resources, scheduling appointments, and assisting in arranging support services.
3. If no further diagnosis and treatment is indicated, the agency and family is contacted again when the next periodic screen is due.
4. The care coordinator continues to follow-up with the needs of the client until all needs are addressed.

Title V Agency Responsibility for EPSDT Care for Kids

In Iowa, the Department of Human Services (DHS) is the administrative agency for the EPSDT *Care for Kids* program. Through a formal written agreement, DHS engages the Iowa Department of Public Health (IDPH) to provide EPSDT *Care for Kids* informing and care coordination services for Iowa's Medicaid eligible children. IDPH fulfills the responsibilities of this agreement by contracting with local Title V Child Health agencies to work with families in their respective service areas.

Both IDPH and DHS agree that Title V Child Health contract agencies and their subcontractors have been very successful in working with families covered by Medicaid. Families are assisted in understanding their Medicaid coverage and accessing services through the efforts of Title V agencies. Title V Child Health agencies receive reimbursement for EPSDT *Care for Kids* services.

Each IDPH Title V Child Health contract agency is required to have protocols to direct its activities related to the EPSDT *Care for Kids* program. General guidelines for agency protocols are included in Chapter 6 of this handbook. Sample agency protocols are located in Appendix 1.

EPSDT Care for Kids Coordinators

Each IDPH Title V Child Health contract agency is required to have a designated employee to coordinate EPSDT *Care for Kids* services provided by the agency. This employee is called the EPSDT *Care for Kids* Program Coordinator.

The EPSDT *Care for Kids* Program Coordinator must be one of the following:

- A Registered Nurse
- A Registered Dental Hygienist
- A health professional with a Bachelor's degree in health education, social work, counseling, sociology, or psychology

Family Rights under Medicaid

Clients enrolled in Medicaid are entitled to specific rights under the Medicaid program. Title V agency staff should be familiar with these rights to be able to appropriately inform families. Primary among these rights are the right to choose a provider and the right to appeal decisions made by Medicaid.

Choice of Provider

Federal rules mandate that each family has the freedom to choose its health care providers. To comply with these rules, Title V staff must be prepared to discuss EPSDT *Care for Kids* provider options with each family. Families with children enrolled in Medicaid have the ability to choose a provider under their Medicaid status (fee-for-service or MediPASS).

Families must be informed of the financial consequences of choosing a non-Medicaid provider since Medicaid will not pay for services given by a non-Medicaid provider. A family's choice of a non-Medicaid provider should not be considered a refusal of services.

Right to Appeal

All Medicaid eligible clients have the right to appeal. Information on filing an appeal can be found on the DHS website at www.dhs.state.ia.us. Clients who have questions specific to the appeal process may contact their DHS worker or the Appeals Section at 515-281-3094. Although staff will be able to answer questions, they will not provide legal advice.

Common reasons for appeals include the following:

- Benefits are being terminated and the client believes the reason for the termination is incorrect
- Prior authorization is denied for a service
- Non-payment by Medicaid is sent to a creditor

Families wishing to appeal may also wish to contact an attorney or Iowa Legal Aid at 1-800-532-1275. In Polk County, families may call 515-243-1193.

Maintaining Confidentiality for the Family

Any agency contracting with IDPH to carry out the functions of the EPSDT *Care for Kids* program becomes an arm of the Medicaid agency. All IDPH Title V contract agencies must meet the standards of confidentiality of a Medicaid agency and follow Health Insurance Portability and Accountability Act (HIPAA) requirements.

IDPH Title V contract agencies can communicate with local DHS offices regarding client information without a release of information. Additional confidentiality guidelines are found in local contractor HIPAA policies and the IDPH HIPAA statement online at http://www.idph.state.ia.us/hipaa_statement.asp.

Specific confidentiality guidelines related to the EPSDT *Care for Kids* program include those listed below.

- When an agency sends correspondence to families, the term “Medicaid” may not be used on the outside of envelopes, postcards, or in electronic transmissions that could be seen by those other than the intended recipient. Agencies may use the EPSDT *Care for Kids* logo and name on the outside of the envelope including the “Early and Periodic Screening, Diagnosis and Treatment” wording on the logo itself.
- When leaving messages on answering machines, the agency name and “*Care for Kids*” may be left on the machine identifying the caller and the name of the child. For example, “*This is Sylvia from Care for Kids. I am calling to talk to the parent of [child's name] about his health insurance benefits. Sorry I missed you. Please call me at...*” If the answering machine does not give enough information to identify whose machine has been contacted, the message should be less specific, and the name of the child should not be mentioned.
- Postcards or notes with client information must be folded and sealed in such a way to protect individual health information. If notes are left at the door when the family is not home, the information must be sealed. Notes should not be left unless it can be determined that the address is correct and that the home is not vacant. There must be a notice on the outside of the note that says: “*This message may include confidential information. If this note is not for you, throw it away and call [agency name and phone number]. Thank you.*”

Documenting and Maintaining the Clinical and Fiscal Information

The IDPH web-based Child and Adolescent Reporting System (CAREs) is the official clinical record for all EPSDT *Care for Kids* informing and care coordination services. CAREs is used by IDPH Title V Child Health contract agencies to monitor client demographic information, needs, and services. All services provided by IDPH Title V contract agencies must be entered into the CAREs electronic record. Complete instructions for CAREs data entry are located in the CAREs User Manual at http://www.idph.state.ia.us/hpcdp/common/pdf/CARES_Manual.pdf.

Each IDPH Title V contract agency establishes policies related to the fiscal management of the EPSDT *Care for Kids* program. Each year, contract agencies complete a Cost Analysis to establish their local agency cost for providing each service. Agency staff members keep a continuous time study that is used to help determine the agency’s costs for providing the EPSDT *Care for Kids* services.

Length of Time for Maintaining Records

The contract between IDPH and the local Child Health agency addresses the retention of both medical records and fiscal/other program documents. The following language is a part of the General Conditions of the contract:

- **Medical records:** “The contractor shall retain all medical records for a period of six years from the day the contractor submits its final expenditure report; or in the case of a minor patient or client, for a period of one year after the patient or client attains the age of majority; whichever is later.”
- **Fiscal and other program records:** “The contractor shall retain all accounting and financial records, programmatic records, supporting documents, statistical records and other records reasonably considered as pertinent to the contract for a period of five (5) years from the day the CONTRACTOR submits its final expenditure report. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the five (5) year period, the records must be retained until completion of the action and resolution of all issues which arise from it or until the end of the regular five (5) year period; whichever is later. Client records which are non-medical must be retained for a period of five (5) years.”

Medicaid may audit records for a period of five years after a claim is submitted or if an audit is in process, five years after the completion of the audit. Agencies must keep all files for five years after the completion of the audit, even if the original retention expiration is before that date.

Documenting Informing and Care Coordination Services

All documentation for EPSDT informing and care coordination services must be entered into CARES. Documentation in CARES must include the following:

- client’s name
- date of service
- place of service (if not the agency’s primary address)
- who you spoke with
- issues addressed, information shared from the family, services declined, outcomes, referrals
- time in and time out with a.m. and p.m. for care coordination (This is not required for informing or re-informing services.)
- first and last name and credentials of the service provider

If a staff person enters their own data into CAREs, the “created by” in CAREs service notes would serve in lieu of signature.

Dates of service must be consistent with those documented in CAREs and those reflected on fiscal records.

Signature Log

Contractors are also required to maintain a signature log of all staff providing Child Health services that includes their first name, last name, credentials, full signature, initials, and CAREs user names. This log is important for reference in the event of an audit, as it is the link to required signatures for staff providing services that are entered into CAREs.

Documenting Transportation Services

The requirements for documenting medical transportation services include the following:

- client’s name
- date of service
- who provided the service (e.g. name of cab company)
- address of where recipient was picked up
- destination (medical provider’s name and address)
- invoice of cost
- mileage if the transportation is paid per mile (as with volunteers who transport)

If this information is maintained on a service log or other means within the agency, the CAREs service notes must include a reference to this record.

Documenting Interpretation Services

The requirements for documenting medical interpretation services include the following:

- client’s name
- date of service
- time in and time out with a.m. and p.m.
- the service for which the interpretation was provided
- name of interpreter or company
- invoice of cost

Claims Review

With proper identification, authorized representatives of the Iowa Department of Public Health (IDPH), Department of Human Services (DHS), Centers for Medicare and Medicaid Services (CMS), and/or the Office of Inspector General (OIG) have the right to review the clinical and fiscal records of an IDPH Title V contract agency to determine whether:

- The claims have accurately been paid for services delivered.
- The IDPH Title V contract agency has furnished the services to Medicaid recipients.

- The IDPH Title V contract agency has retained clinical and fiscal records which substantiate claims submitted for payment during the audit period.

Using the Informing and Care Coordination Handbook in Working with Families

As discussed previously, the purpose of this handbook is to guide Title V agencies in the provision of two important components of Iowa's EPSDT *Care for Kids* program: informing and care coordination. The remaining chapters of the handbook are written for front-line staff working directly with families.

Chapter 2 provides staff with step-by-step directions for informing families about the EPSDT *Care for Kids* program. On occasion staff members are unable to locate families to complete the informing process.

Chapter 3 teaches the steps for re-informing these families at a later date.

Chapter 4 assists staff to provide care coordination for the families that need help to obtain health care services.

Chapter 5 focuses on important community linkages for families.

Chapter 6 explains how agency protocols guide staff members in providing EPSDT *Care for Kids* services to families.

Chapter 7 briefly explains how the agency manages the finances of the EPSDT *Care for Kids* services.

Chapter 8 contains additional resources referred to in the first seven chapters of this handbook.

