



# 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 clients<sup>1</sup> 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 Child and Adolescent Health contract 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 provides guidance for Iowa's Title V Maternal and Child & Adolescent Health programs and is located on the Iowa Department of Public Health website at [http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan\\_FULL.pdf](http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan_FULL.pdf)
- The **Medicaid Screening Center Provider Manual.** This manual provides Iowa Medicaid's guidance for Screening Centers and is located on the Department of Human Services website at <https://dhs.iowa.gov/sites/default/files/Scenter.pdf?031220191342>
- The **signifycommunity™ Child and Adolescent Health User Manual.** This manual provides guidelines for documentation of EPSDT services and is available in the signifycommunity™ Library Documents.

## **The Iowa EPSDT Benefit**

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program was implemented in 1967 by the United States Congress. Every state's Medicaid program across the nation has an EPSDT program. Iowa's Early and Periodic Screening, Diagnosis and Treatment program is called *Care for Kids*. The activities of the EPSDT *Care for Kids* program include informing, care coordination, screening, diagnosis and treatment. The following summarizes the primary activities of EPSDT.

### ***Early***

Children should receive quality health care beginning at birth and continuing throughout childhood and adolescence including the identification, diagnosis and treatment of medical conditions as early as possible.

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

- Periodic** Children should receive well child check-ups at regular intervals throughout childhood according to standards set by the American Academy of Pediatrics. Preventive health care visits may be provided between regularly scheduled check-ups based upon need.
- Screening** Children should be screened for health and developmental problems. Services shall include health history, developmental assessment, physical exam, immunizations, lab tests, health education, dental exam, and vision and hearing screenings.
- Diagnosis** Children should receive further evaluation of health or developmental problems identified during check-ups that may require treatment.
- Treatment** Children should receive treatment for health or developmental problems identified during check-ups.

Iowa's EPSDT benefit includes the following services:

### **Informing**

The Iowa Department of Human Services (DHS) provides the names of the newly eligible clients, in addition to demographic information, to the Iowa Department of Public Health (IDPH). IDPH makes the information available to the Title V contract agency serving the area where the client lives.

Staff at the Title V Child and Adolescent Health contract agency contact newly eligible clients to explain the EPSDT *Care for Kids* program and benefits. The discussion covers the benefits available, importance of preventive health care services, location of services, support services available to help the client, and local resources.

### **Care Coordination**

A care coordinator at the Title V contract agency contacts the client to determine whether assistance is needed to find a medical and dental home or to schedule an appointment for a screening. The care coordinator shall also assist with transportation, interpretation, developmental concerns, and other resources as needed. The care coordinator continues to follow-up with the needs of the client until all needs are addressed.

### **Screening**

The Iowa EPSDT *Care for Kids* Periodicity Schedule includes physical, mental health, dental, vision, and hearing screen recommendations and intervals for those screens for children. The Iowa Periodicity Schedule is based on the American Academy of

Pediatrics' Bright Futures Recommendations. Iowa's Periodicity Schedule can be found at [Iowa's EPSDT Care for Kids Periodicity Schedule](#).

### **Diagnosis and Treatment**

The client's primary health care provider diagnoses and provides needed treatment services. The client may be referred to another health care provider for specialty care.

If diagnosis and treatment are indicated, the care coordinator offers assistance in locating appropriate resources, scheduling appointments, and assisting in arranging support services.

### **Title V Contract Agency Responsibility for EPSDT Care for Kids**

In Iowa, DHS administers the Iowa Medicaid program and therefore is the administrative agency for the EPSDT *Care for Kids* program. Through a formal written agreement, DHS engages the IDPH to provide EPSDT *Care for Kids* informing, care coordination, and related interpretation services for eligible clients. IDPH fulfills the responsibilities of this agreement by contracting with local Title V Child and Adolescent Health contract agencies to work with clients in designated service areas.

Contract agencies are responsible for providing:

- Informing to newly Medicaid enrolled children and adolescents 0 to 21 years of age.
- Dental care coordination for all children and adolescents 0 to 21 years enrolled in Medicaid and Title V.
- Medical care coordination to Medicaid Fee-for-Service (FFS) (not in Medicaid managed care) and Title V clients. Medicaid FFS clients and Title V clients served in the past two years who are in the **signifycommunity**<sup>™</sup> Agency Home receive well child exam reminders.
- Interpretation services pertaining to informing and care coordination services.

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

### **EPSDT Care for Kids Coordinators**

Each IDPH Title V Child and Adolescent Health contract agency is required to have a designated employee to coordinate the EPSDT *Care for Kids* program. This employee is called the EPSDT *Care for Kids* Coordinator.

### **Client Rights**

Clients enrolled in Medicaid are entitled to specific rights under the Medicaid program. Title V 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, choose a Managed Care Organization (MCO), and the right to appeal decisions made by Medicaid or their MCO.

## **Choice of Provider**

Federal rules mandate that clients have the freedom to choose their 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 enrolled in Medicaid have the ability to choose a provider under their Medicaid status (Fee-for-Service or managed care).

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 [www.dhs.iowa.gov/appeals](http://www.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**

All IDPH Title V Child and Adolescent Health contract agencies carry out the functions of the EPSDT *Care for Kids* program, and thereby become an arm of Medicaid. Contract agencies must meet the standards of confidentiality of Medicaid and follow Health Insurance Portability and Accountability Act (HIPAA) requirements.

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

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

- When a contract agency 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. Agencies may use the EPSDT *Care for Kids* logo - excluding the word 'Medicaid'.

When leaving messages on voice mail that specifically identify to whom you are leaving the message, the contract agency name and '*Care for Kids*' may be left in the message in addition to 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 voice mail does not give enough information to identify whose phone has been contacted, the message should be less specific, and the name of the client should not be mentioned.

### **Documenting Services**

The IDPH web-based **signifycommunity™** is the official record for all EPSDT *Care for Kids* informing and care coordination services. **Signifycommunity™** is used by IDPH Title V Child and Adolescent Health contract agencies to monitor client demographic information, needs, and services. All services provided by contract agencies must be entered into **signifycommunity™** with the complete instructions for that data entry located in the **signifycommunity™** Child and Adolescent Health User Manual and found in the Library Documents.

