



FFY22 signifycommunity™ Service Note Review

Overview

Completing a review of signifycommunity™ documentation is a quality improvement activity. The purpose is to identify educational opportunities, determine service delivery adjustments, and identify need for correction of inadequate or incomplete documentation through the evaluation of the written documentation within the Maternal Health, Child & Adolescent Health programs. signifycommunity™ reviews apply to Presumptive Eligibility (PE), Informing, and Care Coordination services (including home visit for care coordination) regardless of payer source. Comprehensive guidance and trainings for PE, Informing, and Care Coordination can be found on the MCAH Project Management Portal <http://idph.iowa.gov/family-health/mchportal>. Agency staff must be knowledgeable regarding their client's rights under Medicaid.

A **bi-annual** review of up to 10 records of each type of service is conducted by an interdisciplinary team of agency staff, in addition to Bureau of Family Health and Bureau of Oral and Health Delivery System staff representing the Maternal Health, Child & Adolescent Health programs. 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 local agencies.

Random Sample Selection

The Iowa Department of Public Health prepares the random samples for signifycommunity™ reviews 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. Agency and state teams conduct the review using the same tool.

Tools Used for signifycommunity™ Reviews

Signifycommunity™ Client Data Workbook:

This form includes the specific client data and service documentation. Therefore, **DO NOT upload the signifycommunity™ Client Data Workbook into IowaGrants.gov**. This contains client information that the agency will be reviewing.

Signifycommunity™ Service Note Review Summation:

Agencies will **open** the Service Note Review Summations (Child Health: PE, Informing, Care Coordination. Maternal Health: PE, Care Coordination), **save as** files in your system, **complete** the forms (including signifycommunity™ Contact ID & Service Date), and then **upload** the completed Summations into IowaGrants.gov in the Service Note Review component. The Service Note Review Summation includes check boxes that the agency completes to indicate the presence of required elements in the documentation. It also includes fields for agency and IDPH summary review comments for each client record. Service note review fields are numbered from Record 1 to Record 10.

Completing signifycommunity™ Service Note Review

- Complete the Service Note Review Summations by checking the “yes” or “no” boxes to indicate if the required elements of documentation are in the record. Completing check boxes is REQUIRED and will be referenced/verified through the IDPH review. Note that the review of Informing services involves the review of follow-ups and completions for the sampled initial informs (as applicable).
- An ‘agency review comment’ field is available for your use for any additional comments. Use of this field is optional.
- If your agency did not provide a specific type of service to be reviewed, check the ‘No Services This Period’ box on the Service Note Review Summation that verifies this (e.g. if no presumptive eligibility services were provided during the month reviewed).

Process for signifycommunity™ Submission

Upon completion, upload only the Service Note Review Summations to IowaGrants.gov to the Service Note Review component. These must be uploaded to IowaGrants.gov within 30 days from the start of the review process.

Plans for Quality Improvement

Agencies are expected to adhere to the signifycommunity™ Service Note Review requirements in programming, documenting services provided, training staff, and changing practice if requirements are not met. For agencies that do not achieve 90% documentation compliance, the Service Note Review Quality Improvement Plan is required. 90% compliance will be calculated by summing the total service records submitted for review in both Child Health and Maternal Health as the denominator, with the number in compliance as the numerator. Agencies with continued non-compliance may be required to complete quarterly reviews.

See a sample template below that includes steps for your plan, person responsible, and projected completion dates -- for implementation as soon as possible (prior to the random selection of client records for the next review).

Be specific in your description of plans for improvement.

Plan for Improvement	Person Responsible	Projected Completion Date

Completion

Upload the Quality Improvement Plan to IowaGrants.gov to the Service Note Review – Quality Improvement Plan component. These must be uploaded to IowaGrants.gov within 30 days from the receipt of the Service Note Review Results email from IDPH.

Please note: You will also find a ‘Service Note Review Approved’ field in IowaGrants.gov that will be completed by your Regional Consultant.

signifycommunity™ Service Note Review Requirements

Presumptive Eligibility

Required Elements:

1. County of service
2. Location
3. Result of NOA
4. NOA number
5. Contacted person (CAH)
6. Client/family feedback
7. Documents kept on file and documents given to family
8. Document if a pregnant woman chooses to apply for full Medicaid (Maternal Health only)
9. Coverage explained
10. First and last name of the service provider and their credentials.
11. Intake assessment addressed (CAH)

Informing Initial Inform

Required Elements:

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

Inform Follow up

Required Elements:

1. County of service
2. Location
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 (AM and PM). One attempt is to be made during business hours and one attempt outside normal business hours (evenings and weekends). A text may be substituted for one follow-up phone call. Time must be documented in signify.**
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. If 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.
7. Follow-ups are required within 30 days of the initial inform.

Inform Completion

Required Elements:

1. County of service
2. Location
3. Contacted person - **Time must be documented in signify.**
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.

Care Coordination

Required Elements:

1. County of service

2. Location
3. Contacted person (CAH)
4. Concerns & issues
5. Staff response
6. 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 (CAH)
7. Referrals, outcomes, & plan for follow-up
8. Client/family feedback
9. Intake assessment addressed (CAH)
10. 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.

Transportation Care Coordination

Required Elements:

1. County of service
2. Location
3. Contacted person
4. Type of Medicaid service
5. Trip date
6. Transportation type
7. First and last name of the service provider and their credentials

Questions? If you have questions on the above process, please contact your Regional Consultant.

Service Note Review Schedule FFY22	
Month	Action
Oct	Agency provides service to Client / Family
Nov	Agency enters data into signifycommunity TM
Dec-Jan	Agency receives summation workbook and reviews documentation
Feb	IDPH reviews and scores summation workbook
March	Agency Quality Improvement Plan created / implemented; Approval in IowaGrants.gov
Apr	Agency provides service to Client / Family
May	Agency enters data into signifycommunity TM
June	Agency receives summation workbook and reviews documentation
July	IDPH reviews and scores summation workbook
Aug	Agency Quality Improvement Plan created / implemented; Approval in IowaGrants.gov