



Care ^{OR} Kids

The Informing & Care Coordination Handbook

A Guide for Working with Families



Iowa Department of Public Health
Protecting and Improving the Health of Iowans

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

Introduction

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides comprehensive health care for Medicaid eligible clients¹ under the age of 21. According to the federal Centers for Medicare and Medicaid Services (CMS), there are two important features of the EPSDT program: (1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid clients use these resources.

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

- [Iowa's Title V Administrative Manual for Community-based Programs](#). This manual is available on the IDPH Bureau of Family Health website.
- The [Medicaid Screening Center Provider Manual](#). This manual is located on the Department of Human Services website.
- The [CAREs User Manual](#). This manual provides guidelines for documentation of EPSDT services. It is available on the IDPH website.

The EPSDT Benefit

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

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

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

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

¹ The term 'Client' will be used throughout the EPSDT Informing and Care Coordination Handbook to include the child and young adults age 0 to 21 years eligible in Medicaid, and parents, foster parents, guardians or other family member's responsible for the care of an eligible child 0 through 17 years of age. The term 'Client' also includes 19 and 20 year olds eligible in the Iowa Health and Wellness Plan, Title V or Medicaid.

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

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

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

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

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

EPSDT Care for Kids in Iowa

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

Informing:

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

Care Coordination:

1. Providing care coordination for Medicaid and non-Medicaid children and adolescents to assure access to health care services, ideally through medical and dental homes. Non-billable care coordination is provided as part of direct care services and as a part of the informing process. Billable care coordination applies to the following populations:
 - A. Clients during the presumptive eligibility period
 - B. Medicaid eligible clients *not enrolled in a Medicaid MCO* This includes home visits for care coordination.
 - C. Dental care coordination for all Medicaid eligible clients
 - D. Medical care coordination for Medicaid MCO eligible clients if the Contract Agency staff has a contract with the MCO for care coordination services
2. IDPH provides information to the Contract Agencies about clients that are due for EPSDT *Care for Kids* screenings.
3. A care coordinator at the Contract Agency contacts the client to determine whether assistance is needed to find a medical and dental home or to schedule an appointment for the EPSDT screening. The care coordinator shall also assist the client with transportation, interpretation, developmental concerns, and other resources when needed.
4. If the client chooses to obtain screening services without assistance from the care coordinator, the client is given the care coordinator's name and telephone number for future reference.

Screening:

1. The appropriate health provider completes screenings according to the [*Iowa Recommendations for Scheduling Care for Kids Screenings*](#).
2. The health provider submits a claim for each client screened to Medicaid for Fee for Service clients or to the Medicaid Managed Care Organization (MCO) for clients eligible in a Medicaid MCO.

Diagnosis and Treatment:

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

Contract Agency Responsibility for EPSDT Care for Kids

In Iowa, the Department of Human Services (DHS) is the administrative Contract Agency for the EPSDT *Care for Kids* program. Through a formal written agreement, DHS engages the Iowa Department of Public Health (IDPH) to provide EPSDT *Care for Kids* informing and care coordination services for Iowa’s Medicaid eligible clients. IDPH fulfills the responsibilities of this agreement by contracting with local Title V Child and Adolescent Health Agencies to work with clients in designated service areas.

Both IDPH and DHS agree that Title V Child & Adolescent Health Contract Agencies and their subcontractors have been very successful in working with clients covered by Medicaid. Clients are assisted in understanding Medicaid coverage and accessing services through the efforts of Title V Agencies.

Each IDPH Title V Child & Adolescent Health Contract Agency is required to have protocols to direct its activities related to the EPSDT *Care for Kids* program. Sample Contract Agency protocols are included in Chapter 8 of this handbook.

Client Rights under Medicaid

Clients eligible in Medicaid are entitled to specific rights under the Medicaid program. Contract Agency staff should be familiar with these rights to be able to appropriately inform clients. Primary among these rights are the right to choose a provider and the right to appeal decisions made by Medicaid.

Choice of Provider

Federal rules mandate that each client has the freedom to choose health care providers. To comply with these rules, Contract Agency staff must be prepared to discuss EPSDT *Care for Kids* provider options with each client. Clients eligible in Medicaid have the ability to choose a provider under their Medicaid status (fee-for-service, Medicaid Managed Care through Amerigroup, Inc., AmeriHealth Caritas, or United Health Care of the River Valley, Iowa Wellness Plan, and Marketplace Choice Providers).