### **Fiscal Management**

Each contract agency establishes policies related to the fiscal management of the EPSDT *Care for Kids* program. Agencies complete a Cost Analysis to establish their local agency costs for providing each service. Contract agency staff members keep a continuous time study that is used to help determine the staff costs for providing the EPSDT *Care for Kids* services. See Chapter 7 Financial Management.

### **Maintaining Client Records**

The contract between IDPH and the contract agency addresses the retention of both medical records and also fiscal and 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 (6) 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.'
- **Financial 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. Contract 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**

Contract agencies are also required to maintain a signature log of all staff providing Child and Adolescent Health services that include their first name, last name, credentials, full signature, and initials. 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 **signifycommunity**<sup>™</sup>.

### **Record Reviews**

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

- The contract agency has furnished the services to Medicaid recipients.
- Documentation of the service supports the claim.
- Documentation follows the DHS Iowa Administration Code 441-79.3 requirements for documentation of services. These rules can be found at <https://www.legis.iowa.gov/docs/iac/rule/03-28-2018.441.79.3.pdf>.

### **Service Note Reviews**

Both IDPH staff and contract agency staff participate in bi-annual Service Note Reviews which include a review of documentation of informing and care coordination services in **signifycommunity**<sup>™</sup>. The purpose of the Service Note Reviews is to evaluate written documentation to identify educational opportunities, needed service delivery adjustments, and need for correction of inadequate or incomplete documentation. See Chapter 8 Quality Assurance. For detailed guidelines for Service Note Review, see the Project Management Portal at <http://idph.iowa.gov/family-health/mchportal>.

## Chapter 2 Informing

This chapter provides step-by-step instructions for the informing process. Newly Medicaid enrolled clients, ages 0 to 21 years, receive information about the health care services covered under the EPSDT *Care for Kids* program through a process called ‘informing’. This is a federally required service. Iowa DHS contracts with IDPH to have the local contract agencies provide this service.

Note that clients ages 19-20 may be eligible for Medicaid through the Iowa Health and Wellness Plan (IHAWP). Because these clients are under age 21, they receive the same EPSDT benefits. Those who are newly eligible also receive the informing service so that they can learn about their benefits.

### **How the Client Qualifies for Informing**

When a client meets Medicaid eligibility requirements and becomes newly enrolled in the Medicaid program, the client qualifies for informing services. Contract agencies provide the informing service for each newly eligible child in the family. However, billing is for the family unit rather than for each individual client.

Informing bundles are created in **signifycommunity™** for newly eligible Medicaid clients. These bundles identify the clients who are newly eligible that need an informing service. Contract agencies provide the Informing service for the clients that have an informing bundle in **signifycommunity™**.

If needing to check the Medicaid eligibility status of a client, 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 ELVS Web Portal. Access to this portal can be obtained at <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>.

### **Contract Agency Responsibility for Informing**

IDPH contracts with Title V Child and Adolescent Health contract agencies to provide services to clients in their service area. Agencies are responsible for informing clients under age 21 who are newly eligible for Medicaid or IHAWP coverage. The initial inform and follow up phone calls must begin within 30 days of the beginning of the month.

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

The contract agency may choose to inform the families of foster care children or those in Medicaid’s Medically Needy with Spenddown Program. However, the county DHS offices have primary responsibility for informing these clients.

Some clients have never been eligible for 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 eligible. They will receive an informing bundle in **signifycommunity™** and should receive the informing service.

### **Skills Needed for Informing**

Each contract agency is required to designate one or more employees to carry out informing services. Staffing is dependent upon the client load for your agency's service area.

In order to be effective when informing clients about the EPSDT *Care for Kids* program, certain skills are necessary. Contract agency staff need to:

- Communicate clearly when writing and speaking to clients.
- Relate to clients to encourage involvement in EPSDT services.
- Assess client needs and refer to appropriate providers.
- 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 Iowa's EPSDT *Care for Kids* Periodicity Schedule.
- Understand Childhood Immunization Schedules for birth through 18 year old [here](#) from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).
- Understand and explain child and adolescent growth and development.
- Establish and maintain linkages with local providers and community resources.

### **Three steps of Informing**

There are three potential steps to providing the informing service. These are:

1. Initial inform
2. Inform follow-up(s)
3. Inform completion

#### **The Initial Inform**

The first contact made with a client who is newly eligible for Medicaid is called the 'initial inform'. Contract agencies have the responsibility for providing the initial inform for newly Medicaid eligible children. Agencies must have protocols consistent with IDPH guidelines for providing the initial inform.

The initial inform is a mailing of a letter or packet of information (must include EPSDT brochure) to families of all newly Medicaid enrolled clients. This mailing serves to introduce EPSDT to the family by briefly describing the EPSDT *Care for Kids* program. It may include information about services and other community resources in the area. It

can identify a specific agency contact person (care coordinator). Agencies shall indicate in the letter that they will follow-up with a phone call or face-to-face visit.

The EPSDT *Care for Kids* brochure is to be included with the initial inform letter. As of January 1, 2019, Iowa Prison Industries opened a new website for the ordering this DHS form. Start by registering for an account at <https://dhsforms.iaprisonind.com>. The EPSDT brochure will be sent in black and white at no cost to the contract agency. Notice that there is an empty box for placing a sticker with your agency's local contact information on both the English and Spanish sides of this brochure.

If the agency chooses, they may print the EPSDT brochure in color at their own cost. The brochure is found on the MCAH Project Management Portal at <http://idph.iowa.gov/family-health/mchportal>.

A sample initial inform letter is included in Appendix 2 of this handbook.

### **Documenting the Initial Inform**

Staff must document each initial inform in **signifycommunity™** for each newly eligible client in the family. The **signifycommunity™** Child and Adolescent Health User Manual - Document Library provides specific guidelines for entering this information.

Documentation of the initial inform must include the following:

1. County of service
2. Location of service
3. Statement that an informing letter or packet was sent
4. First and last name of the service provider and their credentials

This information may be mass updated in **signifycommunity™**.

