

IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Family Health

CAReS

Child and Adolescent Reporting System

User Manual

Revised January 2013

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CAReS User Manual

Chapter 1 Introduction

Overview of CAReS

The **Child and Adolescent Reporting System** (hereon referenced as CAReS) is a web-based data system created in 2001. CAReS provides the official clinical record for all children who receive child health services, regardless of funding source.

Child health agencies are responsible for assuring access to primary and preventive health care services, according to established guidelines in the *Recommendations for Scheduling Care for Kids Screenings* published in the *Medicaid Provider Manual for Screening Centers*. These services include history, physical exam, measurements, nutritional assessment, oral health assessment, developmental and behavioral assessment, sensory screening, immunizations, anticipatory guidance, and other procedures.

The CAReS electronic health record is used by each Title V child health agency to monitor needs and record provision of services. CAReS serves as both a permanent clinical health record and a data system. All services provided by the contractor's child health program, as approved by the **Iowa Department of Public Health** (hereon referenced as IDPH¹), must be entered into this electronic record. Some services, such as direct care gap-filling services will require additional documentation.

IDPH¹ maintains staffing to assist the local child health agencies in use of the CAReS electronic health record. A current listing of staff names and contact information is given in [Appendix A](#).

Using This Manual

This manual provides a reference for navigating each screen of the CAReS electronic health record. Labels for individual topics are placed along the left side of each page for ease of scanning the material and locating items of interest. The manual matches easy-to-follow instructions with graphics of related CAReS screens.

Note: Any example client information used in this manual is purely fictitious. In its electronic form, the manual contains links to assist the user in moving directly to a specific item of interest. Similar links in the text also provide easy access to related information in the appendices or other chapters.

Local Title V agencies should ensure that all CAReS users have access to an electronic or printed copy of this manual. The manual is available on the IDPH¹ website.

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Finding the Online Manual

The direct *url* (link) to the online CAReS User Manual is http://www.idph.state.ia.us/hpcdp/common/pdf/CARES_Manual.pdf

The CAReS User Manual is also accessible through a link located on the IDPH¹ Web site at <http://www.idph.state.ia.us/>. The link to the CAReS User Manual can be found on the **Bureau of Family Health** (hereon referenced as BFH²) page, accessed easily by using the ‘A-Z Index’ button on the IDPH¹ home page, then clicking the letter ‘F’. Some users may find it more convenient to just use the IDPH¹ search box to search for “cares user manual” which provides a direct link to the document.

The manual is saved in Portable Document Format (pdf). A pdf reader like *Adobe Acrobat Reader* (version 6.0 or greater) is required to view the online version. The IDPH¹ website contains links to help the user obtain Acrobat Reader from Adobe. When viewing the online manual, users may click on a chapter name in the Table of Contents to move directly to the selected chapter.

Your Agency’s MCH Contract

Local Title V agencies are required to have computer equipment and Internet accessibility available in the agency office. IDPH¹ guidelines concerning computer equipment are provided in [Appendix B](#).

All agency staff members must sign a security agreement before using CAReS and renew the agreement annually thereafter. Each agency is responsible for keeping the security agreements on file for all its users. A copy of the *CAReS Security Agreement* is provided in [Appendix C](#).

A copy of the (first) Security Agreement form signed should be faxed, emailed, or mailed to:

Iowa Department of Public Health
Bureau of Family Health
Attn: CAReS Coordinator
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319
(515) 242-6013 fax

Authorized Use of CAReS

The CAReS database is accessible through the internet and contains information that is sensitive to clients and families. IDPH¹ authorizes the use of CAReS only in the offices and clinics of the Title V Child Health agencies. **IDPH¹ does not authorize the use of CAReS in any other residential, public, or private setting.**

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CAReS Security

For security reasons CAReS uses a 2-stage login procedure consisting of a network login (authorizes the agency), followed by a user login (authorizes the individual user) requiring a valid username, CAReS password, and security token + private SoftPin access code.

The first login is the network or ‘agency’ login. Each agency (clinic) is assigned a username (5-digit number) and a case-sensitive password. All CAReS users at a given location will use the same agency username (number) and password assigned to that location. If this login information is not already present when you attempt to login you can get it from your CAReS Administrator or by calling **CAReS tech support at (515) 281-5401**. Support is typically available weekdays from 7:00 am to 4:00 pm.

The second login is the individual user login. Each new user is issued a user ID and temporary CAReS password by IDPH¹. The user must change this password and is prompted to do so after logging in successfully for the first time. The system will prompt you at pre-determined intervals and require you to change your password. If the user prefers to track how long their password has been active and wants to change their password before the system prompt, they can change it any time they are logged into CAReS. See [Chapter 2](#) for more details.

Passwords must be eight characters in length, and should consist of a combination of letters, numbers, and special characters. Users should avoid common or related names or any variation of the login name. Users should not openly display their login names and passwords. Users should not share their passwords with anyone under any circumstances. Assistance in developing and maintaining secure passwords can be found in [Appendix D](#).

Each user is issued a small electronic device called a token. The token is assigned to the individual user and cannot be shared with any other user under any circumstances. Each time the token button is pressed the device generates a new six-digit password. At the token login, the user enters the six digits from the token screen and adds a four-digit personal pin number. The pin number is never shared with any other user under any circumstances.

IDPH¹ will investigate all suspected password violations. IDPH¹ will work with the agency’s CAReS Administrator and their Child Health Program Director in conducting the investigation. During the investigation, the agency’s CAReS access may be suspended until the issue is resolved and, if applicable, any resulting disciplinary or corrective action is implemented.

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Your Agency's CAReS Administrator

Each local Title V agency must designate a CAReS Administrator. The CAReS Administrator must be an agency employee but is not required to be a nurse.

The agency's CAReS Administrator is responsible for the following activities:

1. Attend all mandatory trainings provided by IDPH¹ staff
2. Request access for a new user at least three workdays prior to the new user's start date
3. Maintain security agreements signed by each user (at initial request for user access and all annual renewals)
4. Ensure that all users abide by the CAReS *Password Policy*
5. Monitor addition and deletion of users to ensure that only authorized individuals have access to CAReS
6. Perform editing functions in CAReS client records when incorrect information is identified by users
7. Notify IDPH¹ of any security breach and cooperate with IDPH¹ in investigating the issue

Your Agency's EPSDT Coordinator

The role of the agency's EPSDT Coordinator is defined in the *EPSDT Care For Kids Handbook*. The EPSDT Coordinator is responsible for the following activities in relation to the CAReS electronic health record:

1. Attend all mandatory trainings provided by IDPH staff.
2. Ensure that all agency and subcontractor staff members using CAReS are adequately trained prior to using the database.
3. Provide regular training, including discussion about security and confidentiality, at least quarterly and document such activities in agency staff meeting minutes.
4. Ensure that all users have access to the CAReS User Manual.

Note: IDPH¹ reserves the right to conduct random, unannounced on-site visits to enforce password policy and procedures.

Adding a CAReS User

The agency's CAReS Administrator is responsible for monitoring agency users of the CAReS database. When a new individual requires access, the CAReS Administrator should obtain the following information:

1. Correct spelling of the user's full name
2. Driver's license number and state
3. User's access level (User or Administrator)
4. The name (clinic number) of the agency location(s) in which the user will access CAReS

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Adding a CAReS User – (continued)

The CAReS Administrator should ensure that the new user understands the following forms before signing:

1. New User /Token Request Form as seen in [Appendix E](#)
2. IDPH¹ Security Agreement as seen in [Appendix C](#)

Once the information has been obtained, the CAReS Administrator should follow these steps to request that the user be added:

1. Fax/email the Token Request/Agreement to BFH²
2. Fax a copy of the signed Security Agreement to BFH² and maintain the original on file in the agency
3. You can also mail a copy of the form if you prefer to the following address:

Iowa Department of Public Health
Bureau of Family Health
Attn: CAReS Coordinator
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Note: IDPH¹ only needs one copy each of the Token Request and Security Agreement forms so fax to (515) 242-6013 Attn: CAReS, or mail to the address above. It is not necessary to do both.

Removing a CAReS User

The CAReS Administrator is responsible for monitoring agency CAReS users. When a user no longer requires access, the CAReS Administrator should follow these steps to request that the user be removed:

1. Email IDPH¹ CAReS staff with the name of the user you are deactivating and the date it is to be effective.
2. Fax, email or mail the Token Inactivation Form ([Appendix F](#)) to BFH² (see 'Adding a CAReS User' above for details)

A current listing of IDPH¹ CAReS staff names and contact information is given in [Appendix A](#).

CAReS Data Entry Tools

To see the detailed definitions of all the CAReS components the user may refer to [Appendix G](#).

Contract agencies may choose to enter data directly into the CAReS electronic health record or to use a paper form to collect the data for post-entry. Two paper forms were developed and approved by IDPH¹ for this purpose.

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CAReS Data Entry Tools – (continued)

The first is the *Client Demographics Form* located in [Appendix H](#) of this manual. The second is the *Client Needs and Services Form* located in [Appendix I](#). The two forms have been posted with the CAReS User Manual on the IDPH¹ website. Contract agencies may download these forms and print each on a single sheet of paper (front and back) for ease of use.

Navigating in CAReS

There are several features to assist in navigation of the CAReS database, including check boxes, drop-down boxes, text boxes, command buttons, and keyboard shortcuts.

Check boxes

- A check in the box indicates a “yes” or positive response.
- A blank box indicates that there is no information available for that data element or a “no” response is appropriate.
- Some elements will allow...
- ...more than one response.

Drop-down boxes

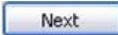
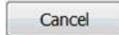
- The mouse may be used for making the drop-down selection.
- The keyboard may also be used to select an element simply by choosing the first character of that element, such as “C” for ‘Care Coordination’.

Tip: If there is more than one choice that begins with “C”, continuing to press the letter C on your keyboard will scroll through them one at a time, and holding the letter C key down will scroll through them very rapidly.

Text Boxes

- Free text may be entered in the text boxes. *Service Notes* are limited to 460 character spaces. *Need Notes* are limited to 200 characters.

Command Buttons

- Command buttons such as  or  perform an action in the database.
- There is only one “*button*” to save changes to the client record.

It is the small  “floppy disc” icon located in the upper left of your screen, just below the “*File Menu*”.

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Navigating in CAReS – (continued)

Keyboard Shortcuts

- Use the *Tab* key to move to the next field
- Hold down the *Shift* key and use the *Tab* key to move to the previous field
- When “tabbing” highlights a command button or link, hitting the *Enter* key pushes the button or activates the link exactly the same as clicking on it with a mouse pointer does
- When ‘tabbing’ highlights a checkbox or other “on/off” type fields, you can use the *space bar* to select and deselect it

Tip: For more helpful keyboard shortcuts and other tips, follow the [Help](#) link in the ‘*File Menu*’ and choose the Helpful Tips link that is most appropriate to your current needs.

IDPH¹ CAReS Staff

Technical assistance and support is available each workday from CAReS staff by phone and email. [Appendix A](#) provides a current listing of staff names and contact information.

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Chapter 2 Getting Started

Opening CAReS

As a CAReS user, verify the shortcut you use to open the program is pointed at the following url (*link*) exactly as it is shown below:

<https://deploy.idph.state.ia.us/portal/default.aspx>

To access CAReS your browser must be **Internet Explorer (IE)**. Connection issues have been reported when trying other browsers. CAReS was fully tested in IE, and technical assistance is only available to users for that environment.

Connection issues are best avoided by launching CAReS with a shortcut from either the Desktop or Taskbar, with no internet windows open. If you prefer to launch CAReS with IE open, we recommend that you copy the above url (*link*) and paste it into the address bar. Links stored in a favorites link or toolbar may have extra text appear before or after the link and could cause launch errors.

Network Login (*agency*)

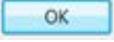
When CAReS is launched, the first thing you should get is the portal login window. It should look like one of these examples, depending on your Windows version:



[Windows XP]



[Windows 7]

This is the agency Network Login. Each agency (*clinic*) is assigned a 5-digit number username, and a case-sensitive password. All CAReS users at the same location will use the same username and password for this first login. Enter the information now or, if the login information is already there, click .

If the login information is not already filled in you can get it from your CAReS Administrator or by contacting CAReS program support. Assistance from IDPH¹ staff is typically initiated by your CAReS Administrator. The CAReS Administrator should evaluate each situation and either inform users if an in-agency solution is available, or advise contacting IDPH¹ tech support.

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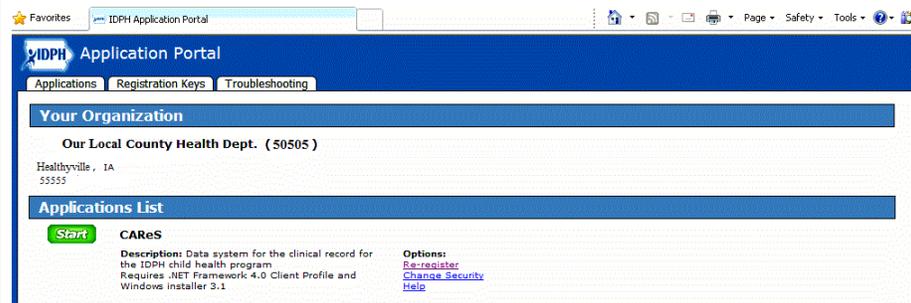
Network Login (agency) – (continued)

If your computer is using a pop-up blocker, this login may not appear. If suspected contact your CAReS Administrator for guidance. Your agency information technology (IT) staff may need to disable the pop-up blocker for this website.

When you click OK, the system verifies that your agency is authorized to access CAReS. If a blank login reappears, then **1**) the login was mis-entered; or **2**) the login used is invalid. If you are unsuccessful after several attempts, notify your agency CAReS Administrator.

IDPH Application Portal

A successful login to the agency Network Login window should bring up the IDPH¹ Application Portal page. Similar to the example below:



From this page a user can:

- a) Register a workstation in CAReS (first time accessed)
- b) Re-register a workstation in CAReS (pc changes, new user)
- c) Start CAReS (brings up a 3-field login)

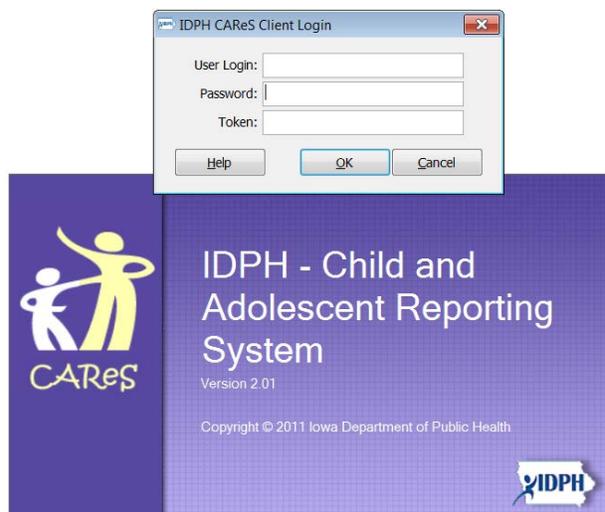
For more information on the registration process contact your CAReS Administrator. If CAReS Administrator is unavailable or you can't get registered, contact IDPH¹ CAReS technical support @ (515) 281-5401.

User Login

To log in to CAReS, registered users click the green **Start** button to the left of the word CAReS on the 'Applications' tab of the IDPH¹ Application Portal page. After clicking the Start button, the IDPH¹ Application Portal page can be closed. The user login will still launch. It looks like the following example except the login is centered in front of the logo: (*shown moved here for clarity*)

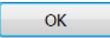
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User Login – (continued)



This screen asks for a User Login, Password, and Token.

- **User Login** - This is the CAREs / Token username that was assigned to you.
- **Password** – This is your personal CAREs password that you will not share with anyone else under any circumstances.
- **Token** – This is a 10-digit password. 6 you get by pushing the button on your token and your private *SoftPin* number is added to that as the last 4.

When you click the  button your info will be verified by the system. If your login passes security you will be logged-in to CAREs and taken to the 'IDPH – Child and Adolescent Reporting System' CAREs home page.

The CAREs Home Page



This is the CAREs Home page. Before doing anything else, always verify that the information displayed in the (3) fields at the bottom accurately reflects your Organization, User Name, and Access Level.

You will use the *File Menu* at the top of the page to maneuver through the system.

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Contents of the File Menu:

File:

- Open... - Opens the 'Client Search' window.
- Reports - Opens the 'Reports' window.
- Messages – Not used at this time.
- Change Password... - Opens the 'IDPH CAReS Client Change Password' window.
- Exit – Closes CAReS.

Window:

- Cascade – Arranges all open windows in an angled overlapping array that leaves the title bars visible.
- Tile Horizontal – Arranges all open windows one above another horizontally.
- Tile Vertical - Arranges all open windows one beside another vertically.

Help:

- View Help – Opens the IDPH¹ CAReS Help page.
- About IDPH¹ CAReS Client – Opens the *About IDPH – Child and Adolescent Reporting System*.

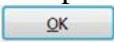
Changing Your Password

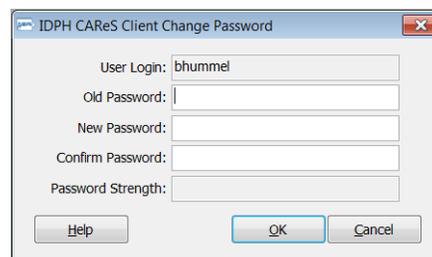
As a CAReS user, you should change your personal user password at least every four months by following the instructions below.

To Change Password:

1. Select 'File' and then 'Change Password...'



2. Type your current password in the 'Old Password:' box.
3. Type your new password in the 'New Password:' box.
4. Retype your new password in the 'Confirm Password:' box.
5. Click on the  button to finalize the process.



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Changing Your Password – (continued)

The ‘User Login’ and ‘Password Strength’ boxes are automatically filled in by the system and cannot be edited.

Assistance in developing and maintaining secure passwords can be found in [Appendix D](#).

Client Search

When you select ‘*Open...*’ under ‘File’ on the menu, it opens the ‘*Client Search*’ window. This allows you to search the CAReS database for a specific client. Instructions for adding a new client appear in [Chapter 3](#). However, before adding a new client, **search at least three times** with different criteria to avoid entering a duplicate client record.

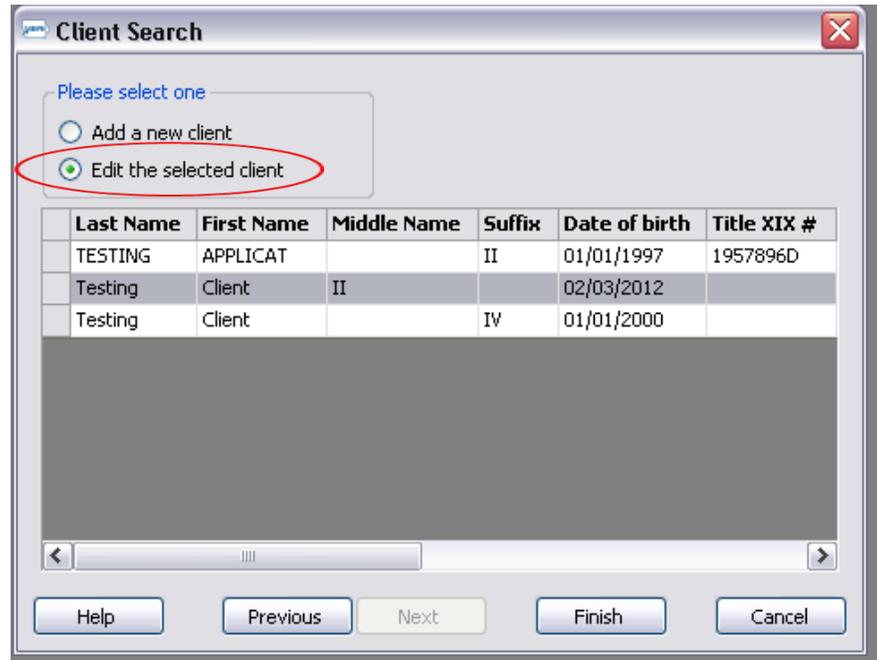
How to Search

1. Enter the criteria you want to search for.
2. You can search by the client’s first or last name, date of birth, Child Health ID # (**CHID#**), or Title XIX #.
3. When searching by client name, you must enter at least the first three characters in a name field (i.e. Albert Einstein = ein in Last name or alb in First name). It is best to enter something in both.
4. When searching by date of birth, use the format MM/DD/YYYY (01/01/2013).
5. Use the complete number when searching by the Child Health ID number or Title XIX number (on CHID#’s the system enters the ‘116-’ prefix for you, so begin with the zero after the dash).
6. Click the **Next** button. (or press ‘*Enter*’ on your keyboard)

The search results will be displayed in the next window.

Search Results

The 'Client Search' window now displays search results. If any clients in the CAReS database match the search criteria, the names will appear here. You may have to scroll down to see all the records. You can also sort the results by clicking the column header for the field you wish to sort by.



Search Results Tips

Sorting

1. Click any column heading to sort results by the corresponding column.
2. Click on the column heading again to toggle between sorting in ascending and descending order.

Selecting a client record for editing

1. Select the CAReS client record you wish to edit.
2. Choose 'Edit the selected client' (select the radial button)
3. Use the button to open the selected record for editing.

See [Chapter 4](#) for complete directions for editing existing client records in CAReS.

Chapter 3 Adding a Client Record

Search Three Times

Before adding a new client in CAReS, search at least **three alternate ways** with different criteria to avoid entering a duplicate client record. This is very important to prevent a client from having information in more than one record in CAReS.

Example Search

☀ For the client **Example Client** born **02/22/2222**

Search 1 → **CLI** in [Last name:] & **EXA** in [First name:]

- If no record found...

Search 2 → **CLI** in [Last name:] & **02/22/2222** in [Date of birth:]

- If no record found...

