



MEDSS User Manual

CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS

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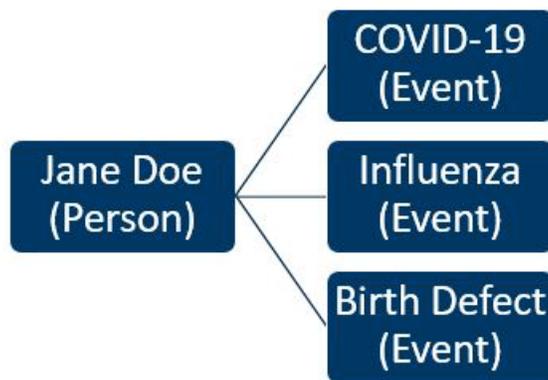
MEDSS overview

MEDSS stands for “Minnesota Electronic Disease Surveillance System.” MEDSS is an electronic disease surveillance system that allows public health officials to receive, manage, process, and analyze disease-related data. MEDSS allows secure communication and coordination between state and local health departments. MEDSS allows for immediate exchange of information. In addition to reporting, MEDSS’s security environment displays only the data someone needs and is authorized to see.

In MEDSS, information about a person’s disease or condition is organized by what is called an **event**. An **event** is the information associated with one specific person’s disease or condition. The terms **event** and **case** are used interchangeably in MEDSS.



A person can have multiple events if they have more than one disease or condition that is being tracked in MEDSS. All the **events** are separate but are tied to the person who has the disease or condition.



You will only be able to view certain events in MEDSS. You will have access to events (Birth Defects, Hearing Loss, Heritable Condition, and Congenital Cytomegalovirus) for children referred to local public health by MDH Children and Youth with Special Health Needs (CYSHN) that live in your jurisdiction or county. You will be notified by email every 2 weeks when MDH sends new events to the LPH workflows in MEDSS. You may not have any new events every time, but you should log into MEDSS to check your workflows. This will also allow your login information to stay current. Email notifications of EHDl cases are sent to LPH as cases are added to the workflows.

MEDSS account

Request MEDSS access

- **New contacts** who require MEDSS access should complete a [New LPH Contact for CYSHN \(https://redcap.health.state.mn.us/redcap/surveys/?s=7PNAFFXYNAKPP4LK\)](https://redcap.health.state.mn.us/redcap/surveys/?s=7PNAFFXYNAKPP4LK) survey. You will be prompted through what you need to complete, including instructions on completing and submitting a MEDSS Access Form.

Login

Login to the [MEDSS website \(https://medss.web.health.state.mn.us/medss/login.do\)](https://medss.web.health.state.mn.us/medss/login.do). You will receive a username and password once you complete the MEDSS training. If you have not completed the MEDSS training or need assistance with logging in, contact health.cyshn@state.mn.us.

Minnesota Electronic Disease Surveillance System - Prod

mn
DEPARTMENT
OF HEALTH

Minnesota Department of Health

Electronic Disease Surveillance System Terms and Conditions of Use.

By logging on to the Minnesota Electronic Disease Surveillance System (MEDSS) you are acknowledging that you are an authorized representative of either the Minnesota Department of Health (MDH) or one of its stakeholders, that you are bound to comply with the agreement signed between MDH and the organization to which you belong, and that you will abide by Minnesota Statutes Chapter 13 and the Minnesota Government Data Practices Act.

If you do not agree to be bound by the terms and conditions, promptly exit this application.

Login

Username:

Password:

Application: Main

[Reset password](#)

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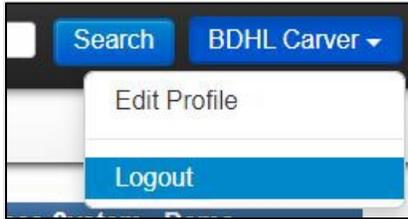
Maven Version: (5.6.0.202106181915-Tangerine.20220203 (MNEDSS))

1. Open the [MEDSS website \(https://medss.web.health.state.mn.us/medss/login.do\)](https://medss.web.health.state.mn.us/medss/login.do) in an Internet browser.
2. Type in your provided (case sensitive) username in the **Username** field.
3. Type in your password in the **Password** field.

4. Click the **Login** button.

Log out of MEDSS

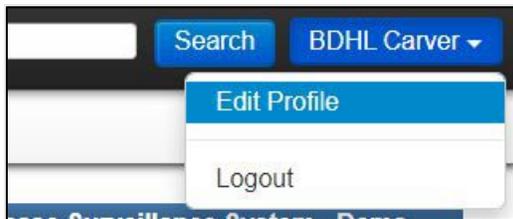
On the *Dashboard*, click the dropdown under your name at the top right of the screen. Select **Logout**.



The MEDSS *Login* screen will appear, meaning you have successfully logged out.

Update your MEDSS password and security question

1. On the *Dashboard*, click the dropdown under your name at the top right of the screen. Select **Edit Profile**.



2. Enter your desired password into both the **Password** and **Confirm Password** fields of the *Login Credentials* section. Passwords in MEDSS are case sensitive.
3. **It is important to set a security question.** A security question will allow you to reset your password if you forget it. Select a question from the **Security Question** dropdown. Type in the **Security Answer** and enter the answer again in the **Confirm Security Answer** field.

4. Click **Save**. The *Dashboard* will then display.

NOTE: Passwords must be updated at least every three months. If your password expires, you will be prompted to change it upon login. If you have issues logging into MEDSS, email CYSHN staff at health.cyshn@state.mn.us.

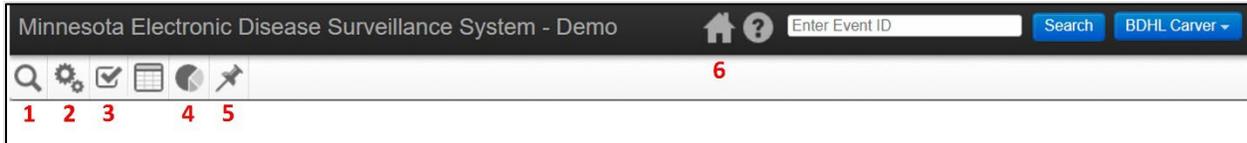
Dashboard

After you log in, the *Main Dashboard* opens. The screenshot below shows the *Dashboard*.

There are two types of Dashboards: The *Main Dashboard* and the *Event Dashboard*. The *Main Dashboard* is the main screen in MEDSS and is the starting point for most actions. The [Event Dashboard](#) is the screen used for case-specific actions.

Toolbar

The *Toolbar* contains several icons to navigate in MEDSS. The icons that you will be using are briefly described below. More detailed instructions on how to use these icons are provided later in the manual.



1. **Search Event icon:** Search for an event in MEDSS
2. **Workflow icon:** View workflows. Workflows organize events that require user action.
3. **Tasks icon:** Not currently used by LPH and can be ignored.
4. **Reports icon:** Access reports that organize and display the status of events in MEDSS.
5. **Recent Events icon:** Shows the 30 most recent events that you have accessed. Click on any of the events on the list to open the event.
6. **Home icon:** Easily return to the *Main Dashboard* or, if a case is open, the *Event Dashboard* from anywhere in MEDSS.

Workflows

All cases that require your attention will appear in your workflows.

1. Click on the **Workflow** icon in the *Toolbar* or the '**More...**' button in the *Workflow Queue* section of the *Dashboard*. Note, the workflows listed in the *Workflow Queue* section of the *Dashboard* may be different than what is pictured, depending on which of your workflows

currently have cases.

The screenshot displays the CYSHN MEDSS interface with three main sections: Workflows, Tasks, and Recent Cases. The top toolbar contains several icons, with the gear icon (representing settings) highlighted by a red box. The Workflows section shows a table with columns for Workflow Queue and Events. The entry 'LPH Follow-up to complete' has 5 (0) events, and a 'More ...' link is highlighted with a red box. The Tasks section shows 'No tasks to display' with a 'More ...' link. The Recent Cases section shows a table with columns for Event ID, Name, and Disease, listing five cases with their respective IDs, names, and diseases.

Workflows		
Workflow Queue	Events	
LPH Follow-up to complete	5 (0)	
More ...		

Tasks			
Type	Priority	Name	Disease
No tasks to display			
More ...			