Timely documentation is required. Staff must document the initial inform in **signifycommunity™** for each newly Medicaid eligible client in the family by the 15<sup>th</sup> of the following month.

### **The Inform Follow-up**

The informing process is not considered 'complete' until *verbal* contact is made with the client on the phone or in person – to explain the EPSDT program and its benefits. 'Inform follow-ups' are attempts to reach the client that *do not* result in verbal dialogue to explain the EPSDT services. These are attempts to reach the family where *the family is not reached*. The contract agency must have protocols that adhere to IDPH guidelines for providing inform follow-ups.

There must be attempts to reach clients by phone or face-to-face (home visit or clinic visit). For families that are difficult to reach, at least two inform follow-up phone attempts must be made at different times of the day - during the month that the

informing bundles are populated in **signifycommunity**<sup>™</sup> i.e. one attempt in the morning and one attempt in the evening or weekend. Contract agencies are required to make informing attempts outside the traditional business hours per their contract.

A text may be substituted for one follow-up phone call. The text is to be used to either encourage the family to contact the agency or to accept the agency's call. No protected health information is to be included in texts, including stating that the child is enrolled in Medicaid or Title XIX. Appropriate use of inform follow-up texting would be similar to: 'This is Mandy with Care for Kids (or name of Agency), I am trying to reach you to discuss important information about your child's health insurance. Please call me back at (phone number)' or 'I will be attempting to call you from this number'. All texts must comply with HIPAA, IDPH, and local agency policies and procedures. Texts must be sent from an agency device. No personal devices may be used.

If no phone number is found in **signifycommunity**<sup>™</sup> for a client, contract agency staff should attempt to locate a phone number through other databases, systems, and resources.

If the family cannot be reached by phone in these two attempts, a follow-up written communication must then be sent, reinforcing components of the EPSDT program and encouraging its use. A follow-up postcard may be mailed instead of a letter. Postcards may not contain protected health information, including stating the child is enrolled in Medicaid or Title XIX. All postcards must comply with HIPAA, IDPH, and local agency policies and procedures.

If no phone number can be located, a follow-up letter must be sent with a form and postage paid envelope enclosed, requesting a phone call or a current phone number be returned to the agency.

### **Documenting the Inform Follow-up**

Staff must document each inform follow-up attempt in **signifycommunity**<sup>™</sup> for each newly eligible client in the family. The **signifycommunity**<sup>™</sup> Child and Adolescent Health User Manual –Document Library provides specific guidelines for entering this information.

Documentation of the inform follow-ups must include the following:

1. County of service
2. Location of service
3. Specific time of day the attempt to contact the family was made. Enter this in 'Time in field'. An actual time is necessary. When two follow-ups are provided, be sure these are at different times of day (a.m. and p.m.).
4. Description of the attempt to reach the family and the result of this attempt (no answer, busy signal, phone disconnected, etc.) including any message left and the content of that message.

5. When a follow-up letter is noted, this occurs **only after experiencing at least two failed phone attempts.**
6. First and last name of the service provider and their credentials.

Inform follow-ups are required within 30 days of the initial inform. If repeated attempts to reach the family are unsuccessful, the contract agency may elect to release ownership of the client per agency protocols. Do not mark unsuccessful, leave client open in case of future contact. The client will automatically be marked unsuccessful in **signifycommunity™** after 12 months.

### **The Inform Completion**

The goal of the informing process is to successfully contact the client by phone or face-to-face to verbally explain the EPSDT services for which the client is now eligible. This is referred to as the '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.

Inform completion may not be accomplished via text, voice message, receiving a letter or form from the family. If a family is reached, but for some reason the agency service provider is unable to explain EPSDT to the family (e.g. hang up, bad timing for the family), the specific circumstances of the situation should be explained within an inform follow-up service. However, this does not meet the criteria for an inform completion.

When serving clients newly eligible for Medicaid, it is expected that informing services are completed prior to providing (and billing) care coordination services. Any verbal or face-to-face contact with the client within 12 months of the initial inform provides opportunity to complete the informing process. Because of this, it is advised that the inform completion be left open in **signifycommunity™** (not marked 'unsuccessful').

### **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 dental care.
- The services available under EPSDT *Care for Kids* including care coordination and the various screening services.
- The components of the EPSDT screen according to Iowa EPSDT *Care for Kids* Periodicity Schedule and [Immunization Schedule](#)
- Freedom of choice of their health care providers under Medicaid.
- Freedom of choice of managed care organization under Medicaid.
- The importance of the client establishing a medical home and dental home, and the process for selecting a health care provider.
- Information on where screening services are available and how to obtain them.

- Information on the support services available under EPSDT, such as transportation and interpretation services.
- Information about other resources in the community.

Assure that a current, fully completed Intake Assessment is posted in **signifycommunity™**. The **signifycommunity™** Child and Adolescent Health User Manual - Document Library provides specific guidelines for entering this information.

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. For this discussion, be familiar with the guidelines for care coordination in Chapter 3 of this handbook.

After describing care coordination services, ask whether the client needs the assistance of a care coordinator. In instances where the client does not want assistance, provide the client with agency contact information, including the name of the care coordinator, in case the needs of the client change. If the client requests no further contact, indicate this information in the demographic notes. Contract agencies may use the confidentiality flag to highlight that no further contact is desired. There is also a death notification feature that can be used. See the **signifycommunity™** Child and Adolescent Health User Manual in the Library Documents for detailed instructions.

### **Documenting the Inform Completion**

Staff must document each inform completion in **signifycommunity™** for each newly eligible client in the family. The **signifycommunity™** Child and Adolescent Health User Manual – Library Documents, provides specific guidelines for entering this information.