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

Right to Appeal

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

Common reasons for appeals include the following:

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

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

Maintaining Confidentiality for the Client

Agencies contracting with IDPH to carry out the functions of the EPSDT *Care for Kids* program become an arm of Medicaid. All IDPH Contract Agencies must meet the standards of confidentiality of a Medicaid Contract Agency and follow Health Insurance Portability and Accountability Act (HIPAA) requirements.

Contract Agencies can communicate with local DHS offices regarding client information without a release of information. Additional confidentiality guidelines are found in local contractor HIPAA policies and the IDPH HIPAA statement online at: <http://idph.iowa.gov/hipaa-statement>.

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

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

Documenting and Maintaining the Clinical and Fiscal Information

The IDPH web-based Child and Adolescent Reporting System (CAREs) is the official clinical record for all EPSDT *Care for Kids* informing and care coordination services. CAREs is used by Contract Agencies to monitor client demographic information, needs, and services. All services provided by Contract Agencies are entered into the CAREs electronic record. Complete instructions for CAREs data entry are located in the [CAREs User Manual](#).

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

Length of Time for Maintaining Records

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

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

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

Signature Log

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

Claims Review

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

- The claims have been paid for services delivered.
- The IDPH Contract Agency has furnished the services to Medicaid recipients.
- The Contract Agency has retained clinical and fiscal records which substantiate claims submitted for payment during the audit period.

Using the Informing and Care Coordination Handbook in Working with Clients

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

Chapter 2 provides staff with step-by-step directions for informing clients about the EPSDT *Care for Kids* program.

Chapter 3 assists staff to provide care coordination for the clients that need help to obtain health care services.

Chapter 4 focuses on important community linkages for clients.

Chapter 5 explains how Contract Agency protocols guide staff members in providing EPSDT *Care for Kids* services to clients.

Chapter 6 briefly explains how the Contract Agency staff manages the finances of the EPSDT *Care for Kids* services.

Chapter 7 contains additional resources referred to in the first seven chapters of this handbook.

Chapter 8 Front-line staff must have access to the Contract Agency staff-specific EPSDT *Care for Kids* protocols used to carry out the guidelines in this handbook. It is also important to keep a file of updates related to the Medicaid program. For convenience, a tab is included for Contract Agency staff protocols.

Chapter 9 It is also important to keep a file of updates related to the Medicaid program. For convenience, a tab is included for IME Information Releases.

Chapter 2 Informing

Why Clients Need Informing

Newly eligible clients ages 0 to 21 years, don't always know about all the services available through their Medicaid coverage. Through a process called "Informing" clients are told about the health care services covered under the EPSDT *Care for Kids* program.

Clients ages 19-20 may be eligible in the Iowa Health and Wellness Plan (IHAWP), either on the Iowa Wellness Plan or the Marketplace Choice Plan. These clients receive the same EPSDT services as clients eligible in other Medicaid programs and also need to know about their benefits.

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

What to Inform the Client About

Inform the client of the services available under the EPSDT *Care for Kids* program, including care coordination, health screening services, and dental care. At the same time, help the client understand the importance of preventive medical and oral health care for all clients in the family. The informing discussion will include the topics listed below:

- Promote the benefits of preventive medical and oral health care
- Explain the services available under EPSDT *Care for Kids* including care coordination services and screening services
- Explain components of the EPSDT screen according to *The Iowa Recommendations for Scheduling Care for Kids Screenings*, and ACIP Immunization Schedule
- Explain that they may choose their health care providers under Medicaid
- Provide information about the process of selecting a health care provider
- Encourage the client to establish a medical home and dental home
- Inform the client where screening services are available and how to obtain them; Identify the timeframe of past or upcoming EPSDT screening appointments; Identify if immunizations are up-to-date.
- Provide information on the support services available under EPSDT, such as transportation and interpretation services
- Provide information about other resources in the community
- Respond to feedback and questions posed by the family

How the Client Qualifies for Informing

When a client meets Medicaid eligibility requirements and becomes newly eligible in the Medicaid program, the client qualifies for informing services. The client must be eligible in the Medicaid program on the date the informing service is provided.

Information about the newly eligible clients in Medicaid will appear on the Informing List in CARES. The report will provide the client's name and contact information to begin the informing process.