Recent Cases		
Event ID	Name	Disease
100005367	Carver2, William	Birth Defects
100005368	Carver4, Suzy	Hearing Loss
100005369	Carver5, Tucker	Hearing Loss
100005366	Carver2, Adam	Birth Defects
100005365	Carver1, Casey	Birth Defects
More ...		

- The *Workflow Queues* page will open. Your workflows are listed under the heading *CYSHN LPH Workflows*.

Workflow Queues (Hide empty workflows)

CYSHN LPH Workflows

Workflow Queue	Total Count (Assigned to me)	Priority	Last Update
☆ LPH Follow-up to complete	7 (0)	Medium	04/24/2025 08:26 AM
☆ LPH additional follow-up to complete	1 (0)	Medium	04/24/2025 08:26 AM
☆ LPH second assessments	0 (0)	Medium	04/21/2025 10:06 PM
☆ LPH submit follow-up	0 (0)	Medium	04/24/2025 06:56 AM

Case Specific Monitors

Workflow Queue	Total Count (Assigned to me)	Priority	Last Update
☆ Open Cases - Assigned to Current User	0 (0)	Medium	04/24/2025 08:29 AM
☆ Shared Cases - Cases shared by me	0 (0)	Medium	04/24/2025 08:29 AM
☆ Shared Cases - Cases shared with me or my group(s)	0 (0)	Medium	04/24/2025 08:29 AM

Task Specific Monitors [Add Task]

Workflow Queue	Total Count (Assigned to me)	Priority	Last Update
My Assigned Cases	0 (0)	Medium	04/24/2025 08:29 AM
My Groups' Open Tasks	0 (0)	Medium	04/24/2025 08:29 AM
My Open Tasks	0 (0)	Medium	04/24/2025 08:29 AM
My Overdue Tasks	0 (0)	Medium	04/24/2025 08:29 AM
Open Tasks Created by Me	0 (0)	Medium	04/24/2025 08:29 AM
Overdue Tasks Created by Me	0 (0)	Medium	04/24/2025 08:29 AM

Dashboard Help

- Total count** refers to the number of cases in each workflow. You can ignore the case assignment feature number in the parentheses; it is not a feature we use.
 - You can ignore **Priority**.
 - Last Update** refers to the last date and time the workflows were refreshed. These workflows are updated automatically every 10 minutes.
- Click on the workflow name to view cases within the workflow. LPH workflows include:
 - LPH Follow-up to complete
 - LPH additional follow-up to complete
 - LPH second assessments
 - LPH submit follow-up
 - Click on the child’s **Event ID** to view that case.

LPH Follow-up to complete (Last Update: 03/01/2022 10:56 AM)

Event	Disease	LPH Agency Notified	Name	MDH Request Type	Date Event sent to LPH	Acuity	HL/HC case notes from MDH	BD case notes from MDH
100007431	Hearing Loss	Carver County	Peas And Carrots	Non- Reimbursable Notification	02/14/2022			
100005369	Hearing Loss	Carver County	Tucker Carver5	Reimbursable Referral	11/07/2016			
100005368	Hearing Loss	Carver County	Suzu Carver4	Reimbursable Referral	11/07/2016			
100005367	Birth Defects	Carver County	William Carver2	Reimbursable Referral	11/07/2016	Medium		
100005366	Birth Defects	Carver County	Adam Carver2	Address Check	02/16/2022	High		
100005365	Birth Defects	Carver County	Casey Carver1	Reimbursable Referral	11/07/2016	High		Child has had 3 surgeries. HP

Filter: Contains Apply Clear Displaying 1..6 of 6 (Export All) << First < Prev 1 / 1 Next > Last >>

Helpful tips for MEDSS

1. Do not use your browser's back and forward arrow buttons to navigate. Instead, look for the **Home**, **Save**, or **Cancel** buttons at the top or bottom of the page to get back to the previous page.
2. Save your work often using the **Save & Stay** button – MEDSS times out after 15 minutes of inactivity.
3. Hover your cursor over the *Toolbar* icons for a description of the icon.
4. Always [close an event](#) and log out when you are done. The button to close an event is the **X** button located on the upper right corner of the *Event Summary* section. The button to [log out](#) is found on the top right corner of the *Dashboard* in the dropdown under your name.
5. Your *Recent Cases* list on the *Dashboard* is **not** your to-do list. It is simply a list of the most recent cases you have visited. Utilize the *LPH Workflows for CYSHN* within the *Workflow Queues* to track cases.
6. Do not open multiple tabs of MEDSS in your browser. This could kick you out of MEDSS or interfere with the correct saving of a case causing you to lose information.
7. Do not use your browser's autocomplete functionality, including for saving passwords. Many times, this causes issues when you need to change your password or MEDSS goes through an upgrade, and can delay your ability to log in. If you would like to save your password somewhere, use an app approved by your IT department.

Events

Open an event

There are four ways to look up events in MEDSS:

1. Search by Event ID
2. Search Event/Search Case
3. Recent Cases
4. Workflows

Search by event ID

If you know the Event ID for a case, you can enter it in the field on the top right corner of the *Dashboard* and click the **Search** button. The Event ID is the 9-digit number unique to a specific case and may be found in the [Basic Information](#) section of the *Event Summary*.



Search event/case

If you know the name, date of birth, or other identifier for a case, you can use the *Search Event* function.

Click on the **Search Event icon** in the *Toolbar*.



A new *Search Case* window will appear:

Search Case

<p>Search Criteria</p> <p>Type: <input type="text" value="Normal"/></p> <p>Event ID: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Maiden/Other Name: <input type="text"/></p> <p>Birth Date: <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/></p> <p>(Inexact)</p> <p>Gender: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Disease: <input type="text"/></p> <p>From Date: <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/></p> <p>To Date: <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/></p> <p>Legacy ID: <input type="text"/></p> <p>State ID: <input type="text"/></p> <p>Alias: <input type="text"/></p> <p>Home phone: <input type="text"/></p> <p>Mobile phone: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>MDH Lab ID: <input type="text"/></p> <p>Sort Options</p> <p>Sort By: <input type="text" value="Create Date"/></p> <p>Sort Order: <input type="text" value="Descending"/></p> <p>Search Options</p> <p>Search History: <input type="checkbox"/></p> <p>Search Soundex: <input type="checkbox"/></p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/></p>	<p>Search Results</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th colspan="8">Search Results</th> </tr> <tr> <th>Event ID</th> <th>Name</th> <th>Birth Date</th> <th>Status</th> <th>Disease</th> <th>Create Date</th> <th>Effective From</th> <th>External ID</th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center;">No search done</td> </tr> </tbody> </table> <p>Showing 0 to 0 of 0 entries</p> <p style="text-align: right;"> <input type="button" value="First"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Last"/> </p> <p style="text-align: center;"> <input type="button" value="Select"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> </p>	Search Results								Event ID	Name	Birth Date	Status	Disease	Create Date	Effective From	External ID	No search done							
Search Results																									
Event ID	Name	Birth Date	Status	Disease	Create Date	Effective From	External ID																		
No search done																									

You can search using a variety of different criteria. You must fill in a minimum of one field to search for an event. If searching by name, an asterisk (*) can be used if you are unsure of the spelling. For example, the last name “Frankenstein” could be searched as:

- Fr* (will return all cases with a last name that begins with “Fr”)
- *stein (will return all cases with a last name that ends with “stein”)
- Fr*ein (will return all cases with a last name that begins with “Fr” and ends with “ein”)

Events that meet your search criteria will appear in the *Search Results* section of the search window. If you see the event you wish to view in the list, double-click on it to open the event.

Search Criteria		Search Results							
Type:	Normal	Search Results							
Event ID:		Event ID	Name	Birth Date	Status	Disease	Create Date	Effective From	External ID
Last Name:		100005367	William Carver2	07/08/2016	Open	Birth Defects	11/07/2016	11/07/2016	PDEULLYLJH
First Name:	will*	Showing 1 to 1 of 1 entries							
Maiden/Other Name:					First	Previous	1	Next	Last
Birth Date: (Inexact)	MM/DD/YYYY	<input type="button" value="Select"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/>							
Gender:									

Recent cases

Note: Your *Recent Cases* list on the *Main Dashboard* is **not** your to-do list. It is simply a list of the most recent cases you have visited. Utilize the *LPH Workflows for CYSHN* within the *Workflow Queues* to track cases.