Front-line staff must have access to the agency-specific EPSDT *Care for Kids* protocols used to carry out the guidelines in this handbook. It is also important to keep a file of updates related to the Medicaid program. For convenience, a Chapter 9 tab is provided for agency protocols and a Chapter 10 tab is provided for IME Information Releases.

Chapter 2 Informing

Why Families Need Informing

Families with children who are newly eligible for Medicaid coverage don't always know about all the services available to their children. Through a process called "Informing" you will tell them about the health care services covered under the EPSDT *Care for Kids* program. Even if only one family member is eligible for Medicaid, you will be informing the whole family about what EPSDT has to offer children from birth to age 21.

This chapter provides you with step-by-step instructions for informing.

What to Inform the Family About

You will inform the family of the services available under the EPSDT *Care for Kids* program, including care coordination, health screening services, and dental care. At the same time, you will help the family understand the importance of preventive medical and oral health care for all the children. Your informing discussion will include the topics listed below:

- Promote the benefits of preventive medical and oral health care
 - Explain the services available under EPSDT *Care for Kids* including care coordination services and screening services
 - Explain components of the EPSDT screen according to *The Iowa Recommendations for Scheduling Care for Kids Screenings*, and ACIP Childhood Immunization Schedule
 - Explain that they may choose their health care providers under Medicaid
 - Provide information about the process of selecting a health care provider
 - Encourage the family to establish a medical home and dental home for their children
 - Inform the family where screening services are available and how to obtain them
 - Provide information on the support services available under EPSDT, such as transportation and interpretation services
 - Provide information about other resources in the community
-

How the Family Qualifies for Informing

When a family has a child that meets Medicaid eligibility requirements and becomes newly enrolled in the Medicaid program, the family qualifies for informing services. The child must be enrolled in the Medicaid program on the date that you provide the informing service.

Information about the child who is newly eligible for Medicaid will appear on the Informing List in the Child and Adolescent Reporting System (CAREs). The report will give you the child's name and contact information so you can begin the informing process. You will provide the informing service for the family unit rather than the individual child.

If you need to check the Medicaid eligibility status of a child, you may contact the Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS) at 800-338-7752 (or 515-323-9639 in Des Moines). You may also verify client eligibility using the IME Web Portal Access. See <http://www.ime.state.ia.us/Providers/OnlineTools.html>.

Contract Agency Responsibility for Informing

IDPH contracts with your agency to provide services to children in your service area. Your agency is responsible for informing families with children under age 21 who are newly eligible for Medicaid fee-for-service or MediPASS coverage. Each month, families on your agency's Informing List must be informed within 30 days of the beginning of the month.

The EPSDT coordinator is responsible for developing informing protocols and making sure that the agency's practices are consistent with the required components of the informing process.

Your agency may choose to inform the families of foster care children or those in Medicaid's Medically Needy with Spend-down Program. However, the county DHS offices have primary responsibility for informing these families.

Qualifications for Providing Informing

Each Title V Child Health contract agency is required to designate one or more employees to carry out informing services.

If you are informing families about the EPSDT *Care for Kids* program, you must be one of the following:

- A Registered Nurse
- A Registered Dental Hygienist
- A health professional with a Bachelor's degree or higher in social work, counseling, sociology, family and consumer sciences, health and human development, health education, individual and family studies, or psychology
- A Licensed Practical Nurse (LPN) or paraprofessional working under the direct supervision of one of the health professionals listed above

Licensed personnel must provide services within the scope of practice of your profession as identified by your profession's licensing board. You may be assisted with mailings by clerical staff.

If your agency uses an LPN or paraprofessional, job descriptions and protocols must clearly define the LPN/paraprofessional role as well as the plan for supervision by a health professional. Each health professional's assigned duties must be consistent with the scope of practice defined by the appropriate licensing board.

Skills Needed for Informing

In order to be effective in informing families about the EPSDT *Care for Kids* program, certain skills are necessary. You should be able to:

- Communicate clearly when writing and speaking to families
- Relate to families to encourage family involvement in the process
- Assess family needs and refer to appropriate providers
- Establish and maintain linkages with local providers and community resources
- Tailor informing services to address family choices and preferences and special needs of the family such as language barriers, low literacy levels, and hearing or sight impairment
- Understand the EPSDT *Care for Kids* program, including components of *The Iowa Recommendations for Scheduling Care for Kids Screenings*
- Understand the Immunization Schedule from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)
- Understand and explain children's growth and development

The Three Steps of Informing

Informing is a process. There may be three steps to the informing process:

1. The Initial Inform
2. The Inform Follow-up(s)
3. The Inform Completion

The next sections of this chapter outline each step of the informing process.

The Initial Inform

The first contact you make with a family on behalf of a child who is newly eligible for Medicaid is called the "Initial Inform." Your agency must have its own protocols to guide your steps in providing the initial inform.

As a first step, your agency may choose to have you send a letter of introduction to the family. The letter will briefly describe the EPSDT *Care for Kids* program. The letter may provide information about services in your area and introduce your agency's care coordinator. A sample initial informing letter is included in this handbook in Appendix 2. Clerical staff may assist in the mailing of these letters.

The initial inform letter may ask the family to respond by mail or phone. Some agencies tell the families that the agency will follow-up with a phone call or visit. The EPSDT *Care for Kids* brochure should be included with the initial inform letter. You may also include other community resources with your mailing. Your agency can obtain EPSDT *Care for Kids* brochures at no cost by calling Prison Industries at 1-800-432-9163.

Which Families Need the Initial Inform

The list of Medicaid newly eligible children is obtained from the Informing List in the Child and Adolescent Reporting System (CAREs). This report identifies all newly Medicaid eligible children under age 21 in your agency's geographic service area. It groups the children by county.

Some of the children on the Informing List have never been eligible for Medicaid. Some may have received Medicaid benefits in the past. Any child who becomes eligible after being off Medicaid for the previous 90 days or more is considered to be newly eligible and should receive informing services.

Timeline for the Initial Inform

Your agency is required to provide informing services each month. The process begins when the CAREs report is printed at the beginning of the month, as close to the first business day as possible. Then the initial inform is provided to the newly eligible families as soon as possible after the report is printed. Your agency is required to notify newly eligible families within 30 days of printing the monthly report in order to meet federal requirements.

Mailing Labels for the Initial Inform

CAREs will generate mailing labels that you should use in mailing initial informing letters. CAREs will create labels grouped by family, since only one mailing per family is sent. You should print the labels on the same day that you run the CAREs report of newly eligible children.

Documenting the Initial Inform

Although this handbook contains pointers on documenting the steps of the informing process, the *CAREs User Manual* provides specific guidelines for entering information into CAREs.

You must document the initial inform in CAREs for each Medicaid eligible child in the family by selecting "Initial inform" under the "Informing and Care Coordination" service category. Be sure to enter initial informs **by the end of the month that the Informing List was run**. Timely documentation is required to assure that children will not appear again on Informing Lists in subsequent months.

In service notes, it is important to thoroughly describe the service provided, following the instructions in Chapter 1 for documentation of services. Include the place of service (if not the agency's primary address), that the child was on _____ month's Informing List, and that the informing letter/packet was mailed to the family.

If clerical staff assist in data entry of the initial inform, they enter the first name, last name, and credentials of the individual providing the initial inform service. CAREs automatically records the name of the individual entering the data when service notes are entered.

The Inform Follow-up

In many cases, the initial inform doesn't immediately result in person-to-person contact with the family. The informing process is not considered 'complete' until you talk directly with the family on the phone or in person. "Inform Follow-ups" are attempts to reach the family that *do not* result in verbal dialogue to explain the EPSDT services.

There must be attempts to reach families by phone or face-to-face.

Your agency must have its own protocols to guide your steps in providing the inform follow-up. There are many options for inform follow-up strategies. For example, your inform follow-up might consist of attempting to call the family on the telephone. If so, your phone contacts should be attempted at various times of the day to reach families who may not be available during daytime work hours.

Your inform follow-up might involve an attempt to reach a family face-to-face contact during home visits or at clinic sites.

If attempts to reach the family by phone or face to face are not successful, your agency may choose to follow-up by sending a second letter or post card.

Documenting the Inform Follow-up

You must document each inform follow-up attempt in CARES for each child in the family. Select "Inform Follow-up" under the "Informing and Care Coordination Services" category.

Record service notes to thoroughly describe the service provided, following the instructions in Chapter 1 for documentation of services. Include the place of service (if not the agency's primary address), the method of trying to reach the family, and the outcome (busy signal, disconnected phone, no answer, left message stating _____, etc.). It is important to record the time of day (either in the 'time in and time out' fields) or in service notes so that future attempts may be made at different times of day.

If clerical staff assist in data entry of the inform follow-up, they enter the first name, last name, and credentials of the individual providing the inform follow-up. CARES automatically records the name of the individual entering the data when service notes are entered.

If repeated attempts are unsuccessful, you may elect to discharge the clients as "unreachable/unavailable" per your agency protocols. These clients will appear later on a CARES Re-informing List – No Agency. You will have another opportunity to try to reach them later when working your Re-informing List. You will find guidelines on the Re-informing process in Chapter 3 of this handbook.

The Inform Completion

The goal of the informing process is to successfully contact the family by phone or face-to-face to explain the EPSDT services for which their children are now eligible. This is referred to as “Inform Completion”.

Inform completion is only achieved when you talk directly with the family in person or on the telephone and tell the family about the services available under the EPSDT *Care for Kids* program.

Leaving a message on an answering machine or voice mail might be part of your inform follow-up strategy, but it is not an inform completion. Receiving a response to a form letter also does not constitute inform completion.

When serving families of children newly eligible for Medicaid, it is expected that informing services are completed prior to providing (and billing) care coordination services. Any verbal or face-to-face contact with family within 12 months of the initial inform provides opportunity to complete the informing process.