Documentation of the inform completion must include the following:

1. County of service
2. Location of service
3. Contacted person
4. Explanation of full benefits and services available under the EPSDT *Care for Kids* program
5. Medical appointment summary (name of provider; past or upcoming appointments)
6. Dental appointment summary (name of provider; past or upcoming appointments)
7. Immunization status
8. Client/family feedback
9. Referrals, outcomes, & plan for follow-up
10. Intake assessment addressed
11. First and last name of the service provider and their credentials

Your agency's MCAH contract specifies the timeline requirements for documenting services in **signifycommunity™**. It states, 'All child & adolescent health and oral health

services provided directly by the Contractor or through subcontractors must be documented at the time of service and **available to IDPH by the 15<sup>th</sup> of the month following the month of service**. All child & adolescent health and oral health services must be recorded regardless of payer source.'

### **Billing for Informing Services**

Each month, IDPH generates a report of each contract agency's number of initial informs for payment by IDPH as Fee-for-Service. The payment covers the entire informing service provided to the client, including the initial inform, inform follow-ups, and inform completion. Payment is made for informing the entire family, not 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.

**signifycommunity™** services are pulled for IDPH Fee-for-Service billing immediately after the 15<sup>th</sup> of the month following the month of service.

Any services entered into **signifycommunity™** after the 15<sup>th</sup> of the month following the month of service will not appear in your agency's IDPH FFS billing.

## **Chapter 3      Care Coordination**

Once clients have been informed about the EPSDT *Care for Kids* program, they may need further assistance. Some clients choose to obtain services without any help. Other clients may request assistance in obtaining medical and dental screenings and other services.

### **Benefits of Care Coordination Services**

The EPSDT *Care for Kids* 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.

Care coordination services help clients to:

- 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

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 transportation to Medicaid providers or interpreter services
- Monitoring medical and dental care plans
- Linking clients to other health-related community services

### **Skills Needed for Care Coordination**

Each contract agency is required to designate one or more employees to provide care coordination services. An effective care coordinator will possess specific skills including the ability to:

- Communicate clearly when writing and speaking to clients
- Relate to clients to encourage involvement in EPSDT services
- Understand how to use a client-centered, strength-based approach

- Assess client needs and refer to appropriate providers
- 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 Iowa's EPSDT *Care for Kids* Periodicity Schedule
- 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
- Establish and maintain linkages with local providers and community resources on behalf of the client

A sample job description for a care coordinator is located in Appendix 3 of this handbook.

### **Title V Contract Agency Responsibility for Care Coordination**

Care coordination is the process of linking the client to the health care system. Oral health care coordination is provided to all clients regardless of Medicaid eligibility. In addition, Fee-for-Service and Title V clients receive medical care coordination from Title V Child and Adolescent Health contract agencies. Clients enrolled in a Medicaid MCO may be referred to their MCO for care coordination services. Children with Special Health Care Needs may be referred to Child Health Specialty Clinics for specialized care coordination.

Billable care coordination services must include phone or face-to-face dialogue with Medicaid Fee-for-Service 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.

Medical care coordination provided to MCO enrolled clients is not a billable service. This activity is the responsibility of the MCOs based upon their contract with Iowa DHS.

A contract agency must have its own protocols that are consistent with IDPH guidelines for providing care coordination.

### **Examples of 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 can 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.

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

### **Assisting the Client to Overcome a Transportation Barrier**

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

Contract agencies may both arrange and bill Medicaid for **in-town (local)** transportation services for Medicaid Fee-for-Service clients. Contract agencies may refer Medicaid Fee-for-Service clients to Iowa Medicaid's transportation broker (Access2Care) for transportation services. Contact Access2Care at 1-866-572-7662.

Contract agencies may also arrange in-town transportation for Title V clients. These services would be covered by Title V grant funds.

Transportation for medical, dental and mental health appointments for MCO enrolled clients may be referred to the MCO's transportation broker.

When documenting care coordination for transportation needs, record the following:

1. Time in and time out
2. County of service
3. Location of service
4. Contacted person
5. Type of Medicaid service the client is going to/from
6. Trip date
7. Transportation type
8. First and last name of the service provider and their credentials

### **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 statewide program includes Regional Centers that provide services to children with special health care needs and a central 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. CHSC parent consultants assure that services are client-centered, so that clients can consider options to make informed decisions about their care.

## **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's office or clinic setting. However, a contract agency must be prepared to provide home visits to clients when indicated.

Two instances when care coordination might be provided during a home visit to the client are outlined below.

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

## **Documenting Care Coordination Services**

All care coordination services must be documented in **signifycommunity™**. The **signifycommunity™** Child and Adolescent Health User Manual – Library Documents, provides specific guidelines for entering this information.

Select the appropriate type of care coordination from the drop down list. Documentation of the care coordination service must include the following:

1. Time in and time out
2. County of service
3. Location of serviced
4. Contacted person
5. Concerns & issues

6. Staff response
7. If coordinating medical/dental care:
  - Medical appointment summary (name of provider; past or upcoming appointments)
  - Dental appointment summary (name of provider; past or upcoming appointments)
  - Assess immunizations
8. Referrals, outcomes, & plan for follow-up
9. Client/family feedback
10. Intake assessment addressed
11. First and last name of the service provider and their credentials.

For targeted follow up care coordination notes that do not involve coordinating medical/dental care, 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.

If care coordination is provided for multiple clients in the family, document the care coordination in the **signifycommunity™** record of each client served.

Your agency's MCAH Contract specifies the timeline requirements for documenting services in **signifycommunity™**. It states, 'All child & adolescent health and oral health services provided directly by the Contractor or through subcontractors must be documented at the time of service and **available to IDPH by the 15<sup>th</sup> of the month following the month of service**. All child & adolescent health and oral health services must be recorded regardless of payer source.'

### **Billing for Care Coordination Services**

Each month, IDPH generates a report of the number of billable care coordination minutes. Payment is made per client (not per family). Services are paid based upon a 15-minute unit.

**Signifycommunity™** services are pulled for IDPH Fee-for-Service billing immediately after the 15<sup>th</sup> of the month following the month of service. Any services entered into **signifycommunity™** after the 15<sup>th</sup> of the month following the month of service will not appear in your agency's IDPH FFS billing.

### **Non-Billable Care Coordination**

Non-billable care coordination includes:

- Attempts to reach a client for care coordination services that are not successful.
- 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 contract agency. These activities are considered part of the lab direct care service.