If you have recently viewed an event and wish to view it again, click on the **Recent Events** icon in the *Toolbar* or the **“More...”** button in the *Recent Cases* section of the *Main Dashboard*.

Workflows

Workflow Queue	Events
LPH Follow-up to complete	5 (0)
More ...	

Tasks

Type	Priority	Name	Disease
No tasks to display			
More ...			

Recent Cases

Event ID	Name	Disease
100005367	Carver2, William	Birth Defects
100005368	Carver4, Suzy	Hearing Loss
100005369	Carver5, Tucker	Hearing Loss
100005366	Carver2, Adam	Birth Defects
100005365	Carver1, Casey	Birth Defects
More ...		

A list of the most recent 30 events that you have viewed will appear. These can be a list of events you are currently working on or have completed. Find the event you wish to view. Click on the **Event ID** in the left column to open the event. Please note this list shows the cases you

have opened or worked on; it does not include cases you have not yet opened. Cases you have not yet opened can be found in your LPH workflows.

If you would like to keep a case in this list for easy access, click on the “**star plus**” icon in the *Bookmarks* column of the *Recent Events* screen. This will retain the case in this list until the case is un-bookmarked. To un-bookmark, simply click the **gold star**. Note, bookmarked cases do not count toward the 30 most recent events that appear in the list. Bookmarking a case is completely optional—you do not need to bookmark a case if it is unhelpful.

Recent Events						
Event ID	Person	Status	Disease	Effective From	Access Time	Bookmark
100005367	Carver2, William	Open	Birth Defects	11/07/2016	02/22/2022 03:21 PM	
100005368	Carver4, Suzy	Open	Hearing Loss	11/07/2016	02/22/2022 03:17 PM	
100005369	Carver5, Tucker	Open	Hearing Loss	11/07/2016	11/17/2016 11:27 AM	
100005366	Carver2, Adam	Open	Birth Defects	11/07/2016	11/17/2016 11:10 AM	
100005365	Carver1, Casey	Open	Birth Defects	11/07/2016	11/17/2016 11:03 AM	

Dashboard Help

From a workflow

If you know the status of a case (whether it is awaiting follow-up for a first assessment or second assessment, if it has been sent to multiple agencies, or is awaiting submission) you can open the case from your [Workflows](#).

1. Your list of workflows appears in your *Workflow Queue*. Click on the name of the workflow that you believe the event will be in.
2. A list of events in the selected workflow appears. If you see the desired event on this list, click its **Event ID** to open the event.

LPH Follow-up to complete (Last Update: 03/01/2022 10:56 AM)								
Event	Disease	LPH Agency Notified	Name	MDH Request Type	Date Event sent to LPH	Acuity	HL/HC case notes from MDH	BD case notes from MDH
100007431	Hearing Loss	Carver County	Peas And Carrots	Non- Reimbursable Notification	02/14/2022			
100005369	Hearing Loss	Carver County	Tucker Carver5	Reimbursable Referral	11/07/2016			
100005368	Hearing Loss	Carver County	Suzy Carver4	Reimbursable Referral	11/07/2016			
100005367	Birth Defects	Carver County	William Carver2	Reimbursable Referral	11/07/2016	Medium		
100005366	Birth Defects	Carver County	Adam Carver2	Address Check	02/16/2022	High		
100005365	Birth Defects	Carver County	Casey Carver1	Reimbursable Referral	11/07/2016	High		Child has had 3 surgeries HP

Filter: Contains Apply Clear Displaying 1..6 of 6 (Export All) << First < Prev 1 / 1 Next > Last >>

3. When you open an event, the information related to the event will appear in the *Event Dashboard*.

Event dashboard

The *Event Dashboard* consists of two main sections—the *Event Summary* and the *Event Tabs*.

- **Event Summary:** Displays [Basic Information](#) about the case, in addition to a *Notes* area.
- **Event Tabs:** Displays more detailed information about the case. Each [Event Tab](#) contains different information.

Event Summary x

Basic Information	Notes (Show My Notes)
Event ID: 100005367	
Disease: Birth Defects	
Person: William Carver2 Birth Date: 07/08/2016 (Male)	
Dates: Create Date: 11/07/2016 Effective From Date: 11/07/2016	
Type: Interactive	
Event Status: Open	
Linked Events/Contacts: 0 linked event(s)/contact(s)	
Notifications: Event is in workflows [View List]	
Patient Medical Record Number cannot be blank Facility doing the reporting cannot be blank	
Acuity: Medium ChildAge: This person is older than 2 years	
Case Status: Episode Date: 11/07/2016	

[Edit Event Properties](#)

Event Data
Concerns
Persons
Tasks

Question Packages					
Question Package	Person	Last Update	Updated By	Status	
▶ Invoice Information	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed	
Nursing Assessment - Initial	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed	
Nursing Assessment - Second	William Carver2	02/11/2022	BDHL Carver [LPH_Carver_BDHL01]	Completed	

Basic information

Basic Information	
Event ID:	100005367
Disease:	Birth Defects
Person:	William Carver2 Birth Date: 07/08/2016 (Male)
Dates:	Create Date: 11/07/2016 Effective From Date: 11/07/2016
Type:	Interactive
Event Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s)
Notifications:	Event is in workflows [View List]
	Patient Medical Record Number cannot be blank Facility doing the reporting cannot be blank
	Acuity: Medium ChildAge: This person is older than 2 years
	Case Status: Episode Date: 11/07/2016

The Basic Information section provides several pieces of information about the event:

- **Event ID:** This is the 9-digit number used to identify an event in MEDSS.
- **Disease:** Shows the disease or condition the event refers to. Remember, one person can have multiple disease events in MEDSS. They will have a separate event for each disease category (i.e., Birth Defects, Hearing Loss, Heritable Conditions, or Congenital Cytomegalovirus) recorded in MEDSS.

- **Person:** Shows the person’s name, birth date, gender, and phone number. If you click on the person’s name, their *Person Summary* will open. The *Person Summary* contains contact information and lists any other disease events associated with this person that you have access to.

Basic Information	
Event ID:	100007430
Disease:	Heritable Condition
Person:	Fruits Veggies Birth Date: 01/26/2021 (Female)
Dates:	Create Date: 02/23/2022 Effective From Date: 02/23/2022
Type:	Interactive
Event Status:	Open

- **Dates:** Shows the date that the event was created and its effective from date. Typically, these two dates will be the same.
- **Type:** We do not use this feature.
- **Event Status:** Refers to the status of the case. Possible case statuses are open, closed, and invalid. All questions in the event will be read-only if the case status is closed or invalid. Only MDH staff can change this Event Status.
- **Linked Events/Contacts:** We do not use this feature.

Notifications

Notifications:	Event is in workflows [View List]
	Acuity: High
	Mother: Birth mother not legal guardian
	NBLanguage: Preferred Language is not English
	Status: This person has died (Death date is filled)
	v2Abstract: Use Abstraction v2 Wizard
	Case Status:
	Episode Date: 03/09/2022

The *Notifications* section contains several pieces of information:

- The message *Event is in workflows* appears if the event is currently in any workflows. You can click on the **View List** link to the right of the message to view which workflows this event is in.
- You may also notice some **red text** in the notification section. Most of these messages are for MDH staff to ensure they enter data correctly into each event.
- Any **purple text** you see is intended to alert you to a specific aspect concerning the event.

There are **four** notifications that you should be aware of because they will influence how you provide follow-up to the family:

1. **Preferred Language is not English:** You will most likely need an interpreter to communicate with this family.

2. **This person has died (death date is filled):** The only situation in which this concern would appear would be if MDH learns that a child has passed away while you are following up on the child. MDH staff will notify you as soon as possible if this happens and will close the case for further follow-up.
3. **Mother not legal guardian:** The mother listed in the LPH wizard should not be contacted. Instead, look at the Guardian fields to find the child’s legal guardian.
4. **Acuity:** This will help you prioritize the birth defects cases you receive. When the acuity level listed is low, follow-up is optional, but it is non-reimbursable.