If Medicaid eligibility status of a client needs to be checked, contact the Iowa Medicaid Enterprise (IME) Eligibility Verification System (ELVS) at 800-338-7752 (or 515-323-9639 in Des Moines). Client eligibility can also be verified using the IME Web Portal Access at:

<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/provider-tools>.

Contract Agency staff Responsibility for Informing

IDPH contracts with community-based agencies to provide services to clients in a service area. Agencies are responsible for informing clients under age 21 who are newly eligible in Medicaid fee-for-service, Medicaid MCO, or IHAWP coverage. Each month, clients on the Contract Agency staff's Informing List must be informed within 30 days of the beginning of the month.

The EPSDT Coordinator is responsible for developing informing protocols and making sure that the Contract Agency practices are consistent with the required components of the informing process.

The Contract Agency staff may choose to inform the families of foster care children. However, the county DHS offices have primary responsibility for informing these clients.

Skills Needed for Informing

Each Title V Child & Adolescent Health Contract Agency is required to designate one or more employees to carry out informing services.

In order to be effective in informing clients about the EPSDT *Care for Kids* program, certain skills are necessary. Staff providing informing services/care coordinators need to:

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

The Three Steps of Informing

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

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

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

The Initial Inform

The first contact made with a client who is newly eligible in Medicaid is called the “Initial Inform.”

As a first step, a Contract Agency sends a letter of introduction to the client. The letter will briefly describe the EPSDT *Care for Kids* program. The letter may provide information about services in the area and introduce the Contract Agency staff’s care coordinator. A sample initial informing letter is included in this handbook in Appendix 2.

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

Which Clients Need the Initial Inform

The list of Medicaid newly eligible clients is obtained from the Informing List in CARES. This report identifies all newly Medicaid eligible clients under age 21 in the Contract Agency’s geographic service area by county.

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

Timeline for the Initial Inform

The Contract Agency is required to conduct the initial inform and inform attempts or completions for newly eligible clients within the month that the client appears on the CARES Informing List. The Contract Agency provides informing services each month, and the initial inform is to be provided as soon as possible in the month.

Mailing Labels for Informing

CAREs generates mailing labels that are used in mailing informing letters. CAREs will create labels grouped by family. Print the labels on the same day the CAREs report of newly eligible clients is generated.

Documenting the Initial Inform

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

Staff must document the initial inform in CAREs for each Medicaid eligible client in the family on the Informing List, by selecting “Initial inform” under the “Informing and Care Coordination” service category. Be sure to enter initial informs **by the end of the month** that the client was listed as newly eligible on the informing list. Timely documentation is required to assure that clients will not appear again on Informing Lists in subsequent months.

In service notes, it is important to thoroughly describe the service provided. Required elements for documentation of the Initial Informing-are:

1. Place of service (if not Contract Agency main address)
2. Month and year the client appeared on the Informing List
3. Statement that an informing letter or packet was sent
4. First and last name of the service provider and their credentials if not entering their own data. If entering their own data, the CAREs username may be used as long as a signature log is maintained.
5. Either follow-ups or completions are required in the month of the initial inform.

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

The Inform Follow-up

In many cases, the initial inform does not immediately result in person-to-person contact with the family. The informing process is not ‘complete’ until direct contact with the family is made on the phone or in person. “Inform Follow-ups” are attempts to reach the family that do not result in verbal dialogue to explain the EPSDT services. There must be attempts to reach families by phone or face-to-face. The Contract Agency must have its own protocols to guide the steps in providing the inform follow-up. There are options for inform follow-up strategies, therefore the Contract Agency must develop protocols for the informing process. If contacts are attempted by phone, the attempts should occur at various times of the day to reach families who may not be available during daytime work hours. Inform follow-up attempts might involve an attempt to reach a family face-to-face during home visits or at clinic sites.

If attempts to reach the family by phone or face-to-face are not successful, the Contract Agency follows-up by sending a second letter or post card. Staff must document each inform follow-up attempt in CAREs for each client in the family on the Informing List. Select “Inform Follow-up” under the “Informing and Care Coordination Services” category.