Search 3 → **EXA** in [First name:] & **02/22/2222** in [Date of birth:]

Note: Existing client records may contain errors. One mis-keyed or missing letter is all it takes to be different. If not identical then Search 1 will not retrieve it. Search 2 will retrieve it even if the first name is different. And Search 3 will retrieve it even if the last name is different.

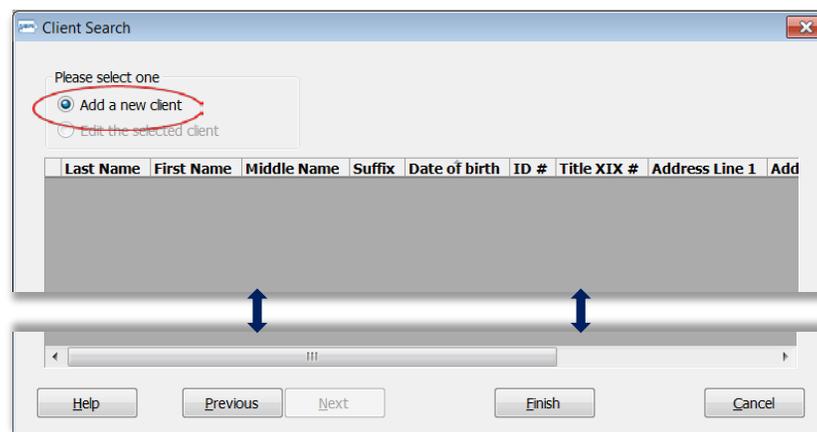
If no record matches your search criteria after searching three alternate ways, you can assume that the client does not have a CAReS record, you can use the steps in this chapter to add a record for the client.

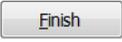
Tech Tip

Tip: It is a good idea to save often. You can save a record in CAReS by:

- From the File menu, select **F**ile then **S**ave.
- Below the File menu, select the  (floppy disk icon).
- On keyboard, press (in order) the Alt, F, and S keys.

Adding a Client Record

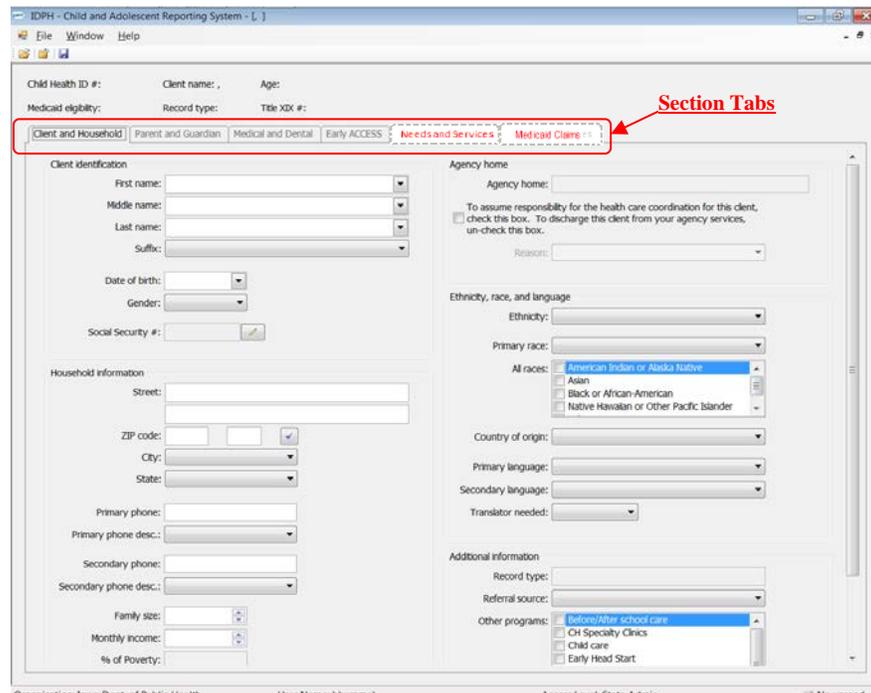


1. Choose 'Add a new client'. (select the  radial button)
2. Choose the  button to open a blank client record.

CAReS User Manual

The Client Record Components

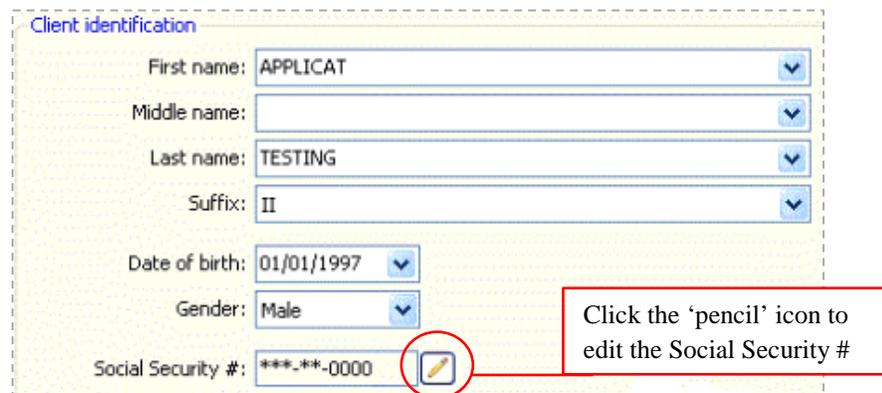
The CAReS client record is divided into six sections and each section is a separate tab. 1) *Client and Household*; 2) *Parent and Guardian*; 3) *Medical and Dental*; 4) *Early ACCESS*; 5) *Needs and Services*; 6) *Medicaid Claims*. When you open a blank client record only the first four tabs are visible. The other tabs will be visible only while a client is accepted into your Agency home.



Client and Household Tab

The Client and Household tab is used to record a client's identification, household information, ethnicity, race, language, current agency home, admittance/discharge reason, referral source, and other programs.

Client Identification



1. Enter First name, Middle name, Last name and Suffix.
2. Enter Date of birth, Gender, and Social Security number.

CAReS User Manual

Save Changes | Save the client record.

Agency Home

Agency home

Agency home:

To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.

Reason:

1. Put a check in the box on the left under Agency home to accept responsibility for the client.
2. Select the appropriate reason from the dropdown box.
3. As the CAReS agency home for the client, your agency will have access to the Services, Needs, Medicaid Claims, and Dental Risk Assessment information. (**Note:** Service documentation is described in [Chapter 5](#). Needs documentation is described in [Chapter 6](#)).
4. If it becomes necessary to discharge a client from your service, *un-check* the box under Agency home and select a reason from the drop-down box located in the Reason field. Each contract agency should develop a local protocol to review clients for discharge on a regular basis.

Save Changes | Save the client record.

Household information

Household information

Street: 321 Sesame

ZIP code: 50310

City: Des Moines

State: IA

Primary phone: (515) 555-1212

Primary phone desc.: Home

Secondary phone: (222) 222-2222

Secondary phone desc.: Work

Family size: 1

Monthly income: \$1,000.00

% of Poverty: 110.00 %

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Household information – (continued)

Address:

1. Enter the Street address in the boxes provided.

Note: When the record is updated from the DHS Medicaid database, this address may be overwritten with the address on record within the Department of Human Services.

2. Enter Zip code Then select the button on the right.
3. Choose ‘Yes’, and then select City and State from dropdown if blank.

Telephone:

1. Enter Primary phone number, and choose Primary phone description from dropdown. If applicable, enter Secondary phone number and choose a description.

Note: When the record is updated from the DHS Medicaid database, the primary phone number may be overwritten with the number on record within the Department of Human Services. (the number in the secondary phone number will not be overwritten)

Email address:

1. Enter the email address for electronic communication (if utilized by agency). *Note: not shown in screenshot above*

Family size and Monthly income:

1. Enter the Family size.
2. Enter the gross **Monthly** income.
 - o Family size and monthly income are needed to calculate the percent of poverty. The percent of poverty is displayed on the Client Summary page of the client’s CAReS record.

Ethnicity and Language Information

The Ethnicity and Language Information page is used to record the ethnicity, primary race, all races, country of origin, primary and secondary language, and translator need. The ethnicity and language information is based on self-declaration by the client and/or family.

Ethnicity and Language Information – (continued)

The screenshot shows a form titled "Ethnicity, race, and language" with the following fields and values:

- Ethnicity: Hispanic or Latino
- Primary race: Black or African-American
- All races: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, White
- Country of origin: Grenada
- Primary language: Tigrinya
- Secondary language: Krahn, Western
- Translator needed: Yes

Ethnicity:

1. Select either 'Hispanic or Latino' or 'Not Hispanic or Latino' from the choices in the drop-down box.
2. If you select 'Hispanic or Latino', you must select a Country of Origin.
3. If you select 'Not Hispanic or Latino', you may select a Country of Origin, depending on your agency protocol.

Race:

1. Select the Primary Race from the choices in the drop-down box.
2. Select all race information. You may select more than one race if the client and/or family closely associates with more than one race.

Country of origin:

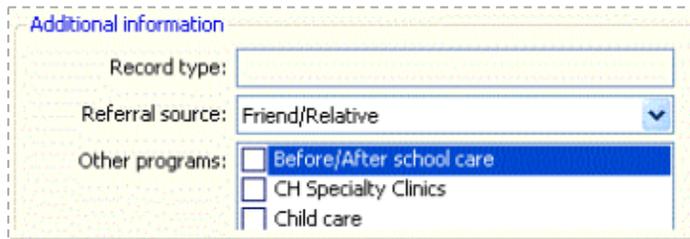
1. Select Country of Origin from the choices in the drop-down box. Country of Origin is required if you previously selected 'Hispanic or Latino' ethnicity.
2. If you previously selected 'Not Hispanic or Latino', your agency protocol will determine whether you select a Country of Origin.

Languages:

1. Enter primary and secondary language as applicable, based on self-declaration.
2. If an interpreter or translator is needed to assist the client and/or family with services or needs, select 'yes' from the drop-down box next to 'Translator needed'. **Note:** A 'yes' response means that the child needs a translator or that the responsible adult needs a translator. If the family brings someone to assist with translation, the response should be 'yes'. If the agency provides a translator, the response should be 'yes'. If the client needs a translator but none is available, the response should be 'yes'.

CAReS User Manual

Additional Information



Additional information

Record type:

Referral source: Friend/Relative

Other programs:

- Before/After school care
- CH Specialty Clinics
- Child care

Record Type:

This is a *read-only* field, filled in by CAReS.

Referral Source:

Choose the Referral source from the dropdown list.

Other Programs:

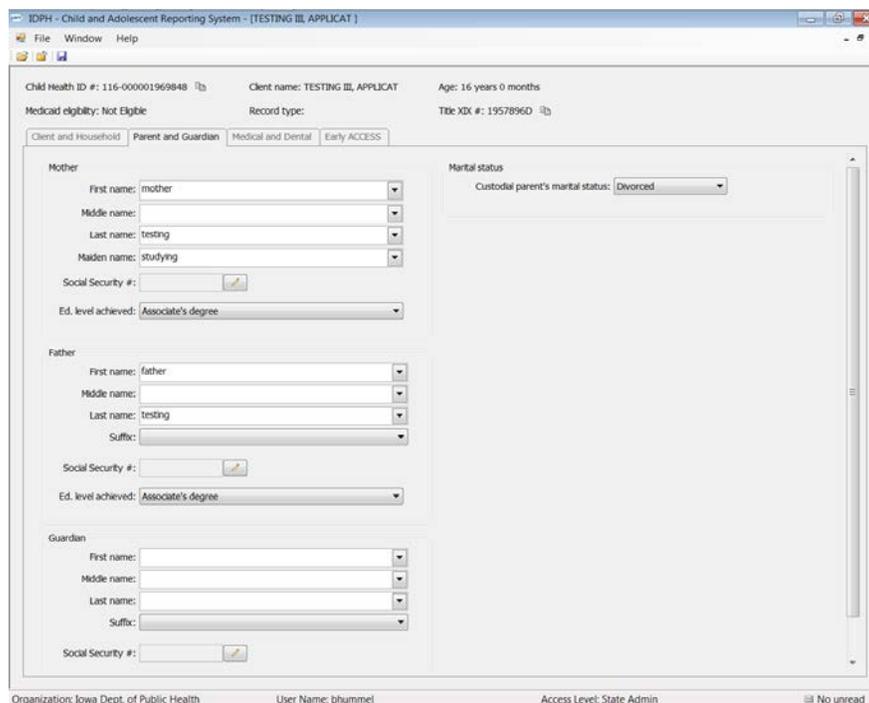
Click in the check box next to the program(s) to which the client is connected. You may choose all that apply.

Save Changes

| Save the client record.

Parent and Guardian Tab

The Parent and Guardian Information page is used to record the status of the mother, father, and/or guardian. This information is based on the client's/family's self-declaration.



IDPH - Child and Adolescent Reporting System - [TESTING III, APPLICAT]

File Window Help

Child Health ID #: 116-000001969848 Client name: TESTING III, APPLICAT Age: 16 years 0 months

Medicaid eligibility: Not Eligible Record type: Title XID #: 1957896D

Client and Household Parent and Guardian Medical and Dental Early ACCESS

Mother

First name: mother

Middle name:

Last name: testing

Maiden name: studying

Social Security #:

Ed. level achieved: Associate's degree

Marital status

Custodial parent's marital status: Divorced

Father

First name: father

Middle name:

Last name: testing

Suffix:

Social Security #:

Ed. level achieved: Associate's degree

Guardian

First name:

Middle name:

Last name:

Suffix:

Social Security #:

Organization: Iowa Dept. of Public Health User Name: bhummel Access Level: State Admin No unread

CAReS User Manual

Mother

1. Enter the First name, Middle name, Last name, and Maiden name of the biological or adoptive mother.
2. Select the highest level of education of the mother from the choices in the dropdown.

Father

1. Enter the First name, Middle name, Last name, and Suffix of the biological or adoptive father.
2. Select the highest level of education of the father from the choices in the dropdown.

Guardian

List information for the legal guardian or other important individual. You will find additional information in the CAReS definitions located in [Appendix G](#).

Note: The Social Security numbers for the mother, father, and/or guardian may be left blank.

Marital Status

Select the marital status of the custodial parent(s) from the drop-down box.

Save Changes

Save the client record.

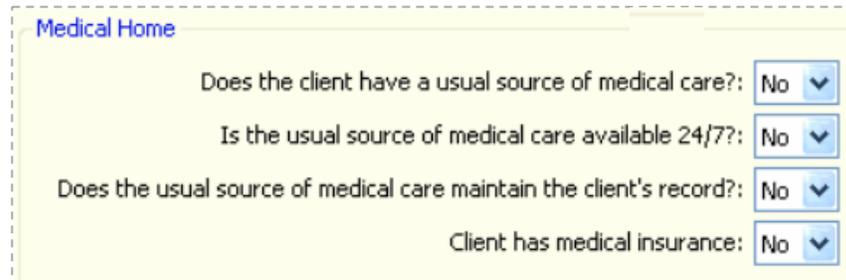
Medical and Dental Tab

Organization: Iowa Dept. of Public Health User Name: bhummel Access Level: State Admin No unread

CAReS User Manual

Medical Home

The Medical Home section is used to input the information used to identify whether or not a client has a medical home.



Medical Home

Does the client have a usual source of medical care?: No ▾

Is the usual source of medical care available 24/7?: No ▾

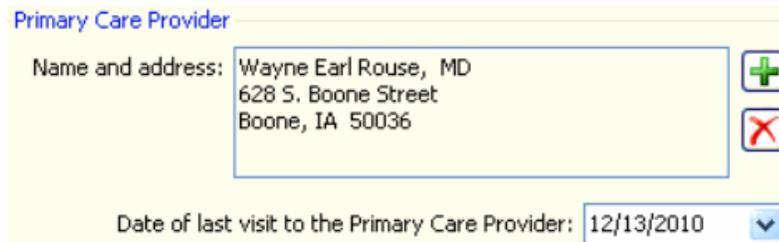
Does the usual source of medical care maintain the client's record?: No ▾

Client has medical insurance: No ▾

Select the appropriate answer to the four medical home questions from the drop-down boxes.

Note: A client is considered to have a medical home if the first three questions are answered yes.

Primary Care Provider



Primary Care Provider

Name and address: Wayne Earl Rouse, MD
628 S. Boone Street
Boone, IA 50036

Date of last visit to the Primary Care Provider: 12/13/2010 ▾

Primary Care Provider:

If the client answered 'yes' to the first question in the Medical Home section (*Does the client have a usual source of medical care?*), obtain their primary care provider's full name and the county where he/she is licensed. [*The Provider Search process is described in the next section.*]

Date of last visit:

Enter the date the client was last seen by his/her primary care provider for any reason. If the client is unsure of the exact date, you may ask for an estimated date.

Medical barriers:

Click in the check box beside all choices that apply. For example, if client/family states they do not see a primary care provider because of cost, you would check the box for Cost. You may select more than one barrier.

CAReS User Manual

Medical barriers:
(...continued)

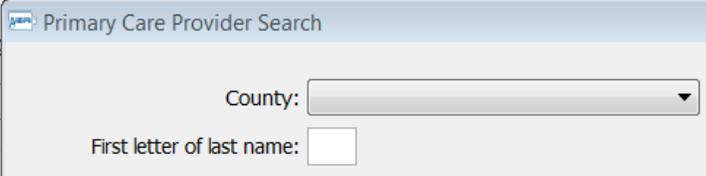
- Child care for siblings
- Cost
- Fear of medical procedures
- Hours of appointment
- Language
- Location of Provider
- No Barriers
- No belief in preventive health care
- No Medical Home
- Provider declines insurance
- Transportation
- Unaware of need for well visit
- Unpaid bill at office

Save Changes | Save the client record.

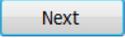
Primary Care Provider Search

This process is used to search the database for the client's primary care provider. The database contains physicians (MDs and DOs), nurse practitioners (ARNPs), and physician assistants (PAs). The database does not contain the names of provider clinics, such as *Mercy Pediatric Associates*.

Click the  button to the right of the 'Name and address:' box to search for the client's primary care provider. This will open the 'Primary Care Provider Search' window.



The image shows a window titled "Primary Care Provider Search". It contains a "County:" label followed by a drop-down menu. Below that is a "First letter of last name:" label followed by a small text input box.

1. Select the county of the provider's license from the drop-down box. (*you can type the first letter of the county to get close*)
2. Enter the first letter of the provider's last name in the box provided.
3. Choose the  button.
4. Highlight the correct provider from the search results by selecting their name.
5. Choose the  button.

The provider's name and address are displayed in the 'Name and address:' box under 'Primary Care Provider' on the 'Medical and Dental' tab.

CAReS User Manual

Primary Care Provider Search (...continued)

If you cannot locate a provider (in or out-of-state) after several search attempts, contact your agency CAReS Administrator and provide the provider's full name (correct spelling), credentials (MD, DO, ARNP, or PA), Iowa license number, county of licensure, and address on the license. If the provider is licensed in a state other than Iowa, please include the name of the State as well. Your CAReS Administrator will contact IDPH¹ to have the provider added to CAReS.

Dental Home

The Dental Home section is used to input the information used to identify whether or not a client has a dental home.

Dental Home

Does the client have a usual source of dental care?: No ▾

Does the usual source of dental care maintain the client's record?: No ▾

Has the client seen a dentist within the past 12 months?: No ▾

Client has dental insurance: No ▾

Select the appropriate answer to the four dental home questions from the drop-down boxes.

Note: A client is considered to have a dental home if the first three questions are answered yes.

Dentist

Dentist

Name and address: John Anderson Reed, DDS
4401 SW 9th
Des Moines, IA 50315

+
X

Dentist:

If the client/family has a regular dentist, obtain the dentist's full name and the county where they are licensed. [*The Dentist search process is described in the next section.*]

Dental barriers:

This section captures information regarding dental barriers. Click in the check box next to all dental barriers that apply based on discussions with the client. You may select more than one barrier.

CAReS User Manual

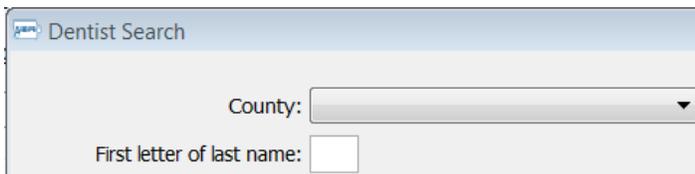
Dental Barriers (...continued)

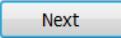
| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Child care for siblings |
| <input type="checkbox"/> | Cost |
| <input type="checkbox"/> | Dentist declines insurance |
| <input type="checkbox"/> | Dentist will not see children under four years of age |
| <input checked="" type="checkbox"/> | Fear of dental procedures |
| <input type="checkbox"/> | Hours of appointment |
| <input type="checkbox"/> | Language |
| <input type="checkbox"/> | Location of dentist |
| <input type="checkbox"/> | No Barriers |
| <input type="checkbox"/> | No belief in preventive dental care |
| <input checked="" type="checkbox"/> | Transportation |
| <input type="checkbox"/> | Unaware of need for well visit |
| <input type="checkbox"/> | Unpaid bill at office |

Dentist Search

This process is used to search the database for the client's dentist. The database contains the names of individual dentists, but not the names of dental clinics, such as *Dental Associates of Dubuque*.

Click the  button to the right of the 'Name and address:' box to search for the client's dentist. This will open the 'Dentist Search' window.



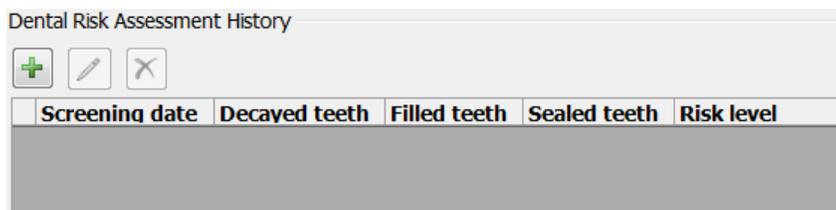
1. Select the county in which the dentist is licensed from the drop-down box. (*you can type the first letter of the county to get close*)
2. Enter the first letter of the dentist's last name in the box provided.
3. Choose the  button.
4. Highlight the correct dentist from the search results by selecting their name.
5. Choose the  button.