Event tabs

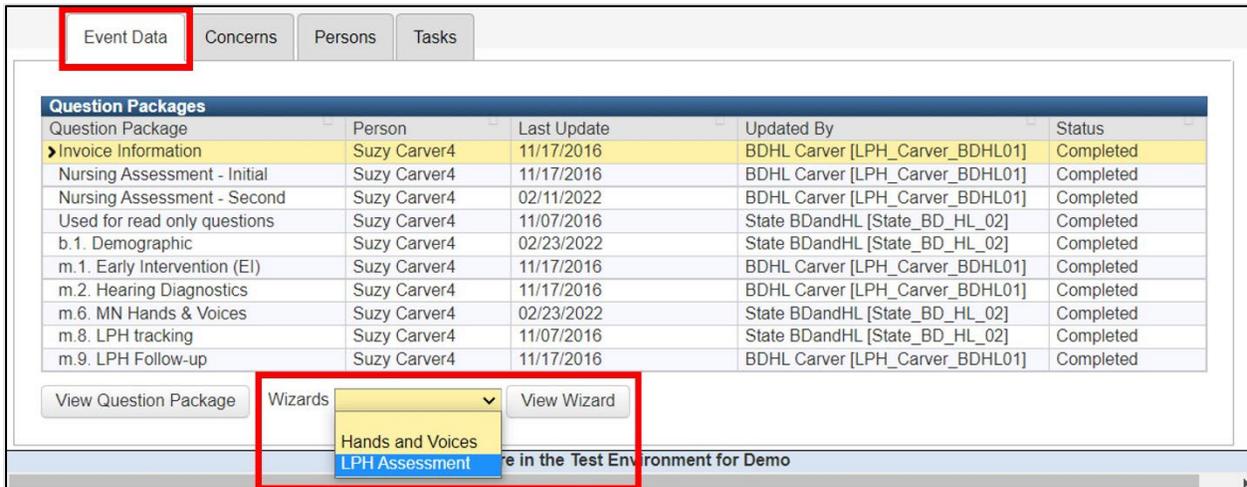
Question Package	Person	Last Update	Updated By	Status
▶ Invoice Information	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
Nursing Assessment - Initial	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
Nursing Assessment - Second	William Carver2	02/11/2022	BDHL Carver [LPH_Carver_BDHL01]	Completed
Used for read only questions	William Carver2	11/07/2016	State BDandHL [State_BD_HL_02]	Completed
b.1. Demographic	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
c.1. Clinical	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
m.1. Early Intervention (EI)	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
m.8. Review And Notification	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed
m.9. LPH Follow-up	William Carver2	11/17/2016	BDHL Carver [LPH_Carver_BDHL01]	Completed

Below the [Basic Information](#) section of the *Event Summary*, you will see several tabs (outlined in red in the photo). Each tab contains different types of information about the event:

- **Event Data:** When you click on this tab, you will see a list of Question Packages and a Wizards dropdown.
 - **Wizards** draw questions from the question packages in groups that make sense for data entry. When you update a question in a wizard, it is the same as updating it in the question package (the data automatically appears in the same question in the question package). You should complete all follow-up within the wizard(s).
 - **Question Packages** should not be used for your documentation. Question Packages provide a way of organizing the questions in the child’s event into packages based on the content needed for review and follow-up. If you answer every required question in the *LPH Assessment* wizard, your documentation will be complete.
- **Concerns:** LPH users do not use any of the features in the Concerns tab.
- **Persons:** The Persons tab contains information shared by all disease events connected to this person. In this section, you can view the person’s name, birth date, death date, gender, and contact information.
- **Tasks:** LPH users do not use the features in the Tasks tab.

How to open a wizard

1. On the *Event Dashboard*, click on the **Event Data** tab. Typically, this tab will already be selected when you open an event.
2. Click on the **Wizards dropdown** and select the desired wizard.
3. LPH Assessment
 - a. The *LPH Assessment – Second* wizard will only appear when a [second assessment](#) is requested. For this wizard to appear, the first assessment must be submitted, the field ***Do you plan to contact this family again?** must be marked ‘Yes’, and MDH must activate the *LPH Assessment – Second* wizard (this typically happens within one to two business days).
 - b. The *Hands and Voices* wizard will only appear for Hearing Loss and Congenital Cytomegalovirus cases. This wizard is here in case it is helpful during follow-up.
4. Click on the **View Wizard** button. Your desired wizard will open.



Close an event

When you have an event open, the case is locked so multiple people cannot edit at the same time. Closing an event makes it immediately available for others to view and update. In the upper right corner of the *Event Dashboard*, click on the **X**. This will bring you back to the *Main Dashboard* screen.

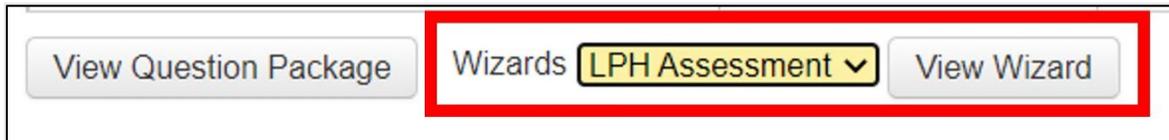


Completing the LPH Assessment Wizard

Reimbursable referral events

The following is a detailed description of the questions in the *LPH Assessment* wizard and instructions on how to complete them for Reimbursable Referral events. [Non-reimbursable referral events](#) are not required, but more information on them can be found later in this document.

1. From the *Event Dashboard*, select the **LPH Assessment** wizard in the [Wizards](#) dropdown. Click **View Wizard**.



2. The *LPH Assessment* wizard will open. The wizard is divided into three sections:
 - a. Demographic (contains the demographic information on the child and mother)

When you open a Hearing Loss, Heritable Condition, or Congenital Cytomegalovirus event, the **HL/HC Case Notes from MDH field** is located directly above the Child's Information section.
 - b. [Nursing Assessment](#)
 - c. Invoicing Information

HL/HC case notes from MDH	
<i>Childs Information</i>	
EventID: 100007430	
Last Name i	Veggies
First Name i	Fruits

Demographics

Child's Information: Contains demographic information for the child. Some fields are read-only and cannot be updated in the wizard. If the child's **name**, **birth date**, or **contact information** has changed or is incorrect, use the **LPH Critical Updates** field located in the [Assessment Notes](#) section to notify MDH of any changes.

Birth mother's Information: You will be unable to update the mother's name or age in the *LPH Assessment* wizard. Please note that if child is known to have been adopted, the name listed here will not be the adoptive mother. Look at the additional contact question for information on adoptive parent(s).

Birth Mothers Information	
Birth Mother's Last Name	Bear
Birth Mother's First Name	Mama
Birth Mother's Middle Name	
Birth Mother Legal Guardian	Yes ▾
Birth Mother's contact information same as child	Yes ▾

The **Birth Mother Legal Guardian** dropdown indicates whether the **birth** mother is the child's legal guardian. If 'No' is selected, the guardian information should be entered in the *Secondary Contact Information* section. Additionally, add the guardian contact information in the **LPH Critical Updates** field within the *Assessment Notes* section.

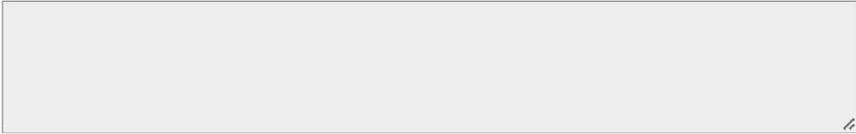
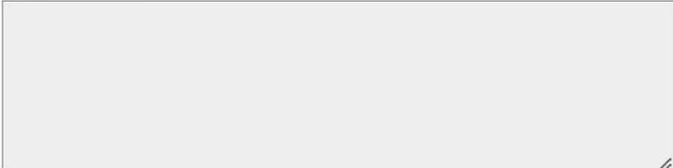
Birth Mother's contact information same as child	No ▾
Birth Mother's home phone	
Birth Mother's mobile phone	
Birth Mother's work phone	
Birth Mother's Email	
Birth Mother's Address (Street 1)	
Birth Mother's Address (Street 2)	
Birth Mother's Address City	
Birth Mother's Address State	MN ▾
Birth Mother's Address (Zip Code)	

If the birth mother is the legal guardian or the legal guardian is unknown, answer the **Birth Mother's contact information same as child** field. If 'No' is selected for **Birth Mother's contact information same as child**, enter birth mother's information in the appropriate fields, if known. If you prefer, you may add this information in the **LPH Critical Updates** field within the *Assessment Notes* section.