The Inform Completion Conversation

There are many possible topics for your inform completion discussion, depending on the knowledge level and needs of the family. These topics include:

- The benefits of preventive medical and oral health care
- The services available under EPSDT *Care for Kids* including care coordination services and screening services
- The components of the EPSDT screen according to *The Iowa Recommendations for Scheduling Care for Kids Screenings* and ACIP Childhood Immunization Schedule
- Freedom of choice of their health care providers under Medicaid
- Information about the process of selecting a health care provider
- The importance of establishing a medical home and dental home for their children
- Information on where screening services are available and how to obtain them
- Information on the support services available under EPSDT, such as transportation and interpretation services
- Information about other resources in the community

At inform completion, you should emphasize that care coordination services are available through the EPSDT *Care for Kids* program to link the family with the health care system. For this discussion you will need to be familiar with the guidelines for care coordination in Chapter 4 of this handbook.

After describing care coordination services, you should ask whether the family needs the assistance of a care coordinator. The family will make one the choices listed below.

- *The family can obtain services without the assistance of a care coordinator.* A family may choose to access health services without help from the Title V contract agency. If so, you should provide the family with agency contact information, including the name of the care coordinator, in case the needs of the family change over time.
- *The family needs the assistance of a care coordinator to obtain health care services.* In this case, you will assist the family in obtaining medical screenings and dental exams, and other recommended diagnostic, treatment, and support services. (Note that any coordination of care as a part of the inform completion is considered part of the informing process. You may not bill care coordination for this activity.)
- *The family refuses care coordination.* Occasionally, a family might refuse care coordination services that you recommend based on your assessment of the family needs. In those instances, you should provide the family with agency contact information, including the name of the care coordinator, in case the needs of the family change.

Documenting the Inform Completion

You must document the inform completion in CAREs for each Medicaid eligible child in the family on the Informing List. Select “Inform Completion” under the “Informing and Care Coordination Services” category.

Record service notes to thoroughly describe the service provided, following the instructions in Chapter 1 for documentation of services. Include the place of service (if not the agency’s primary address), who you spoke with, issues addressed, information shared from the family, services declined, outcomes, and referrals.

If clerical staff assist in data entry of the inform follow-up, they enter the first name, last name, and credentials of the individual providing the inform completion. CAREs automatically records the name of the individual entering the data when service notes are entered.

If the family refuses care coordination but is receptive to being contacted at a later date, you may document this in CAREs by checking “Care coordination refusal” under the “Informing and Care Coordination Services” category. You would **not** discharge this client as the client must be maintained in your agency home. The child will later appear on a Re-inform List – In Agency, and you may try to contact the family again later. You will find guidelines on the Re-informing process in Chapter 3 of this handbook.

If the family refuses care coordination and does not wish to be contacted again, you may choose to discharge the child in CARES as “Requested Discharge.” This removes the child’s name from later CARES reports.

If you are unable to reach the family after several attempts, you may choose to discharge the child as “unreachable/unavailable” in CARES. The child will appear on a Re-inform List – No Agency, and you may try to contact the family again later. The discharge criteria should be outlined in agency protocols.

Billing for Informing Services

Once you send the initial inform letter to the family, your agency may submit a claim to the Iowa Department of Public Health for the informing process. The claim covers the entire informing service that you provide to the family, including the initial inform, inform follow-ups, and inform completion. A claim is submitted for informing the entire family, not one claim per child.

The claim for informing also covers any assistance that you provide during the inform completion discussion with the family. Do not bill or document a care coordination service for any portion of the inform completion contact.

Chapter 3 Re-informing

Why Families Need Re-informing

Not all of your informing attempts will be successful. For a variety of reasons, you may not be able to complete the informing process for some families to tell them about the services that EPSDT *Care for Kids* makes available to their children. In addition, there will be families that previously refused care coordination but were receptive to being contacted at a later date. You will have another opportunity to contact these families through a process called “re-informing.”

This chapter provides you with step-by-step instructions for re-informing.

What to Re-inform the Family About

You might think of re-informing as beginning the informing process anew. The steps for carrying out re-informing are the same as those for informing (initial, follow-up, and completion). Re-informing often begins with an initial written correspondence followed by attempts to make a personal contact with the family. A sample re-informing letter is located in Appendix 3 of this handbook.

During re-informing you will tell the family of the services available under the EPSDT *Care for Kids* program, including care coordination, health screening services, and dental care. At the same time, you will help the family understand the importance of preventive medical and oral health care for all the children. Your re-informing discussion will include the topics listed below.

- Promote the benefits of preventive medical and oral health care
- Explain the services available under EPSDT *Care for Kids* including care coordination services and screening services
- Explain components of the EPSDT screen according to *The Iowa Recommendations for Scheduling Care for Kids Screenings*, and ACIP Childhood Immunization Schedule
- Explain that they may choose their health care providers under Medicaid
- Provide information about the process of selecting a health care provider
- Encourage the family to establish a medical home and dental home for their children
- Inform the family where screening services are available and how to obtain them
- Provide information on the support services available under EPSDT, such as transportation and interpretation services
- Provide information about other resources in the community

Re-inform completion is only achieved when you talk directly with the family in person or on the telephone and tell the family about the services available under the EPSDT *Care for Kids* program.

Leaving a message on an answering machine or voice mail might be part of your re-inform follow-up strategy, but it is not a re-inform completion. Receiving a response to a form letter does not constitute re-inform completion.

It is expected that re-informing services are completed prior to providing (and billing) care coordination services. Any verbal or face-to-face contact with family within 12 months of the initial re-inform provides opportunity to complete the re-informing process.

Medicaid Eligibility of the Family Member

Because Medicaid eligibility may change over time, a child's Medicaid status may have changed by the time the re-inform service is to be provided.

You may check the Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS) at 800-338-7752 (or 515-323-9639 in Des Moines) to assure that the child is still eligible for Medicaid. You may also verify client eligibility using the IME Web Portal Access. See <http://www.ime.state.ia.us/Providers/OnlineTools.html>.

How the Family qualifies for Re-informing

You may try to re-inform a family again six months after an unsuccessful informing process if the child is less than 2 years old. If the child is 2 years old or older, you may try to re-inform in one year. Note that these timelines do not need to be tracked manually. CARES tracks these timelines for you.

As long as the child is still eligible for Medicaid coverage at that time, you may try again to contact the family to advise them about the services available under the EPSDT *Care for Kids* program.

Frequency of Re-informing Services

You may attempt to re-inform families more than once, depending on the circumstance. You may re-inform

- Every six months if the child was under 2 years of age
- Every year if the child was 2 years of age or older

There are two reports in CARES to help you with re-informing. The Re-inform List – No Agency includes the children that were discharged as unreachable/unavailable during the informing process. The Re-inform List – In Agency lists the children whose families refused care coordination and the child was not discharged. These reports will give you the child's name and address so you can begin the re-informing process.

You will provide the re-informing process to the family unit rather than the individual child.

Documenting Your Re-informing Activities

You must document your re-informing activities for each Medicaid eligible child in the family in CARES under the “Informing and Care Coordination Services” category.

- Mark “Re-inform” for your initial re-inform
- Mark “Re-inform Follow-up” for attempts to reach the family
- Mark “Re-inform Completion” when you are able to complete the re-informing process through verbal or face-to-face contact with the family.

Record service notes to thoroughly describe the service provided, following the instructions in Chapter 1 for documentation of services. Include the place of service (if not the agency’s primary address), who you spoke with, issues addressed, information shared from the family, services declined, outcomes, and referrals.

If clerical staff assist in data entry of the inform follow-up, they enter the first name, last name, and credentials of the individual providing the initial inform service. CARES automatically records the name of the individual entering the data when service notes are entered.

Billing for Re-informing Services

Once you send the initial re-inform letter to the family, your agency may submit a claim to the Iowa Department of Public Health for the re-informing process. The claim covers the entire re-informing service that you provide to the family, including the initial re-inform, re-inform follow-ups, and re-inform completion. A claim is submitted for re-informing the entire family, not one claim per child.

The claim for re-informing also covers any assistance that you provide during the re-inform completion discussion with the family. Do not bill or document care coordination for any portion of the re-inform completion contact.

Chapter 4 Care Coordination

Why Families Need Care Coordination

Once families have been informed about the EPSDT *Care for Kids* program, they will decide whether they need further assistance. Some families may choose to obtain services without any help. Other families may request assistance in obtaining medical and dental screenings and other services. Through care coordination you can assist those families.

Care coordination is the process of linking the client to the health care system. Care coordination is a child health service provided to all families with children regardless of Medicaid eligibility.

This chapter provides you with step-by-step instructions for care coordination.

How Care Coordination Supports Families

The EPSDT *Care for Kids* program places a high priority on helping families make decisions based on family needs and preferences. The program encourages families to have medical and dental homes for continuity of care. The program assures that overall health is improved through periodic exams, early diagnosis, and appropriate treatment.

You will provide care coordination to help families:

- Become independent health consumers
- Develop healthy beliefs, attitudes, and behaviors
- Make informed health care choices for their children
- Establish and maintain medical homes and dental homes
- Improve the health and physical well-being of their children

Care Coordination Services

As a care coordinator, you will work directly with the family through a variety of strategies. You may talk with the family on the phone or in person. Your agency must have its own protocols to guide your steps in providing care coordination. Through these activities, you will link the family to the health care system and encourage preventive medical and oral health care for all children.