The dentist's name and address are displayed in the 'Name and address:' box under 'Dentist' on the 'Medical and Dental' tab.

If you cannot locate a dentist (in or out-of-state) after several search attempts, contact your agency CAReS Administrator and provide the dentist's full name (correct spelling), credentials, Iowa dental license number, county of licensure, and address on the license. If the dentist is licensed in a state other than Iowa, please include the name of the State as well. Your CAReS Administrator will contact IDPH¹ to have the dentist added to CAReS.

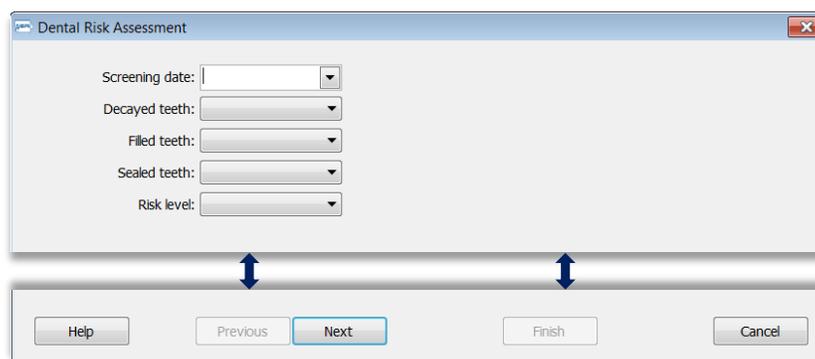
CAReS User Manual

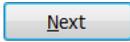
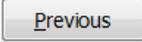
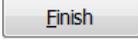
Dental Risk Assessment History



Click on  under the heading ‘*Dental Risk Assessment History*’ to open the ‘*Dental Risk Assessment*’ window and enter information about the patient’s teeth. This section should be completed each time a dental screen is performed.

Dental Risk Assessment



1. Enter the date that the screening was conducted.
2. ‘*Decayed teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
3. ‘*Filled teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
4. ‘*Sealed teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
5. ‘*Risk level*’ select ‘High’, ‘Moderate’, ‘Low’, or leave blank if unknown.
6. Choose the  button to open the summary window.
7. Review the summary. If incorrect, use the  button to go back and make changes. If correct, use the  button to apply the changes.

Save Changes | Save the client record.

CAReS User Manual

Early ACCESS Tab

Organization: Iowa Dept. of Public Health User Name: bhummel Access Level: State Admin No unread

Early ACCESS

This section is used to record data for children 0 to 3 years who have a developmental delay or disability. **Do not fill out any of this information if the client is 3 years or older.**

1. If the family reports that the client has a developmental delay or disability, select 'yes' from the drop-down box.

Delay Types:

| | |
|-------------------------------------|---------------|
| <input type="checkbox"/> | Adaptive |
| <input type="checkbox"/> | Cognitive |
| <input type="checkbox"/> | Communication |
| <input type="checkbox"/> | Emotional |
| <input type="checkbox"/> | Health status |
| <input type="checkbox"/> | Hearing |
| <input type="checkbox"/> | Physical |
| <input checked="" type="checkbox"/> | Social |
| <input type="checkbox"/> | Vision |

2. Click in the check box next to the type of delay or disability. You can select more than one delay or disability.
3. 'Client has a condition known to have a high probability of later delays in development': Select 'Yes', 'No', or leave blank if unknown.
4. 'Client has an IFSP (Individual Family Service Plan)': Select 'yes' if the client has an IFSP or an interim IFSP. Select 'no' if the client doesn't have an IFSP. Leave blank if the answer is unknown.

Please refer to [Appendix G](#) for definitions of the Early ACCESS components.

Save Changes | **Save the client record.**

CAReS User Manual

Chapter 4 Editing a Client Record

Watch for Duplicate Records

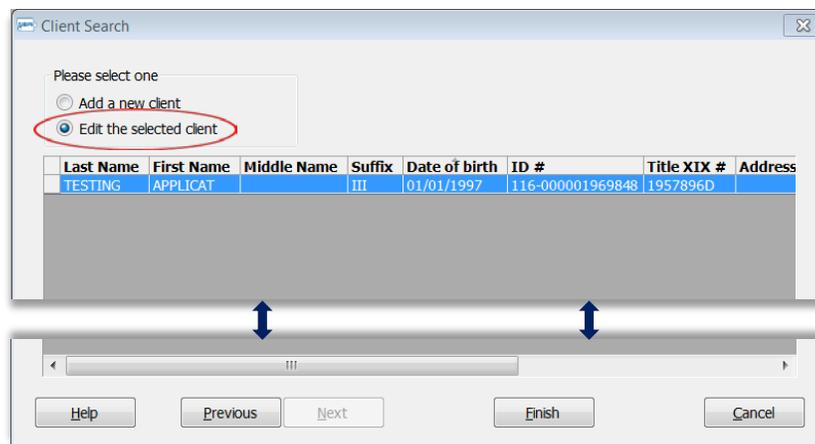
If you have located an existing CAReS record for the client, you can update the client's information using the steps in this chapter. You should always be watchful for duplicate records in CAReS. If you discover that a child has more than one CAReS record you should notify your agency CAReS Administrator and provide the information from both records, including the CHID#'s. Additional information about duplicate records is located in [Chapter 8](#).

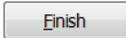
Tech Tip

Tip: *It is always a good idea to save often. You can save a record in CAReS by:*

- *From the File menu, select **F**ile then **S**ave.*
- *Below the File menu, select the  (floppy disk icon).*
- *On keyboard, press (in order) the **Alt**, **F**, and **S** keys.*

Editing a Client Record



1. Select the client record you wish to edit from the search results list.
2. Choose 'Edit the selected client'. (select the  radial button)
3. Choose the  button to open the client record.

The Client Record Components

The CAReS client record is divided into six sections and each section is a separate tab. 1) *Client and Household*; 2) *Parent and Guardian*; 3) *Medical and Dental*; 4) *Early ACCESS*; 5) *Needs and Services*; 6) *Medicaid Claims*. When you open a blank client record only the first four tabs are visible. The other tabs will be visible only while a client is in your Agency home.

CAReS User Manual

The Client Record Components – (continued)

The screenshot shows the 'IDPH - Child and Adolescent Reporting System - (TESTING III, APPLICAT)' window. The 'Client and Household' tab is active. The 'Client identification' section includes fields for First name (APPLICAT), Middle name, Last name (TESTING), Suffix (II), Date of birth (01/01/1997), Gender (Male), and Social Security # (***-**-1111). The 'Household information' section includes Street, ZIP code, City, State, Primary phone ((515) 555-1212), Primary phone desc. (Home), Secondary phone ((222) 222-2222), Secondary phone desc. (Work), Family size (2), Monthly income (\$700.00), and % of Poverty (56.00%). The 'Agency home' section includes Agency home, a checkbox for 'To assume responsibility for the health care coordination for the client, check this box. To discharge this client from your agency services, un-check this box.', and Reason. The 'Ethnicity, race, and language' section includes Ethnicity (Hispanic or Latino), Primary race (Black or African-American), All races (American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander), Country of origin (Grenada), Primary language (Tigrinya), Secondary language (Krahn, Western), and Translator needed (Yes). The 'Additional information' section includes Record type, Referral source (Friend/Relative), and Other programs (Before/After school care, CH Specialty Clinics, Child care, Early Head Start). A red box highlights the 'Section Tabs' at the top, and a red circle highlights the 'pencil' icon next to the Social Security number field.

Client and Household Tab

The Client and Household tab is used to record and edit a client's identification, household information, ethnicity, race, language, current agency home, admittance/discharge reason, referral source, and other programs.

Client Identification

The screenshot shows the 'Client identification' form. The fields are: First name: APPLICAT, Middle name: (empty), Last name: TESTING, Suffix: II, Date of birth: 01/01/1997, Gender: Male, and Social Security #: ***-**-0000. A red circle highlights the 'pencil' icon next to the Social Security number field, with a callout box stating 'Click the 'pencil' icon to edit the Social Security #'.

1. Enter / Edit First name, Middle name, Last name and Suffix.
2. Enter / Edit Date of birth, Gender, and Social Security number.

Save Changes | Save the client record.

CAReS User Manual

Agency Home

Agency home

Agency home:

To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.

Reason:

1. Put a check in the box on the left under Agency home to accept responsibility for the client.
2. Select the appropriate reason from the dropdown box.
3. As the CAReS agency home for the client, your agency will have access to the Services, Needs, Medicaid Claims, and Dental Risk Assessment information. (**Note:** Service documentation is described in [Chapter 5](#). Needs documentation is described in [Chapter 6](#).)
4. If it becomes necessary to discharge a client from your service, un-check the box under Agency home and select a reason from the drop-down box located in the Reason field. Each contract agency should develop a local protocol to review clients for discharge on a regular basis.

Save Changes | Save the client record.

Household information

Household information

Street: 321 Sesame

ZIP code: 50310

City: Des Moines

State: IA

Primary phone: (515) 555-1212

Primary phone desc.: Home

Secondary phone: (222) 222-2222

Secondary phone desc.: Work

Family size: 1

Monthly income: \$1,000.00

% of Poverty: 110.00 %

CAReS User Manual

Household information – (continued)

Address:

4. Enter / Edit the Street address in the boxes provided.

Note: When the record is updated from the DHS Medicaid database, this address may be overwritten with the address on record within the Department of Human Services.

5. Enter / Edit Zip code Then select the button on the right.
6. Choose ‘Yes’, and then select City and State from dropdown if blank.

Telephone:

2. Enter / Edit Primary phone number, and choose Primary phone description from dropdown. If applicable, enter Secondary phone number and choose a description.

Note: When the record is updated from the DHS Medicaid database, the primary phone number may be overwritten with the number on record within the Department of Human Services. (The number in the secondary phone number will not be overwritten)

Email address:

1. Enter the email address for electronic communication (if utilized by agency). *Note: not shown in screenshot above*

Family size and Monthly income:

3. Enter / Edit the Family size.
4. Enter / Edit the gross Monthly income.
 - o Family size and monthly income are needed to calculate the percent of poverty. The percent of poverty is displayed on the Client Summary page of the client’s CAReS record.

Ethnicity and Language Information

The Ethnicity and Language Information page is used to record the ethnicity, primary race, all races, country of origin, primary and secondary language, and translator need. The ethnicity and language information is based on self-declaration by the client and/or family.

Ethnicity and Language Information – (continued)



Ethnicity, race, and language

Ethnicity: Hispanic or Latino

Primary race: Black or African-American

All races:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

Country of origin: Grenada

Primary language: Tigrinya

Secondary language: Krahn, Western

Translator needed: Yes

Ethnicity:

4. Select either 'Hispanic or Latino' or 'Not Hispanic or Latino' from the choices in the drop-down box.
5. If you select 'Hispanic or Latino', you must select a Country of Origin.
6. If you select 'Not Hispanic or Latino', you may select a Country of Origin, depending on your agency protocol.

Race:

3. Select the Primary Race from the choices in the drop-down box.
4. Select all race information. You may select more than one race if the client and/or family closely associates with more than one race.

Country of origin:

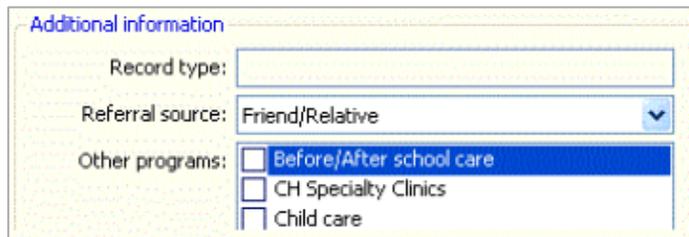
3. Select Country of Origin from the choices in the drop-down box. Country of Origin is required if you previously selected 'Hispanic or Latino' ethnicity.
4. If you previously selected 'Not Hispanic or Latino', your agency protocol will determine whether you select a Country of Origin.

Languages:

3. Enter / Edit primary and secondary language as applicable, based on self-declaration.
4. If an interpreter or translator is needed to assist the client and/or family with services or needs, select 'yes' from the drop-down box next to 'Translator needed'. **Note:** A 'yes' response means that the child needs a translator or that the responsible adult needs a translator. If the family brings someone to assist with translation, the response should be 'yes'. If the agency provides a translator, the response should be 'yes'. If the client needs a translator but none is available, the response should be 'yes'.

CAReS User Manual

Additional Information



Record Type:

This is a *read-only* field, filled in by CAReS.

Referral Source:

Choose the Referral source from the dropdown list.

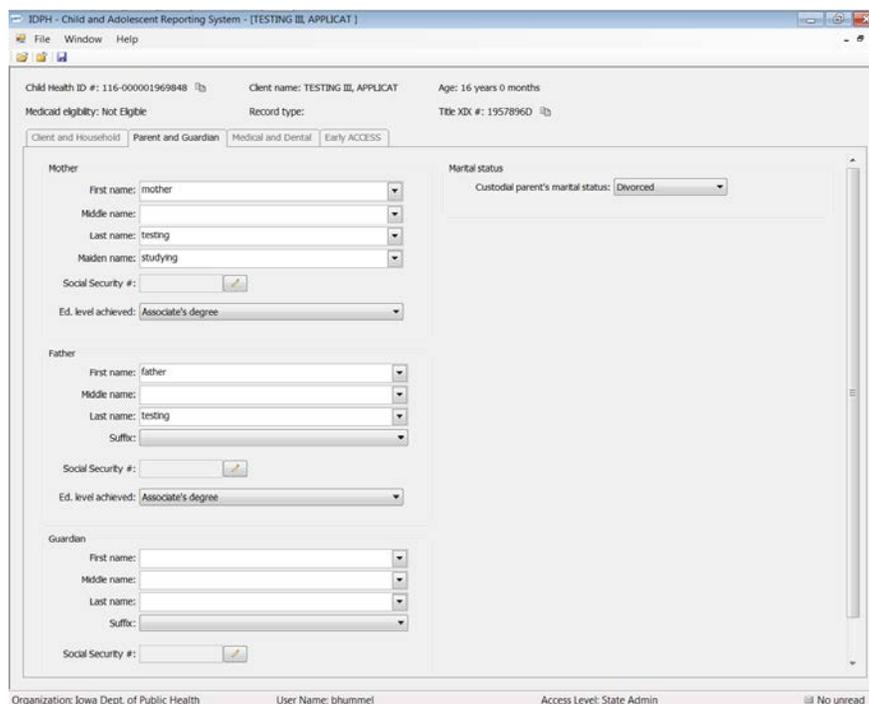
Other Programs:

Click in the check box next to the program(s) to which the client is connected. You may choose all that apply.

Save Changes

Save the client record.

Parent and Guardian Tab



Mother

1. Enter / Edit the First name, Middle name, Last name, and Maiden name of the biological or adoptive mother.
2. Select the highest level of education of the mother from the choices in the dropdown.

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Father

1. Enter / Edit the First name, Middle name, Last name, and Suffix of the biological or adoptive father.
2. Select the highest level of education of the father from the choices in the dropdown.

Guardian

List information for the legal guardian or other important individual. You will find additional information in the CAReS definitions located in [Appendix G](#).

Note: The Social Security numbers for the mother, father, and/or guardian may be left blank.

Marital Status

Select the marital status of the custodial parent(s) from the drop-down box.

Save Changes

Save the client record.

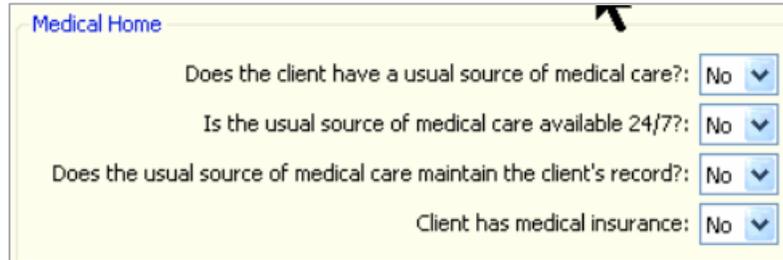
Medical and Dental Tab

Organization: Iowa Dept. of Public Health User Name: bhummel Access Level: State Admin No unread

CAReS User Manual

Medical Home

The Medical Home section is used to input the information used to identify whether or not a client has a medical home.



Medical Home

Does the client have a usual source of medical care?: No ▾

Is the usual source of medical care available 24/7?: No ▾

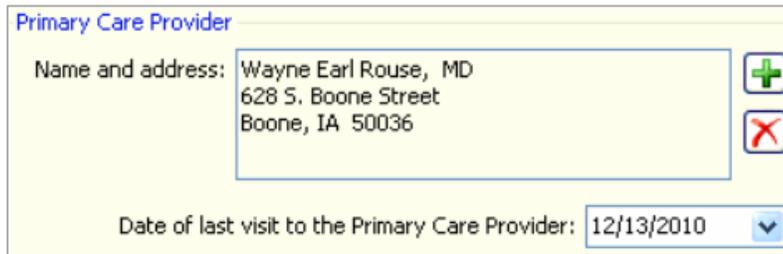
Does the usual source of medical care maintain the client's record?: No ▾

Client has medical insurance: No ▾

Select the appropriate answer to the four medical home questions from the drop-down boxes.

Note: A client is considered to have a medical home if the first three questions are answered yes.

Primary Care Provider



Primary Care Provider

Name and address: Wayne Earl Rouse, MD
628 S. Boone Street
Boone, IA 50036

Date of last visit to the Primary Care Provider: 12/13/2010 ▾

Primary Care Provider:

If the client answered 'yes' to the first question in the Medical Home section (*Does the client have a usual source of medical care?*), obtain their primary care provider's full name and the county where he/she is licensed. [*The Provider Search process is described in the next section.*]

Date of last visit:

Enter the date the client was last seen by his/her primary care provider for any reason. If the client is unsure of the exact date, you may ask for an estimated date.

Medical barriers:

Click in the check box beside all choices that apply. For example, if client/family states they do not see a primary care provider because of cost, you would check the box for Cost. You may select more than one barrier.

CAReS User Manual

Medical Barriers (...continued)

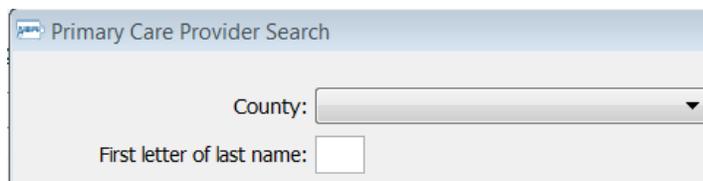
- Child care for siblings
- Cost
- Fear of medical procedures
- Hours of appointment
- Language
- Location of Provider
- No Barriers
- No belief in preventive health care
- No Medical Home
- Provider declines insurance
- Transportation
- Unaware of need for well visit
- Unpaid bill at office

Save Changes | Save the client record.

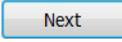
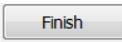
Primary Care Provider Search

This process is used to search the database for the client's primary care provider. The database contains physicians (MDs and DOs), nurse practitioners (ARNPs), and physician assistants (PAs). The database does not contain the names of provider clinics, such as *Mercy Pediatric Associates*.

Click the  button to the right of the 'Name and address:' box to search for the client's primary care provider. This will open the 'Primary Care Provider Search' window.



The image shows a window titled "Primary Care Provider Search". It contains a "County:" dropdown menu and a "First letter of last name:" text input field.

1. Select the county of the provider's license from the drop-down box. (*you can type the first letter of the county to get close*)
2. Enter the first letter of the provider's last name in the box provided.
3. Choose the  button.
4. Highlight the correct provider from the search results by selecting their name.
5. Choose the  button.

The provider's name and address are displayed in the 'Name and address:' box under 'Primary Care Provider' on the 'Medical and Dental' tab.

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Primary Care Provider Search (...continued)

If you cannot locate a provider (in or out-of-state) after several search attempts, contact your agency CAReS Administrator and provide the provider's full name (correct spelling), credentials (MD, DO, ARNP, or PA), Iowa license number, county of licensure, and address on the license. If the provider is licensed in a state other than Iowa, please include the name of the State as well. Your CAReS Administrator will contact IDPH¹ to have the provider added to CAReS.

Dental Home

The Dental Home section is used to input the information used to identify whether or not a client has a dental home.

Dental Home

Does the client have a usual source of dental care?: No

Does the usual source of dental care maintain the client's record?: No

Has the client seen a dentist within the past 12 months?: No

Client has dental insurance: No

Select the appropriate answer to the four dental home questions from the drop-down boxes.

Note: A client is considered to have a dental home if the first three questions are answered yes.

Dentist

Dentist

Name and address: John Anderson Reed, DDS
4401 SW 9th
Des Moines, IA 50315

Dentist:

If the client/family has a regular dentist, obtain the dentist's full name and the county where they are licensed. [*The Dentist search process is described in the next section.*]

Dental barriers:

This section captures information regarding dental barriers. Click in the check box next to all dental barriers that apply based on discussions with the client. You may select more than one barrier.

Dental Barriers (...continued)



A list of dental barriers with checkboxes. The following items are checked:

- Fear of dental procedures
- Transportation

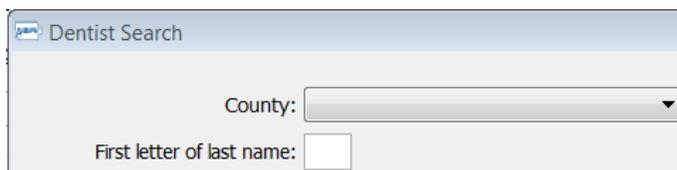
The following items are not checked:

- Child care for siblings
- Cost
- Dentist declines insurance
- Dentist will not see children under four years of age
- Hours of appointment
- Language
- Location of dentist
- No Barriers
- No belief in preventive dental care
- Unaware of need for well visit
- Unpaid bill at office

Dentist Search

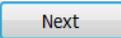
This process is used to search the database for the client's dentist. The database contains the names of individual dentists, but not the names of dental clinics, such as *Dental Associates of Dubuque*.