Secondary contact: If 'Yes' is selected for **Additional contact**, fields will appear for additional contact information. To add another additional contact, click on **Add New** and another **Additional contact** field will appear. If you prefer, you may add this information in the **LPH Critical Updates** field within the *Assessment Notes* section.

Secondary Contact Information	
Additional contact	Yes ▾
Contact Type	Father ▾
Contact First Name	Papa
Telephone	
Alt Telephone	
Fax	
E-mail	
Contact Address (Street 1)	
Contact Address City	
Contact Address State	▾
Contact Address (Zip Code)	
Legal Guardian	No ▾
Last Name	Bear
Contact Address (Street 2)	

Clinical Information: Birth Defects: For Birth Defects cases **only**. This provides clinical information, acuity level, and the date MDH sent the initial parent packet to the parent or guardian. Here is where you will find the **BD case notes from MDH** field.

Clinical Information: Birth Defects	
Diagnosis Code and Description 	754.500 - Talipes equinovarus [Clubfoot]
Clinic Referrals	
Acuity	Medium 
Date MDH Sent Initial Parent Letter	09/16/2016
BD case notes from MDH	

Diagnosis Information: Heritable Conditions: For Heritable Conditions cases **only**. This provides diagnosis information and whether the diagnosis is active to the best of our knowledge as of the last time a Heritable Conditions longitudinal follow-up action was taken. Rarely, a Heritable Conditions event may contain information on both active and inactive diagnoses. If this occurs, please note that LPH is not being requested to follow-up on any inactive diagnosis listed.

Diagnosis Information: Heritable Conditions	
Diagnosis	Phenylketonuria PKU
Is this an active diagnosis?	Yes 

Provider Information: All CYSHN cases have a [Provider Information](#) section where you can record the primary care provider and clinic information. Hearing Loss cases will also have the **Current Audiologist** and **Audiologist Facility Lookup** fields.

Provider Information	
Primary Care Provider	<input type="text"/>  
Primary Care Provider Clinic	<input type="text"/>  
Current Audiologist	<input type="text"/>  
Audiologist Facility Lookup	<input type="text"/>  

All these fields are optional; however, if you discover new or updated information, please enter that information directly into the fields.

Nursing assessment

The next five sections are where you will find the five problem areas you may address with the family: *Income*, *Communication with Community Resources*, *Caretaking/Parenting*, *Growth and Development*, and *Health Care Supervision*. To receive reimbursement for eligible referrals, at least one problem area must be assessed.

Problem area: Income	
Income	Not Assessed ▾
* What type of insurance does the child currently have?	▾
Problem area: Communication with Community Resources	
Communication with Community Resources	Not Assessed ▾
* Preferred language	▾
* Interpreter needed	▾
* Was an interpreter used for this contact?	▾
Problem area: Caretaking/Parenting	
Caretaking/Parenting	Not Assessed ▾
* Did you refer this family to a home visiting program	▾
Problem area: Growth and Development	
Growth and Development	Not Assessed ▾
* Early Intervention enrollment status.	▾
Early Intervention Notes	
Problem area: Health Care Supervision	
Health Care Supervision	Not Assessed ▾

For each of the problem areas:

1. Select 'Assessed' or 'Not Assessed'; 'Not Assessed' is the defaulted selection, so this field only needs to be updated if you assess the problem area. You can assess a problem and find no concerns and it would still count as a problem that was assessed. A concern does not need to be found for it to count as having been 'assessed'.
2. Note that all required fields are bolded and marked with a red asterisk *. You may want to answer all required questions before opening each problem area (by selecting 'Assessed'), to ensure you don't forget a question.
3. Hover your pointer over the blue information boxes  for helpful information and guidance on completing required fields.

Notes:

If you were unable to assess at least one problem area, or information was obtained from a previous contact with the family, the reimbursement level will be Level 1 \$75. A minimum of one problem area must be assessed and an intervention documented to reimburse at Level 2A, 2B, or 3. The CYSHN reimbursement levels are available in the LPH follow-up manual.

Problem areas

If you did not assess one or more of the following problem areas, select 'Not Assessed' from the dropdown and complete the * required questions, if applicable.

Income

If you did not assess the *Income* problem area, select 'Not Assessed' and complete the required question * **What type of insurance does the child currently have?**

Problem area: Income	
Income	Not Assessed ▾
* What type of insurance does the child currently have?	MN Public ▾

If you assessed the Income problem area, select 'Assessed' from the dropdown.

Problem area: Income	
Income	Assessed ▾

Under *Income Signs and Symptoms*, check at least one **sign/symptom (S/S)** box or select the **No Income signs or symptoms present** box, which is visible when no other S/S box is checked.

Income Signs and Symptoms	
* Indicate observed signs or symptoms.	
Low/No Income	<input type="checkbox"/> Present
Uninsured Medical Expenses	<input type="checkbox"/> Present
Difficulty With Money Management	<input type="checkbox"/> Present
Able To Buy Only Necessities	<input type="checkbox"/> Present
Difficulty Buying Necessities	<input type="checkbox"/> Present
No Income signs or symptoms present	<input type="checkbox"/> Check

Next, complete the *Income KBS Assessment* questions. Rate the KBS by selecting from options in the * **Knowledge**, * **Behavior**, and * **Status** dropdowns. 'Not rated' is an option for all three KBS fields. Click on the *KBS Rating Supplement* link to open a guideline of what to consider for each symptom. Hover over the blue info boxes  for a description of each scale.

Income KBS Assessment	
Rate the KBS to reflect the beginning of the assessment. To review click KBS Rating Supplement	
* Knowledge  ←	4- Adequate ▾
* Behavior  ←	5- Consistently Appropriate ▾
* Status  ←	3- Moderate S/S ▾
	Not rated 1- Extreme S/S 2- Severe S/S 3- Moderate S/S 4- Minimal S/S 5- No S/S

Next, look at the *Income Interventions* questions. Hover over the blue info boxes **i** for the definition of each intervention. Mark any appropriate **interventions** or check the **No income interventions provided** checkbox. After clicking on an intervention, a notes field appears so you can add any information you feel is necessary. Notice that the required question *** What type of insurance does the child currently have?** now appears in the middle of the intervention questions.

Income Interventions	
* Indicate which intervention(s) were provided.	
Case Management i	
Finances-all available community resources; food bank, clothing bank, energy assistance	<input type="checkbox"/> Provided
Finances-governmental health/social service assistance/office of child support enforcement	<input type="checkbox"/> Provided
Finances-health insurance	<input type="checkbox"/> Provided
Surveillance i	
Finances-employment	<input type="checkbox"/> Discussed
Finances-food insecurity	<input checked="" type="checkbox"/> Discussed
Notes	referred to WIC
Finances-health insurance	<input checked="" type="checkbox"/> Discussed
Notes	on MA
* What type of insurance does the child currently have?	MN Public v
Finances-housing	<input type="checkbox"/> Discussed
Finances-income vs expenses	<input type="checkbox"/> Discussed
Transportation-availability	<input type="checkbox"/> Discussed
Teaching, Guidance, and Counseling i	
Finances-income vs expenses-use of available resources	<input checked="" type="checkbox"/> Provided
Notes	use of WIC, HMG/EI and FAP

Communication with community resources

If you assess the *Communication with Community Resources* problem area, it is suggested that you answer the required questions before selecting 'Assessed'.

Problem area: Communication with Community Resources	
Communication with Community Resources	Not Assessed v
* Preferred language	Unknown v
* Interpreter needed	No v
* Was an interpreter used for this contact?	No v

Note that when 'English American' is selected as the preferred language, the interpreter questions are not visible.

Problem area: Communication with Community Resources	
Communication with Community Resources	Not Assessed v
* Preferred language	English American v

When 'Other' is selected as the preferred language, the * **Other language** question appears. Type the name of the preferred language in the field.