- Referral or making appointments on the same date as direct care that is related to the direct care. This is considered part of the direct care service.
- Medical care coordination for Medicaid MCO clients

Typically, care coordination is not billable when provided on the same day as a direct care service provided within contract agency. However, the following exceptions to this policy apply:

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

### **Title V Contract Agency Responsibility for Well Child Exam Reminders**

Providing well child exam reminders based on the EPSDT *Care for Kids* Periodicity Schedule is also the responsibility of contract agencies. Contract agencies are required to remind Medicaid Fee-for-Service and Title V clients served in the last two years who are in your **signifycommunity™** Agency Home. These are the non-MCO enrolled clients recently served by your agency. A report that includes these populations comes from **signifycommunity™** to the contract agency at the first of the month. This identifies clients to be reminded of upcoming well child exams. These populations include the following clients:

- Newly eligible Fee-for-Service Medicaid clients
- Eligible Medicaid enrolled Fee-for-Service clients
- Not eligible - Title V clients
- Unknown -Title V eligible clients entered into the system by your agency

Well child exam reminders may be provided two ways:

- Phone conversation with client or face-to-face verbal reminders for well child exams. For the Medicaid Fee-for-Service population, these are billable care coordination services. Be sure to mark ‘Title XIX Fee-for-Service’ as the primary payer source when documenting in **signifycommunity™**. This will identify the service as payable by IDPH as Fee-for-Service.
- Mailing a letter or postcard, sending a text message, or leaving a voicemail message. Although these methods can be used to remind a client of an upcoming well child exam, they do not constitute a *billable* care coordination service. See the **signifycommunity™** User Manual for guidance on documenting this service. These are entered as a ‘Task’ – ‘Send/Give Educational Materials’.

## **Chapter 4 Interpretation for Informing and Care Coordination**

## Providing Interpretation for Informing and Care Coordination Services

Interpretation is billable to IDPH Fee-for-Service when provided for informing and billable care coordination services. Interpretation may be provided and billed for face-to-face oral interpretation (Code T1013) or phone interpretation provided through an interpreter phone service (Code T1013 UC).

- Remember that billable care coordination for Medicaid clients includes all dental care coordination for any Medicaid enrolled client, but for medical care coordination, billable services apply to only the Medicaid Fee-for-Service population. Medical care coordination for MCO enrolled clients is the responsibility of the MCO.
- Remember that face-to-face interpretation is only billable when provided by individuals who are employed or contracted by the MCAH agency for the sole purpose of providing interpretation. These services are provided by interpreters that provide only interpreter services. Billing cannot occur when the interpretation is provided by a bilingual service provider who serves other roles and does other work within your agency.

### Entering Services in signifycommunity™

When entering interpretation services into **signifycommunity™** for informing and care coordination, document **BOTH** the informing service or care coordination service and **ALSO** a separate interpretation service.

When entering the interpretation service into **signifycommunity™**:

- Under 'Health Services', select T1013 for oral interpretation or T1013 UC for telephonic interpretation (e.g. Language Line). Time in and time out is required. T1013 is billed based upon a 15-minute unit, and T1013 UC is billed based upon a one-minute unit.
- **IMPORTANT!** Select 'Title XIX - Interpretation - PE, Inf, CC' as the Payer Source. This will identify that the interpretation service is to be paid by IDPH as Fee-for-Service.
- Place a note in the 'Comment' field of the informing or care coordination service stating that interpretation was provided for the service.

## Chapter 5 Community Linkages

Assisting clients to 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 the development of community capacity. Care coordinators need a working knowledge of resources and where to find additional information in order to assist clients.

Strong relationships with community partners help facilitate linkages for clients. The development of formal and informal connections among community providers and organizations is essential to coordinate the planning and delivery of effective services. 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. Establishing linkages is essential and can best be accomplished through regular, personal contact to provide information about contract agency services and to share mutual concerns.

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

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

It is important for contract agencies to establish written subcontracts and agreements with local entities to establish clear expectations of both parties. Important elements to include in a subcontract include:

- A list of the work and services to be performed by the subcontractor
- Program policies and requirements
- Provision for IDPH and any of its 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
- The amount of the subcontract

- A line item budget of specific costs to be reimbursed under the subcontract or other basis for determining the amount costs of the subcontract as appropriate
- A statement that all provisions of the IDPH Title V Child & Adolescent Health Contract are included in the subcontract, including audit requirements
- Time period of performance
- Any additional subcontract conditions

### **Healthy Families Line**

IDPH has a contract with Iowa State University Extension to provide a free phone line service. The Healthy Families Line at 1-800-369-2229 provides information and referral for callers, including families whose children receive EPSDT *Care for Kids* services. The Healthy Families Line call center provides resource information on Maternal Health, Child & Adolescent Health, and Family Planning services. Staff at the Healthy Families Line are able to patch calls directly to the caller's MCAH contract agency for assistance.

### **Primary Health Care Providers**

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

- Primary care practitioners (doctor's and dentist's offices and other practitioners such as nurse practitioners)
- Federally Qualified Health Centers (FQHC), which offer free and low-cost (sliding fee scale) health care clinics

### **Child Health Specialty 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, and health-related educational or behavioral needs. The CHSC statewide program includes an administrative center at the University of Iowa and 14 regional centers that provide services to children with special health care needs.

### **Oral Health Providers**

Oral health 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. Your contract agency's I-Smile coordinator helps to identify dentists who can see Medicaid and Title V 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 Program Resources

The following entities provide educational services and support for clients:

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

## Other Programs and Resources

There are many human service providers and other programs 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): CCR&R provides information and referrals to appropriate short-term, drop-in, or long-term child care services. Iowa has a system of five CCR&Rs, each covering multiple counties.
- Childhood Lead Poisoning Prevention Program (CLPPP): The Childhood Lead Poisoning Prevention Program provides access to blood lead testing, case management services, and education regarding childhood lead poisoning. See Appendix 4 for a list of links to maps of statewide resources.
- Parenting programs: These programs provide parent education, counseling, and/or support services for families, especially those at risk.
- Local Department of Human Services Income Maintenance Workers: Iowa's Income Maintenance Workers review and determine initial and continuing financial eligibility for categorical public assistance programs. For office locations, see [https://dhs.iowa.gov/dhs\\_office\\_locator](https://dhs.iowa.gov/dhs_office_locator).
- Local Department of Human Services Child Abuse Unit: This unit provides investigation and intervention for clients who may be victims of physical, emotional, or sexual abuse.
- Teen pregnancy prevention and support services: These programs provide education and counseling services to help prevent teen pregnancies and provide support to teen moms and dads.
- Family Planning programs: Family Planning programs provide pre-conception counseling and birth control services.