Click the  button to the right of the 'Name and address:' box to search for the client's dentist. This will open the 'Dentist Search' window.



The 'Dentist Search' window contains the following fields:

- County:
- First letter of last name:

1. Select the county in which the dentist is licensed from the drop-down box. (*you can type the first letter of the county to get close*)
2. Enter the first letter of the dentist's last name in the box provided.
3. Choose the  button.
4. Highlight the correct dentist from the search results by selecting their name.
5. Choose the  button.

The dentist's name and address are displayed in the 'Name and address:' box under 'Dentist' on the 'Medical and Dental' tab.

If you cannot locate a dentist (in or out-of-state) after several search attempts, contact your agency CARES Administrator and provide the dentist's full name (correct spelling), credentials, Iowa dental license number, county of licensure, and address on the license. If the dentist is licensed in a state other than Iowa, please include the name of the State as well. Your CARES Administrator will contact IDPH¹ to have the dentist added to CARES.

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Dental Risk Assessment History

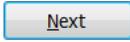
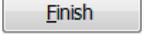
| Screening date | Decayed teeth | Filled teeth | Sealed teeth | Risk level |
|----------------|---------------|--------------|--------------|------------|
|----------------|---------------|--------------|--------------|------------|

Click on  under the heading ‘*Dental Risk Assessment History*’ to open the ‘*Dental Risk Assessment*’ window and enter information about the patient’s teeth. This section should be completed each time a dental screen is performed.

Dental Risk Assessment

Screening date:
Decayed teeth:
Filled teeth:
Sealed teeth:
Risk level:

Help Previous **Next** Finish Cancel

1. Enter the date that the screening was conducted.
2. ‘*Decayed teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
3. ‘*Filled teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
4. ‘*Sealed teeth*’ select ‘Yes’, ‘No’, or leave blank if unknown.
5. ‘*Risk level*’ select ‘High’, ‘Moderate’, ‘Low’, or leave blank if unknown.
6. Choose the  button to open the summary window.
7. Review the summary. If incorrect, use the  button to go back and make changes. If correct, use the  button to apply the changes.

Early ACCESS Tab

Client has a developmental delay or disability: Yes

Delay types: Adaptive Cognitive Communication Emotional Health status Hearing Physical Social

Client has a condition known to have a high probability of later delays in development: Yes

Client has an IFSP (Individual Family Service Plan): Yes

Organization: Iowa Dept. of Public Health User Name: bhummel Access Level: State Admin

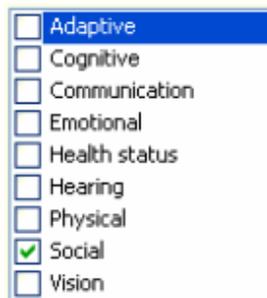
CAReS User Manual

Early ACCESS

This section is used to record data for children 0 to 3 years who have a developmental delay or disability. **Do not fill out any of this information if the client is 3 years or older.**

1. If the family reports that the client has a developmental delay or disability, select 'yes' from the drop-down box.

Delay Types:



| | |
|-------------------------------------|---------------|
| <input type="checkbox"/> | Adaptive |
| <input type="checkbox"/> | Cognitive |
| <input type="checkbox"/> | Communication |
| <input type="checkbox"/> | Emotional |
| <input type="checkbox"/> | Health status |
| <input type="checkbox"/> | Hearing |
| <input type="checkbox"/> | Physical |
| <input checked="" type="checkbox"/> | Social |
| <input type="checkbox"/> | Vision |

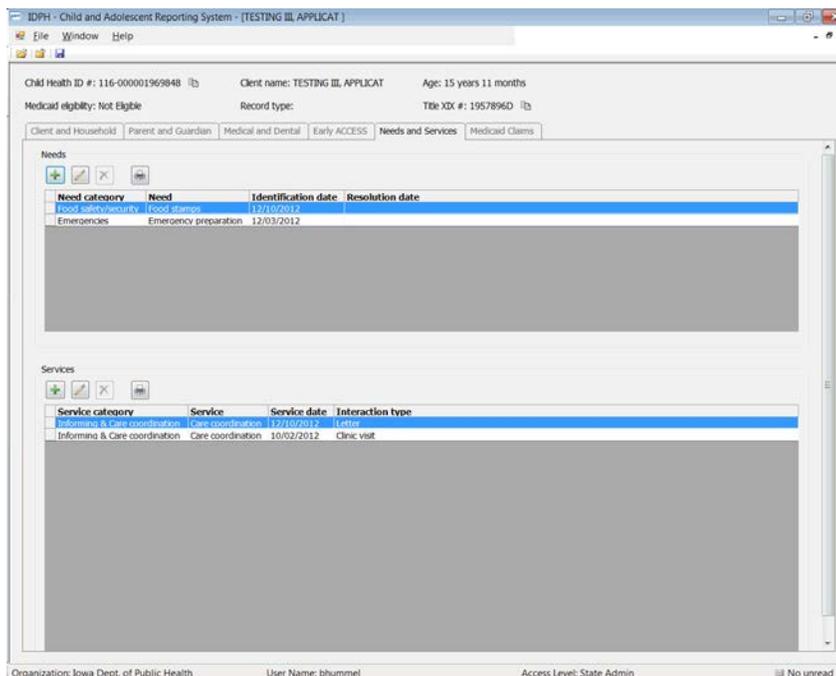
2. Click in the check box next to the type of delay or disability. You can select more than one delay or disability.
3. '*Client has a condition known to have a high probability of later delays in development*' : Select 'Yes', 'No', or leave blank if unknown.
4. '*Client has an IFSP (Individual Family Service Plan)*': Select 'yes' if the client has an IFSP or an interim IFSP. Select 'no' if the client doesn't have an IFSP. Leave blank if the answer is unknown.

Please refer to [Appendix G](#) for definitions of the Early ACCESS components.

Save Changes | Save the client record.

Chapter 5 Recording Services

Needs and Services Tab



The Needs and Services tab is used to record the details of services provided to a client, and any needs discovered during care coordination. Recording needs is covered in [Chapter 6](#).

Document any service that you provide to a client regardless of the funding source. Information regarding documentation requirements can be found in the following sources:

1. Iowa Administrative Code
2. Medicaid Screening Center Manual
3. EPSDT Informing and Care Coordination Handbook
4. I-Smile Oral Health Coordinator Handbook
5. Any applicable exceptions to policy

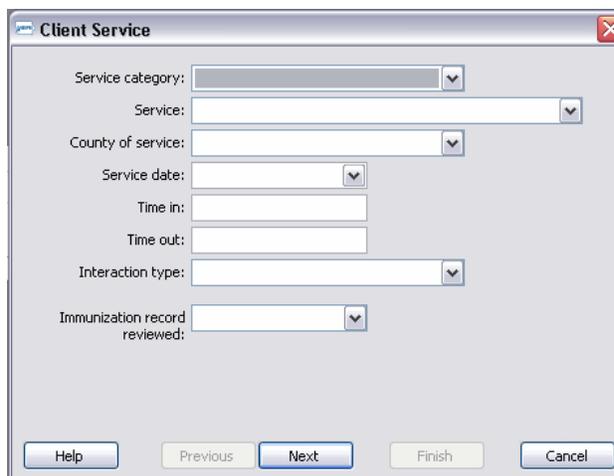
Adding a Client Service

To add a new service for a client, select the  (add) button below the word Services. This brings up the first screen of the 'Client Service' window. Enter your service information using the Service Detail sections that follow.

Note: For any service, a corresponding need must be documented.

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Entering Client Service Detail



Service Detail (Refer to [Appendix G](#) for definitions of these items.)

1. Select the 'Service category' from the dropdown list.
2. Select the 'Service' from the dropdown list.
3. Select the 'County of service' from the dropdown list.

Note: Only the counties served by your agency will appear in the list.

4. Enter the 'Service date'.
5. Enter 'Time in' and 'Time out' (hh:mm am/pm) if applicable.
6. Select the 'Interaction type' from the dropdown list.
7. If client's immunization record was reviewed, select *Yes*.
8. Select the  button to continue to the next screen.

Service Detail – 2nd Screen



9. Select the 'Primary payment source' from the dropdown list.
10. Select 'Secondary payment source' from the dropdown list, if known.

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Service Detail – 2nd Screen – (continued)

11. Enter a ‘*Follow-up date*’, if applicable.
12. Enter appropriate ‘*Service documentation*’ in text box provided.

Note: This field allows you to input additional information to document the care your agency has provided. You may add notes or service documentation as free text with a limitation of 460 character spaces. The system automatically inserts the date of your data entry after “*Date Created:*” and your username after “*Created By:*”.

13. Select the  button to continue to the summary screen.

Service Detail – Summary Screen



14. Verify the changes listed are accurate and then select the  button to create and save the service in the client record.

Service Addendum

CAReS User Manual

Service Addendum – (continued)

If you need to amend your service documentation, select the same ‘*Service category*’ and ‘*Service date*’ as the service being referenced, and then select ‘*Service – Addendum*’ from the dropdown list as the service. This feature allows you an opportunity to enter more free text about a service into the client’s record or can also be used to document edits to the record.

Editing or Removing Services

The CAReS Administrators have administrative access, which allows them to edit existing Services. Your CAReS Administrator can edit the following fields:

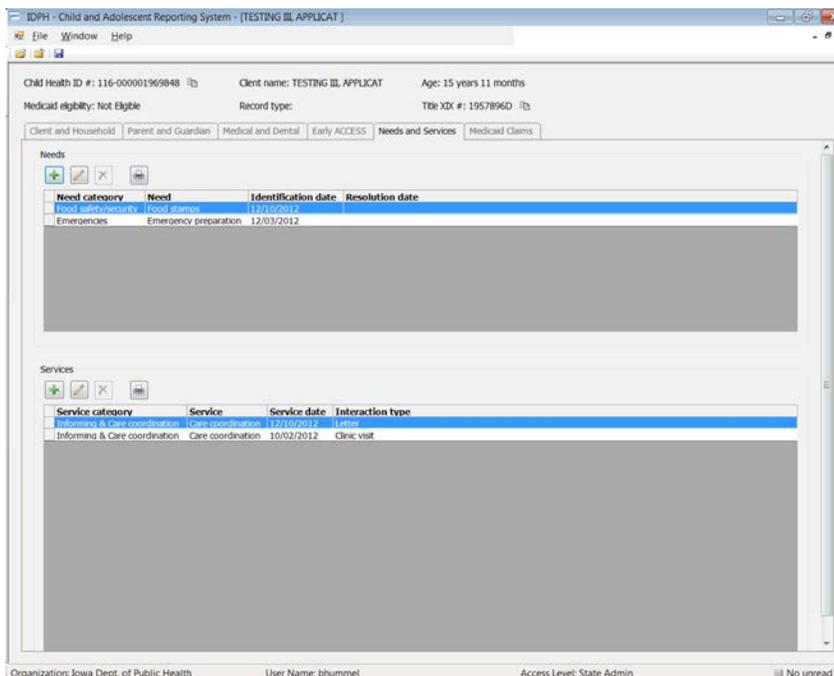
- Service
- Date of service
- Time in
- Time out
- Interaction type
- Immunization record reviewed
- Primary and Secondary payment source
- Follow-up date

Your CAReS Administrator can also remove an existing service from the record.

Save Changes | Save the client record.

Chapter 6 Recording Needs

Needs and Services Tab



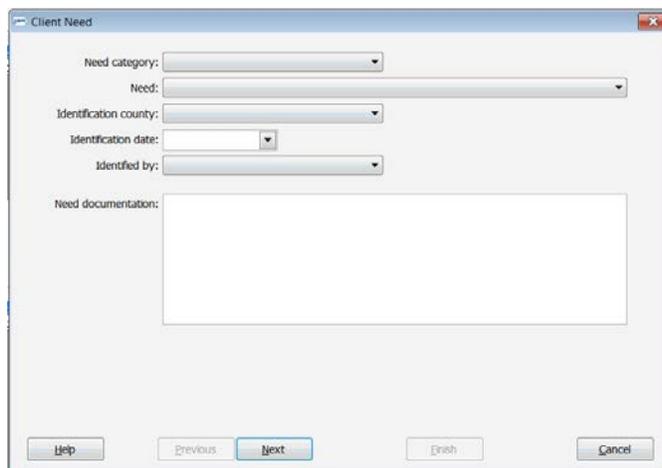
The Needs and Services tab is used to record the details of services provided to a client, and any needs discovered during care coordination. Recording services is covered in [Chapter 5](#).

Adding a Client Need

To add a new need for a client, select the  (add) button below the heading *Needs*. This brings up the first screen of the ‘*Client Need*’ window. Enter your need detail(s) using the Need Detail sections that follow.

Note: For any service, a corresponding need must be documented.

Entering Client Need Detail



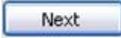
Need Detail (Refer to [Appendix G](#) for definitions of these items.)

1. Select the 'Need category' from the dropdown list.
2. Select the 'Need' from the dropdown list.
3. Select the 'Identification county' from the dropdown list.

Note: Only the counties served by your agency will appear in the list.

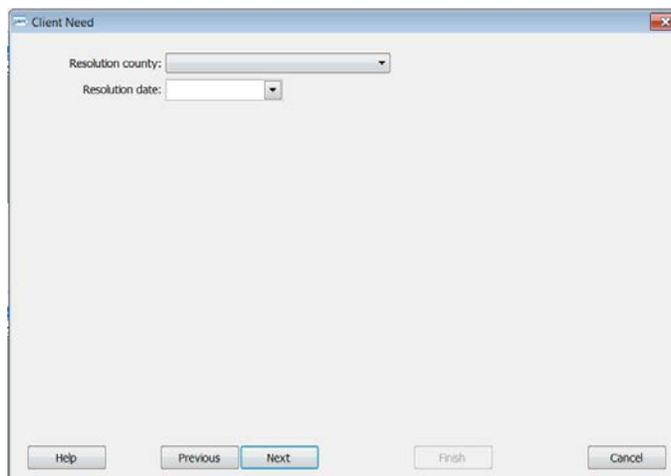
4. Enter the date the need was identified in 'Identification date'.
5. Select who the need was 'Identified by' from the dropdown list.
6. Enter appropriate 'Need documentation' in text box provided.

Note: This feature allows you to record additional information about the client's need. You may add notes or need documentation as free text with a limitation of 200 character spaces. The system automatically inserts the date of your data entry after "Date Created:" and your username after "Created By:".

7. Select the  button to continue to the next screen.

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Need Detail – 2nd Screen



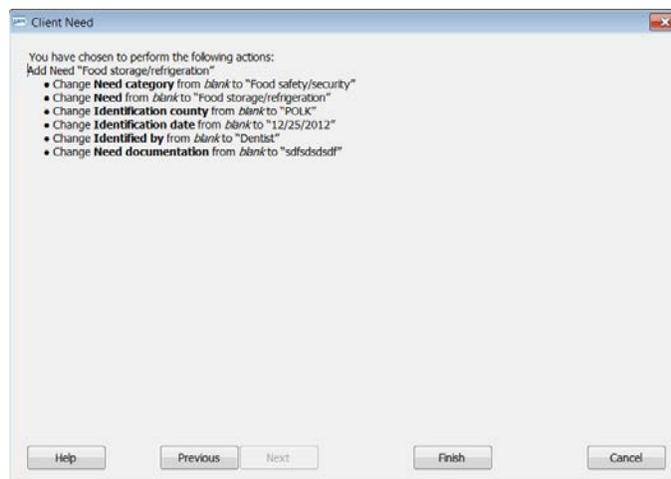
The screenshot shows a window titled "Client Need". It contains two dropdown menus: "Resolution county:" and "Resolution date:". At the bottom of the window, there are five buttons: "Help", "Previous", "Next", "Finish", and "Cancel".

8. Select the '*Resolution county*' from the dropdown list.
9. Enter the date the need was resolved. If no date was entered it will be assumed that the need was not resolved.

Note: You can enter the resolution information at a later date if needed.

10. Select the  button to continue to the summary screen.

Need Detail – Summary Screen



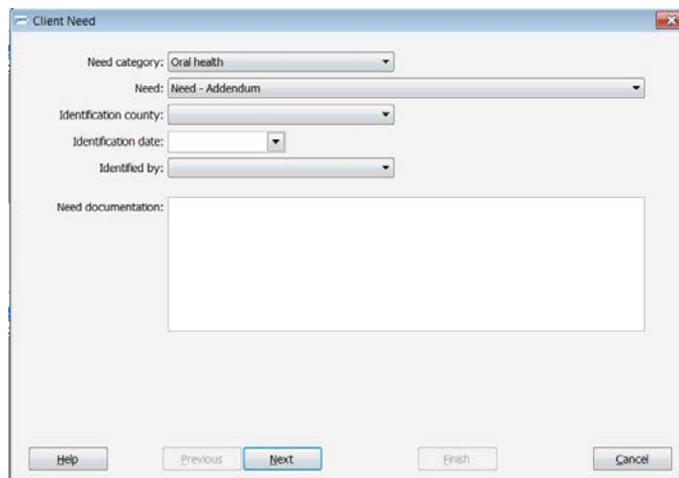
The screenshot shows a window titled "Client Need". It contains a list of actions to be performed:

- You have chosen to perform the following actions:
- Add Need "Food storage/refrigeration"
- Change **Need category** from *blank* to "Food safety/security"
- Change **Need** from *blank* to "Food storage/refrigeration"
- Change **Identification county** from *blank* to "POLK"
- Change **Identification date** from *blank* to "12/25/2012"
- Change **Identified by** from *blank* to "Dentist"
- Change **Need documentation** from *blank* to "stf5dsd5dl"

At the bottom of the window, there are five buttons: "Help", "Previous", "Next", "Finish", and "Cancel".

11. Verify the changes listed are accurate and then select the  button to create and save the need in the client record.

Need Addendum



The screenshot shows a window titled "Client Need" with the following fields:

- Need category: Oral health
- Need: Need - Addendum
- Identification county: [dropdown]
- Identification date: [dropdown]
- Identified by: [dropdown]
- Need documentation: [text area]

Buttons at the bottom: Help, Previous, Next, Finish, Cancel.

If you need to amend your need documentation, select the same ‘*Need category*’ and need ‘*Identification date*’ as the need being referenced, then select ‘*Need – Addendum*’ from the dropdown list as the ‘*Need*’. This feature allows you an opportunity to enter more free text about a need into the client’s record or can also be used to document edits to the record.

Editing or Removing Needs

The CAReS Administrators have administrative access, which allows them to edit existing Needs. Your CAReS Administrator can edit the values in the following fields:

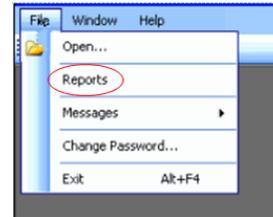
- Need
- Identification date
- Identified by
- Resolution county
- Resolution date

Your CAReS Administrator can also remove an existing need from the record.

Chapter 7 Generating Reports

Finding the Reports

Note: All the reports are selected from the 'Reports' window (see below). From the 'File Menu', select 'File' and then 'Reports' (see right).



The Reports Window



The 'Reports' window

Note: If a report listed appears *faded*, you don't have access to it. (i.e.- You can't select the 'Client Reports' without a client record open). Check the individual report descriptions for more details.

CAReS Reports Available

Two types of reports are available through the CAReS database.

1. *Client Reports* (about an individual client):
 - *Client Summary Report* – Prints the demographic information for a client.
 - *Client Needs Report* – Prints a report of all needs identified for a client in a specific month. (Documentation notes are not available for this report.)
 - *Client Services Report* – Prints a report of all services provided to a client in a specific month. (Documentation notes are not available for this report.)
 - *Client Medicaid Claims Report* – Prints Medicaid claims paid for a client in a specific month.
2. *Agency Reports* (support the activities of the Child Health and **Early & Periodic Screening Diagnosis & Treatment** program (hereon referenced as EPSDT or EPSDT Program):

CAReS User Manual

CAReS Reports Available – (continued)

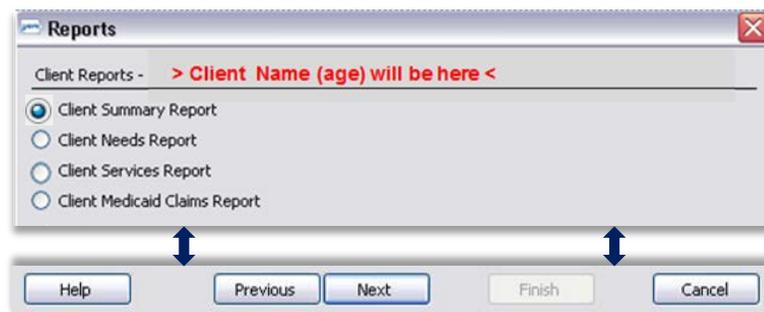
- Informing List – A list of clients who became eligible for Title XIX services within the past month, and require informing about the EPSDT Program.
- Re-Informing Lists – These two lists include clients who are eligible for re-informing about the EPSDT Program.
- Care Coordination Lists – These two lists include clients who are due for a medical screening.
- Service Follow-up List – This list includes clients who have previously received a service that requires follow-up.
- Client Time Audit – This list includes all clients that had a service documented.
- Agency Time Audit – This list summarizes the amount of time the agency spent performing the services.
- Billing Validation – This list includes clients who received informing and care coordination services and are eligible for fee-for-service billing.
- Quarterly and Annual Summary Data – These reports provide aggregate data on a quarterly and annual basis.

Client Reports

1. Open the ‘*Reports*’ window (select File, then Reports)
2. Select ‘*Client Reports*’ by clicking in the *radial* button as shown on the right
3. Select to open the ‘*Client Reports*’ window.