Your specific care coordination activities will depend on the needs and preferences of the family. The following list contains some of the possible activities:

- Reminding families that periodic well-child screenings and dental exams are due
- Assisting with scheduling appointments (outside of your agency)
- Assisting the family to prepare a list of questions or concerns prior to the medical or dental visit

- Following up to make sure the family received the care intended at the appointment
- Following up to reschedule missed appointments
- Assisting families when referral for further care is needed
- Arranging support services such as transportation to Medicaid providers or interpreter services
- Monitoring medical and dental care plans
- Linking families to health-related community services
- Providing support as families become independent health care consumers

Although you may provide assistance to families by mailing them a letter or other print materials, a mailing does not constitute a billable care coordination service.

Billable care coordination services must include phone or face-to-face dialogue with families to assist them with Medicaid related services such as medical, dental, mental health, transportation, interpretation, Child Health Specialty Clinics, AEA, or substance abuse programs. As long as Medicaid related services/programs are addressed, linkage to non-Medicaid resources (such as child care, WIC, parenting programs, social services, legal services, food, clothing, housing, and shelter services) may also be included in the billable time spent with the family.

Qualifications for Providing Care Coordination

Each Title V Child Health contract agency is required to designate one or more employees to carry out care coordination.

If you are a care coordinator under the EPSDT *Care for Kids* program, you must be one of the following:

- A Registered Nurse
- A Registered Dental Hygienist
- A health professional with a Bachelor's degree or higher in social work, counseling, sociology, family and consumer sciences, health and human development, health education, individual and family studies, or psychology
- A Licensed Practical Nurse (LPN) or paraprofessional working under the direct supervision of one of the health professionals listed above

Licensed personnel must provide services within the scope of practice of your profession as identified by your profession's licensing board. You may be assisted with mailings by clerical staff.

If your agency uses an LPN or paraprofessional, job descriptions and protocols must clearly define the LPN/paraprofessional role as well as the

plan for supervision by a health professional. Each health professional's assigned duties must be consistent with the scope of practice defined by the appropriate licensing board.

A sample job description for a care coordinator is located in Appendix 4 of this handbook.

Skills Needed for Care Coordination

In order to be an effective care coordinator you will need specific skills including the ability to:

- Communicate clearly in writing to families
- Communicate clearly in speaking to families in person and on the telephone
- Relate to families to encourage family involvement in the process
- Assess family needs and refer to appropriate providers
- Establish and maintain linkages with local providers and community resources
- Tailor care coordination services to meet special needs of the family, such as language barriers, low literacy levels, and hearing or sight impairment
- Understand the impact of the family's culturally-related health beliefs
- Understand the EPSDT *Care for Kids* program including components of *The Iowa Recommendations for Scheduling Care for Kids Screenings*.
- Understand the Immunization Schedule from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).
- Understand children's growth and development and explain this to families
- Understand how to use a family-centered, strength-based approach

Care Coordination for Children with Special Health Care Needs

Child Health Specialty Clinics (CHSC) is Iowa's Title V program for children with special health care needs. The CHSC mission is to improve the health, development, and well-being of children and youth with special health care needs in partnership with families, service providers, communities, and policy makers.

The CHSC public health vision is that all of Iowa's children with special needs will have access to quality community-based services. The CHSC statewide program includes 14 regional centers that provide services to children with special health care needs and an administrative center at the University of Iowa.

Regional CHSC staff are skilled in coordinating care so that local resources are used in the most effective and convenient manner possible. The CHSC parent consultants assure that services are family-centered. Families consider options and make informed decisions about their children's care.

**Care
Coordination:
Reminding
Families when a
Child is due for a
Screening**

As mentioned previously, it is important that you become familiar with *The Iowa Recommendations for Scheduling Care for Kids Screenings*. A key component of your work as a care coordinator is to discuss the importance of screenings with the family and encourage them to make appointments with their providers based on the recommended schedule. Additionally, you may need to follow-up with the families to make sure that they received the recommended services and to assist in scheduling additional needed services.

The Child and Adolescent Reporting System (CAREs) produces two reports to help you identify children that are due for screenings.

- Care Coordination List-In Agency: This report lists all the children in your agency home that are due for screenings. The “agency home” designation means that your agency has taken responsibility for these children. As the care coordinator, you will print this report and remind the families that the screenings are due.
- Care Coordination List-No Agency: This report lists, by county of residence, children who are due for screenings but have not been in an agency home. This report can be used as an outreach tool to help you contact families that have been difficult to locate in the past.

As a care coordinator, you have a variety of ways to remind a family that a child is due for a screening according to *The Iowa Recommendations for Scheduling Care for Kids Screenings*. You might mail the family a written reminder, speak to the family on the telephone, or speak to the family in your office or clinic setting. Your agency's care coordination protocols should provide guidance for which strategy to use. Remember that mailing written reminders of periodic screens does not constitute a billable care coordination service.

**Care
Coordination:
Assisting the
Family to
Overcome a
Communication
Barrier**

Sometimes a family has difficulty getting health care for a child because of a communication problem such as a language barrier, hearing impairment, or health literacy obstacle. As a care coordinator, you will help the family overcome the barrier.

There are a variety of strategies to assist a family with a communication problem and your agency's care coordination protocols will guide you in using a particular strategy. For example, you might speak with the family

on the phone or in your office in the preferred language or communication method. In many instances, you will help the family by arranging for interpreter services.

As a care coordinator, you will develop skills in determining whether your agency's materials are at an appropriate reading level and culturally appropriate for the families in your service area. Your insights will be important to guide your agency in making appropriate changes to protocols and materials.

**Care
Coordination:
Assisting the
Family to
Overcome a
Transportation
Barrier**

Title V contract agencies may assist families to arrange transportation to medical, dental, or mental health services. As a care coordinator you may link families with transportation resources for visits to Medicaid health providers (medical, dental, and mental health).

Title V contract agencies may both arrange and bill Medicaid for **in-town (local)** transportation services. Families seeking medical care for their Medicaid enrolled children **outside** of their community should obtain assistance by contacting Transportation Management Services (TMS), the Medicaid broker for transportation services. Contact TMS at 1-866-572-7662.

**Care
Coordination:
Making a Home
Visit for a High
Blood Lead or
Medically
Necessary
Condition**

Most of your care coordination activities will involve talking to families on the telephone or in your office or clinic setting. However, your agency must be prepared to provide home visits to families when indicated.

Two instances when you might provide care coordination during a home visit to the family are outlined below.

1. Each child with a blood lead level equal to or above 15 micrograms per deciliter must receive a skilled nursing visit. As a care coordinator and RN, you may follow up on this high blood lead level by making a home visit to:
 - Assess the family's knowledge of lead poisoning and instruct the family regarding nutrition, housekeeping, and other relevant issues
 - Assist the family in making and keeping follow-up appointments
 - Remind the family to notify child's lead program case manager if the family moves
 - Remind the family to inform the child's current and future health care providers of the elevated lead level and any subsequent tests that may demonstrate a lower blood lead level
2. A home visit might also be indicated when there is a child in the family that requires a medically necessary care coordination for a health related condition. Such necessity may include families that lack phone service or are otherwise hard-to-reach. The purpose of this home visit

might be to:

- Provide information about available medical and dental care services
- Coordinate access to care
- Assist the family in making health care appointments (other than those at your agency)
- Make referrals
- Coordinate access to needed support services
- Follow-up to assure that services were received

Documenting Care Coordination Services

You must document your care coordination services in CARES. In most instances you should check “Care Coordination” under the “Informing and Care Coordination Services” category. An exception is when you provide care coordination for an oral health need. Then you should check “Care Coordination” under the “Dental Services” category. Mark home visit” as the interaction type for home visits for care coordination services.

Record service notes to thoroughly describe the service provided, following the instructions in Chapter 1 for documentation of services. Include the place of service (if not the agency’s primary address), who you spoke with, issues addressed, information shared from the family, services declined, outcomes, and referrals. For care coordination services, time in and time out including a.m. and p.m. must be documented in CARES.

If clerical staff assist in data entry of the care coordination service, they enter the first name, last name, and credentials of the individual providing the care coordination service. CARES automatically records the name of the individual entering the data when service notes are entered.

If you provided care coordination for multiple children in the family, you should document the care coordination on the CARES record of each child served.

Note: If screening reminders are sent to clients to remind them of periodic screens that are due, mark “Screening Reminder” in CARES. The mailing of screening reminders does not constitute a billable care coordination service.

Billing Care Coordination Services

By contract, your agency is required to serve all families whose children need care coordination whether enrolled in Medicaid or not. Your agency will submit a claim to the Iowa Department of Public Health for care coordination services for both Medicaid and non-Medicaid children. Select the appropriate primary payment source among the following options for billing care coordination to IDPH:

- Title XIX – FFS

- Title XIX – PE & CC
Title XIX – MediPASS
- Title V

The claim is based upon the actual time that you spend providing care coordination. You may also include your documentation time if the documentation in CAREs is completed **by the service provider on the same date as the care coordination service**. If you provide care coordination to more than one child during a contact with the family, you should separate out the time spent providing care coordination for each child.

Home visits for care coordination are also billed to the Iowa Department of Public Health for both Medicaid and non-Medicaid children according to the guidelines described above.

Note that the following activities are NOT billable care coordination services:

- Sending written reminders that periodic screens are due
- Unsuccessful attempts to reach a family for care coordination services
- Activities that are a part of the maternal health postpartum visit. Any care coordination for the new baby is part of this postpartum visit billed under the maternal health program.
- Making appointments for services provided by your own agency
- Reporting lab results to the family or medical home for lab tests that are conducted *by your own agency*
- Care coordination provided on the same day as a direct care service provided by your agency. Referral or making appointments on the same date as direct care is considered part of the direct care service.

Typically, care coordination should not be billed on the same date as a direct care service. However, the following exceptions to this policy apply:

- Care coordination to arrange transportation services may occur on the same day as a direct care service.
- Interpretation for a care coordination service may be billed on the same day as the care coordination service.
- Medical care coordination may be billed if a dental direct care service is provided by other staff (RDH) on the same day (as long as no medical direct care was provided on that date).
- Dental care coordination by an RDH may be billed if a medical direct care service is provided by other staff on the same day (as long as no dental direct care was provided on that date).