Documenting the Inform Follow-up

Record service notes thoroughly describing the service provided, following the instructions for documentation of services. Include:

1. Place of service (if not Contract Agency staff main address)
2. The time of day the attempt to contact the family was made. Report an actual time with a.m. and p.m. (e.g. 12:15 p.m.). This may be entered into the Time in/Time out field(s) if desired.
3. Description of the attempt(s) to reach the family and the result of the attempt(s) (no answer, busy signal, phone disconnected, etc.) including the content of any message.
4. A follow-up letter to the family is noted **only after documentation of failed phone attempts, including documentation of attempts made to locate a phone number.**
5. First and last name of the service provider and their credentials if not entering their own data. If entering own data, the CARES username may be used as long as a signature log is maintained.

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

The Inform Completion

The goal of the informing process is to successfully contact the client by phone or face-to-face to explain the EPSDT services for which the client is now eligible. This is referred to as “Inform Completion”. Inform completion is only achieved when the description of services available under the EPSDT *Care for Kids* program is given directly to the client in person or on the telephone.

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

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

The Inform Completion Conversation

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

- The benefits of preventive medical and oral health care
- The services available under EPSDT *Care for Kids* including care coordination services and screening services
- The components of the EPSDT screen according to *The Iowa Recommendations for Scheduling Care for Kids Screenings* and ACIP Immunization Schedule
- Freedom of choice of their health care providers under Medicaid
- Information about the process of selecting a health care provider
- The importance of the client establishing a medical home and dental home
- Information on where screening services are available and how to obtain them; Identify the timeframe of past or upcoming EPSDT screening appointments; Identify if immunizations are up-to-date
- Information of the support services available under EPSDT, such as transportation and interpretation services
- Information about other resources in the community
- Response to feedback and questions posed by the family

At inform completion, emphasize that care coordination services are available through the EPSDT *Care for Kids* program to link the client with the health care system.

Documenting the Inform Completion

Document the inform completion in CARES for each Medicaid eligible client in the family on the Informing List. Select “Inform Completion” under the “Informing and Care Coordination Services” category.

Record service notes to thoroughly describe the service provided. When documenting the inform completion, include:

1. Place of service (if not Contract Agency staff main address)
2. With whom staff member spoke
3. Explanation of full benefits and services available under the EPSDT Care for Kids program
4. Report status of medical and dental well child visits including:
 - a. Assessment of immunization status,
 - b. Timeframe of past or upcoming medical and dental appointments, and
 - c. Identification of medical and dental providers
5. Information provided on other needed resources available in the community as requested by client/family
6. Other issues addressed

7. Information/feedback from client/family (documentation of understanding, etc.)
8. Outcomes including referrals made and plans for follow up, as needed
9. First and last name of the service provider and their credentials if not entering their own data. If entering own data, the CARES username may be used as long as a signature log is maintained.

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

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

Billing for Informing Services

Once the initial inform letter is sent, a Contract Agency may submit a claim to the Iowa Department of Public Health for the informing process. The claim covers the entire informing service that staff provide to the client, including the initial inform, inform follow-ups, and inform completion. A claim is submitted for informing all clients in the family on the Informing List, not one claim per client.

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

Chapter 3 Care Coordination

Why Clients Need Care Coordination

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

Care coordination is the process of linking the client to the health care system. Although Medicaid MCO have responsibility for providing medical care coordination for their enrolled clients, Contract Agencies continue to have responsibility for care coordination for Medicaid Fee-for-Service clients and for Title V clients.

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

How Care Coordination Supports Clients

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

Provide care coordination to help clients:

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

Care Coordination Services

Care coordinators work directly with the client through a variety of strategies, including talking with the client on the phone or in person. A Contract Agency must have its own protocols to guide the steps in providing care coordination. Through these activities, the client will be linked to the health care system and encouraged to participate in preventive medical and oral health care.

Specific care coordination activities will depend on the needs and preferences of the client. The following list contains some of the possible activities:

- Reminding clients that periodic well-child screenings and dental exams are due
- Assisting with scheduling appointments (outside of the Contract Agency)
- Assisting the client to prepare a list of questions or concerns prior to the medical or dental visit
- Following up to make sure the client received the care intended at the appointment
- Following up to reschedule missed appointments
- Assisting clients when referral for further care is needed

- Arranging support services such as interpreter services or transportation to medical or dental providers
- Monitoring medical and dental care plans
- Linking clients to health-related community services
- Providing support as clients become independent health care consumers

Although a Contract Agency may provide assistance to clients by mailing them a letter or other print materials, a mailing does not constitute a billable care coordination service. Billable care coordination services must include phone, text, email, or face-to-face dialogue with clients to assist them with Medicaid related services such as medical, dental, mental health, transportation, interpretation, Child Health Specialty Clinics, AEA, or substance abuse programs. As long as Medicaid related services/programs are addressed, linkage to non-Medicaid resources (such as child care, WIC, parenting programs, social services, legal services, food, clothing, housing, and shelter services) may also be included in the billable time spent with the client.