The Client Reports Window



Client Summary Report

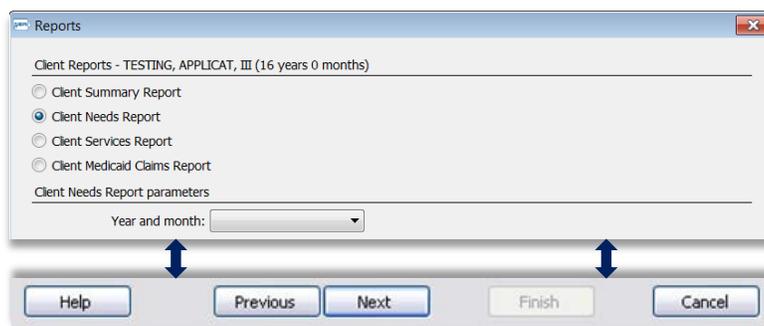
1. Choose ‘*Client Summary Report*’. (select the *radial* button)
2. Select to open the report.
3. View, print, or close the report.

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Client Summary Report – (continued)

Note: If a report listed appears faded, you don't have access to it. (i.e.- To select a *Needs* or *Services* report the client must be in your agency home). Check the individual report descriptions for more details.

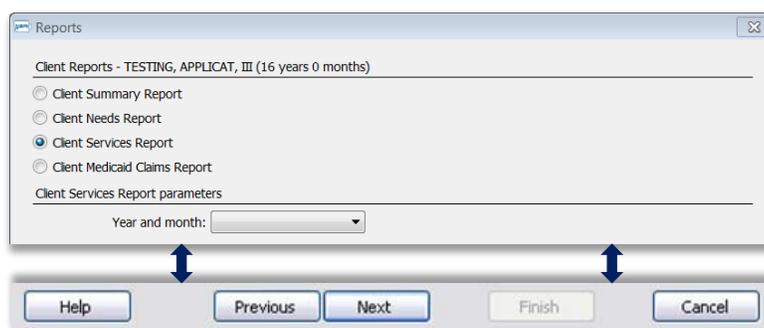
Client Needs Report



1. Choose 'Client Needs Report'. (select the radial button)
2. Select the 'Year and month' from the dropdown box.
3. Select to open the report.

Note: You will be able to view and print this report only if the client is active in your 'agency home'. The report includes all needs selected for the child from the 'Needs and Services' tab. Need documentation notes are not available for this report.

Client Services Report

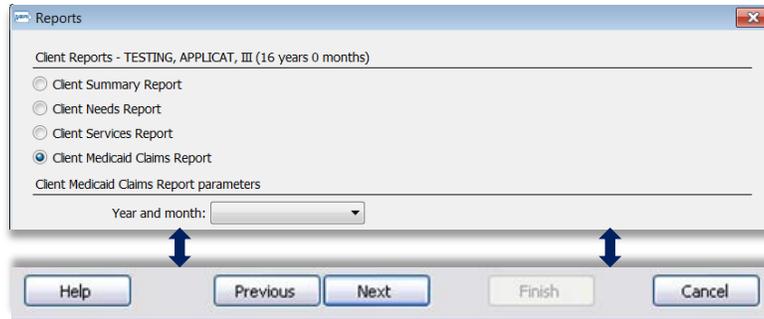


1. Choose 'Client Services Report'. (select the radial button)
2. Select the 'Year and month' from the dropdown box.
3. Select to open the report.

Note: You will be able to view and print this report only if the client is active in your 'agency home'. The report includes all services selected for the child from the 'Needs and Services' tab. Service documentation notes are not available for this report.

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Client Medicaid Claims Report



1. Choose 'Client Medicaid Claims Report'. (select the radial button)
2. Select the 'Year and month' from the dropdown box.
3. Select to open the report.

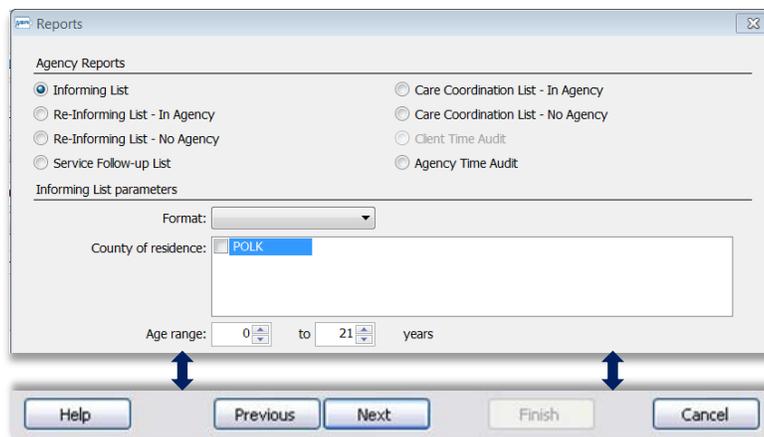
Note: You will be able to view and print this report only if the child is an active client in your agency home.

Agency Reports

1. Open the 'Reports' window (select File, then Reports)
2. Select 'Agency Reports' by clicking in the radial button as shown on the right
3. Select to open the 'Agency Reports' window.



The Agency Reports Window



Informing List

The clients on the exportable 'Informing List' are newly enrolled in Medicaid and eligible to be informed about EPSDT. If the client or any other member of the client's DHS case family was provided the

CAReS User Manual

Informing List – (continued)

(Newly Eligible Clients Living in Specified County)

informing or re-informing service in the past 90 days, the client will not appear on this export. If the family has more than one child that is newly eligible for Medicaid, they will appear together in the export with the DHS case name as long as they all have the same case name.

1. Choose ‘*Informing List*’. (select the radial button)
2. ‘*Format*’ – Use the drop-down box to select the format of the report. Users will have the option to print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. ‘*County of residence*’ – Click on the box next to the county name(s) to select the county (or counties) for the report.
4. ‘*Age range*’ – Use this choice to specify an age range based on your agency’s business plan.
5. Select to open the labels report or export the list.

Note: The label feature will print one label per family for this report. Labels will print on Avery 5160 (or comparable) labels. Family is based upon *DHS Case Name*.

Re-Informing List – In Agency

(Clients Last Care Coordination Service was “Care Coordination Refusal” – In Agency Home)

This list includes clients within the database who are currently in the agency home. If a service of ‘care coordination refusal’ was the last care coordination service documented, the client will appear on this report. The report will include all clients that meet the criteria and are currently eligible for Medicaid.

1. Choose ‘*Re-Informing List – In Agency*’. (select the radial button)
2. ‘*Format*’ – Use the drop-down box to select the format of the report. Users will have the option to print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. ‘*Age Group*’ – choose the desired group for the report (either 2 yrs. and under *or* Over 2 yrs. of age).
4. Choose the ‘*Date*’ for which you want the report to be run.

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Re-Informing List – In Agency – (continued)

5. Select to open the labels report or export the list.

Note: The label feature will print one label per client for this report. Labels will print on Avery 5160 (or comparable) labels.

Re-Informing List – No Agency

(Clients Last Discharge Reason was “Unreachable/Unavailable” – Not In Agency Home)

This list is similar to the previous list except that it includes clients the agency was unable to locate when informing was attempted. A client will be included on this report if the client is not in an agency home and the last discharge reason was ‘unreachable/unavailable’. The report will include all clients that meet the criteria and are currently eligible for Medicaid.

The screenshot shows a 'Reports' dialog box with the following settings:

- Agency Reports:
 - Informing List
 - Re-Informing List - In Agency
 - Re-Informing List - No Agency
 - Service Follow-up List
 - Care Coordination List - In Agency
 - Care Coordination List - No Agency
 - Client Time Audit
 - Agency Time Audit
- Re-Informing List - No Agency parameters:
 - Format: [Labels]
 - County of residence: [POLK]
 - Age group: [2 yrs. and under]
 - Date: [01/07/2013]
- Buttons: Help, Previous, Next, Finish, Cancel

1. Choose ‘Re-Informing List – No Agency’. (select the radial button)
2. ‘Format’ – Use this drop-down to select the format of the report. Users will have the option to print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. ‘County of residence’ – Click on the box next to the county name(s) to select the specific county or counties for the report.
4. ‘Age group’ – Choose the desired group for the report (either 2 yrs. and under or Over 2 yrs. of age).
5. Choose the ‘Date’ for which you want the report to be run.
6. Select to open the labels report or export the list.

Note: The label feature will print one label per client for this report. Labels will print on Avery 5160 (or comparable) labels.

Service Follow-up List

This list will display all services for which a follow-up date was entered. The list will allow for follow-up activities and documentation of results. Care Coordinators may use this report to assist them to track services that require action at a later date.

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Service Follow-up List – (continued)

(Client
Previously
Flagged by
Agency for
Follow-Up)

Note: A date must be recorded in the follow-up field for a particular service for a client to be included in the report.

1. Choose 'Service Follow-up List'. (select the radial button)
2. 'Format' - Use the drop-down box to select the format of the report. Users will have the option to print a report or print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. Enter the 'Beginning date' for the desired report.
4. Enter the 'Ending date' for the desired report.

Note: The difference between the beginning date and the ending date cannot be more than 31 days.

5. Select to open the labels report or export the list.

Note: The label feature will print one label per client for this report. Labels will print on Avery 5160 (or comparable) labels.

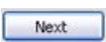
Care Coordination List – In Agency

This list will be generated from all the clients that report your agency as Agency Home and are due for a medical screen. This report will check against the age of the child and the periodicity schedule as well as the paid claims data.

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Care Coordination List – In Agency – (continued)

(Client is Due for Screening According to Periodicity Schedule – In Agency Home)

1. Choose 'Care Coordination List – In Agency'. (select the  radial button)
2. 'Format' - Use the drop-down box to select the format of the report. Users will have the option to print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. 'County of residence' – Click on the box next to the county name(s) to select the specific county or counties for the report.
4. 'Age range' - Use this choice to specify the desired age range.
5. 'Medicaid eligibility' – Choose the Medicaid eligibility for the clients you want included in the report.
6. 'Date' – Choose the date for which you want the report to be run.
7. Select  to open the labels report or export the list.

Note: The label feature will print one label per client for this report. Labels will print on Avery 5160 (or comparable) labels.

Care Coordination List – No Agency

This list displays clients who have not been contacted by any child health agency, who reside in the service area, and who are due for a medical screen. This report will check against the age of the child and the periodicity schedule as well as the paid claims data.

Care Coordination List – No Agency – (continued)

(Client is Due for Screening According to Periodicity Schedule – Hasn't been in an Agency Home)

1. Choose 'Care Coordination List – No Agency'. (select the  radial button)
2. 'Format' - Use the drop-down box to select the format of the report. Users will have the option to print labels. The CAReS Administrator at your agency will have the option to export the file or print labels.
3. 'County of residence' – Click on the box next to the county name(s) to select the specific county or counties for the report.
4. 'Age range' - Enter the desired age range for the report. Note: This report might be of considerable size and require narrower age ranges in order to be generated in a timely manner.
5. 'Medicaid eligibility' - Choose the Medicaid eligibility for the clients you want included in the report.
6. 'Date' – Select the date for which you want the report to be run.
7. Select  to open the labels report or export the list.

Note: The label feature will print one label per client for this report. Labels will print on Avery 5160 (or comparable) labels.

Client Time Audit

This list will include all clients for whom the agency provided a service during the selected date of service. The report will include all services to clients that meet the criteria, whether or not time-in and time-out were documented for the services.

Client Time Audit – (continued)

(Client Received a Service during the Time Period)

1. Choose 'Client Time Audit'. (select the radial button)
2. 'Format' – Export only. The CAReS Administrator at your agency will have the ability to export the file.
3. 'Date of service' – Select the date for which you want the report to be run.
4. Choose 'County of service', by clicking the box next to the county name(s).
5. Select to export the report.

Agency Time Audit

(Agency Time Spent Providing Services)

This list will summarize the total number of specific services provided and the amount of time the agency recorded for providing the services during the selected time period.

1. Choose 'Agency Time Audit'. (select the radial button)
2. 'Format' – Users will have the option to print the report. The CAReS Administrator at your agency will have the option to export the file or print the report.
3. Enter the 'Beginning Date' for the desired report.
4. Enter the 'Ending Date' for the desired report.

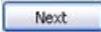
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Agency Time Audit – (continued)

Note: The difference between the beginning date and the ending date cannot be more than 31 days.

5. Select  to open or export the report.

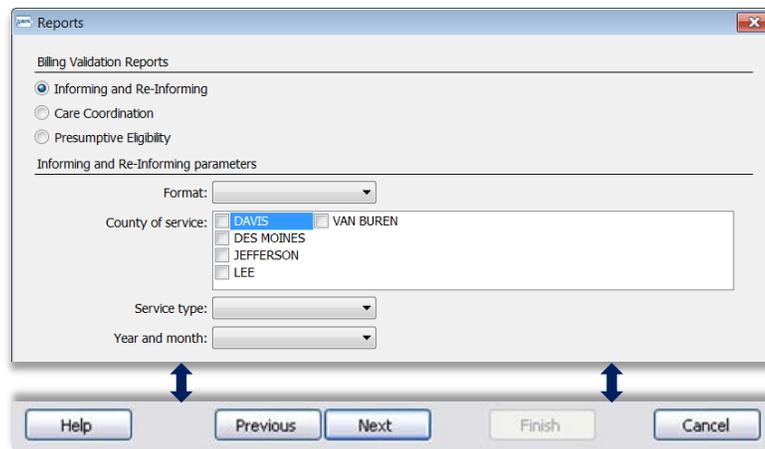
Billing Validation Reports

1. Open the ‘*Reports*’ window (select File, then Reports)
2. Select ‘*Billing Validation Reports*’ by clicking in the *radial* button as shown on the right
3. Select  to open the *Billing Validation Reports* window.



Informing and Re-Informing Billing Validation Report

The Informing and Re-informing reports were designed to bill services provided to a family (based upon DHS case name and address) through the youngest child that had an informing service entered in the specified month. Agencies should not have to remove siblings names manually from the report.



1. Choose ‘*Informing and Re-Informing*’. (select the  *radial* button)
2. ‘*Format*’ - Select “Export” from the dropdown box.
3. ‘*County of service*’ - Select all counties to be included the report. All counties in your service area will be available.

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Informing and Re-Informing Billing Validation Report – (continued)

4. ‘Service type’ - Select one of the following:
 - Initial Inform
 - Inform Completion
 - Re-inform
 - Re-inform Completion
5. ‘Year and month’ - Select the month and year you wish to run the report for. Data will be available for 12 months.
6. Select to export the report.

Care Coordination Billing Validation Report

The Care Coordination reports were designed to bill care coordination services that meet billing guidelines as outlined in the *Child Health Services Summary* (e.g., dental care coordination billed in conjunction with a dental direct care service will not be included on the care coordination export).

The screenshot shows a 'Reports' dialog box with the following fields and options:

- Billing Validation Reports:** Radio buttons for 'Informing and Re-Informing', 'Care Coordination' (selected), and 'Presumptive Eligibility'.
- Care Coordination parameters:**
 - Format:** A dropdown menu.
 - County of service:** A list box containing checkboxes for CLINTON, JACKSON, JASPER, MAHASKA, POLK, and POWESHIEK.
 - Primary payment source:** A dropdown menu.
 - Service and interaction type:** A dropdown menu.
 - Year and month:** A dropdown menu.
- Buttons:** 'Help', 'Previous', 'Next', 'Finish', and 'Cancel'.

1. Choose ‘Care Coordination’. (select the radial button)
2. ‘Format’ - Select “Export” from the dropdown box.
3. ‘County of service’ - Select all counties to be included the report. All counties in your service area will be available.
4. ‘Primary payment source’ - Select either “Title V” or “Title XIX (Fee for service, PE-CC, or Medipass)” from the dropdown box.
5. ‘Service and interaction type’ – Select one of the following from the dropdown box:
 - Care Coordination – Home Visit
 - This report will pull all care coordination services that are provided with an interaction type of “home visit” and is not in conjunction with any medical direct care.

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Care Coordination Billing Validation Report – (continued)

- Care Coordination – Phone or Face-to-Face
 - This report will pull all care coordination that is provided in any interaction type (except home visit or letter) and is not on the same date as any medical direct care service.
 - Dental Care Coordination – Phone or Face-to-Face
 - This report will pull all dental care coordination provided in any interaction type (except home visit or letter) and is not on the same date as any dental direct care service.
6. ‘Year and month’ - Select the month and year you wish to run the report for. Data will be available for 12 months.
 7. Select to export the report.

Presumptive Eligibility Billing Validation Report

The Presumptive Eligibility reports were designed to bill presumptive eligibility services that meet billing guidelines as outlined in the *Child Health Services Summary*.

The screenshot shows a 'Reports' dialog box with the following elements:

- Billing Validation Reports:** Three radio buttons: 'Informing and Re-Informing', 'Care Coordination', and 'Presumptive Eligibility' (which is selected).
- Presumptive Eligibility parameters:**
 - Format:** A dropdown menu.
 - County of service:** A list of checkboxes for CLINTON, JACKSON, JASPER, MAHASKA, POLK, and POWESHIEK. CLINTON is selected.
 - Service type:** A dropdown menu.
 - Year and month:** A dropdown menu.
- Buttons:** 'Help', 'Previous', 'Next' (highlighted with a blue border), 'Finish', and 'Cancel'.

1. Choose ‘Presumptive Eligibility’. (select the radial button)
2. ‘Format’ - Select “Export” from the dropdown box.
3. ‘County of service’ - Select all counties to be included the report. All counties in your service area will be available.
4. ‘Service type’ - Select “Presumptive Eligibility” from the dropdown box.
5. ‘Year and month’ - Select the month and year you wish to run the report for. Data will be available for 12 months.
6. Select to export the report.

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Billing Report Cautions

If a client has multiple Title XIX numbers listed, the agency must determine which of the Title XIX numbers is current/active. Agencies should use the IME Web portal or ELVS line for verification.

If a single informing or care coordination service has been entered twice, CAReS cannot determine which of the duplicate entries to put on the report. Both CAReS entries will appear on the report. The agency will need to remove any duplicates from the report prior to claim submission.

IDPH¹ will continue to review submitted claims for care coordination that was provided during the informing process and for initial informs that were previously billed in the past 90 days. Your agency can limit such errors by sharing the Child Health Services Summary with all staff and by assuring timely data entry prior to running the Informing List.

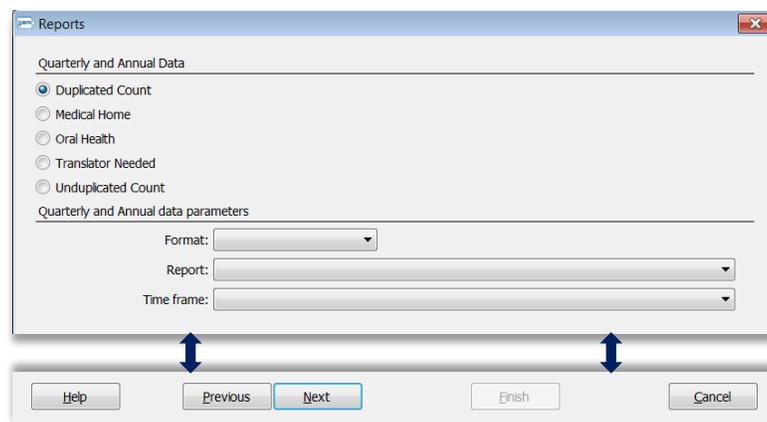
Quarterly and Annual Data

1. Open the 'Reports' window (select *File*, then *Reports*)
2. Select 'Quarterly and Annual Data' by clicking in the radial button as shown on the right
3. Select to open the *Quarterly and Annual Data* window.



Duplicated Count Quarterly and Annual Data Reports

These reports provide aggregate data on the numbers of services provided by service category for the agency during the quarter or fiscal year.



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Duplicated Count Quarterly and Annual Data Reports – (continued)

1. Choose ‘*Duplicated Count*’. (select the radial button)
2. ‘*Format*’ - Select “Export” from the dropdown box.
3. ‘*Report*’ – Select one of the following reports from the dropdown box:
 - Dental Services – County of Service
 - Health Education Services – County of Service
 - Health Screening Services – County of Service
 - Informing & Care Coordination Services – County of Service
 - Service Category – County of Residence
4. ‘*Time frame*’ - Select the year and time frame you wish to run the report for. You can select a specific quarter or select the Annual report which includes all 4.
5. Select to export the report.

Medical Home Quarterly and Annual Data Reports

This report provides aggregate data on the medical home status for clients served during the quarter or fiscal year. The “Medical Home” column provides the number of clients who have all three medical home answered ‘yes’. The “Agency Home” column provides the number of clients served.

1. Choose ‘*Medical Home*’. (select the radial button)
2. ‘*Format*’ - Select “Export” from the dropdown box.
3. ‘*Report*’ – Select ‘Medical Home’ from the dropdown box.
4. ‘*Time frame*’ - Select the year and time frame you wish to run the report for. You can select a specific quarter or select the Annual report which includes all 4.
5. Select to export the report.

Oral Health Quarterly and Annual Data Reports

These reports provide aggregate data on the number of clients that report dental barriers, dental home, oral health risk assessment results and oral health risk criteria. For the Dental Home Report the 'Dental Home' column provides the number of clients who have all three dental homes questions answered 'yes'. The 'Agency Home' column provides the number of clients served. The Risk Assessment Report is based on the number of children who receive an oral screen reporting low, moderate or high risk of decay. The Risk Criteria Report is based on the number of children who receive an oral screen reporting decayed, filled or sealed teeth.

1. Choose 'Oral Health'. (select the  radial button)
2. 'Format' - Select "Export" from the dropdown box.
3. 'Report' - Select one of the following reports from the dropdown box:
 - Dental Barriers – County of Residence
 - Dental Home – County of Residence
 - Oral Health Risk Assessment Result – County of Residence
 - Oral Health Risk Criteria – County of Residence
4. 'Time frame' - Select the year and time frame you wish to run the report for. You can select a specific quarter or select the Annual report which includes all 4.
5. Select  to export the report.