Chapter 5 Community Linkages

Assisting Families through Community Linkages

Development of community linkages is an important component of the role of the EPSDT coordinator. This responsibility includes efforts to identify community level resources, link families with services, identify gaps and barriers in service and promote development of community capacity. In cooperation with the EPSDT coordinator, all informing and care coordination staff are expected to establish linkages within the community to assist the families served.

This chapter provides you with guidelines to help you work with the EPSDT coordinator to establish community linkages.

Important Community Linkages

It is not necessary that you know all the resources in your community or the specifics about each resource. But in order to assist families, you must have a working knowledge of where to find the needed information.

The Iowa Department of Public Health has a contract with Iowa State University Extension to provide information and referral for families receiving EPSDT *Care for Kids* services. The contract funds a toll free phone line called the Healthy Families Line to provide resource information on maternal health, child health, and family planning services. The number for the Healthy Families Line is 1-800-369-2229.

Many regions, counties or towns have regular meetings for social service and health care providers. These meetings promote networking and information sharing. They ensure that local services and resources are not duplicated. Attendance at these meetings can be very beneficial to the agency and the families it serves.

Strong relationships with community partners help facilitate linkages for families. The development of formal and informal connections among agencies and organizations is essential to coordinate the planning and delivery of effective services.

It is important for agencies to establish written subcontracts and agreements with local entities to establish expectations of both parties. Agreements may include information and responsibilities regarding:

- Local services
 - Funding/costs of services
 - Eligibility requirements
 - Referral procedures
 - Gaps in service
-

Establishing Relationships

There are many ways to establish relationships with community partners. Linkages are established and maintained through:

- Verbal communication
- Personal contact
- Letters of introduction
- Newsletters
- Peer networks
- Involvement in community task forces, advisory committees, and boards
- Training programs
- Awareness campaigns
- Agency tours
- Systematic follow-up

Primary and Specialty Health Care Providers

Facilitating medical homes for children and families is an important function of the Child Health program. The following are important linkages that can serve as medical homes and sources for further diagnosis and treatment.

- Primary care practitioners (doctor's offices and other practitioners such as nurse practitioners)
- Community Health Centers offer free and low-cost (sliding fee scale) health care clinics.
- Child Health Specialty Clinics (CHSC) serve any Iowa child or youth from birth through age 21 years with, or at risk of, a chronic health condition or disability that includes psychosocial, physical, health-related educational or behavioral needs. The CHSC statewide program includes 14 regional centers that provide services to children with special health care needs and an administrative center at the University of Iowa.

Dental Care Providers

Dental services are required components of the EPSDT *Care for Kids* program. The American Association of Pediatric Dentistry (AAPD) recommends that children see a dentist by 12 months of age. Access to dental providers can be very difficult in many areas of the state due to a shortage of providers and a lack of providers willing to see young children and/or Medicaid clients.

Establishing linkages is essential and can best be accomplished through regular, personal contact to provide information about agency services and to share mutual concerns. Work with your agency's I-Smile coordinator to identify dentists for your clients.

Children with special health care needs often experience additional access barriers to dental services. To link with a dentist who is willing to treat low-income clients age 0-21 who are disabled, you may contact the Center for Disabilities and Development at the University of Iowa (319-356-1513).

Educational Services

These agencies provide educational services and support for children and families.

- Early ACCESS (Part C – Early Intervention) - a collaboration of public health, human services, Child Health Specialty Clinics and education services that link families to needed services for children birth to age 3 who have developmental delays or a high probability of delay
 - Early Head Start – a comprehensive child development program for children birth to age three and their families
 - Head Start – a comprehensive child development program including classroom and home-based preschool for children 3 to age 5 years of age
 - Area Education Agency (AEA) – educational support including speech therapy, occupational therapy, and physical therapy for children birth to age 22
 - Local Education Agency (LEA) – local school districts that provide educational services for children age 3 to 21
 - Preschools – educational services for children under age 6
-

Human Service Providers and Other Resources

There are many human service providers and other agencies available to help meet the needs of families. This partial listing provides brief descriptions of some of the most important community resources available for families.

- Child care providers – appropriate short-term, drop-in or long-term childcare services. Iowa has a system of five Child Care Resource and Referral (CCRR) agencies, each district covering multiple counties
- Parenting programs – parent education, counseling and/or support services for families with children at risk
- Local Department of Human Services Income Maintenance Workers-
http://www.dhs.state.ia.us/Consumers/Find_Help/MapLocations.html
- Local Department of Human Services Child Abuse Unit – investigation and intervention with children who are victims of physical, emotional, or sexual abuse
- Teen pregnancy prevention and support services – abstinence education and/or education and counseling services to prevent pregnancies or support teen moms and dads

- Family planning programs - pre-conception counseling and birth control
- Substance abuse prevention and treatment services – prevention or treatment services for alcohol or drug dependency
- Interpreter and translation services – assistance with communication during appointments, including those who are hearing impaired
- Legal aid – Legal services for families that meet income guidelines
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – food and nutrition counseling services for pregnant women, infants and children under age 5, who meet income guidelines
- Food Assistance program – for purchase of food for families who meet income guidelines
- Family Investment Program (FIP) – financial and family support for families who meet income guidelines
- Supplemental Security Income (SSI) – financial support for children who have a disability and meet income guidelines
- Housing programs – low income housing and energy assistance
- Shelters for the homeless population or women with children who are victims of physical, emotional, or sexual abuse
- Transportation programs – community-based access to services or contact TMS at 1-866-572-7662.
- Lead poisoning prevention programs – access to blood lead testing, provide case management services, and provide education regarding childhood lead poisoning

See Appendix 5 for a list of links to maps of statewide resources.

Chapter 6 Protocols

What are Agency Protocols

Protocols clarify agency policy and provide explanation to staff about how services will be delivered. Protocols help the agency provide the best service possible by:

- Assuring continuity and quality of care
- Standardizing activities among different staff members
- Standardizing activities among subcontract agencies
- Assisting in new staff orientation
- Assuring quality of services
- Providing direction for uniform clinical documentation
- Providing direction for uniform clinical documentation

Protocols are maintained on file within the agency and a copy is given to each subcontract agency. Subcontract agencies follow the contract agency protocols to maintain consistency and continuity.

Chapter 6 provides general guidelines about agency protocols. A Chapter 9 tab has been provided in this handbook for the placement of agency protocols.

Writing Protocols

When writing agency protocols, IDPH Title V contract and subcontract agencies identify how the staff carries out EPSDT *Care for Kids* activities according to contract requirements and statewide program guidelines. Protocols reflect the unique needs, practices and systems of the local service area.

Agency protocols serve as expansions of the guidelines provided in this handbook. When writing local protocols it is not necessary to repeat the information in this handbook although key components of the handbook may be referenced.

Once protocols are written, the approval and responsibility for implementation of the agency's protocols lies with the agency administrator. Protocols must be revised and updated annually.

Information to include in protocols

The format for writing protocols should include why, what, who, where, when, and how services are provided. Protocols should contain information such as:

- Purpose statement including why the service is important and the expected outcome for children and families
- Description of the service or procedure
- Names or job descriptions for persons authorized and trained to perform the activity
- Location of the service delivery
- Timeline for accomplishing the activity
- Procedures for assuring follow-up activities
- Procedures for documenting services or procedures
- Billing procedures
- Administrative activities
- Bookkeeping
- A signature line for the sub-contract agency
- An annual review/revision date
- Date written and the review dates
- Signature line for agency management
- Reference to other policies and the source of authority such as EPSDT *Care for Kids* Handbook, MCH contract, and MCH Administrative Manual

Informing/Re-informing Protocols

At a minimum, the agency's informing/re-informing protocols must include:

- What level of staff member will be assigned to specific components of the service (mailings by clerical staff, follow-up calls by the care coordinator)?
- What methods of direct contact will be used (phone calls, home visits, clinic visits)?
- How many attempts will be made to contact a family?
- What information is needed to complete the informing process?
- What is the informing message by age?
- What are the key points to be covered in each call?
- When does documentation take place?
- What should be included when documenting the service?
- What is done if the agency is unable to contact the family (follow-up letters, phone calls, home visit)?
- What are the agency-specific criteria for discharge?
- What are the provisions for assuring confidentiality?
- What are the procedures for documentation consistent with program guidelines?
- What are the provisions to assure that documentation supports the services billed?

It is recommended that a sample message for contacts or calls be included in the protocol that lists the purpose of the call, points to be covered, “red flag” words to avoid, and statements that have been found to improve communication with families.

Care Coordination Protocols

At a minimum, the agency’s care coordination protocols must include:

- Who will provide the service (health professional or paraprofessional)?
- What is the role of the paraprofessional?
- What are the responsibilities of the professional regarding supervision of the paraprofessional?
- What methods of contact are utilized (letters, phone calls, home visits)?
- How many attempts should be made to contact the family?
- What is the care coordination message by age (key points to be covered in each call)?
- When does documentation take place?
- What should be included when documenting the service provided?
- What is done if the agency is unable to contact the family?
- What time of day will services be available?
- When are home visits indicated?
- What are the provisions for making home visits?
- What are the safety issues for staff making home visits?

Care coordination protocols must also include:

- Referral sources and procedures (including Child Health Specialty Clinics)
- Methods for contacting a hard-to-reach family
- Confidentiality guidelines, agency HIPAA contact
- Provisions to assure that documentation supports the services billed
- Procedures for documenting care coordination refusal services
- Transition of clients who move out of the service area
- Agency-specific criteria for discharge

Referral protocols must also be included to address:

- Who will provide the service?
- How will the client’s needs be addressed?
- How will the client’s needs be matched with available services?
- How will the client or family be connected to the service?
- How will follow-up after the service be scheduled?
- What are the available community-based referral systems?
- What methods of contact will be used (with family, provider, and other agencies)?
- What should be included when documenting the referral service?