- Substance abuse prevention and treatment services: These programs provide prevention and/or treatment services for alcohol or other drug dependency.
- Interpreter and translation services: Interpreters provide assistance with verbal communication, including for those who are hearing impaired. Translation services are used to translate print materials.
- Legal aid: Legal aid provides legal services for families that meet income guidelines.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): WIC programs provide food and nutrition counseling services for pregnant women, infants, and children under age 5 who meet income guidelines.
- Food Assistance programs: Food assistance provide resources for purchase of food for families who meet income guidelines.
- Family Investment Program (FIP): The FIP program provides financial and family support for families who meet income guidelines.
- Supplemental Security Income (SSI): SSI provides financial support for children who have a disability and meet income guidelines.
- Housing programs: Housing programs provide low-income housing resources and energy assistance.
- Shelters: Local shelters may serve the homeless population or women with children who are victims of physical, emotional, or sexual abuse.
- Transportation brokers: Transportation brokers are available under Iowa Medicaid (Access2Care) and also under each of the Medicaid managed care organizations. They assist clients to access medical, dental, and/or mental health services. Title V Child & Adolescent Health agencies may also provide and bill local transportation to medical, dental, and/or mental health services for the Medicaid Fee-for-Service population.

## Chapter 6 Protocols

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

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

When writing protocols, IDPH Title V contractors identify how their local staff will implement EPSDT *Care for Kids* activities, consistent with contract requirements and statewide program guidelines. Protocols reflect the unique needs, practices, and systems of the local service area.

Protocols are maintained on file within the contract agency, and a copy is given to each subcontractor. Subcontractors follow the contract agency protocols to maintain consistency and continuity.

Once protocols are written, the approval and responsibility for implementation of the contract agency's protocols lies with the Executive Director and/or Project Director. Protocols must be revised and updated annually.

### Writing Protocols

Information to include when 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
- Methods for contacting hard-to-reach clients
- Procedures for assuring follow-up activities
- Transition of clients who move out of the service area
- Guidance for documenting services
- Billing procedures
- Administrative activities

- Reference to other policies and sources of authority such as EPSDT *Care for Kids* Handbook, Title V MCAH contract, and Iowa's Title V Administrative Manual for Community Based Programs
- An annual review/revision date
- Signature and date line for the contract agency's Executive Director and/or Project Director
- Signature line and date line for the subcontractor (if applicable)

### **Informing Protocols**

At a minimum, the contract agency's informing protocols must include the following for the initial inform, inform follow-ups, and inform completion:

- What staff members will be assigned to specific components of the service?
- What methods of direct contact will be used (phone calls, texting, email, home visits, clinic visits)?
- What time of day will services be available?
- Did you include a minimum of two phone attempts to reach a client (a.m. and p.m.)?
- What information is needed to complete the informing process?
- What is the informing message by age?
- What are the key points to be covered in each call?
- What is done if the contract agency is unable to contact the client (follow-up letter, home visit)?
- What are the provisions for ensuring confidentiality?
- How do you handle a refusal of an inform completion service?
- When does documentation take place?
- What are the procedures for documentation consistent with program guidelines to assure that it supports the services billed?
- What are the agency's criteria for discharge from Agency Home in **signifycommunity™**?

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:

- What staff members will provide the service?
- What methods of contact are utilized (letters, phone calls, texting, email, home visits)?

- What time of day will services be available?
- What are examples of key care coordination messages?
- How do you handle a care coordination refusal?
- When are home visits indicated?
- What are the provisions for making home visits? What are the safety procedures to be followed during a home visit?
- When does documentation take place?
- What are the procedures for documentation consistent with program guidelines to assure that it supports the services billed?
- What is done if the contract agency is unable to contact the client?
- What are the agency's criteria for release from Agency Home in **signifycommunity™**?

It is recommended that sample care coordination messages be included that list 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.

## **Referral Protocols**

Development of referral protocols are also encouraged. These should address:

- What staff will provide the service?
- How will the client's needs be addressed? How will the client's needs be matched with available services? How will the client be connected to the service?
- How will follow-up after the service be scheduled?
- What are the available community-based referral systems?
- What methods of contact will be used (with client, provider, or other programs)?
- How is the referral service to be documented?

## Chapter 7 Financial Management

### Importance of Financial Management

Providing quality informing and care coordination services requires that adequate funds are available to carry out all program activities. Although Medicaid is the primary payer for these services (through an agreement between Iowa Medicaid and the Iowa Department of Public Health (IDPH)), each contract agency is encouraged to explore additional sources of funding that may be needed. Ultimately, a variety of funding sources may be used in a braided financial structure that allows the contract agency to best serve the needs of all clients, regardless of payer source.

### Determining Costs of Services

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

Each contract agency completes a Maternal and Child & Adolescent Health (MCAH) Cost Analysis. The cost analysis takes into account all costs required to provide services throughout the service area and includes the cost of agency subcontractors. The cost of a service includes staff time, staff training, travel, supplies, telephone, fax, computers, printers, equipment, and other costs to run the everyday operations of the organization. When contract agencies submit claims to payers, they **bill their cost** of providing services - as determined by the Cost Analysis.

Medicaid reimbursement rates are set by the Iowa Medicaid Enterprise. Title V Child & Adolescent Health contract agencies bill their cost for each service as determined by the MCAH Cost Analysis. Medicaid, MCOs, IDPH, and other payers reimburse the contract agency their cost up to a maximum rate established for the service billed. If the agency cost is less than the maximum reimbursement rate for a service, they are paid their cost. If the agency cost exceeds the maximum reimbursement rate for a service, they are paid the maximum rate.