Skills Needed for Care Coordination

Each Contract Agency is required to designate one or more employees to carry out care coordination. In order to be effective in care coordination related to the EPSDT *Care for Kids* program, certain skills are necessary. Care coordinators need to:

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

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

Care Coordination for Children with Special Health Care Needs

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

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

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

Care Coordination: Reminding Clients when due for a Screening

As mentioned previously, it is important to be familiar with [The Iowa Recommendations for Scheduling Care for Kids Screenings](#). A key component of care coordination is discussing the importance of screenings with the client and encouraging them to make appointments with their providers based on the recommended schedule. Additionally, follow-up with clients to make sure that they receive the recommended services and to assist in scheduling additional needed services.

CAReS produces two reports to help identify clients that are due for screenings.

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

As a care coordinator, there are a variety of ways to remind a client they are due for a screening according to [The Iowa Recommendations for Scheduling Care for Kids Screenings](#), including mailing the client a written reminder, speaking to the client on the telephone, or in person in a clinic setting. Contract Agency’s care coordination protocols should provide guidance for which strategy to use. Mailing written reminders of periodic screens does not constitute a billable care coordination service.

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

Sometimes a client has difficulty getting health care because of a communication problem such as a language barrier, hearing impairment, or health literacy obstacle. Care coordinators help the client overcome the barrier.

There are a variety of strategies to assist a client with a communication problem. The Contract Agency's care coordination protocols will guide using a particular strategy, such as speaking with the client on the phone or at the Contract Agency in the preferred language or communication method. In many instances, care coordinators help the client by arranging for interpreter services or providing information on the client's Medicaid MCO interpretation services.

As a care coordinator, determine whether Contract Agency materials are at an appropriate reading level and culturally appropriate for the clients in the Contract Agency service area. Care coordinator's insights will be important to guide the Contract Agency in making appropriate changes to protocols and materials.

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

Contract Agencies assist clients to arrange transportation to Medicaid health providers (medical, dental, and mental health).

Contract Agencies both arrange and bill Medicaid for in-town (local) transportation services for non-MCO eligible clients. Non-MCO eligible clients seeking medical care outside of their community should obtain assistance by contacting Transportation Management Services (TMS), the Medicaid broker for transportation services. Contact TMS at 1-866-572-7662.

Contract Agencies provide MCO eligible clients with information about the availability of Non-Emergency Medical Transportation (NEMT) and contact information as needed for the NEMT vendor, for the client's assigned MCO to schedule their NEMT services:

Amerigroup Iowa, Inc.

Logisticare

Phone: 1-844-544-1389

AmeriHealth Caritas

Access2Care

Phone: 1-855-346-9760

United Healthcare Plan of the River Valley

MTM

Phone: 1-888-513-1613

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

Most care coordination activities will involve talking to clients on the telephone or at the Contract Agency office or clinic setting. However, a Contract Agency must have the capacity to provide home visits to clients when indicated.

A home visit for care coordination may be necessary if the client requires medically necessary care coordination for a health related condition. Clients lacking a phone or are otherwise hard-to-reach may need care coordination might be provided via a home visit to the client are outlined below.

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

Documenting Care Coordination Services

Document care coordination services in CARES. In most instances check “Care Coordination” under the “Informing and Care Coordination Services” category. An exception is when care coordination for an oral health need is provided. Then check “Care Coordination” under the “Dental Services” category. Mark “Home visit” as the interaction type for home visits for care coordination services.

Record service notes in CARES to thoroughly describe the service provided. Required elements for documentation of care coordination:

1. Place of service (if not Contract Agency main address)
2. With whom staff member spoke
3. The issues addressed and Medicaid related concerns that the client/family shared
4. Staff responses to client/family concerns and issues
5. If coordinating regular medical or dental care services, report the following:
 - a. Assessment of immunization status
 - b. Timeframe of past or upcoming medical and dental appointments, and
 - c. Identification of medical and dental providers
6. Specific information on referrals
7. Details on outcomes and plan for follow up as needed
8. Information/feedback from client/family (documentation of understanding, etc.)
9. First and last name of person performing the service & credentials if not entering own data. If entering own data, the CARES username may be used as long as a signature log is maintained.