Problem area: Communication with Community Resources	
Communication with Community Resources	Not Assessed ▾
* Preferred language	Other ▾
* Other language	<input type="text"/>
* Interpreter needed	▾
* Was an interpreter used for this contact?	▾

If you assessed the *Communication with Community Resources* problem area, select 'Assessed' from the dropdown.

Problem area: Communication with Community Resources	
Communication with Community Resources	Assessed ▾

Under *Communication with Community Resources Signs and Symptoms*, check at least one **sign/symptom (S/S)** box or select the **No Communication with Community Resources signs or symptoms present** box, which is visible when no other S/S box is checked.

Communication with Community Resources Signs and Symptoms	
* Indicate observed signs or symptoms.	
Unfamiliar with Options/Procedures for Obtaining Services	<input type="checkbox"/> Present
Difficulty Understanding Roles/Regulations of Service Providers	<input type="checkbox"/> Present
Unable to Communicate Concerns to Provider	<input type="checkbox"/> Present
Dissatisfaction with Services	<input type="checkbox"/> Present
Inadequate/Unavailable Resources	<input type="checkbox"/> Present
Language Barrier	<input type="checkbox"/> Present
Cultural Barrier	<input type="checkbox"/> Present
Educational Barrier	<input type="checkbox"/> Present
Transportation Barrier	<input type="checkbox"/> Present
Limited Access to Care/Services/Goods	<input type="checkbox"/> Present
Unable to Use/Has Inadequate Communication Devices/Equipment	<input type="checkbox"/> Present
No Communication with Community Resources signs or symptoms present	<input type="checkbox"/> Check

Next, complete the *Communication with Community Resources KBS Assessment* questions. Rate the KBS by selecting from options in the * **Knowledge**, * **Behavior**, and * **Status** dropdowns. 'Not rated' is an option for all three KBS fields. Click on the *KBS Rating Supplement* link to open a guideline of what to consider for each symptom. Hover over the blue info boxes **i** for a description of each scale.

Communication with Community Resources KBS Assessment	
Rate the KBS to reflect the beginning of the assessment. To review click KBS Rating Supplement	
* Knowledge i	3- Basic ▾
* Behavior i	4- Usually Appropriate ▾
* Status i	4- Minimal S/S ▾

Next, look at the *Communication with Community Resources Interventions* questions. Notice that the required questions about preferred language/interpreter that you previously answered now appear in the intervention questions area. Hover over the blue information boxes  for definitions of each intervention.

Mark any appropriate **interventions** or check the **No Communication with Community Resources interventions provided** checkbox. After clicking on an intervention, a notes field appears so you can add any information you feel is necessary.

Communication with Community Resources Interventions	
* Indicate which intervention(s) were provided.	
Case Management 	
Legal system-client advocacy related to refugee/immigration/documentation	<input type="checkbox"/> Provided
Other community resources-culturally specific services and groups	<input type="checkbox"/> Provided
Surveillance 	
Communications-ability to communicate with service providers/resources	<input checked="" type="checkbox"/> Discussed
Notes	able to communicate with resources once made aware of them
* Preferred language	American Sign Language 
* Interpreter needed	Yes 
Interpreter language	American Sign Language 
* Was an interpreter used for this contact?	Yes 
Teaching, Guidance, and Counseling 	
Communications-procedures to communicate with service providers/resources	<input checked="" type="checkbox"/> Provided
Notes	How to communicate with WIC and EI
Interpreter/translator services-procedures to obtain services	<input type="checkbox"/> Provided

Caretaking/parenting

If you assess the *Caretaking/Parenting* problem area, it is suggested that you answer the required questions before selecting 'Assessed'.

Problem area: Caretaking/Parenting	
Caretaking/Parenting	Not Assessed 
* Did you refer this family to a home visiting program	

Selecting the response 'Yes' or 'Already participating' for *** Did you refer this family to a home visiting program** opens the question *** Which program was the child referred to, or already participating in?**

Problem area: Caretaking/Parenting	
Caretaking/Parenting	Not Assessed 
* Did you refer this family to a home visiting program	Yes 
* Which program was the child referred to, or already participating in?	Add name of program

If you assessed the *Caretaking/Parenting* problem area, select 'Assessed' from the dropdown.

Problem area: Caretaking/Parenting	
Caretaking/Parenting	Assessed 

Under *Caretaking/Parenting Signs and Symptoms* check at least one **sign/symptom (S/S)** box or select the **No Caretaking/Parenting signs or symptoms present** box, which is visible when no other S/S box is checked.

Caretaking/Parenting Signs and Symptoms	
* Indicate observed signs or symptoms.	
Difficulty Providing Physical Care/Safety	<input type="checkbox"/> Present
Difficulty Providing Emotional Nurture	<input type="checkbox"/> Present
Difficulty Providing Cognitive Learning Experiences and Activities	<input type="checkbox"/> Present
Difficulty Providing Preventive and Therapeutic Health Care	<input type="checkbox"/> Present
Expectations Incongruent with Stage of Growth and Development	<input type="checkbox"/> Present
Dissatisfaction/Difficulty with Responsibilities	<input type="checkbox"/> Present
Difficulty Interpreting or Responding to Verbal/Nonverbal Communication	<input type="checkbox"/> Present
Neglectful	<input type="checkbox"/> Present
Abusive	<input type="checkbox"/> Present
No Caretaking/Parenting signs or symptoms present	<input type="checkbox"/> Check

Next, complete the *Caretaking/Parenting KBS Assessment* questions. Rate the KBS by selecting from options in the *** Knowledge**, *** Behavior**, and *** Status** dropdowns. 'Not rated' is an option for all three KBS fields. Click on the *KBS Rating Supplement* link to open a guideline of what to consider for each symptom. Hover over the blue information boxes **i** for a description of each scale.

Caretaking/Parenting KBS Assessment	
Rate the KBS to reflect the beginning of the assessment. To review click KBS Rating Supplement	
* Knowledge i	4- Adequate ▾
* Behavior i	4- Usually Appropriate ▾
* Status i	3- Moderate S/S ▾

Next, look at the *Caretaking/Parenting Interventions* questions. Notice that the required home visiting referral questions you previously answered now appear in the intervention questions area. Hover over the blue information boxes **i** for definitions of each intervention. Mark any appropriate **interventions** or check the **No Caretaking/Parenting interventions provided** checkbox. After clicking on an intervention, a notes field appears so you can add any information you feel is necessary.

Caretaking/Parenting Interventions	
* Indicate which intervention(s) were provided.	
Case Management	
i	
Caretaking/parenting skills parenting classes/programs	<input type="checkbox"/> Provided
Did you refer this family to a home visiting program	<input type="checkbox"/> Provided
Day care/respice-child center, other	<input type="checkbox"/> Provided
Other community resources-advocate, coordinate, refer including parent to parent support	<input type="checkbox"/> Provided

Growth and development

If you assess the *Growth and Development* problem area, it is suggested that you answer the questions before selecting 'Assessed'.

Problem area: Growth and Development	
Growth and Development	Not Assessed ▾
* Early Intervention enrollment status.	▾
Early Intervention Notes	<input type="text"/>

The options to answer *** Early intervention enrollment status** are 'Enrolled', 'Not Enrolled', and 'Unknown'. If you select 'Not Enrolled' or 'Unknown', you will be asked if you referred the child to EI.

Problem area: Growth and Development	
Growth and Development	Not Assessed ▾
* Early Intervention enrollment status.	Not Enrolled ▾
* Did you refer this child to Early Intervention	<input type="checkbox"/>

If you select 'Enrolled', you will be asked if you have IFSP date. This date is not required but if you have the date, please enter it.

Problem area: Growth and Development	
Growth and Development	Not Assessed ▾
* Early Intervention enrollment status.	Enrolled ▾
IFSP Date ⓘ	MM/DD/YYYY <input type="text"/>

If you assessed the *Growth and Development* problem area, select 'Assessed' from the dropdown.

Problem area: Growth and Development	
Growth and Development	Assessed ▾

Under *Growth and Development Signs and Symptoms*, check at least one **sign/symptom (S/S)** box or select the **No Growth and Development signs or symptoms present** box, which is visible when no other S/S box is checked.