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

### Time Study Requirement

The federal Center for Medicare and Medicaid Services (CMS) requires that **continuous time studies** be completed by all staff providing informing and care coordination under the EPSDT *Care for Kids* program. Time studies provide data on actual time spent in cost center activities. It is an 'after the fact' report and may vary from the time that staff are actually 'scheduled' to work in various activities. The time studies must be kept on file in each contract agency for at least five years.

The time spent working as a front-line staff member for the EPSDT *Care for Kids* program is a primary cost of the program for a contract agency. It is very important to consistently document staff time on the contract agency's time study form to be sure that all associated costs are captured. Time studies provide information about the cost of staff needed to provide services. Time studies help a contract agency to:

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

### **Time Study Tool**

The time study tool is designed to assist contract agencies in the development or improvement of local time studies. The Time Study Guidance and Time Study Workbook are located with the Cost Analysis resources on the MCAH Project Management Portal at <http://idph.iowa.gov/family-health/mchportal>. Note that the categories in the Time Study form align with those in the 'Allocate Staff' page of the Cost Analysis Workbook. This tool may be used as it appears in the Time Study Workbook or it may be altered to meet a contract agency's needs. If a contract agency determines the need to modify the template, please contact IDPH at 1-800-383-3826.

### **Use of Time Studies for Program Monitoring**

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

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

- Does the staffing pattern provide a quality client-centered service to the client?
- Are all required activities being completed as specified in the contract agency's protocols - from initial contact with the client through documentation and billing?
- How many people are doing the same activity and when is each involved?
- Is the activity being completed in an efficient manner?
- Are qualified, appropriately trained staff doing the activity?
- Is the contract agency providing adequate time for providing the service?
- Is the contract agency using the appropriate staff to meet the needs of the population served (e.g. interpreters, etc.)?
- Do billed services align with time spent (number of units billed as related to the time spent)?

## Non-Billable Activities

Some of the activities required for effective informing and care coordination services are not billable. All non-billable activities should be included in the time study in addition to the billable activities – so that your agency can determine the full cost of informing and care coordination. The following table will help with understanding EPSDT *Care for Kids* informing and care coordination activities that are not billable.

Activity	Description
Maintaining fiscal records	<ul style="list-style-type: none"> <li>● Completing claims forms and preparing submission to the Medicaid or MCO fiscal agent</li> <li>● Reviewing denials of original billings and resubmitting the corrected claims</li> <li>● Maintaining fiscal records based on generally accepted auditing procedures</li> </ul>
Maintaining supplies	Managing the paper, brochures, postage and other supplies required
Maintain clinical records	Data entry into <b>signifycommunity™</b> (Note that documenting care coordination by the service provider on the same day that the care coordination is provided can be included in billable units.)
Managing the computerized list / reports	Downloading data and printing labels and lists / reports for staff to use in their work
Reception	Activities by central service staff to connect clients to the EPSDT <i>Care for Kids</i> informing and care coordination staff which may include answering the phone, taking messages, and making appointments with the care coordinator
Staff travel for other than visits to client	Travel to clinic sites, meetings, and conferences
Developing community linkages	Activities to develop and maintain formal and informal linkages between community agencies, providers, and organizations to communicate, coordinate, and plan effective delivery of services
EPSDT <i>Care for Kids</i> administrative meetings	Activities with subcontractors and other staff to plan, communicate, and coordinate the activities of the program
Continuing education	Activities for staff skill development and education to keep current on policy and best practice
Administrative activities	Activities related to the management of the EPSDT <i>Care for Kids</i> program, including supervising the work of others
Developing educational materials for clients	Activities to create and maintain brochures, letters, posters and other educational materials for clients

Development of educational materials for providers and other community resources	Activities to create and maintain brochures, posters, and other educational materials for providers, community agencies, and organizations
General office work	Activities required of staff to maintain communication and requirements of the organization such as completing reports of activities, filing travel expenses, etc.
Vacation, sick, holiday time	Time given for vacation, holiday, and sick days based on the policies of the organization

### Billable Informing Services

Informing services are billed after the initial informing letter/packet is mailed. Billing is completed for the family unit (rather than per client) according to the IDPH Title V contract agency’s Cost Analysis. The billing for an informing service includes all activities pertaining to the initial inform, inform follow-up, and inform completion. The informing service is not considered ‘complete’ until verbal contact is made with the client (either face-to-face or by phone) to explain the EPSDT benefits.

Often, in the course of completing an informing service, the conversation may move 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.

### Billable Care Coordination Services

Certain types of care coordination can be billed to IDPH as Fee-for-Service. Keep in mind that the MCOs have responsibility for medical care coordination for the MCO Medicaid enrolled clients.

The following types of care coordination services are billable to IDPH Fee-for-Service:

- All dental care coordination for any Medicaid enrolled client
- Medical care coordination for the Medicaid Fee-for-Service population. This includes medical care coordination provided during the presumptive eligibility period.

All care coordination services require time in and time out in **signifycommunity™**. Billable care coordination services are billed for the total time spent working with a client for each date of service. Time may not be carried over to additional service dates.

Selecting the correct payer source in **signifycommunity™** is key to accurate billing. For any billable care coordination service provided during the presumptive eligibility period, select ‘Title XIX - PE - CC’ in **signifycommunity™**. For other billable care coordination for Medicaid clients, select ‘Title XIX – Fee-for-Service’ as the payer source.

Dental care coordination claims are submitted to IDPH for services provided for any Medicaid enrolled client. Medical care coordination claims are submitted to IDPH only for non-MCO clients. Care coordination for Title V clients is not billable as Fee-for-Service to IDPH. For care coordination for Title V clients, the payer source selected is to be 'Title V/Uninsured'. These services are covered by Title V grant funds.

The following table outlines billable activities when providing a billable care coordination service.