For **care coordination of transportation services**, include the following required documentation elements:

1. Place of service (if not Contract Agency staff main address)
2. With whom staff member spoke
3. Type of Medicaid covered service for transportation (medical, pharmacy, dental, mental health)
4. Date of planned trip
5. Type of ride to be provided (cab, bus, volunteer, TMS)
6. First and last name of person performing the service & credentials if not entering own data. If entering own data, the CARES/WHIS username may be used as long as a signature log is maintained.

For targeted follow up care coordination notes that do not involve well child services, the date of last wellness exam, name of provider, and assessment of immunization status is not required. Indicate in the note if it is a follow-up care coordination service. Address any additional family needs.

Because care coordination is billed based upon a timed unit, entering time in and time out is required.

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

If care coordination is provided for multiple clients in the family, document the care coordination in the CARES record for each client served.

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

Billing Care Coordination Services

The Contract Agency is required to serve clients who need care coordination whether eligible for Medicaid or not. Billable care coordination to IDPH applies to the following:

- Care coordination provided during a presumptive eligibility period
- Medical care coordination for Medicaid Fee-for-Service clients
- Dental care coordination for all Medicaid enrolled clients

Title V grant funds are intended to cover care coordination for the underinsured or uninsured

Select the appropriate primary payment source among the following options for billing care coordination to IDPH:

- Title XIX - FFS
- IHAWP for 19 & 20 year olds
- 1st Five

The claim is based upon the actual time spent providing care coordination (based upon a 15-minute unit). Time spent documenting care coordination provided on the same date, and by the service provider may be included in the total time spent on care coordination. If care coordination is provided to more than one client during a contact with the family, separate out the time spent providing care coordination for each client.

Home visits for care coordination are also billed to the Iowa Department of Public Health for non-MCO eligible Medicaid clients.

Care coordination for Title V clients is not billed fee for service to IDPH. Instead, these costs are covered through Title V grant funds. Medical care coordination may be billable to the client's Medicaid MCO if the Contract Agency has this included in their contract with the MCO.

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

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

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

- Care coordination to arrange transportation services may occur on the same day as a direct care service.
- Interpretation for a care coordination service may be billed on the same day as the care coordination service.
- Medical care coordination may be billed if a dental direct care service is provided by other staff (e.g. RDH) on the same day (as long as no medical direct care was provided on that date and the client is not in a Medicaid MCO).
- Dental care coordination for all Medicaid clients may be billed if a medical direct care service is provided by other staff (e.g. Nurse) on the same day (as long as no dental direct care was provided on that date).

Chapter 4 Community Linkages

Assisting Clients through Community Linkages

Development of community linkages is an important component of the role of care coordinators. This responsibility includes efforts to identify community level resources, link clients with services, identify gaps, and barriers in service, and promote development of community capacity.

This chapter provides guidelines to help care coordinators establish community linkages.

Important Community Linkages

It is not necessary to know every resource in the community or all the specifics about each resource. A working knowledge of resources and where to find additional information in order to assist clients is needed.

The Iowa Department of Public Health has a contract with Iowa State University Extension to provide information and referral for clients receiving EPSDT *Care for Kids* services via the Healthy Families Line at 1-800-369-2229. The Healthy Families Line provides resource information on Maternal Health, Child & Adolescent Health (MCAH), and Family Planning services. They are able to connect client calls directly to their local MCAH Contract Agency for guidance.

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

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

Subcontracts

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

- (1) A list of the work and services to be performed by the subcontractor.
- (2) The contract policies and requirements.
- (3) Provision for the Department, the Contractor, and any of their duly authorized representatives to have access, for the purpose of audit and examination, to any documents, papers, and records of the subcontractor pertinent to the subcontract.
- (4) The amount of the subcontract.
- (5) A line item budget of specific costs to be reimbursed under the subcontract or agreement or other cost basis for determining the amount of the subcontract as appropriate.
- (6) A statement that all provisions of this contract are included in the subcontract including audit requirements.
- (7) Period of performance.
- (8) Any additional subcontract conditions.