Growth and Development Signs and Symptoms	
* Indicate observed signs or symptoms.	
Abnormal Results of Developmental Screening Tests (e.g. ASQ) <i>Note: Do not document abnormal results of newborn screening</i>	<input type="checkbox"/> Present
Abnormal Weight/Height/Head Circumference in Relation to Growth/Age Standards	<input type="checkbox"/> Present
Age-Inappropriate Behavior	<input type="checkbox"/> Present
Inadequate Achievement/Maintenance of Developmental Tasks	<input type="checkbox"/> Present
No Growth and Development signs or symptoms present	<input type="checkbox"/> Check

Next, complete the *Growth and Development KBS Assessment* questions. Rate the KBS by selecting from options in the *** Knowledge**, *** Behavior**, and *** Status** dropdowns. 'Not rated' is an option for all three KBS fields. Click on the *KBS Rating Supplement* link to open a guideline of what to consider for each symptom. Hover over the blue information boxes ⓘ for a description of each scale.

Growth and Development KBS Assessment	
Rate the KBS to reflect the beginning of the assessment. To review click KBS Rating Supplement	
* Knowledge ⓘ	4- Adequate ▾
* Behavior ⓘ	3- Inconsistently Appropriate ▾
* Status ⓘ	4- Minimal S/S ▾

Next, look at the *Growth and Development Interventions* questions. Notice that the required Early Intervention Enrollment Status referral questions you previously answered now appear in the intervention questions area. Hover over the blue information boxes ⓘ for definitions of each intervention.

Mark any appropriate **interventions** or check the **No Growth and Development interventions provided** checkbox. After clicking on an intervention, a notes field appears so you can add any information you feel is necessary.

Growth and Development Interventions	
* Indicate which intervention(s) were provided.	
Case Management	
Dietary management-feeding method/adequate intake/supplements/solids/WIC	<input type="checkbox"/> Provided
Growth/development care-refer to education/developmental resources (Early Intervention, ECFE, FAP, etc.)	<input checked="" type="checkbox"/> Provided
Notes	Referral to HMG/EI and FAP
Screening procedures-development(al)	<input checked="" type="checkbox"/> Provided
Notes	FAP but will assume some delays d/t diagnosis
Surveillance	
Dietary management-feeding method/adequate intake/supplements/solids/WIC	<input type="checkbox"/> Discussed
Growth/development care-attends/receives when needed	<input type="checkbox"/> Discussed
* Early Intervention enrollment status.	Unknown
* Did you refer this child to Early Intervention	Yes, to Early Intervention (Part C)
Early Intervention Notes	
Screening procedures-development(al)	<input type="checkbox"/> Discussed
Signs/symptoms mental-emotional-behavior	<input type="checkbox"/> Discussed

Health care supervision

There are no required questions for the *Health Care Supervision* problem area.

Problem area: Health Care Supervision
Health Care Supervision <input type="text" value="Not Assessed"/>

If you assessed the *Health Care Supervision* problem area, select 'Assessed' from the dropdown.

Problem area: Health Care Supervision
Health Care Supervision <input type="text" value="Assessed"/>

Under *Health Care Supervision Signs and Symptoms*, check at least one **sign/symptom (S/S)** box or select the **No Health Care Supervision signs or symptoms present** box, which is visible when no other S/S box is checked.

Health Care Supervision Signs and Symptoms	
* Indicate observed signs or symptoms.	
Fails to Obtain Routine/Preventive Health Care	<input type="checkbox"/> Present
Fails to Seek Care for Symptoms Requiring Evaluation/Treatment	<input type="checkbox"/> Present
Fails to Return as Requested to Health Care Provider	<input type="checkbox"/> Present
Inability to Coordinate Multiple Appointments/Treatment Plans	<input type="checkbox"/> Present
Inconsistent Source of Health Care	<input type="checkbox"/> Present
Inadequate Source of Health Care	<input type="checkbox"/> Present
Inadequate Treatment Plan	<input type="checkbox"/> Present
No Health Care Supervision signs or symptoms present	<input type="checkbox"/> Check

Next, complete the *Health Care Supervision KBS Assessment* questions. Rate the KBS by selecting from options in the * **Knowledge**, * **Behavior**, and * **Status** dropdowns. 'Not rated' is an option for all three KBS fields.

Click on the *KBS Rating Supplement* link to open a guideline of what to consider for each symptom. Hover over the blue information boxes **i** for a description of each scale.

Health Care Supervision KBS Assessment	
Rate the KBS to reflect the beginning of the assessment. To review click KBS Rating Supplement	
* Knowledge i	3- Basic <input type="button" value="v"/>
* Behavior i	4- Usually Appropriate <input type="button" value="v"/>
* Status i	4- Minimal S/S <input type="button" value="v"/>

Next, look at the *Health Care Supervision Interventions* questions. Hover over the blue information boxes **i** for definitions of each intervention. Mark any appropriate **interventions** or check the **No Health Care Supervision interventions provided** checkbox. After clicking on an intervention, a notes field appears so you can add any information you feel is necessary.

Health Care Supervision Interventions	
* Indicate which intervention(s) were provided.	
Case Management i	
Medical/dental care-coordinate/schedule services	<input checked="" type="checkbox"/> Provided
Notes	mother seems overwhelmed with multiple appointments and competing needs for appointments and follow up and may have difficulty following through on WIC and HMG
Surveillance i	
Continuity of care-care coordinator/care coordination	<input type="checkbox"/> Discussed
Continuity of care-stable, consistent primary care	<input type="checkbox"/> Discussed
Medical/dental care-follows/receives when scheduled	<input type="checkbox"/> Discussed
Wellness-immunizations	<input checked="" type="checkbox"/> Discussed
Notes	UTD on vaccines
Teaching, Guidance, and Counseling i	
Medical/dental care-need for care and follow-up	<input type="checkbox"/> Provided
Wellness-importance of routine preventive evaluations, immunizations	<input type="checkbox"/> Provided

Assessment notes

This section consists of the **Additional LPH Case Notes** field and the **LPH critical update check box**:

- The **Additional LPH Case Notes** field is where you will document your attempts to contact the family or any other issues.

Note: Only document information that you were not able to document in the problem areas in the **Additional LPH case Notes** field. There is no need to duplicate what you have already documented.

Assessment Notes	
Additional LPH Case Notes	After 2 calls with messages left and a letter the family finally called one month after f/u initiated; family is on MA and busy with upcoming surgery and multiple appts; interested in WIC and HMG/FAP.
LPH critical update check box Check box to notify MDH of critical updates or to request technical assistance, then indicate LPH critical updates in text box provided	<input type="checkbox"/> Check

- Use the **LPH Critical Updates** field to notify MDH of any new demographic information, including address, phone number, parent or guardian information, or child death. You

may also use this box to ask for non-urgent technical assistance from MDH.

Check the **LPH critical update check box** and write the change in the **LPH Critical Updates** text box that appears. Be sure to date and initial your entry. MDH staff will acknowledge receipt of your critical update information by entering a brief note in the same critical update field.

Assessment Notes	
Additional LPH Case Notes	After 2 calls with messages left and a letter the family finally called one month after f/u initiated; family is on MA and busy with upcoming surgery and multiple appts; interested in WIC and HMG/FAP.
LPH critical update check box Check box to notify MDH of critical updates or to request technical assistance, then indicate LPH critical updates in text box provided	<input checked="" type="checkbox"/> Check
LPH Critical Updates	MM/DD/YYYY: Family moved - now living at 654 Rainbow Ave, Apt #3

Reimbursement Information

Once you have completed documenting your follow-up in MEDSS and you are ready to complete the case, click the **Save & Stay** button.

Next, go to the *Reimbursement Information* section of the wizard to submit the case to MDH CYSHN and to view the reimbursement level based on how you completed your follow-up.