It is recommended that a sample care coordination message be included that lists the purpose of the contact, points to cover (such as services to expect at the next well child visit and importance of preventive care), “red flag” words to avoid, open-ended questions for families, and statements that have been found to improve the communication with families.

Chapter 7 Financial Management

Importance of Financial Management

Providing quality informing and care coordination services to children and their families requires that adequate funds are available to carry out all program activities. Although Medicaid is the primary payer for these services (through an agreement with the Iowa Department of Public Health (IDPH)), each agency is expected to explore additional sources of funding. Ultimately, the various funding sources result in a braided financial structure that allows the agency to serve the needs of all families.

Chapter 7 provides you with basic information about the financial management of the EPSDT *Care for Kids* program. These guidelines will help you work closely with your agency's administrative and fiscal staff.

Determining Cost

Each program staff member plays a role in the financial management of the EPSDT *Care for Kids* program. For front-line staff providing informing and care coordination services this role starts with an understanding of the costs of providing the services.

Each year, your agency prepares a Maternal and Child Health (MCH) Cost Analysis. The cost analysis takes into account all the costs required to provide a service in the entire area, including those of subcontractors. The cost of a service includes staff time, staff training, travel, supplies, telephone, fax, computers, printers, equipment, and other costs to run the everyday operations of the organization. Your agency **bills your cost** for services as determined by the cost analysis.

Medicaid reimbursement rates are set by the Iowa legislature and approved by the Center for Medicare and Medicaid Services (CMS). Title V Child Health agencies bill the cost of services determined by the MCH Cost Analysis. Medicaid and the IDPH reimburse your cost up to a maximum established rate for the service billed.

Child Health contract agencies may not profit from child health services provided under Medicaid or Title V. Agencies must bill their actual cost for providing the services, regardless of the maximum reimbursement set by Medicaid or IDPH.

Time Studies

Time Study Requirement

The federal Center for Medicare and Medicaid Services requires that **continuous time studies** be completed by all staff providing informing and care coordination under the EPSDT *Care for Kids* program. The time studies must be kept on file in each agency for at least five years.

The time that you spend working as a front-line staff member for the EPSDT *Care for Kids* program is a primary cost of the program for your agency. It is very important that all the costs associated with your work are recorded. You must consistently document your time on your agency's time study form to be sure that all costs are captured.

Basis of Cost Reports

Time studies provide information about staffing resources needed to determine an accurate service cost. Time studies help your agency to:

- Determine actual cost of services
- Provide accountability for services provided
- Determine staffing needs

Time Study Tool

The time study tool is designed to assist agencies in the development or improvement of local time studies. This tool is located with the Cost Analysis resources on the “Maternal and Child Health Project Management” website [here](#). The tool may be used as it appears or may be altered to meet agency needs. If an agency determines the need to modify the template, please contact IDPH at 1-800-383-3826.

Use of Time Studies for Program Monitoring

Time studies are also valuable tools for monitoring program efficiency and studying ways to improve service delivery and staffing patterns. Time studies help administrators to identify what portion of agency resources are used to provide program services.

A review of the time study can help administrators answer the following questions and make adjustments as necessary.

- Does the staffing pattern provide a quality family-centered service to the family?
- Are all required activities being completed as specified in the agency protocols from initial contact with the family through documentation and billing?
- How many people are doing the same activity and when is each involved?
- Is the activity being completed in an efficient manner?
- Are qualified people doing the activity?
- Is the agency providing adequate time for the service?
- Is the service provided by a qualified individual?
- Is the agency using the appropriate staff to meet the needs of the population served (interpreters, ancillary staff)?
- Is the outcome appropriate to the time spent (number of units billed as related to the time spent)?
- Is the staff receiving regular training?

Non-Billable Activities for Informing and Care Coordination

Many of the activities required for effective informing and care coordination services are not billable. All non-billable activities should be included in the time study in addition to the billable activities to determine the full cost of informing and care coordination. The following table will help you understand EPSDT *Care for Kids* informing and care coordination activities that are not billable.

Activity	Description
Maintaining fiscal records	Completing the claims forms and preparing the mailing to the Medicaid fiscal agent. Reviewing denials of original billings and resubmitting the corrected bill. Maintaining fiscal records based on generally accepted auditing procedures.
Maintaining supplies	Managing the paper, brochures, postage and other supplies required for service provision.
Maintain clinical records	Data entry for services provided into CARES, when provided by the data entry staff.
Managing the computerized list	Downloading data and printing labels and lists for staff to use in their work. This includes downloading information for subcontractors.
Reception	Activity by central service staff to connect families to the EPSDT <i>Care for Kids</i> informing and care coordination staff. Answering the phone, taking messages and making appointments with care coordinator.
Staff travel for other than visits to client	Travel to meetings, contact with community providers, and conferences.
Developing community linkages	Activities to develop and maintain formal and informal linkages between community agencies, providers, and organizations to communicate, coordinate, and plan effective delivery of services.
EPSDT <i>Care for Kids</i> administrative meetings	Activities with subcontractors and other staff to plan, communicate, and coordinate the activities of the program.
Continuing education	Activities for staff skill development and education to keep current on policy and best practice.
Administrative activities	Activities related to the management of the EPSDT <i>Care for Kids</i> program, including supervising the work of others.
Developing educational materials for clients	Activities to create and maintain brochures, posters and other educational materials for clients.
Development of educational materials for providers and other community resources	Activities to create and maintain brochures, posters, and other educational materials for providers, community agencies, and organizations.
General office work	Activities required of staff to maintain communication and requirements of the organization such as completing reports of activities, filing travel expenses, etc.

Vacation, sick, holiday time	Time given for vacation, holiday, and sick days based on the policies of the organization.
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Billing IDPH for Informing Services

Informing services are billed after the initial informing letter is mailed. Billing is completed for the family unit (rather than per child) according to the IDPH Title V contract agency’s cost analysis. The billings for an informing service includes all activities pertaining to the initial inform, inform follow-up, and inform completion. The informing service is not considered complete until direct contact is made with the family (either face-to-face or by phone).

Separating Informing and Care Coordination for Accurate Billing

Often, in the course of completing an informing contact, the conversation changes to linking the family to services. Because these activities are a part of the informing contact, they are considered a part of the inform completion. They cannot be billed separately as care coordination.

However, subsequent contacts with the family to link to them to services may be billed as care coordination.

Care Coordination Services Allowable for Billing

Activity	Definition
Client contact	Personal telephone, clinic, home visit, or other contact with the family for care coordination services and assessment of family needs. Time spent opening the client’s chart, preparing content of care coordination service, searching for current phone numbers and addresses.
Identification of needed resources and referral	Activities related to identifying appropriate resources and making referrals for the client as determined in the needs assessment.
Scheduling appointments, transportation, or support services	Activities to set up appointments (outside of your agency) or make arrangements for transportation to health services or to assist with finding other support services such as interpretation services.
Documentation	Documenting the service provided and other pertinent information directly related to the client’s care, including data entry into the CARES database. This is allowable time only for the care coordinator when entered on the date of service. Data entry into CARES by a person other than the person who provided the service is not billed as care coordination time.

Billing IDPH for Care Coordination

Care coordination is billed for the total time spent on these activities for the client for each date of service. Time may not be carried over to additional service dates. Time must be accounted for in CARES and on the time study. Billable care coordination services for a given client when provided by different staff members **on the same day may** be combined for billing.

Care coordination claims are submitted to IDPH for services provided to Medicaid enrolled clients and also non-Medicaid enrolled clients.

Home visits for care coordination are also billed to IDPH for both Medicaid and non-Medicaid enrolled clients. Note that the reimbursement maximum is greater for care coordination in a home visit due to the additional cost incurred for home visits.

Submission of Informing and Care Coordination Claims to IDPH

The Iowa Department of Human Services contracts with the Iowa Department of Public Health (IDPH) to provide supervision and financial management for informing and care coordination services. These services are billed to IDPH as fee-for-service. For activities reimbursed on a fee-for-service basis, IDPH reimburses the actual cost of the service, based on the agency's MCH Cost Analysis, up to an established maximum rate.

Complete Data Entry

To begin the billing process, your agency must assure that all data entry is completed in the CARES database system. Data entry must be completed for all services: direct care, informing, and care coordination services provided to the individual client. Once complete, the billing reports in CARES may be run.

Submitting the Claim

Claims are due to IDPH 45 days following the month of service. To submit a claim to IDPH, you will mail a hard copy of the following:

1. Signed GAX form
2. Expenditure Report
3. Supporting Documentation (i.e., Child Health Master Validation Report)

These are available online on the Maternal and Child Health Project Management website at http://www.idph.state.ia.us/hpcdp/mch_costing.asp .

Claims are mailed to:

**Iowa Department of Public Health
Attention: Shelley Horak, Lucas Building – 5th Floor
321 E. 12th St
Des Moines, IA 50237**

Claims Review

In addition to supervision and financial management, IDPH also ensures that payments to contract agencies on behalf of Medicaid-eligible clients are reasonable and maintain standards for quality continuity of care. As such, your services will be reviewed according to quality assurance measures prior to payment. Your CARES billing reports have built in quality assurance controls; however, your agency should review reports prior to submission to IDPH. Consider the following in your review:

1. Services are entered accurately and completely in CARES.
2. CARES required fields are present in the CH Master Validation Report.
3. Information is accurately transferred from Supporting Documentation to the Expenditure Report and GAX.