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Translator Needed Quarterly and Annual Data Reports

This report provides aggregate data on the numbers of clients (unduplicated) by the response to the translator needed question.

The screenshot shows a 'Reports' dialog box with the following elements:

- Quarterly and Annual Data:** A list of radio buttons with 'Translator Needed' selected.
- Quarterly and Annual data parameters:** Three dropdown menus labeled 'Format', 'Report', and 'Time frame'.
- Buttons:** 'Help', 'Previous', 'Next', 'Finish', and 'Cancel' at the bottom.

Blue double-headed arrows point from the 'Next' button to the 'Format' dropdown and from the 'Next' button to the 'Time frame' dropdown.

1. Choose 'Translator Needed'. (select the radial button)
2. 'Format' - Select "Export" from the dropdown box.
3. 'Report' - Select 'Translator Needed' from the dropdown box.
4. 'Time frame' - Select the year and time frame you wish to run the report for. You can select a specific quarter or select the Annual report which includes all 4.
5. Select to export the report.

Unduplicated Count Quarterly and Annual Data Reports

These reports provide aggregate data on the numbers of clients served for the agency during the quarter or fiscal year.

The screenshot shows a 'Reports' dialog box with the following elements:

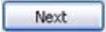
- Quarterly and Annual Data:** A list of radio buttons with 'Unduplicated Count' selected.
- Quarterly and Annual data parameters:** Three dropdown menus labeled 'Format', 'Report', and 'Time frame'.
- Buttons:** 'Help', 'Previous', 'Next', 'Finish', and 'Cancel' at the bottom.

Blue double-headed arrows point from the 'Next' button to the 'Format' dropdown and from the 'Next' button to the 'Time frame' dropdown.

1. Choose 'Unduplicated Count'. (select the radial button)
2. 'Format' - Select "Export" from the dropdown box.

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Unduplicated Count Quarterly and Annual Data Reports – (continued)

3. 'Report' – Select one of the following reports from the dropdown box:
 - a. By Age – County of Residence
 - b. By Ethnicity & Country of Origin – County of Residence
 - c. By Ethnicity – County of Residence
 - d. By Primary Payment Source – County of Residence
 - e. By Race – County of Residence
4. 'Time frame' - Select the year and time frame you wish to run the report for. You can select a specific quarter or select the Annual report which includes all 4.
5. Select  to export the report.

What is the 'Finished with Reports' used for?

The 'Finished with Reports' selection on the 'Reports' window is one of the ways to close that window.

1. Choose 'Finished with Reports'. (with the )
2. Select the  button to close the 'Reports' window.

Tip: A faster way to close the window is to use either the  in the upper right hand corner or the  button.

CAReS User Manual

Chapter 8 **Notes & Tips**

Merging Client Records – *(Duplicate Records)*

If you find a client with more than one record in CAReS, IDPH¹ CAReS staff has the ability to merge duplicate records into a single record. Information needed from you to merge a client's records:

- Client's full name
- Client's date of birth
- Client's CHID from both records

Merging Client Records – *(Client Adoption)*

In the event of a client adoption (legal name changed), IDPH¹ CAReS staff has the ability to merge both records into a single record.

Information needed from you to merge a client's records:

- Client's original name
- Client's new name
- Client's date of birth
- Client's CHID# from both records
- Clearly identify if keeping information from old record

Note: Merged records for clients with multiple Title XIX numbers will still show multiple times in the search results, but if you look closely the CHID#'s will be the same. You can open any record and it will take you to the correct, merged record.

Closing Client Records - *(Client Death)*

In the event of a client death, IDPH¹ CAReS staff has a responsibility to close the client's CAReS record to exclude from future report lists.

Information needed from you to close a client's record:

- Client's full name
- Client's date of birth
- Client's CHID#
- Verification source

Replacing a Security Token

Your token carries a warranty. If your token malfunctions or stops working while under this warranty, a replacement token will be issued to you at no cost. Contact the IDPH¹ CAReS staff for instructions on returning the defective token and obtaining a replacement.

Note: If the token stops working due to damage or negligence, there will be a standard activation fee for a replacement token.

APPENDICES

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Community Health Consultant
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Program Technical Support
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Postal Address

Iowa Department of Public Health
Bureau of Family Health
Lucas State Office Building 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075

Note: Each agency contract with the Iowa Department of Public Health identifies a number of computer equipment requirements. Agencies should refer to the current contract to identify specifics.

In response to requests from local contractors, the following suggestions are provided for agencies to use when purchasing new computer equipment. While CARES may function well with standards less than specified, we recommend this baseline on new purchases. These are only guidelines. The Iowa Department of Public Health does not recommend or require any particular brand or model of computer or related device.

Internet Connection:

CAREs is a web client application that requires an Internet connection. The application will install easily utilizing the ClickOnce deployment. All data transfer with the central database is conducted using standard encrypted SSL on the traditional https tcp port 443. If you have Internet access, and can look at web pages, you can run CAREs. The faster connection you have, the faster CAREs will respond.

Minimum:

[Pentium Dual Core 2.6 GHz Processor]
[1GB of RAM] [80 GB Hard Drive]

Recommended:

[Pentium Core 2 Duo 3 GHz or up]
[4 GB of RAM or up] [160 GB Hard drive or up]

** The above requirements are specifications just for using CAREs. If clinics will be using computers for other applications that require Internet connectivity, or if network connectivity is shared over a WAN for logins to a central server for other purposes, the above recommendations will need to be increased accordingly to allow for other traffic. Connectivity to CAREs is subject to competition with other network resources and requires adequate bandwidth for reliable operation.

Windows Operating System:

Minimum:

Windows XP, service pack 3 and current updates

Recommended:

Windows 7 and current updates

Required Software:

[Adobe Reader 9.0 or up] [Internet Explorer version 8.0 or up]
[Microsoft .NET Framework 4.0]

Recommended Software:

[Norton or McAfee virus protection]

**Depending on your set-up, certain access rights may be required for first login.*

Security Agreement for _____

Employee Name (Please Print)

I understand that the password information I will receive will enable me to perform the data entry functions necessary for the Child and Adolescent Reporting System (CAREs).

I understand that the agency's contract with IDPH requires that I comply with the:

- Contract General Conditions Article 9, Release of Information and Confidentiality of Records; and
- Confidential information sections 306 & 309 of the [*MCH Services Administrative Manual, 4th Edition*](#): 'Protecting Client Records' & 'Electronic Requirements' (revised Oct, 2012).

By signing this agreement, I am duty-bound to comply with these directives to assure confidentiality of client records.

Lead Agency Name_____
Subcontractor Agency Name_____
Employee Signature

Date: _____

*Signature of agency CAREs Administrator

Date: _____

User access level: **Administrative** **User**

* If agreement is intended for the CAREs Administrator. This signature must be the Lead Agency's CEO.

<-]=] Please fax or email signed form to: (515) 725-1760 [=[->

- 1. Passwords for CARES must be eight (8) characters in length.**

You may use letters (UPPERCASE Or lowercase), numbers (12314567890), and special characters (!@#\$%^&*+=?, etc.) in any combination. The more variety you use the stronger the password is. CARES will not let you use a ‘weak’ password.
- 2. Never write down passwords.**

People sometimes write down passwords (on their monitors, on the inside of desk drawers, on the underside of keyboards, in their wallets, etc.). If you must write something down, write a hint, rather than the password itself. Any hints that are written down should be as obscure as possible, and meaningful only to you.
- 3. Always use more than one word to make a password.**

A single-word password is easily discovered. A better option is to string several words together, along with numbers and/or characters, as in cJ@neG0! .
- 4. Never use your login name in a password.**

You should avoid using your login name for any part of your password.
- 5. Use phrases to build a password.**

If you use the first or last letter of the words in an easy-to-remember phrase, replacing characters with numbers, you have added yet another layer of security. An example of this might be the phrase Four Score And Seven Years Ago, which leads to the password 4S&7Y@g0 .
- 6. Never enter a password with anyone else facing the keyboard or screen.**

Sometimes a user will log on while working closely with another user, or will log on to give a demonstration to someone who is looking at the computer monitor. Make it a practice to turn away while any user is entering a password at a computer. This practice will help remind others to be courteous and turn away.
- 7. Change your password frequently (even if the system has not forced you to).**

If a hacker has your password or you think someone might have it, the best method is to change it immediately. If someone has hacked in using your password, they can cause a lot of damage to the system, all while logged in under YOUR ID.
- 8. Never tell anyone your password (even your supervisor).**

There is never a reason to tell anyone your password. Each employee has a unique User ID and password. If someone else needs additional access for a temporary or permanent period of time, that access can be requested and granted without needing your password.

Iowa Department of Public Health

New User/Token Request Form

Please complete electronically or print clearly in ink, then fax or mail this page using the information at the bottom of this document. If a security token is required for the application requested, it will be mailed to you at the address provided below after payment has been received (unless other payment options have been previously arranged).

Do you currently have an IDPH security token? Yes No

If yes, enter Serial number from back of token _____

Name (First, Middle, Last): _____

Email: _____ Date of Birth: ____/____/____

Driver's License#: _____ Issuing state of DL#: _____

Mother's Maiden Name: _____

Supervisor Name: _____

Organization: _____

Mailing Address : _____

Organization Id#: _____ Organization Phone#: (____) _____

CAReS Security Rights (select only one): User Admin

Your signature below attests that you **fully understand and agree** with the Non-Disclosure Agreement on Page 2.

New User Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Phone: _____
Date Received: ____/____/____ Org. Code to charge: _____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Token ID Number: _____ User Name: _____
Access Granted: _____ Date Token Assigned: _____
Date to Fiscal: _____ Fiscal Contact: _____
Initials: _____

Deposit all checks received to 0506

Fax to 515-725-1760 or Mail to:
Iowa Department of Public Health
Bureau of Family Health
ATTN: Brad Hummel
321 E. 12th St
Des Moines, IA 50319-0075

NON-DISCLOSURE AGREEMENT

I understand that information maintained and managed by the Iowa Department of Public Health (IDPH) may include information that is confidential in nature and, in some instances, protected by the Code of Iowa or the Iowa Administrative Code.

I understand that information, including identifying and demographic data is confidential and shall not be disclosed, except as authorized by state or federal law.

I understand that it is my responsibility as a user of an Iowa Department of Public Health computer system to use reasonable measures to protect the information contained in the system.

I understand that all passwords are confidential and that no password or security token is to be shared.

I also understand that violation of this agreement could result in criminal prosecution, or other civil or administrative remedies.

My signature on page one attests that I fully understand and agree with the above statements.

Iowa Department of Public Health

Inactivate User Request Form

Please complete this form electronically or print clearly in dark ink, and then fax or mail the signed form to the address at the bottom of this document. If you are inactivating your entire user account, return your security token along with this form.

Inactivate Entire User Account Token Serial# _____

Inactivate User Account for this application only: _____

Name (First, Middle, Last): _____

Email: _____ Date of Birth: ____/____/____

Driver's License#: _____ Issuing state of DL#: _____

Organization: _____

Organization Id#: _____ Organization Phone#: () _____

User Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reason for Inactivation:

FOR IDPH USE ONLY:

Authorized Program Staff Signature: _____ Phone: _____
Date Received: ____/____/____

FOR BUREAU OF INFORMATION MANAGEMENT USE ONLY:

Date Inactivated: ____/____/____
Initials: _____

Fax to 515-725-1760 or Mail to:
Iowa Department of Public Health
Bureau of Family Health
ATTN: Brad Hummel
321 E. 12th St
Des Moines, IA 50319-0075

Client identification

First name: The first name of the client receiving services.

Middle name: The middle name of the client. Note: This should not be an additional last name.

Last name: The last name of the client receiving services. **Note:** If the client uses more than one last name, you may enter a hyphenated name using the father's last name, then the mother's last name. For example, if Alexa uses both her father's last name (Garcia) and her mother's last name (Sanchez), you may enter her name as Alexa Garcia-Sanchez.

Suffix: The legal suffix attached to the client's name, if any.

Date of Birth: The birth date of the client. Use the format MM/DD/YYYY.

Gender: The gender of the client receiving services.

Social Security #: The Social Security number of the client receiving services.

Title XIX #: If the client receiving services is on Medicaid or has ever been on Medicaid, the system will display the Medicaid number. [This is a view-only field.](#)

Child Health ID #: The unique identifier assigned to a client by the CAReS database. [This is a view-only field.](#)

Household information

Street: The street address of the home where the client lives (2nd line is optional). Do not enter City and State in the address lines. **Note:** If the record is updated from the Medicaid database, the Medicaid address (if different) will overwrite the address that you have entered.

Zip code: The client's zip code. You will not need to enter the city and state since the database will generate these from the zip code.

Primary phone: The primary phone number for the client. **Note:** If the record is updated from the Medicaid database, the Medicaid phone number (if different) will overwrite the primary phone number that you have entered. You may choose to enter the correct number in the Secondary Number field in the Secondary Number field to assist your agency in contacting the client. That field will not be over-written during a Medicaid update.

Household information (...continued)

Primary phone desc: The description of the type of phone or location.

Secondary phone: The back-up phone number for the client. **Note:** This field will not be over-written during a Medicaid update.

Secondary phone desc: The description of the type of phone or location.

Email address: The email address for electronic communication(s) if utilized by agency.

Family size: The number of family members in the household (nuclear family unit). If extended family members live with the family, do not include them in this count. If unrelated individuals live with the family, do not include them in this count. This field is used to calculate an estimate of percent of poverty.

Monthly income: The self-declared gross monthly income of the nuclear family unit. This field is also used to calculate an estimate of percent of poverty.

Agency home

Agency Home: Accepting clients into your “*Agency Home*” means that your agency assumes responsibility for those clients’ care following the guidelines in the *Iowa Recommendations for Screening Centers*. When it is time to discharge a client, simply uncheck the box and select the reason. If a client returns to your agency at a later date for services, it will be necessary to accept them into your “*Agency Home*” again.

Admission Reason: The reason that the client is being admitted. You may choose one of the following:

Moved: The client has been served at another child health agency service area, but is now coming to your agency.

New: The client is new to the system.

Re-admittance: The client has been served by your agency in the past and is now returning to your agency for services.

Requested transfer: The client/family requests to be served by your agency for personal reasons, not related to a change in residence.

Discharge Reason: The reason that the client is being discharged. You may choose one of the following:

Age guideline restriction: The client is 21 or older (no longer Medicaid-eligible) or the client is 22 or older (no longer Title V eligible).

Agency home (...continued)

Goals met: The client/family no longer requires services from the agency. The family has no needs, has a medical and dental home, and is able to manage the client's needs independently.

Income guideline restriction: The family income exceeds 200% of poverty. Poverty Guidelines are updated yearly and supplied to the Title V agencies by IDPH¹.

Lost to follow-up: Your agency has had a relationship with the client in the past, but is no longer able to contact the client/family. (This child will not appear on subsequent Re-Inform Report – Previously Unable to Locate.)

Moved: The client has moved away from the area served by the agency.

Non-compliance: The family has not followed through with responsibilities, such as responding to agency requests or attending appointments.

Population-Based Service Only: The client was served by the agency for a population-based service only and the agency has not taken responsibility for the full care of the client.

Re-inform Unsuccessful: Attempts to inform/re-inform the client have taken place for at least a year without success. (This child will not appear on subsequent Re-inform Report – Previously Unable to Locate.)

Refusal of Services: The client/family declines services. (This child will not appear on a subsequent Re-Informing List.)

Requested discharge: The client/family has asked to be discharged. (This child will not appear on a subsequent Re-Informing Lists.)

Selected non-contract HMO: The client has enrolled in an HMO that has no contractual relationship with Title V.

Unreachable/Unavailable: Your agency has not been able to contact the client / family through the informing/re-informing process. Your agency is to have *EPSDT Care for Kids* protocols on file designating when to use this choice. (This child will appear on a subsequent report called 'Re-Informing List – No Agency'.)

Agency home (...continued)

Note: CARES will not automatically discharge the client after a prolonged period of inactivity. Your agency should have a protocol to check regularly which clients should be discharged.

Ethnicity, Race, and Language

Note: The ethnicity and race choices in this section are determined by federal reporting requirements.

Ethnicity: The client's self-declaration of whether the ethnicity is Hispanic or not Hispanic. If the client declares a Hispanic ethnicity, then a country of origin should be named.

Primary race: The client's designation of the one race with which they identify most strongly.

All races: The client's self-declaration for the race with which they identify. They may select more than one choice.

Country of Origin: The client's self-declaration of the country of origin. The client may declare the United States as the country of origin even if the family ancestry is from another country. The client may declare that they have come to the United States directly from another country.

Primary / Secondary language: The client's primary and secondary language needed to provide services. **Note:** If the client is an infant and the mother only speaks Spanish, choose Spanish as the primary language.

Translator needed: A "Yes" response means that the child needs an interpreter, translator, or that the responsible adult needs a translator. If the family brings someone to assist with translation, the response should be "Yes". If the agency provides a translator, the response should be "Yes". If the client needs a translator but none is available, the response should be "Yes."

Additional Information

Record type: This is a view-only field, and is filled in by CARES.

Referral source: The way that the client was referred to the agency for services. Examples: If the client appears on the monthly newly eligible list, select 'DHS'. If the client entered the child health program from a WIC referral, select 'WIC'.

Additional Information (...continued)

Other programs: (Check all that apply) The other programs that the client is enrolled in at the time of this encounter. You should select all the programs that the client/family states they are involved in. Note: Use EPSDT to designate a Child Health Client regardless of Medicaid status because the Title V agency is assuring that all children served receive the entire package of EPSDT services.

Parent and Guardian

Mother: The biological or adoptive mother of the child. You should record her first name, middle name, last name, and maiden name. The mother's Social Security number may be left blank.

Mother's Education level achieved: The highest level of education of the biological or adoptive mother of the client. If the mother completed some high school but did not graduate, you should select '*Middle school*'. If the mother attended college but did not graduate, you should select '*High school*'.

Father: The biological or adoptive father of the child. You should record his first name, middle name, last name, and suffix as applies. The father's Social Security number may be left blank.

Father's education level achieved: Select the highest level of education of the biological or adoptive father of the client. If the father completed some high school but did not graduate, you should select '*Middle school*'. If the father attended college but did not graduate, you should select '*High school*'.

Guardian: The legal guardian for the child may be recorded here. However, this field may also be used to identify other important individuals. For example: The guardian field might give the name of a grandparent that the child lives with most of the time or a stepmother or stepfather who lives in the household. If possible record the first name, middle name, and last name. The guardian's Social Security number may be left blank.

Guardian's education level achieved: Select the highest level of education of the guardian of the client. If the guardian completed some high school but did not graduate, you should select '*Middle school*'. If the guardian attended college but did not graduate, you should select '*High school*'.

Marital Status

Custodial parent’s marital status: The self-declared marital status of the parent that has physical custody of the child.

Medical Home

Does the client have a usual source of medical care?:

A “Yes” in this box means that the client/family indicates that they DO have a primary care provider. They are able to state that they receive their medical care from a specific provider (MD, DO, ARNP, or PA) or medical practice group (i.e. Medical Associates). A “No” response means that the client/family indicates that they DO NOT have a usual source of medical care. A blank response means that you do not know or did not ask.

Is the usual source of medical care available 24/7?:

A “Yes” in this box means that the primary care provider has an established protocol for their clients to obtain care when the office is closed. For example, the medical practice group might have an answering service that directs the client where to seek service when the office is closed. A “No” response means that the client’s usual source of medical care is not available around the clock and has no back-up system of care. A blank response means that you do not know or did not ask.

Does the usual source of medical care maintain the client’s record?:

A “Yes” response means that the full medical record for the client is kept by the primary care provider. A “No” means that the primary care provider does not keep a medical record for the client. A blank response means that you do not know or did not ask.

Note: IDPH¹ considers the client to have a medical home when all three of these questions are answered ‘Yes’.

Client has medical insurance?:

A ‘Yes’ in this box means the client has some kind of third-party medical coverage. **Note:** The medical coverage could be through Medicaid or *hawk-i*.

Primary Care Provider

Name and address: The name and address of the MD, DO, ARNP, or PA who is the primary medical care provider for the client. If the client identifies a group practice as medical provider, you must select the individual provider that the client sees most often or the senior provider in the practice.

Primary Care Provider (...continued)

Date of last visit to the Primary Care Provider: The date that the client last visited the provider for any type of care.

Medical Barriers

Medical barriers: The issues that prevent the client from receiving medical care.

Dental Home

Does the client have a usual source of dental care?:

A “*Yes*” response means that the client receives periodic dental care through a private dental office or clinic; or that a public health agency provides the client with periodic preventive dental services, care coordination, and referral assistance to establish a relationship with a dentist for definitive diagnosis and treatment. A “*No*” response means that the client does not have a usual place or provider from which they receive dental care. This would also apply to an infant or young child that has not yet seen an oral health professional. A blank response means that you do not know or did not ask.

Does the usual source of dental care maintain the client’s record?:

A “*Yes*” response means that a dental record is kept by the provider consider in the previous question. A “*No*” response means that the source of dental care does not keep a dental record for the client or that the client does not have a usual source of dental care. A blank response means that you do not know or did not ask.

Has the client seen a dentist within the past 12 months?:

A “*Yes*” response means that the client has been seen by a licensed dentist for an exam and/or treatment within the past year (treatment does not have to be complete in order for this answer to be yes). A “*No*” response means that the client has not been seen by a dentist for an exam and/or treatment in the past year. A blank response means that you do not know or did not ask.

Note: IDPH¹ considers the client to have a dental home when all three of these questions are answered ‘*Yes*’.

Client has dental insurance:

A “*Yes*” response means that the client has a third-party dental coverage. Note: This could be through private insurance, Medicaid or *hawk-i*. A “*No*” response means the client does not have third party dental insurance coverage of any type. A blank response means that you do not know or did not ask.

Dentist

Name and address: The name of the dentist who provides the primary oral health care to the client (if applicable).