Establishing Relationships

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

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

Primary and Specialty Health Care Providers

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

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

Dental Care Providers

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

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

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

Educational Services

The following agencies provide educational services and support for clients:

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

Human Service Providers and Other Resources

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

- [Child Care Resource and Referral \(CCR&R\)](#) – provides information and referrals to short-term, drop-in, or long-term child care services. Iowa has a system of five CCR&R agencies, each district covering multiple counties.
- Parenting programs – parent education, counseling and/or support services for at risk clients
- [Local Department of Human Services](#) Income Maintenance Workers
- [Local Department of Human Services](#) Child Abuse Unit – investigation and intervention with clients who are victims of physical, emotional, or sexual abuse
- Teen pregnancy prevention and support services – abstinence education and/or education and counseling services to prevent pregnancies or support teen moms and dads
- Family planning programs - pre-conception counseling and birth control
- Substance abuse prevention and treatment services – prevention or treatment services for alcohol or drug dependency
- Interpreter services – assistance with communication during appointments, including those who are hearing impaired
- Legal aid – Legal services for families that meet income guidelines
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – food and nutrition counseling services for pregnant women, infants and children under age 5, who meet income guidelines
- Food Assistance program – for purchase of food for families who meet income guidelines

- Family Investment Program (FIP) – financial and family support for families who meet income guidelines
- Supplemental Security Income (SSI) – financial support for children who have a disability and meet income guidelines
- Housing programs – low income housing and energy assistance
- Shelters for the homeless population or women with children who are victims of physical, emotional, or sexual abuse
- Lead poisoning prevention programs – access to blood lead testing, provide case management services, and provide education regarding childhood lead poisoning

Chapter 5 Protocols

What are Contract Agency Protocols

Protocols clarify Contract Agency policy and provide explanation to staff about service delivery. Protocols help the Contract Agency staff provide the best service possible by:

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

Protocols are maintained within the Contract Agency and a copy is given to each subcontract agency. Subcontract agencies follow the Contract Agency's protocols to maintain consistency and continuity.

Chapter 5 provides general guidelines about Contract Agency protocols. Chapter 8 tab is provided in this handbook for the placement of Contract Agency protocols.

Writing Protocols

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

Contract Agency protocols serve as expansions of the guidelines provided in this handbook. When writing local protocols, it is not necessary to repeat the information in this handbook.

The Contract Agency Administrator is responsible for the approval and implementation of protocols. Protocols must be reviewed and updated annually.

Information to include in protocols

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

- Purpose statement including why the service is important and the expected outcome for clients
- Description of the service or procedure
- Names or job descriptions for persons authorized and trained to perform the activity
- Location of the service delivery
- Timeline for accomplishing the activity
- Procedures for assuring follow-up activities
- Procedures for documenting services or procedures
- Billing procedures

- Administrative activities
- Bookkeeping
- A signature line for Contract Agency management and sub-contractor (if applicable)
- Date written
- An annual review/revision date
- Reference to other policies and the source of authority such as EPSDT *Care for Kids Handbook*, MCAH contract, and Iowa’s Title V Administrative Manual for Community-based Programs

Informing Protocols

At a minimum, the Contract Agency’s informing protocols must include:

- Staff assigned to specific components of the service
- Methods of direct contact to use (phone calls, home visits, clinic visits)
- Contact attempt protocol. A minimum of the initial written contact, two face to face, phone, or text attempts, or the inform completion is required. If the family is not reached or no working phone number is accessible (attempts to find a number have been documented), a second written letter is sent or home visit conducted
- Information needed to complete the informing process
- Informing message by age
- Key points to be covered in each call
- Documentation procedure, including when service is documented, what, where, and by whom.
- Contract Agency specific criteria for discharge
- Provisions for assuring confidentiality
- Assure protocols and procedures meet program guidelines
- Provisions to assure that documentation supports the services billed

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

Care Coordination Protocols

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

- Staff assigned to specific components of the service
- Methods of contact utilized (letters, phone calls, home visits)?
- Number of attempts to be made, time of day
- Key points to be covered during care coordination by age
- Documentation procedure, including when service is documented, what, where, and by whom.
- Next step if unable to contact the client
- Protocol for when a home visit is indicated, and procedures for how home visits are conducted, including provisions for safety
- Referral sources and procedures (including Child Health Specialty Clinics)
- Methods for contacting a hard-to-reach client
- Confidentiality guidelines, Contract Agency HIPAA contact
- Provisions to assure that documentation supports the services billed
- Procedures for documenting care coordination refusal services