Errors identified by the quality assurance process will be shared with your agency for correction prior to payment. You will have 45 days from the date of notification to correct these errors and resubmit your claim to IDPH.

Questions?

Questions regarding billing informing and care coordination can be submitted to Juli Montgomery, at jmontgom@idph.state.ia.us or (515) 242-6382.

Submission of Direct Care Claims to Medicaid (IME)

When providing direct care services, child health agencies must follow the guidelines for Medicaid Screening Centers found on the Iowa Department of Human Services website at http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/scenter.pdf. For a complete listing of direct care services available under the EPSDT *Care for Kids* program, see the Child Health Services Summary.

Claims for direct care services are submitted to the Iowa Medicaid Enterprise (IME) using the CMS 1500 form. A complete listing of billing codes for EPSDT direct care services is found in the Medicaid Screening Center Provider Manual. Maximum reimbursement rates are located on the Iowa Medicaid Enterprise website at <http://www.ime.state.ia.us/Providers/index.html>. See Fee Schedules Index for Screening Centers.

Child health agencies bill their cost as determined by the agency's MCH Cost Analysis. Clients must be eligible for Medicaid on the date the service was provided. Claims must be submitted within one year of the date of service. For quicker turnaround, claims may be submitted electronically.

Electronic Submission

Contact the Medicaid fiscal agent for information on the electronic billing software package (known as PC-ACE Pro 3). This billing software is provided at no charge to the agency. See <http://www.ime.state.ia.us/Providers> . Electronic billing is conducted through the Electronic Data Interchange (EDISS).

The IME Electronic Funds Transfer (EFT) form is available online for you to download, complete, and mail to IME. Go to <http://www.ime.state.ia.us/providers/forms.html> to download the EFT form 470-4202.

Hard Copy Submissions:

If hard copies of the CMS 1500 are submitted, send forms to:

**Medicaid Claims
P.O. Box 150001
Des Moines, IA 50315**

Denial of a Claim:

Claims that are denied may be resubmitted to the fiscal agent with corrections up to one year after the initial denial of the claim. Documentation to support services provided must be in the CARES database.

Chapter 8 Appendices

- Appendix 1. Sample Protocols
- Appendix 2. Sample Initial Informing Letter
- Appendix 3. Sample Re-Informing Letter
- Appendix 4. Sample Job Description: Care Coordinator
- Appendix 5. Links to Resource Maps

Phone Conversation for Newly Eligible Informing List

Hello, my name is _____. I am with the *Care for Kids* Program. *Care for Kids* is a service offered through your Medicaid/Title 19 coverage for you or your child/children.

I am calling to *follow-up* on the letter you recently received from us. Our goal is to make sure you have medical and dental providers and an understanding of your child's well child check ups and what your medical insurance covers.

Who is your child's medical provider? If you don't have one, I will be glad to mail you a list of those in your area that accept Medicaid. If you haven't let Medicaid know the doctor that you have chosen, you need to do so. (800-338-8366). If Medicaid doesn't hear from you, they will assign a provider to you. You have the right to select the physician of your choice. It may take a few months to change providers, so be sure and call them as soon as you know.

When was the last time your child was seen? Has your child been in for a well child visit or do you have an appointment scheduled? Are their shots up to date for their age? Children under age 2 are seen more frequently due to the immunizations and to follow all the changes that take place as they grow. Going in for well checks allows the doctor to be pro-active. They may find conditions that can be corrected before they become worse.

The well child exam includes screening for vision and hearing. It also allows time to learn if your child is developing normally or if some intervention may be necessary to help them catch up. After age 6 children should be seen at least every 2 years. Medicaid will cover well child visits every year. The well child visits can be used for camps, sports, and work physicals.

Do you have any questions about your well child visits, or any current health concerns? Are you concerned about your child's development or behavior?

Who is your child's dentist? How often do you go? Dental coverage is available after 12 months annually until age 2 years, then a cleaning and check-up every 6 months and work that needs to be done. Most dentists in this area like to wait until the child is 3, but efforts are being made to encourage earlier check ups. There are clinics available with pediatric dentists that will see children under age 3. If you do not have a dentist I would be glad to mail you a list of those in your area. You may go to any dentist that is willing to accept the Medicaid coverage.

Medicaid also covers an eye exam and glasses if they are needed. You may go to any vision care provider who is willing to accept the Medicaid coverage.

You do not have to inform Medicaid of the dental and eye provider as you do the medical provider.

Do you have any problems with transportation and getting to medical appointments? One of the services we offer for children on Medicaid is transportation to medical appointments. You can give us a call and we can schedule the local taxi company to pick you up, take you to the medical appointment and return home at no cost to you. I will mail you a copy of the transportation rules.

Do you have problems with Day Care? What other services do you currently receive?

Do you have any concerns or questions at this time?

Our Care Coordinator will be calling when you or your child are due for well child exams. We will explain what to expect at the visit, see if your needs have changed, and see if we can help out in any way. Please feel free to call at anytime that we can be of assistance. Thank you for your time.

Care for Kids/ Care Coordination
Protocol for Periodic Visit & Family Follow up Contact

This is a sample protocol for Care Coordination contacts with families of children birth through age 47 months of age.

Initial Periodic Visit Contact

(Note in the dialogue suggested below, substitute names or child's age for the italics)

Introduction: Hello, my name is **(Name)** from the *Care for Kids* program. *Care for Kids* is **(Child's Name)** Title XIX health coverage and I am calling to remind you it is time to schedule **(Child's Name)** appointment for his/her regular **(Age)** health care visit.

- 1) Schedule of periodic visit is done according to the agency protocol
- 2) Remind families that the periodic visit is due.
- 3) Educate families about the importance of preventive medical appointment; emphasize the importance of the child's social emotional growth and development.
 - i) Discuss what to expect at the **(Age)** visit.
 - ii) Ask, do you have any concerns about your child's growth, development, learning or behavior? If they do, explore the concerns and help them to prepare to talk with the provider about them.
 - iii) Ask, do you have any other health concerns to talk to the physician (provider) about?
- 4) Assist families to locate primary care medical and dental providers.
- 5) Assist families to schedule appointments.
- 6) Assist families to link to support services such as transportation and child care.
- 7) Tell family you will contact them about two weeks following the visit to see how everything went. Check when the best time for that call will be.
- 8) Follow protocol for completion of questions required in CARES.

Follow-up contact: Families who have identified concerns or who, through assessment are identified as needing assistance should receive a follow-up contact within two weeks of the primary care visit. Families who are referred as a result of the periodic visit should receive a follow-up visit within six months. (This may include Interperiodic, Diagnosis or Treatment visits if the child is not going for scheduled periodic visits.)

The purpose of the family follow-up is to:

- 1) Identify if the family's needs were met at the periodic visit.
- 2) Identify if the family has additional needs
- 3) Assist the family to identify sources of assistance to meet needs or to contact referral sources as needed
- 4) To assist the family to advocate for their child
- 5) To identify if the family needs assistance to link to additional services.

At Two Weeks

Within two weeks following the scheduled provider periodic visit contact the family to:

- 1) Arrange *follow-up* on missed appointments
- 2) Assist the family with any visits to the primary provider for further care to meet the needs identified at the recent periodic visit.
- 3) Assist the family with any referrals for further care to meet needs identified at the recent periodic visit.
- 4) *Follow-up* to determine if all medically necessary diagnostic and treatment services have been scheduled or received.
- 5) Assist families in making and keeping referral or *follow-up* appointments
- 6) Link families to other needed services.
- 7) Serve as the family advocate
- 8) Provide support and assistance as families become independent health care consumers.

Introduction:

Hello, my name is **(Name)** from the *Care for Kids* program. I am calling to follow-up on **(Child's Name)** visit to **(Provider's Name)** to be sure that you had no further concerns or to answer any questions you might have. *Care for Kids* wants to make sure that things are going well for you and **(Child's Name)**. I can also help you arrange any follow-up services **(Provider's Name)** suggested for **(Child's Name)**.

Ask the following questions at the two week follow-up to a periodic visit. Use child's or provider's name where indicated. Make questions more conversational to fit your style.

1. **(Child's Name)** growth and development are very important. At your appointment did **(Provider's Name)** or others in the **(Provider's Name)** office have any concerns about **(Child's Name)** growth, learning, development or behavior?
2. Did **(Provider's Name)** refer you to anyone else for *follow-up* care for any concerns or problems?

For all instances of follow-up services are indicated:

1. Were you able to make a connection with the place or person (**Provider's Name**) asked you to go see?
2. Were you able to get an appointment for services (**Provider's Name**)?
3. Do you need assistance to make an appointment for the service?
4. Do you need assistance with transportation to (**Provider's Name**)?

Ask these questions six months after a periodic visit.

Introduction:

Hello, my name is (**Name**) from the *Care for Kids* program. I am calling to *follow-up* on (**Child's Name**) visit to (**Provider's Name**) to be sure that you had no further concerns or to answer any questions you might have. *Care for Kids* just wants to make sure things are going well for you and (**Child's Name**).

1. Have you had any concerns about your child's health, learning, development or behavior since your appointment with (**Provider's Name**) six months ago?
2. If a referral was made for follow-up care to another provider, were you able to meet with that (**Provider's Name**) as scheduled?
3. Are you going to (**Provider's Name**) for care other than well child examinations? If so, what care are you receiving?
4. Did you or are you receiving services from a referral provider that your (**Provider's Name**) suggested? If not, why?
5. Are services continuing? If yes, are the services meeting the needs you have concerns about? the concerns (**Provider's Name**) had about your child?

Enter the answers to the above questions in the CARES program under "notes." Also complete the other sections of CARES following the guidelines in the *CAREs User Manual*. Add any comments about the interview as needed. You may want to add that "the parent was in a hurry to end the interview" etc.