Dental Barriers

Dental barriers: The issues that prevent the client from receiving oral health care. All applicable barriers should be selected. Most barriers are self-explanatory. **Note:** Choose “*Dentist Declines Insurance*” if the client has Medicaid or Title V and cannot find a dentist who will accept these payment sources. Choose “*Dentist will not see children under four years of age*” if the client is a young child and the family cannot find a dentist who will treat young children.

Dental Risk Assessment History

Screening date: The date that agency staff (RDH, RN, ARNP, PA) provided an oral health screen.

Decayed teeth: A “*Yes*” response means that at least one area of decay (cavitated lesion) was identified upon screening. A “*No*” response means that no decay was identified upon screening. A blank response means “unknown.”

Filled teeth: A “*Yes*” response means that at least one restoration (amalgam, composite, temporary fillings and/or stainless steel, gold, or porcelain crowns) was identified upon screening. A “*No*” response means that no restorations were identified upon screening. A blank response means “unknown.”

Sealed teeth: A “*Yes*” response means that at least one sealant (on a primary molar or permanent premolar or molar) was identified upon screening. A “*No*” response means that no sealant was identified upon screening. A blank response means “unknown.”

Risk level: The tooth decay risk determination made by appropriate staff after completing the I-Smile™ risk assessment tool. Choose one of the following levels:

High: Suspected or obvious decay was identified.

Moderate: No decay was identified, but one or more indicators on the risk assessment were in the moderate category.

Low: None of the risk factors were present.

Early ACCESS

Client has developmental delay or disability:

The family states that the child (age 0-3) has a delay or disability in one or more of the following **Delay types**:

Adaptive: Self-help skills (i.e. bathing, feeding, dressing, and toileting)

Cognitive: Thinking, learning, and reasoning

Communication: Language and speech development, understanding and expressing thoughts, gestures, or words

Emotional: Feelings

Health status: Health conditions; eating/feeding

Hearing: Ability to hear

Physical: Movement (i.e., large and small muscle groups; gross and fine motor, playing with objects)

Social: Psychosocial development, getting along with others, relationships

Vision: Ability to see

Client has a condition known to have a high probability of later delays in development:

The client/family has been told that the client’s medical condition could likely cause developmental delays.

Client has an IFSP (Individual Family Service Plan):

The family reports that the child has an IFSP under Iowa’s Early Intervention (IDEA, Part C) program, known as Early ACCESS.

Note: As a child ages out of the Early ACCESS program, this information does not need to be altered or deleted. Instead, it should remain as an historical record for the child.

Client Needs

Need category: The general category of the need. You may choose from the 13 categories listed.

Need: The specific need identified for the client. You may choose from the needs listed. If, at a later time, you have additional information about the client’s needs to add to the record, you may choose “*Need – Addendum.*” This will give you an opportunity to enter more free text about the need into the client’s record.

Identification county: The county in which the need was identified.

Identification date: The date that the need was identified. The dates of related Needs and Services should match in most instances.

Client Needs (...continued)

Identified by: The person who identified the need. You may choose from the 10 selections listed.

Need documentation: Additional information about the identified needs. You may enter 200 characters of free text in this box.

Resolution county: The county in which the need was resolved. This may not be the same county in which the need was identified.

Resolution date: The date that the need was resolved. Some needs will be resolved on the same day as identified. However, some needs will take some time for resolution. For example, if a child needs to catch up on immunizations, the need may not be resolved until several appointments have been kept with the health care provider. Additionally, some needs may never be resolved.

Emergencies

Emergency preparation: Identified need for information on preparing for emergencies such as fire, tornado, floods, etc..

First-aid training: Identified need for information on first aid treatment.

Infant/child CPR: Identified need for classes on infant/child cardiopulmonary resuscitation and/or use of Automatic External Defibrillator (AED).

Need – Addendum: Additional notes related to needs identified in the ‘*Emergencies*’ Need category.

Financial Situation

Budgeting: Identified need for information on developing or adhering to a household budget.

Childcare: Identified need for information on childcare providers or other resources such as Child Care Resource and Referral.

Credit cards: Identified need for information on appropriate use of credit cards and/or credit counseling services.

Current debts: Identified need for information on managing or reducing debt.

Financial Situation (...continued)

Education: Identified need for information on educational resources such as tutoring resources, secondary education (including GED, alternative high schools), job training programs, colleges, vocational/technical programs, English as a Second Language (ESL) programs, and resources for school supplies.

Employment: Identified need for information about employment agencies, Workforce Development, and temporary employment resources.

Energy assistance: Identified need for information on financial assistance for utility costs.

FIP: Identified need for information on the services available through the Family Investment Program.

Health care coverage: Identified need for information on health care coverage such as Medicaid, including MediPASS, HMOs, *hawk-i*, and other health insurance resources.

Housing assistance: Identified need for information on programs that seek to meet basic shelter needs of the community by providing temporary shelter for people who are in emergency situations, home improvement programs, housing location assistance, and a variety of housing alternatives.

Need – Addendum: Additional notes related to needs identified in the ‘*Financial situation*’ Need category.

Food Safety / Security

Commodities: Identified need for information on supplementary food programs.

Food Bank/Pantry: Identified need for information on location and availability of food sources such as food banks and food pantries.

Food stamps: Identified need for information on the USDA Food Assistance Program (formerly food stamps) such as eligibility criteria and where to apply.

Food storage/refrigeration: Identified need for information or equipment to properly store food items including refrigeration.

Food supply: Identified need for programs that seek to meet basic nutritional needs by providing access to free or low-cost food products.

Food Safety / Security (...continued)

Infant formula: Identified need for information on resources for infant formula such as WIC and other infant formula suppliers.

School lunch program: Identified need for information on the free and reduced-price lunch program in schools.

WIC: Identified need for information on the Special Supplemental Nutrition Program for Women, Infants, and Children, including eligibility criteria, services offered, clinic locations, and schedules.

Need – Addendum: Additional notes related to needs identified in the ‘*Food safety / security*’ Need category.

Health Needs

Head lice: Identified need for information about identifying and treating head lice infestation.

Hearing: Identified need for hearing resources such as screenings, hearing specialists, and hearing aids.

HIV/AIDS: Identified need for education about HIV/AIDS or resources for HIV/AIDS testing.

Immunizations: Identified need for immunizations and information relating to immunization recommendations at various ages, school entry requirements, contraindications, vaccine availability, or community resources for obtaining immunizations.

Medical home: Identified need for information for a primary care provider where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent. For documentation in CARES, a client is considered to have a medical home when they have a usual source of medical care, the care is available 24/7, and the source of care maintains the client record.

Medications: Identified need for information about specific medications or payer sources for needed medications.

Health Needs (...continued)

Mental health: Identified need for information on mental health conditions or mental health providers within the community/ service area. This includes programs that provide preventive, diagnostic, and treatment services in a variety of community and/or hospital-based settings. These programs help people achieve, maintain, and enhance emotional well-being, personal empowerment, and skills to cope with everyday demands without excessive stress.

Monitor growth & development: Identified need for information to monitor a child's growth and development or information on referral resources for assessing growth and development.

Referral to Genetics: Identified need for information including referral to resources for evaluation of genetic conditions and/or genetic counseling.

Signs of illness: Identified need for referral for care or information on symptoms of illness or conditions as a part of anticipatory guidance.

Special medical needs: Identified need for information or referral sources for identified special medical conditions such as developmental delay and specialized techniques for feeding.

STDs: Identified need for information on Sexually Transmitted Diseases such as chlamydia, gonorrhea, syphilis, and genital herpes. STDs are known as Sexually Transmitted Infections (STIs). Information may include referral resources and testing sites.

Vision: Identified need for vision screening or appropriate referral resources for professional examinations and corrective lenses.

Well child care: Identified need for a well child examination and resources for making a referral for the well child screen/exam. This may include need for education on components of the screen and information pertaining to the Periodicity Schedule for well child screenings.

Need – Addendum: Additional notes related to needs identified in the 'Health needs' Need category.

Home Safety

Bicycle safety: Identified need for information about bicycle safety such as safety trainings, developmental skills, and safety equipment.

Home Safety (...continued)

Bugs or rodents: Identified need for information about safe methods to eradicate or prevent insect or rodent infestations.

Building repairs: Identified need for information about how to address home repairs and referral sources.

Cooking stove: Identified need for information about resources for food preparation.

Cooling system: Identified need for information about resources for air conditioners or fans.

Home cleanliness: Identified need for information about the importance of sanitary conditions within the home.

Home heating: Identified need for information about resources for energy assistance and safe supplemental heating appliances.

Home odors: Identified need for information about removing household odors including the importance of cleanliness and safe product usage.

Hot water: Identified need for information about safety issues related to hot water during bathing or on stovetops.

Indoor play areas: Identified need for information about safety factors in indoor play areas. This would include planning for safe exits during a fire, assurance that cleaning chemicals are safe to use around young children, and removal of other hazards.

Knife/gun storage: Identified need for information about appropriate storage of firearms and other weapons.

Lead sources: Identified need for information about common indoor and outdoor sources of lead in a home environment.

Outdoor play areas: Identified need for information about safety factors in outdoor play areas. This would include safety issues related to supervision of children, outdoor play equipment, fall surfacing, absence of hazards, etc.

Plumbing: Identified need for information about issues related to water leaks, an unsafe or insufficient water supply, or problems with sewer or septic systems.

Poison/toxin storage: Identified need for information about proper storage techniques for identified poisons and toxic chemicals.

Home Safety (...continued)

Safe toys: Identified need for information about resources for toys that are age-appropriate and safe (do not contain small parts or lead, etc.).

Smoke/CO detectors: Identified need for information about or resources for smoke detectors and/or carbon monoxide (CO) detectors including maintenance within the home.

Stairs/railings: Identified need for information about safety issues related to children using stairs and railings.

Windows/locks: Identified need for information about assuring safe functioning of windows, proper functioning of locks on doors, windows, and/or cabinets, and referral resources for repair.

Need – Addendum: Additional notes related to needs identified in the ‘*Home safety*’ Need category.

Living Situation

Baby clothing: Identified need for information about programs that pay for or provide new or second-hand baby clothing, including diapers for people who cannot afford to purchase these items at retail prices.

Baby furniture/equipment: Identified need for information about programs that pay for or provide new or second-hand necessities for persons who cannot afford to purchase these items at retail prices. Items may include a crib, high chair, strollers, etc.

Children’s books: Identified need for information about age, language, and developmentally appropriate reading material for caregivers to use with their children. This may include resources for reading material such as libraries and other free or low-cost community resources.

Home furnishings: Identified need for information about programs that pay for or provide new or second hand furniture, sheets, blankets, pillow cases, bedspreads, towels, and other similar household essentials for persons who cannot afford to purchase these items at retail prices.

Household items: Identified need for information about household equipment needs such as kitchen utensils/appliances and routine household supplies.

Telephone: Identified need for information about options for telephone service including home phone and cell phone providers.

Living Situation (...continued)

Television/radio: Identified need for information on availability of television/radio for educational programming and weather alerts.

Washer/dryer: Identified need for information about community resources for laundering clothing such as retailers of used appliances and locations of laundromats.

Need – Addendum: Additional notes related to needs identified in the ‘*Living situation*’ Need category.

Nutrition

Body weight management: Identified need for education or referral based on a significant change in body weight over a short period of time or an initial assessment showing weight for height or BMI for age > 95th or < 5th percentile.

Breastfeeding: Identified need for information about breastfeeding education, support, or referral.

Disordered eating: Identified need for referral for nutrition and/or psychosocial counseling. This could include referral for severe food deprivation, purging, or bingeing.

Feeding issues: Identified need for referral for nutrition counseling by a licensed dietitian based on parental concerns such as eating of unnatural substances (pica), refusal to eat, etc.

Meal planning/Cooking skills: Identified need for education about planning and preparing meals to provide safe and nutritious food for the family.

Nutrition counseling: Identified need for any other dietary need requiring the services of a licensed dietitian.

Need – Addendum: Additional notes related to needs identified in the ‘*Nutrition*’ Need category.

Oral Health

Note: The Oral Health Needs reflect why the client is receiving a service provided. Only (4) “Needs” are recommended for use.

- 1) **No dental home:** Use when child needs to be seen by a dentist.
- 2) **No payment source:** Use when a client does not have a payment source for dental care.
- 3) **Prevention:** Use when client needs preventive care (including education and instruction).
- 4) **Need – Addendum:** Additional notes related to needs identified in the ‘*Oral health*’ Need category, or use for any other need identified not one of (3) above.

Note: Oral Health Needs not used:

Dental injury/emergency
Dietary habits
Fluoride
Non-nutritive sucking
Oral hygiene instruction
Referral to Dentist
Tooth eruption/teething

Parenting

Building parental self-confidence: Identified need for information about programs that provide classes, groups, or in-home educational opportunities for parents or potential parents who want to acquire the knowledge and skills to be effective in their parenting role.

Discipline & guidance: Identified need for information on age appropriate strategies for disciplining children and providing appropriate parental guidance.

Getting out of house w/children: Identified need for parents to have time away from their children.

Growth & development: Identified need for information about age appropriate milestones for growth and development.

Hygiene: Identified need for information about basic personal care and cleanliness.

Parenting (...continued)

Infant care basics: Identified need for information about infant feeding, changing, bathing, and normal sleep habits.

Language development: Identified need for information about appropriate milestones for speech development.

Parent/child activities: Identified need for information about age appropriate activities that parents and children may enjoy together.

Parental support groups: Identified need for information about programs for parents who share a common problem or concern who meet together on a voluntary basis for mutual support. Members of parental support groups share their experiences, strengths, and hopes and rely on one another for assistance.

Preparing children for school: Identified need for information on the basics of preparing children for entry into school. This may include school district expectations as well as basic good health practices (proper diet, oral health care, need for health insurance, after-school child care, self-esteem, safety).

Recreation: Identified need for information on programs that provide opportunities for children and their families to participate in an activity, game, or sport of their choice. Identified need for strategies for monitoring of children's time spent watching TV, issues pertaining to audio volume of TV/radio, and monitoring content of programs.

Reliable child care choices: Identified need for a parental option when children receive care while the parent is at work, in school, or during the time of other parental activities where the parent is not available to provide care for the child(ren). Typically, the parent contracts with a childcare business and pays a fee.

School attendance: Identified need for information about the importance of regular attendance at school and the consequences of poor attendance and/or truancy.

SIDS information: Identified need for information about Sudden Infant Death Syndrome including recommended strategies in caring for infants to help avoid SIDS (e.g. placing the baby on its back to sleep, avoiding use of pillows and excess bedding in cribs, smoking in the home, etc.).

Parenting (...continued)

Sleep routines: Identified need for information about how to promote and establish regular sleep routines for children. This may include resources for addressing sleep-related problems in children.

Toilet training: Identified need for information on toileting issues for young children including age-appropriate strategies to encourage use of bathroom facilities. This may include information on how to address concerns about bedwetting.

Need – Addendum: Additional notes related to needs identified in the ‘*Parenting*’ Need category.

Psychosocial Needs

Domestic abuse: Identified need for information about referral resources to a domestic abuse victim services program, including shelters, counseling, information lines, and other community resources for abuse prevention.

Family counseling: Identified need for information on programs that provide preventive, diagnostic, and treatment services in a variety of community and hospital-based settings. These programs help families to achieve, maintain and enhance a state of emotional well-being, empowerment, and the skills to cope with everyday demands without excessive stress.

Lack of support: Identified need for information on obtaining assistance with social, emotional, physical, and economic concerns.

Maternal Depression: Identified need for information about referral resources to a primary care physician or mental health professional.

Need – Addendum: Additional notes related to needs identified in the ‘*Psychosocial needs*’ Need category.

Reproductive Health

Abstinence: Identified need for information on abstaining from sexual intercourse as a means of preventing pregnancy and sexually transmitted diseases. This may include referral to Abstinence Education programs and educational resources.

Reproductive Health (...continued)

Family planning: Identified need for information about programs that provide assistance for people who want to control the size of their families and the spacing of their children, usually through some form of birth control; who have a problem with infertility; or who have questions about the advisability of becoming pregnant.

Menstruation: Identified need for educational information about the normal menstrual cycle of the female.

Need – Addendum: Additional notes related to needs identified in the ‘*Reproductive health*’ Need category.

Substance Abuse

Alcohol/Drug abuse: Identified need for information on conditions created by a physical or psychological dependency on a variety of addictive substances including alcohol or other drugs. Abuse of these substances impairs physical health, mental health, and/or personal, social, or occupational functioning. This would include referral to programs for counseling and/or treatment of addictions.

Smoking cessation: Identified need for information on strategies or programs that encourage smokers to eliminate use of tobacco products.

Need – Addendum: Additional notes related to needs identified in the ‘*Substance abuse*’ Need category.

Transportation

Auto insurance: Identified need for information on providers of automobile insurance. This may also include legal requirements for insurance coverage.

Car seats: Identified need for information on age-appropriate, safe procedures and products for restraining children in automobiles including car seats and booster seats. This includes resources for information on child passenger safety.

Dependable vehicle: Identified need for information on reliable resources for the procurement of safe vehicles to meet transportation needs.

Driver’s license: Identified need for information on requirements and locations for obtaining driver’s licenses.

Transportation (...continued)

Handicap sticker: Identified need for information on requirements and locations for obtaining handicap parking permits for automobiles.

Public transportation: Identified need for information on programs that provide for the basic transport needs for families including resources for local and long-distance transportation, special arrangements for children with disabilities, and volunteer providers.

Seat belt use: Identified need for information on proper use of seat belt restraints in automobiles. This includes modeling appropriate behavior for children.

Need – Addendum: Additional notes related to needs identified in the ‘*Transportation*’ Needs category.

Client Services

Service category: The general category of the service. You may choose from these 4 categories: **Dental; Health education; Health screening; Informing & Care coordination.**

Service: The specific service provided to the client/family. You may choose from the services listed. If, at a later time, you have additional service information to add to the record, you may choose “*Service – Addendum.*” This will give you an opportunity to enter more free text about the service into the client’s record.

County of service: The county in which the service was provided.

Service date: The date that the service was provided. **Note:** The dates of related Services and Needs should match.

Time in: The time that the service began.

Time out: The time that the service ended.

Interaction type: The description of how/where the client contact took place.

Immunization record reviewed: The child’s immunization record was reviewed to determine if the child was up-to-date in receiving immunizations. **Note:** The immunization review should be done at each client contact. It isn’t necessary to record the immunization review with each service provided during that client contact.

Primary Payment Source

Primary payment source: The source of payment for the specific service listed on this line.

Note: It is possible that two services provided during the same contact might have different payment sources. You may pick one primary payment source for each service from these choices:

CHAMPUS: The client is on active duty in the military or is the dependent of an individual on active duty and CHAMPUS is paying for this service.

Early Childhood Iowa: The client is receiving a service that is funded by the local Early Childhood Iowa area.

Eligible but not on Title XIX: Do not use this selection. Instead, choose the funding source that is paying for this service. You may want to add a note in the service documentation box indicating that the family declines Medicaid coverage.

hawk-i: The client is currently enrolled in the *hawk-i* program and *hawk-i* is paying for this service.

I-Smile™: The client is currently enrolled in the child health program and is not eligible for Medicaid. I-Smile™ is paying for the cost of this dental service.

Medicare: The client is covered under the Medicare Program and Medicare is paying for this service.

Presumptive eligibility: The client is covered for services during a presumptive eligibility period. Use this payment source for the presumptive eligibility determination service and any care coordination provided during the presumptive period ONLY.

Primary care/Rural health: The client is served under this special designation for medically underserved areas, which is paying for this service.

Private Insurance – Fee for service: The client has health insurance that is not a managed care plan. The client's health insurance is paying for this service.

Private Insurance - HMO: The client has an HMO-type health insurance plan (not Medicaid HMO). The client's health insurance is paying for this service.

Self pay/sliding scale: The client/family is paying full or partial fee for this service.

Primary Payment Source (...continued)

SSI: Do not use this selection. Instead, choose the funding source that is paying for this service.

Title V: The client has no source of payment for this service. There is no local, state, or federal funding source to pay for this service other than Title V. Title V is paying for this service.

Title XIX - Fee for service: The client has Title XIX (Medicaid) but is not covered under an HMO plan or MediPass. The client's Medicaid is paying for this service.

Title XIX – Medipass/HMO: The client has Title XIX (Medicaid) with a MediPass or HMO designation. The client's Medicaid is paying for this service.

Title XIX – PE-CC: The client received care coordination during the presumptive eligibility period. The client's presumptive Medicaid is paying for this service.

Uninsured: The client has no source of payment for this service. Title V is not paying for this service. The cost of this service will be paid by funds that are received in the agency for specific services or targeted populations.

Secondary payment source: A second payment source that is available to the client, but is not paying for the specific service listed on this line.

Note: It is generally assumed that the secondary payor covers the balance left after the primary payment is settled. However, in this case you are indicating that there is another source of health care coverage for the client, but this particular service is not covered. Example: The client has private health insurance that will not pay for this service.

Follow-up date: The date that follow-up is needed for this service.

Service documentation: Additional information about the services provided. You may enter 460 characters of free text in this box.

Dental

Note: Include only those services provided at the agency or by agency staff. Do not include services provided in a dental or medical office or clinic (e.g., federally qualified health center, community health center).

Dental (...continued)

Care coordination: Linking client to dental care through face-to-face or telephone correspondence with client or family. Refer to Medicaid guidelines for billing.

Note: This would not include assistance provided to a family on the same day as an oral health direct service, but may include assistance provided on a different day.

Dental Fluoride varnish: Application of fluoride varnish to all tooth surfaces by the agency RDH, RN, ARNP, or PA to prevent dental decay. Refer to Medicaid guidelines for billing.

Dental Nutritional Counseling: Counseling client or family by the agency RDH, LD, RN, ARNP, or PA on food selection and dietary habits as part of treatment and control of periodontal disease and/or caries. Refer to Medicaid guidelines for billing.