- Transition of clients who move out of the service area
- Contract Agency-specific criteria for discharge

Referral protocols must also be included to address:

- Who will provide the service
- How the Contract Agency will address client's needs
- How the Contract Agency matches client's needs with available services
- How client is connected to the service
- Follow-up after the service
- Available community-based referral systems
- Methods of contact used (with client, provider, and other agencies)?
- What should be included when documenting the referral service?

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

Chapter 6 Financial Management

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

The guidelines for cost analysis, continuous time study, and the transportation report in the Maternal, Child, & Adolescent Health Manual will help care coordinators work closely with Contract Agency administrative and fiscal staff.

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

Separating Informing and Care Coordination for Accurate Billing Often, in the course of completing an informing contact, the conversation changes to linking the client to services. Because these activities are a part of the informing contact, they are considered part of the inform completion. They cannot be billed separately as care coordination.

However, subsequent contacts with the client to link them to services may be billed as care coordination based on client eligibility (non-MCO, MCO, Title V).

Care Coordination Services Allowable for Billing

Activity	Definition
Client contact	Personal telephone, clinic, home visit, or other contact with the client for care coordination services and assessment of needs. Time spent opening the client's chart, preparing content of care coordination service, searching for current phone numbers and addresses.
Identification of needed resources and referrals	Activities related to identifying appropriate resources and making referrals for the client as determined in the needs assessment.
Scheduling appointments, transportation, or support services	Activities to set up appointments (outside of the Contract Agency) or make arrangements for transportation to health services or to assist with finding other support services such as interpretation services.
Documentation	Documenting the service provided and other pertinent information directly related to the client's care, including data entry into the CARES database. This is allowable time only for the care coordinator when entered on the date of service.

**Billing IDPH
for Care
Coordination**

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

Care coordination claims are submitted to IDPH for services provided to non-MCO enrolled Medicaid clients and for dental care coordination for all Medicaid clients.

Home visits for care coordination are also billed to IDPH for Fee-for-Service Medicaid eligible clients. Note that the reimbursement maximum is greater for care coordination in a home visit due to the additional cost incurred for home visits including travel. Do not include travel to and from the home visit in the care coordination, as that is already part of the higher reimbursement rate.

Care coordination for Title V clients is not billed fee for service to IDPH. Instead, these costs are covered through Title V grant funds.

**Submission of
Informing and
Care
Coordination
Claims to
IDPH**

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

Complete Data Entry

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

Submitting the Claim

Fee-for-Service (FFS) expenditures billed to the Department, must be submitted monthly, within 45 days following the month of service.

- Documentation for CAH FFS activities must be entered in CARES by the 15th of the month following the month of service. CARES documentation will be pulled automatically by IDPH.
- At the end of the state fiscal year, documentation timelines are more stringent. Documentation for all FFS activities must be entered by end of the first week in July for all services provided through June 30. Monthly claims for services provided through June 30 must be submitted no later than mid-July. See the MCAH Contract for specific dates.

Claims Review

In addition to supervision and financial management, IDPH also ensures that payments to Contract Agencies on behalf of Medicaid eligible clients are reasonable and maintain standards for quality. Services are reviewed according to quality assurance measures prior to payment. CARES billing reports have built in quality assurance controls; however, Contract Agencies should review reports for accuracy and completeness in CARES.

Errors identified by the quality assurance process will be shared with the Contract Agency for correction prior to payment

Questions?

For questions regarding billing informing and care coordination contact Medicaid fee-for-service staff within the BFH at 1-800-383-3826.

Submission of Direct Care Claims to Medicaid (IME) When submitting claims for direct care services to IME, Contract Agencies must follow the guidelines for Medicaid Screening Centers found on the Iowa Department of Human Services website at <http://dhs.iowa.gov/policy-manuals/medicaid-provider>. For a complete listing of direct care services available under the EPSDT *Care for Kids* program, see the [Child & Adolescent Health Services Summary](#).

Denial of a Claim by IME:

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

Chapter 7 Appendices

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

Chapter 8 Contract Agency staff Protocols

Chapter 9 IME Updates