The service for the above follow-up protocol is considered a Care Coordination service. Document service and needs and bill accordingly.

Sample Initial Informing Letter



Dear Parent/Guardian:

Welcome to the *Care for Kids* Program! This program is for children from birth through 20 years of age who are enrolled in Medicaid (Title 19). The program pays for regular medical and dental checkups. It also covers treatment for health problems identified during the checkups. There is NO COST for these services for children who have a current Medicaid (Title 19) card.

Care for Kids services include:

- *Well Child exams (Medical checkups)
- *Dental checkups
- *Vision and hearing tests
- *Nutrition information
- *Immunizations (shots)
- *Transportation to these services

Medical checkups are recommended at the following ages:

- | | | | | |
|-----------|------------|----------|-----------|-----------|
| *Newborn | *9 Months | *3 Years | *10 Years | *20 Years |
| *1 Month | *12 Months | *4 Years | *12 Years | |
| *2 Months | *15 Months | *5 Years | *14 Years | |
| *4 Months | *18 Months | *6 Years | *16 Years | |
| *6 Months | *2 Years | *8 Years | *18 Years | |

Checkups can be used for enrollment in day-care centers, school, Head Start, and sports programs.

If you don't have a doctor or dentist, we can help you find one and schedule appointments. We can also give you information about WIC, food bank, energy assistance, parenting programs, and more.

Please call me at [*Care for Kids* Care Coordinator's phone number]. I look forward to talking with you.

Sincerely,

[*Care for Kids* Care Coordinator's name]

Sample Initial Inform Letter (Spanish)



Estimado padre/guardián:

¡Bienvenido al programa *Care for Kids* (Cuidado para Niños)! Este programa es para niños recién nacidos a 20 años de edad quienes están inscritos en el programa de Medicaid. El programa cubre chequeos médicos y dentales. También cubre tratamiento para problemas de salud que sean identificados durante los chequeos médicos. Estos servicios son gratis para niños que tengan una tarjeta de Medicaid vigente.

Algunos servicios de *Care for Kids* incluyen:

- *Chequeos médicos
- *Vacunas
- *Exámenes de la audición y la vista
- *Visitas al dentista/cuidado oral
- *Información sobre nutrición
- *Transporte a estos servicios

Se recomienda que se hagan revisiones generales cuando los niños tienen las siguientes edades:

*Recién nacidos	*9 Meses	*3 Años	*10 Años	*20 Años
*1 Mes	*12 Meses	*4 Años	*12 Años	
*2 Meses	*15 Meses	*5 Años	*14 Años	
*4 Meses	*18 Meses	*6 Años	*16 Años	
*6 Meses	*2 Años	*8 Años	*18 Años	

Los chequeos médicos que su hijo/a reciba pueden ser usados para inscripción en guarderías, equipos deportivos, la escuela, o Head Start.

Nosotros podemos ayudarle a encontrar un doctor/pediatra si todavía no tiene uno o a fijar una cita. También podemos proveerle información sobre WIC, banco de comida, programas para padres entre otros.

Por favor llámenos al [*Care for Kids* Care Coordinator’s phone number]. ¡Estamos aquí para ayudarle!

Atentamente,

[*Care for Kids* Care Coordinator’s name]

Sample Re-Informing Letter



Dear Parent/Guardian:

Did you know that your child/children are still eligible for the *Care for Kids* Program? This program is for children from birth through 20 years of age who are enrolled in Medicaid (Title 19). The program pays for regular medical and dental checkups. It also covers treatment for health problems identified during the checkups. There is NO COST for these services for children who have a current Medicaid (Title 19) card.

Care for Kids services include:

- *Well Child exams (Medical checkups)
- *Dental checkups
- *Vision and hearing tests
- *Nutrition information
- *Immunizations (shots)
- *Transportation to these services

Medical checkups are recommended at the following ages:

- | | | | | |
|-----------|------------|----------|-----------|-----------|
| *Newborn | *9 Months | *3 Years | *10 Years | *20 Years |
| *1 Month | *12 Months | *4 Years | *12 Years | |
| *2 Months | *15 Months | *5 Years | *14 Years | |
| *4 Months | *18 Months | *6 Years | *16 Years | |
| *6 Months | *2 Years | *8 Years | *18 Years | |

Checkups can be used for enrollment to daycare providers, school, Head Start, and sports programs.

If you don't have a doctor or dentist, we can help you find one and schedule appointments. We can also give you information about WIC, food bank, energy assistance, parenting programs, and more.

Please call me at [*Care for Kids* Care Coordinator's phone number]. I look forward to talking with you.

Sincerely,

[*Care for Kids* Care Coordinator's name]

Sample Re-Inform Letter (Spanish)



Estimado Padre/Guardián:

¿Sabía usted que su hijo/a todavía califica para el programa *Care for Kids* (Cuidado para Niños)? Este programa es para niños recién nacidos a 20 años de edad quienes están inscritos en el programa de Medicaid. El programa cubre chequeos médicos y de dentales. También cubre tratamiento para problemas de salud que sean identificados durante los chequeos médicos. Estos servicios son gratis para niños que tienen una tarjeta de Medicaid vigente.

Algunos servicios de *Care for Kids* incluyen:

- *Chequeos médicos
- *Vacunas
- *Exámenes de la audición y la vista
- *Visitas al dentista/cuidado oral
- *Información sobre nutrición
- *Transporte a estos servicios

Se recomienda que se hagan revisiones generales cuando los niños tienen las siguientes edades:

*Recién nacidos	*9 Meses	*3 Años	*10 Años	*20 Años
*1 Mes	*12 Meses	*4 Años	*12 Años	
*2 Meses	*15 Meses	*5 Años	*14 Años	
*4 Meses	*18 Meses	*6 Años	*16 Años	
*6 Meses	*2 Años	*8 Años	*18 Años	

Los chequeos médicos que su hijo/a reciba pueden ser usados para inscripción en guarderías, equipos deportivos, la escuela, o Head Start.

Nosotros podemos ayudarle a encontrar un doctor/pediatra si todavía no tiene uno o a fijar una cita. También podemos proveerle información sobre WIC, banco de comida, programas para padres entre otros.

Por favor llámenos al [*Care for Kids* Care Coordinator’s phone number]. ¡Estamos aquí para ayudarle!

Atentamente,

[*Care for Kids* Care Coordinator’s name]

Sample Care Coordinator Job Description

This is a sample job description developed by a Title V contract agency. It is meant to provide an example and should be revised to meet the needs of each agency as appropriate.

- Job Title:** Title V Child Health / EPSDT Care Coordinator
- Responsible to:** Project Director, Child Health Program Coordinator, and/or EPSDT Program Coordinator, as designated by agency
- Job Description:** The care coordinator works with families and service providers to assure that children are linked to appropriate health related services, including regular well-child preventive health care, based upon the needs of the child/family.
- Qualifications:** Staff performing care coordination activities must have one of the following qualifications:
- Registered Nurse
 - Health professional with a Bachelor's Degree in Health Education, Social Work, Counseling, Nutrition, Sociology, or Psychology
 - Registered Dental Hygienist
 - Licensed Practical Nurse (LPN) or paraprofessional working under the direct supervision of a health professional listed above.
- All licensed staff must perform services within their scope of practice.
- Skills Required:**
- Knowledge of the Child Health / EPSDT program
 - Knowledge of the EPSDT Schedule of Periodicity
 - Verbal and written communication skills
 - Knowledge of community resources and services
 - Ability to establish and maintain linkages with local providers
 - Cultural sensitivity
 - Decision-making and problem-solving skills
 - Ability to assess family strengths and identify needs for support
 - Ability to involve family in decision-making
- Activities:**
- Educates families on the importance of preventive health care for their children
 - Assesses the health needs of the family
 - Provides information about available health and support services
 - Answers questions regarding services provided under the child health / EPSDT program
 - Assists families in locating medical and dental homes and other service providers
 - Collaborates with community partners to meet the health needs of the family
 - Assists families in overcoming barriers to care
 - Advocates for the child and the family
 - Involves the family in decision-making
 - Assists families in becoming more independent health care consumers
 - Coordinates periodic well child screens, treatment, and dental care
 - Reminds families that periodic well child screenings and dental exams are due
 - Assists with scheduling appointments
 - Follows-up to assure that clients received scheduled services
 - Assists with re-scheduling missed appointments
 - Assists families when referrals for further care is needed
 - Arranges support services such as transportation to medical and dental providers, translator/interpreter services, and/or child care
 - Maintains documentation to support the services provided
 - For Title XIX clients, advises families of their rights within Medicaid

Links to Resource Maps



Child Care Resource and Referral System Map:

http://www.idph.state.ia.us/hcci/common/pdf/rccnc_map.pdf

Childhood Lead Poisoning Prevention Program (CLPPP) Map:

http://www.idph.state.ia.us/eh/common/pdf/lead/lead_map.pdf

Early Childhood Iowa (Empowerment Area) Map:

<http://www.empowerment.state.ia.us/map/index.html>

Family Planning Map:

http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/family_planning_services.pdf

1st Five Health Mental Development Initiative Map:

http://www.idph.state.ia.us/webmap/default.asp?map=first_five_practices

Head Start Program Map:

(Scroll to "Contacts In Your Area", then click on "Head Start In Iowa Map")

http://www.iowa.gov/educate/index.php?option=com_content&task=view&id=634&Itemid=988

Local Public Health Service Region Map:

http://www.idph.state.ia.us/hpcdp/common/pdf/local_public_health_services/region_assignments.pdf

WIC Program Map:

http://www.idph.state.ia.us/webmap/default.asp?map=wic_agencies

Chapter 9 Your Agency's Protocols

Chapter 10 IME Updates