Dental Radiographs: X-rays of client's teeth by agency RDH for referral purposes that can help a dentist evaluate and definitively diagnose oral diseases and conditions. Prior to radiographs being taken, standing orders must be in place with a specific dentist who will read the radiographs, provide an exam, and establish a treatment plan. Refer to Medicaid guidelines for billing.

Dental referral: Referring client to a dentist for an examination and/or preventive care and treatment, based on the result of dental screening and I-Smile™ risk assessment.

Note: Select when providing a dental referral on same day as an oral screening. When dental referral is provided separate from a screening it would be entered as "*Care coordination*".

Dental sealants: Application of dental sealants on the chewing surfaces of primary molar and permanent premolar and molar teeth of client by the agency RDH through school-based or agency program to prevent tooth decay. Refer to Medicaid guidelines for billing.

Dental Tobacco Counseling: Counseling client on tobacco prevention and cessation services to reduce patient risks of developing tobacco-related oral diseases and conditions and improving prognosis for certain dental therapies. Refer to Medicaid guidelines for billing.

Dental (...continued)

Dental voucher: Providing use of Title V dental funds to reimburse dentists for basic preventive and restorative dental services. The client must be income eligible. Refer to the MCH Administrative Manual for eligibility guidelines.

Note: This service may be provided and recorded in CARES but is not billable for child health agencies.

Initial dental screen: The client receives an oral assessment for the first time from an agency RDH, ARNP, RN, or PA. The screen should include a medical and dental history and a soft and hard tissue evaluation. An initial screen may also be provided if a child has not had a screen or dental exam within a three-year period. Refer to Medicaid guidelines for billing.

Oral Evaluation and Counseling: Providing an oral health assessment by an agency RDH, RN, ARNP, PA to a child under the age of three years in addition to providing oral health counseling with the primary caregiver regarding an appropriate preventive oral health regimen for the child. Refer to Medicaid guidelines for billing.

Note: Do not use the first time a child is seen – always use ‘*Initial dental screen*’ for that service.

Oral Hygiene Instruction: Hands-on demonstration to client or parent/guardian by the agency RDH, RN, ARNP, or PA of individualized home care techniques, including tooth brushing, flossing, and other aids to promote optimal oral health. Refer to Medicaid guidelines for billing.

Note: OHI must be provided as a separate service, but may be provided on the same day as other direct service(s).

Oral Prophylaxis: Providing professional cleaning of a client’s teeth using instrumentation and/or polishing. Refer to Medicaid guidelines for billing.

Note: Using a toothbrush to clean teeth is not an ‘*Oral prophylaxis*’.

Recall dental screen: Providing periodic (every six months) oral assessment of a client by an agency RDH, ARNP, RN, or PA. The screen should include updating a medical and dental history, and a soft and hard tissue evaluation. Refer to Medicaid guidelines for billing.

Service – Addendum: Additional notes related to services identified in the ‘*Dental*’ Service category. Use this to identify services provided that do not fall within one of the existing service categories.

Health Education

Anticipatory guidance: Services provided by a health professional including instruction on normal anatomy, physiology, growth and development, safety and injury prevention, and signs or symptoms indicating need for physician care.

Condition specific: Health education that pertains to specific diagnoses (e.g. diabetes, asthma, obesity, head lice, lead poisoning, etc.).

Nutrition counseling: Medical nutrition therapy - nutritional diagnostic, therapeutic, and counseling services provided by a registered dietitian. Refer to the *Medicaid Screening Center Manual* for more information.

Note: Initial assessments performed as part of a WIC certification are not billable to EPSDT.

Service – Addendum: Additional notes related to services identified in the ‘*Health education*’ Service category.

Health Screening

Developmental test: Use of an assessment tool to identify children who need more in-depth evaluation for concerns regarding speech and language, fine and gross motor skills, cognitive skills, and social/emotional behavior. The tool may be the *Ages and Stages Questionnaire (ASQ and ASQ:SE)*. Refer to the *Medicaid Screening Center Manual* for more information.

Evaluation & Management (E&M): An office visit for evaluation and management of care for an established client. This service applies to follow-up on a concern after a complete well-child screen has been provided. It may also be provided in conjunction with a blood lead test. This includes assessment, education, and follow-up instructions related to the blood lead test.

Health history: A profile of a client’s medical history. It includes an assessment of physical, mental, and social development. Refer to the *Medicaid Screening Center Manual* for more information.

Hearing: Objective assessment of hearing by a trained professional (speech audiometry or pure tone). Refer to the *Medicaid Screening Center Manual* for more information.

Health Screening (...continued)

Immunizations: Administration of a vaccine, including documentation of how and where the vaccine is administered and documentation of lot number. Immunization information should also be entered into IRIS. This is also used for the combined immunization administration & counseling.

Interpretation: Sign language or oral interpretation from one language to another for informing, care coordination, and medical/dental/mental health services provided. Includes telephonic oral interpretive services. Does not include translation of written documents.

Lab-Hct/Hbg: Blood draw to determine hematocrit and hemoglobin levels.

Lab-Lead: Blood draw to determine blood lead level. Provide documentation of results and follow-up. In addition, enter data in the statewide lead database if the agency is a contractor for the local *Childhood Lead Poisoning Prevention Program*. This is also used for analysis of the blood draw to determine lead level (use of the Lead Care II).

Lab-Other: Other laboratory services.

Mental Health screen: Administration of a mental health screen by a health professional using an approved tool according to the *Medicaid Screening Manual*. Refer to the *Medicaid Screening Manual* for more information.

Nursing Assessment: The process of health data collection, observation, analysis, and interpretation for the purpose of formulating a nursing diagnosis. The service is performed by a registered nurse.

Nutrition assessment: Assessment of measurements, health history, and usual dietary practices.

Other: Other services provided to the client. Narrative description of service(s) must be documented. This may include referral to other community resources for needs identified during the health screening.

Physical exam-direct: A complete EPSDT screening exam provided by qualified Title V agency staff.

Physical exam-referral: Referral to a qualified practitioner for a complete physical exam (i.e. EPSDT screening exam). Refer to the *Medicaid Screening Manual*.

Note: The physical exam referral must be entered as a service and a need. The service date and health need identification date must match. Whenever ‘*Physical exam – referral*’ is chosen as a service, ‘*Care coordination*’ should also be chosen as a service.

Health Screening (...continued)

Preventive medicine counseling: Do not use. This service is no longer payable when provided with immunization administration.

Procedures: An activity or sequence of activities pertaining to a specific medical need.

Note: The procedure must be entered as a service and a need. The service date and the health need identification date must match.

Social assessment: An assessment of the status of the individual as they relate to and function within society.

Social Work Assessment: A service provided by a BSW or licensed social worker that includes social history, psychosocial assessment, counseling services, and a plan of care.

Transportation to Health Provider: Transportation to local (in-town) medical, dental, and/or mental health providers. The service could include parking fees and tolls.

Note: This option is used to document the actual transportation service. A ‘*Care coordination*’ service should also be documented to capture the agency staff time used to set up the transportation.

Vision: Administration of a vision test to assess bilateral acuity by a trained professional using an approved tool. Refer to the *Medicaid Screening Manual* for more information.

Service – Addendum: Additional notes related to services identified in the ‘*Health screening*’ Service category.

Informing & Care Coordination

Care coordination: The process of linking the client to the service system and coordinating the various elements in order to achieve a successful outcome. Dental care coordination should be entered in the ‘*Dental*’ Service category.

Care coordination refusal: Client and/or caregiver identifies that they do not want to utilize *EPSDT Care for Kids* services at this time.

Note: The client will appear on the ‘*Re-Informing List – In Agency*’ report unless discharged from the *agency home*.

Inform completion: A telephone or face-to-face contact with the client and/or caregiver to provide information about the *EPSDT Care for Kids* program.

Inform follow-up: Unsuccessful attempts to reach the client and/or caregiver in an effort to complete the informing process.

Informing & Care Coordination (...continued)

Initial inform: The first contact with the client and/or caregiver to provide information about the *EPSDT Care for Kids* program. The ‘*Initial inform*’ service may be provided by letter, phone, or face-to-face contact with the family.

Presumptive Eligibility: Assisting the client or family to complete the required paperwork and entering the information into the *Iowa Medicaid Portal Access* (IMPA) system for presumptive determination.

Re-inform: Re-informing is used for families who cannot be reached after multiple attempts or for families that may refuse services. It is the act of contacting and advising the client and/or caregiver of Medicaid eligible children that their children are still eligible for the *EPSDT Care for Kids* program. Re-informing can be done every six months for children 2 years of age and younger and annually for children over 2 years of age.

Re-inform completion: A telephone or face-to-face contact with the client and/or caregiver to provide information about the *EPSDT Care for Kids* program as part of the re-informing process.

Re-inform follow-up: Unsuccessful attempt(s) to reach the client and/or caregiver in an effort to complete the re-informing process.

Screening reminder: A written notice that the client is due for a full EPSDT well-child screen.

Service – Addendum: Additional notes related to services identified in the ‘*Informing & Care coordination*’ Service category.

Child Health Demographics Form

Date

| Personal Information | | | | |
|--|-----------------------|---|---|---------------------------|
| Child's name (Last, First, Middle) | | Date of Birth | | |
| Suffix | | S.S.# | | |
| Title XIX# | | Gender | | |
| Referral Source (circle one) | | Agency home Admit | Discharge | |
| Care coordinator | Medical Clinic | Admission reason Moved New Re-admittance Requested transfer | Discharge reason Age restriction Goals met Income guideline restriction Lost to Follow-up Moved Non-compliance Population-Based Service Only | |
| Child care | Other agency | | | Re-inform unsuccessful |
| Church | Other participant | | | Requested discharge |
| DHS | Outreach | | | Selected non-contract HMO |
| Door to door | Primary care provider | | | Unreachable/ Unavailable |
| Family Planning | School/AEA | | | Refusal of services |
| Friend/Relative | Shelter | | | |
| Hospital | Walk-in/Self referral | | | |
| Juvenile court officer | WIC | | | |
| Other Programs (circle all that apply) | | | | Notes: |
| 1 st Five | Family planning | | | |
| Before/After school care | <i>hawk-i</i> | | | |
| CH Specialty Clinics | Head Start | | | |
| Child Care | School fluoride rinse | | | |
| Early Head Start | School sealant | | | |
| EPSDT | WIC | | | |

| Ethnicity & Language Information | | | | | | |
|--|--------------------|------------|--|------------|----------|------------|
| Ethnicity Hispanic Not Hispanic | | | Country of origin | | | |
| All Races (Select all that apply) | | | Primary race | | | |
| American Indian or Alaska Native | | | Needs translator Yes No | | | |
| Asian | | | Primary Language | | | |
| Black or African American | | | Secondary Language | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | |
| White | | | | | | |
| Languages | | | | | | |
| American Sign Language | Chinese, Cantonese | Greek | Karenni | Oromic | Slovak | Ukrainian |
| Amharic | Chinese, Mandarin | Guijarati | Kikuyu | Pingelap | Somali | Urdu |
| Arabic | Croatian | Hebrew | Kirundi | Polish | Spanish | Vietnamese |
| Armenian | Czech | Hindi | Korean | Portuguese | Sudanese | Yiddish |
| Bambara | Dinka | Hmong | Krah | Romanian | Swahili | Yoruba |
| Bengali | Dutch | Hungarian | Kunama | Rundi | Swedish | Other |
| Bosnian | English | Iiocano | Laotian | Russian | Tagalog | |
| Burmese | Farsi (Persian) | Indonesian | Luo | Samoan | Thai | |
| Cambodian (Khmer) | French | Italian | Marshallese | Serbian | Tigrinya | |
| Chamorro | Ga | Japanese | Nepali | Shan | Tongan | |
| Chin | German | Karen | Nuer | Shona | Turkish | |

| Family & Household Information | | | | | |
|---|---|--------------|---------------|------------------|--------------|
| Address 1 | | | Zip | | |
| Address 2 | | | Family size | Monthly income | |
| Primary phone <u>C</u> <u>E</u> <u>H</u> <u>P</u> <u>R</u> <u>W</u> | Secondary phone <u>C</u> <u>E</u> <u>H</u> <u>P</u> <u>R</u> <u>W</u> | | Email address | | |
| () | () | | | | |
| <u>C</u> ellular | <u>E</u> mergency | <u>H</u> ome | <u>P</u> ager | <u>R</u> elative | <u>W</u> ork |

Child Health Demographics Form (Continued)

| | | |
|--------------|---------------|------------|
| Child's name | Date of Birth | Title XIX# |
|--------------|---------------|------------|

| Parent & Guardian Information | | |
|--|--------|---|
| Custodial parent's marital status (circle one) <div style="display: flex; justify-content: space-around; font-size: small;"> Divorced Married Parent w/ partner Separated Single Widowed </div> | | |
| Mother (Last, First, Middle) | Suffix | Education level achieved (circle one) |
| | | <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Grade School (or less) Middle School High School</div> <div>Associate's degree Vocational/Trade school Bachelor's degree (or beyond) No Formal Education</div> </div> |
| Father (Last, First, Middle) | Suffix | Education level achieved (circle one) |
| | | <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Grade School (or less) Middle School High School</div> <div>Associate's degree Vocational/Trade school Bachelor's degree (or beyond) No Formal Education</div> </div> |
| Guardian (Last, First, Middle) | Suffix | Education level achieved (circle one) |
| | | <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Grade School (or less) Middle School High School</div> <div>Associate's degree Vocational/Trade school Bachelor's degree (or beyond) No Formal Education</div> </div> |

| Medical Home Information | | |
|---|-------------------------------------|--|
| Does the client have a usual source of medical care? | Yes No | Primary Care Provider |
| Is the usual source of medical care available 24/7? | Yes No | Name |
| Does the source of care maintain the client's record? | Yes No | County of Licensure |
| Client has medical insurance? | Yes No | Date of last visit (mm/dd/yyyy) |
| Medical Barriers (circle all that apply) | | |
| Child care for siblings Cost | Language Location of provider | No Medical Home Provider declines insurance |
| Fear of medical procedures | No barriers | Transportation |
| Hours of appointment | No belief in preventive health care | Unaware of need for well visit |
| | | Unpaid bill at office |

| Dental Home Information | | |
|--|--|--|
| Does the client have a usual source of dental care? | Yes No | Dentist |
| Does the usual source of dental care maintain the client's record? | Yes No | Name |
| Has the client seen a dentist within the past 12 months? | Yes No | County of Licensure |
| Client has dental insurance? | Yes No | |
| Dental Barriers (circle all that apply) | | |
| Child care for siblings Dentist will not see children under 4 years of age Dentist declines insurance Fear of dental procedures | Hours of appointment Language Location of dentist No barriers | No belief in preventive dental care Transportation Unaware of need for well visit Unpaid bill at office |
| | | Cost |
| Dental Risk Assessment | | |
| Screening Date | Decayed Teeth Yes No | Filled Teeth Yes No |
| | | Sealed Teeth Yes No |
| | | Risk Level Low Moderate High |

| Early ACCESS | | |
|---|--------|--|
| Client has a developmental delay or disability? | Yes No | Delay Types (circle all that apply) |
| Client has a condition known to have a high probability of later delays in development? | Yes No | Adaptive Cognitive Communication Emotional Health Status |
| Client has an IFSP (Individual Family Service Plan)? | Yes No | Hearing Physical Social Vision |

Child Health Needs and Services Form

Date

| | | |
|---|---------------|------------|
| Child's name (Last, First, Middle) | Date of Birth | Title XIX# |
| Demographic information reviewed/updated Yes No | | |

Services

| | | | |
|--|--------------------------|--|--------------------------|
| Date of Service | Service Category | Date of Service | Service Category |
| Service | County of Service | Service | County of Service |
| Time In | Time Out | Interaction Type | Interaction Type |
| Immunization record reviewed Yes No | Primary Payment Source | Immunization record reviewed Yes No | Primary Payment Source |
| Follow-up date | Secondary Payment Source | Follow-up date | Secondary Payment Source |
| Service Provider (first / last name and credentials) | | Service Provider (first / last name and credentials) | |
| Service Documentation | | Service Documentation | |
| Date of Service | Service Category | Date of Service | Service Category |
| Service | County of Service | Service | County of Service |
| Time In | Time Out | Interaction Type | Interaction Type |
| Immunization record reviewed Yes No | Primary Payment Source | Immunization record reviewed Yes No | Primary Payment Source |
| Follow-up date | Secondary Payment Source | Follow-up date | Secondary Payment Source |
| Service Provider (first / last name and credentials) | | Service Provider (first / last name and credentials) | |
| Service Documentation | | Service Documentation | |

Service Category and Services (See CARES User Manual for definitions)

| | | | |
|--|---|--|---|
| <p>Dental services</p> <ul style="list-style-type: none"> Care coordination Dental fluoride varnish Dental Nutrition Counseling Dental Radiographs Dental referral Dental sealant Dental Tobacco Counseling Dental voucher Initial dental screen Oral evaluation & counseling with primary care giver Oral Hygiene Instruction Oral Prophylaxis Recall dental screen Service – Addendum <p>Health education services</p> <ul style="list-style-type: none"> Anticipatory guidance Condition specific Nutrition counseling Service – Addendum | <p>Health screening services</p> <ul style="list-style-type: none"> 1st Five Referral Developmental screen Evaluation & Management (E&M) Health history Hearing Immunization Interpretation Lab-Hct/Hbg Lab-Lead Lab-Other Mental health screen Nursing Assessment Nutrition assessment Other Physical exam – referral Physical exam – direct Preventive medicine counseling Procedures Social assessment Social Work Assessment Transportation to Health Provider Vision Service – Addendum | <p>Informing and Care Coordination services</p> <ul style="list-style-type: none"> Care coordination Care coordination refusal Initial inform Inform follow-up Inform completion Presumptive eligibility Re-inform Re-inform completion Re-inform follow-up Screening Reminder Service – Addendum <p>Interaction Type</p> <ul style="list-style-type: none"> Child Care Clinic visit Email Head Start/Early Head Start Home visit Letter Other | <p>Interaction Type (continued)</p> <ul style="list-style-type: none"> Phone School WIC <p>Primary & Secondary Payment Source</p> <ul style="list-style-type: none"> 1st Five CHAMPUS Eligible but not on Title XIX Early Childhood Iowa <i>hawk-i</i> I-Smile Medicare Presumptive eligibility Primary care/Rural health Private Insurance – Fee for service Private Insurance – HMO Self-pay/sliding fee scale SSI Title V Title XIX – Fee for service Title XIX – PE-CC Title XIX – MediPass / HMO Uninsured |
|--|---|--|---|

Child Health Needs and Services Form (Continued)

| | | |
|--------------|---------------|------------|
| Child's name | Date of Birth | Title XIX# |
|--------------|---------------|------------|

| Needs | | | |
|------------------------------------|-----------------------|------------------------------------|-----------------------|
| Identification date | Need Category | Identification date | Need Category |
| Need | Identification County | Need | Identification County |
| Identified by (name and position*) | | Identified by (name and position*) | |
| Resolution county | Resolution date | Resolution county | Resolution date |
| Need Documentation | | Need Documentation | |
| | | | |
| Identification date | Need Category | Identification date | Need Category |
| Need | Identification County | Need | Identification County |
| Identified by (name and position*) | | Identified by (name and position*) | |
| Resolution county | Resolution date | Resolution county | Resolution date |
| Need Documentation | | Need Documentation | |
| | | | |

Need Category and Needs (See CARES User Manual for definitions)

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| <p><u>Emergencies</u> Emergency prep. First-aid training Infant/child CPR Need – Addendum</p> <p><u>Financial situation</u> Budgeting Child care Credit cards Current debts Education Employment Energy assistance FIP Health care coverage Housing assistance Need – Addendum</p> <p><u>Food safety/security</u> Commodities Food Bank/Pantry Food stamps Food storage/refrigeration Food supply Infant formula School lunch program WIC Need - Addendum</p> <p><u>Health needs</u> Head lice Hearing HIV/AIDS Immunizations</p> | <p><u>Health needs, continued</u> Medical home Medications Mental health Monitor growth & development Referral to Genetics Signs of illness Special medical needs STDs Vision Well child care Need-Addendum</p> <p><u>Home Safety</u> Bicycle safety Bugs or rodents Building repairs Cooking stove Cooling system Home cleanliness Home heating Home odors Hot water Indoor play areas Knife/gun storage Lead sources Outdoor play areas Plumbing Poison/toxin storage Safe toys Smoke/CO detectors Stairs/railings Windows/locks Need – Addendum</p> | <p><u>Living situation</u> Baby clothing Baby furniture/equipment Children's books Home furnishings Household items Telephone Television/radio Washer/dryer Need – Addendum</p> <p><u>Nutrition</u> Body weight mgmt. Breastfeeding Disordered eating Feeding issues Meal planning/Cooking skills Nutrition counseling Need – Addendum</p> <p><u>Oral health</u> Caries Dental injury/emergency Dietary habits Fluoride No dental home Non-nutritive sucking No Payment Source Oral hygiene instruction Prevention Referral to dentist Tooth eruption/teething Need - Addendum</p> | <p><u>Parenting</u> Building parental self-confidence Discipline & guidance Getting out of house w/ children Growth & development Hygiene Infant care basics Language development Parent/child activities Parental support groups Preparing children for school Recreation Reliable child care choice School attendance SIDS information Sleep routines Toilet training Need – Addendum</p> <p><u>Psychosocial</u> Domestic abuse Family counseling Maternal depression Lack of support Need – Addendum</p> <p><u>Reproductive health</u> Abstinence Family planning Menstruation Need – Addendum</p> | <p><u>Substance Abuse</u> Alcohol/Drug abuse Smoking cessation Need-Addendum</p> <p><u>Transportation</u> Auto insurance Car seats Dependable vehicle Driver's license Handicap sticker Public transportation Seat belt use Need - Addendum</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Identified by*</u> 1st Five ARNP Dental hygienist Dentist Dietitian Family Nurse PA Physician Social Worker Other</p> </div> |
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