Activity	Definition
Client contact	Time spent opening the client's record and locating needed information to contact the client  Telephone, clinic, text, email, or home visit with the client for assessment of need and provision of care coordination services
Identification of needed resources and referral	Activities related to identifying appropriate resources and making referrals for the client based upon their needs
Scheduling appointments, transportation, or support services	Activities to set up appointments (outside of the contract agency), making arrangements for transportation to health services, arranging interpreter services, and linking with other support services
Documentation	When documentation in <b>signifycommunity™</b> is done by the care coordinator providing the service on the same day the service was provided, the time documenting the care coordination service including needs and solutions is billable care coordination.  This is allowable time only when the service provider enters the documentation into <b>signifycommunity™</b> on the date of service. Any time for data entry by a person other than the service provider is not included in billable care coordination time. Any data entry on a date that differs from the date of service delivery is not billable care coordination time.

### Billable Care Coordination Home Visits

Home visits for the purpose of providing care coordination services are also billed to IDPH Fee-for-Service for Medicaid enrolled clients. Remember that claims for dental care coordination can be submitted to IDPH for services provided for any Medicaid enrolled client. Medical care coordination home visit claims are submitted to IDPH for only for non-MCO clients. Home visit care coordination for Title V clients is not billable as Fee-for-Service to IDPH. For Title V clients, the payer source selected is to be 'Title V/Uninsured'. These services are covered by Title V grant funds.

Note that the maximum reimbursement is greater for care coordination for a home visit due to the additional cost incurred for travel by the service provider. Do not include time

or costs for travel to and from the home visit for care coordination, as this is already included in the higher reimbursement rate.

### **Submitting Claims to IDPH for Informing, Care Coordination, and Related Interpretation Services**

The Iowa DHS contracts with the IDPH to provide financial management that includes paying contract agencies for informing, care coordination, and related interpretation services. These services are billed to IDPH as Fee-for-Service. IDPH reimburses the actual cost of the services, based on the contract agency's Cost Analysis, up to an established maximum rate.

### **Timely Data Entry**

Each contract agency must assure that all data entry is completed in the **signifycommunity™** system in a timely basis. All services must be entered into the system by the 15<sup>th</sup> of the month following the month of service.

IDPH Fee-for-Service billing pulls the data immediately after the 15<sup>th</sup> of the month following the month of service. Any services entered into **signifycommunity™** after the 15<sup>th</sup> of the month following the month of service will not appear in your agency's IDPH Fee-for-Service billing.

### **Submitting the Monthly Informing and Care Coordination Claim**

The Contractor shall complete and submit a monthly claim for services provided in the grant site located in IowaGrants according to timelines established in your MCAH contract.

- For programmatic MCAH line item claims billed to IDPH (e.g. grant funds), expenditures and supporting documentation must be submitted monthly with the claim.
- For Fee-for-Service (FFS) claims billed to IDPH (e.g. claims for informing and care coordination services), expenditures and supporting documentation must be submitted monthly with the claim. Claims are required to meet audit requirements. Errors identified by the quality assurance process will be shared with the contract agency for correction prior to payment.
  - Documentation for CAH Fee-for-Service activities must be entered in **signifycommunity™** by the 15<sup>th</sup> of the month following the month of service. IDPH will automatically pull the **signifycommunity™** documentation for these claims. Claims for services entered after this date will not be paid.
  - Documentation for all Fee-for-Service activities must be entered into **signifycommunity™** according to IDPH requirements.

### **Questions?**

Questions regarding billing for informing and care coordination services can be submitted to Kelly Haase at [kelly.haase@idph.iowa.gov](mailto:kelly.haase@idph.iowa.gov) or (515) 418-7505.

## Chapter 8 Quality Assurance

### Quality Assurance (QA) Reports in signifycommunity™

Contract agencies are encouraged to regularly access signifycommunity™ reports for quality review of services entered into the system to assure accurate data entry and documentation. These reports are found in the signifycommunity™ Dashboard under 'My Group Reports' and 'Contracting Agencies'.

### Signifycommunity™ Service Note Review

Signifycommunity™ Service Note Reviews are conducted twice each year. This involves a review of documentation in the signifycommunity™ system for presumptive eligibility (PE), informing, care coordination (including home visit for care coordination), and related interpretation services. Conducting Service Note Review is a quality improvement activity. The purpose is to evaluate written documentation to identify educational opportunities, needed service delivery adjustments, and need for correction of inadequate or incomplete documentation.

A bi-annual review of up to 10 records of each type of service is conducted by an interdisciplinary team of local contract agency staff, in addition to Bureau of Family Health and Bureau of Oral and Health Delivery System staff. Reviewers must have knowledge of the program requirements and services and have access to the signifycommunity™ database. Project Directors or Program Coordinators serve as the primary contact for the reviews at the local level.

### Service Note Review Process

The Iowa Department of Public Health prepares the random samples of services for review and sends them as a signifycommunity™ Client Data Workbook to the agency via secure email. IDPH provides the Service Note Review tools necessary for agencies to conduct these reviews. Tools and resources may be found on the MCAH Project Management Portal at <http://idph.iowa.gov/family-health/mchportal>.

Agency and state teams conduct the reviews of the same services using the same tools. Responses are entered into Service Note Review Summary forms which are developed for each type of service reviewed. Upon completion, local contract agencies upload their completed Summary Forms into the Service Note Review section of IowaGrants.gov. (DO NOT upload the Client Data Workbook into IowaGrants.gov.) Summary Forms must be uploaded to IowaGrants.gov within 30 days from the start of the review process.

### Plans for Quality Improvement

Contract agencies are expected to adhere to the signifycommunity™ Service Note Review requirements as they relate to programming, documenting services, training staff, and altering practices if requirements are not met. For agencies that do not achieve 90% documentation compliance, a Service Note Review Quality Improvement (QI) Plan is required. Quality Improvement Plans are also uploaded into IowaGrants.gov. The plan

includes QI activities designed to address deficiencies, the person responsible, and a projected completion date. Contract agencies with continued non-compliance may be required to complete quarterly reviews.

Upon satisfactory completion of the Service Note Review process, a 'Service Note Review Approved' field in IowaGrants.gov will be completed by your Regional Consultant.

## Chapter 9 Appendices

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