Reimbursement Information	
Click the 'Save & Stay' button to save your assessment documentation before completing this section.	
LPH Agency Notified	Carver County
MDH Request Type:	Reimbursable Referral
Date Event sent to LPH	02/09/2022
* Date of first contact attempt	MM/DD/YYYY
* Parent/Guardian Contact	
Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services. (Check all that apply)	<input type="checkbox"/> Part C Service Coordinator <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Health Care Coordinator <input type="checkbox"/> Public Health Nurse (excludes key contact or proxy) <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <input type="checkbox"/> None
All * fields must be completed in order for the 'Date of assessment or final contact attempt' field to appear.	
MDH Closed Case to LPH	

* **Date of first contact attempt** is required. Enter the date that you started your follow up. This date must be on or after the **Date Event sent to LPH**.

* **Parent/Guardian Contact** is required. Select one of the following options:

- *Home Visit* – if you communicated with the parent/guardian by doing an in-home visit.
- *Electronic or Office/Clinic* – if you communicated with the parent/guardian by phone, telehealth, clinic visit, or email.

- *Prior PHN Assessment* – if another agency nurse recently completed follow-up for another reason.
- *Declined Assessment* – if you spoke to parent or guardian and they declined to provide information.
- *Unable to Reach/Moved* – if you attempted to contact the family or learned the family moved out of your county.

* **Do you plan to contact this family again?** will only show up when you select either ‘Electronic or Office/Clinic’ or ‘Home Visit Assessment’ for * **Parent/Guardian Contact**. An answer is required if the field appears. Choosing ‘Yes’ will generate a second assessment wizard and workflow after MDH activates the *LPH Assessment – Second* wizard.

* Parent/Guardian Contact	Electronic or Office/Clinic Assessment ▾
* Do you plan to contact this family again?	▾

Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services (Check all that apply)

Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services. (Check all that apply)	<input type="checkbox"/> Part C Service Coordinator
	<input type="checkbox"/> Primary Care Provider
	<input type="checkbox"/> Health Care Coordinator
	<input type="checkbox"/> Public Health Nurse (excludes key contact or proxy)
	<input type="checkbox"/> Social Worker
	<input type="checkbox"/> Other
	<input type="checkbox"/> None

Prior to entering a complete date, click on the **Save & Stay** button. This will assure that the reimbursement amount calculated is accurate.

* **Date of assessment or final contact attempt** is required. This field will only appear once all required fields have an entry. The date you enter should be the date follow-up is completed.

* Date of assessment or final contact attempt	02/11/2022 
* Submit to MDH	<input type="checkbox"/> Check

Click * **Submit to MDH**. The case must be submitted to appear in the *CYSHN Cases for Follow-up Invoice* report and for your CHB to receive reimbursement for the case. Your reimbursement information will appear once the case is submitted. Be sure to **Save** when you are done.

Reimbursement Information	
Click the 'Save & Stay' button to save your assessment documentation before completing this section.	
LPH Agency Notified <input type="checkbox"/>	Carver County ▼
MDH Request Type:	Reimbursable Referral ▼
Date Event sent to LPH	02/09/2022
* Date of first contact attempt	02/10/2022
* Parent/Guardian Contact	Electronic or Office/Clinic Assessment ▼
* Do you plan to contact this family again?	Yes ▼
Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services. (Check all that apply)	<input type="checkbox"/> Part C Service Coordinator <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Health Care Coordinator <input type="checkbox"/> Public Health Nurse (excludes key contact or proxy) <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <input type="checkbox"/> None
* Date of assessment or final contact attempt	02/11/2022
* Submit to MDH	<input checked="" type="checkbox"/> Check
Date LPH Submitted Event	02/23/2022
Documentation by:	BDHL Carver
Reimbursement Type	Level 2A ▼
Amount to be reimbursed for this event	225.00
MDH Closed Case to LPH	

If corrections need to be made after submission, email MDH. CHBs will be reimbursed on a quarterly basis for the cases that are submitted in MEDSS.

Completing non-reimbursable notification events

You are not required to follow-up on Non-Reimbursable Cases; however, if you choose to follow-up and want to report your findings to MDH please follow the steps outlined below on completing the Non-Reimbursable Notification event in the *LPH Assessment* wizard.

Documentation in the problem areas is optional. Regardless of whether you select 'Assessed' or 'Not Assessed' or complete all required questions, you will be able to fill out the reimbursement fields.

- Complete the * **Date of first contact attempt** and * **Parent/Guardian Contact** fields as you would for a reimbursable referral.
- Enter a * **Date of assessment or final contact attempt** and click on the * **Submit to MDH** box.

The **Reimbursement Type** will appear as 'No Reimbursement' and the **Amount to be reimbursed for this event** will be '0'.

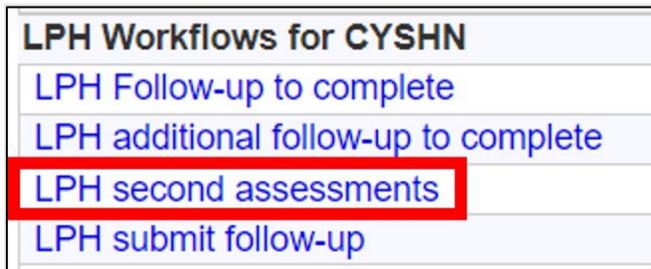
Reimbursement Information	
Click the 'Save & Stay' button to save your assessment documentation before completing this section.	
LPH Agency Notified <input type="checkbox"/>	Carver County ▾
MDH Request Type:	Non- Reimbursable Notification ▾
Date Event sent to LPH	02/14/2022
* Date of first contact attempt	02/15/2022
* Parent/Guardian Contact	Electronic or Office/Clinic Assessment ▾
* Do you plan to contact this family again?	No ▾
Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services. (Check all that apply)	<input type="checkbox"/> Part C Service Coordinator <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Health Care Coordinator <input type="checkbox"/> Public Health Nurse (excludes key contact or proxy) <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <input type="checkbox"/> None
* Date of assessment or final contact attempt	02/16/2022
* Submit to MDH	<input checked="" type="checkbox"/> Check
Date LPH Submitted Event	02/23/2022
Documentation by:	BDHL Carver
Reimbursement Type	No Reimbursement ▾
Amount to be reimbursed for this event	0
MDH Closed Case to LPH	

How the reimbursement fields should be completed.

Completing the LPH second assessment wizard

Please follow these instructions when completing the *LPH Second Assessment* wizard:

1. View a list of cases that are pending a second assessment in the *LPH second assessments* workflow. See the Workflows section for instructions on how to find your workflows.



2. Select the **Event ID** from the workflow to open the case.

LPH second assessments (Last Update: 02/25/2022 01:46 PM)									
Event	Disease	LPH Agency Notified	Name	MDH Request Type	Date Event sent to LPH	LPH_FIRST_Complete	Acuity	HL/HC case notes from MDH	BD case notes from MDH
100007430	Heritable Condition	Carver County	Fruits Veggies	Second Assessment	02/25/2022	02/10/2022			

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Workflows Dashboard Help

- From the *Event Dashboard*, open the *LPH Assessment - Second* wizard. See the *LPH Assessment – Second* and click **View Wizard**.

View Question Package	Wizards	LPH Assessment - Second ▼	View Wizard
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- The *LPH Assessment - Second* wizard's five problem areas should be completed the same way as the [First Assessment](#) problem areas.

Reimbursement Information	
Click the 'Save & Stay' button to save your assessment documentation before completing this section.	
LPH Agency Notified ☒	Carver County ▼
MDH Request Type:	Reimbursable Referral ▼
Date Event sent to LPH	02/01/2022
* Date of first contact attempt	02/02/2022
Indicate the provider(s) you or your proxy communicated with to obtain information about connection to services. (Check all that apply)	<input type="checkbox"/> Part C Service Coordinator <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Health Care Coordinator <input type="checkbox"/> Public Health Nurse (excludes key contact or proxy) <input type="checkbox"/> Social Worker <input type="checkbox"/> Other <input type="checkbox"/> None
* Date of assessment or final contact attempt	02/04/2022
* Submit to MDH	<input checked="" type="checkbox"/> Check
Date LPH Submitted Event	02/25/2022
Documentation by:	BDHL Carver
Reimbursement Type	Level 2A ▼
Amount to be reimbursed for this event	225.00
MDH Closed Case to LPH	
LPH Agency Notified ☒	Carver County ▼
MDH Request Type:	Second Assessment ▼
Date Event sent to LPH	02/25/2022
* Date of first contact attempt	02/25/2022
* Date of assessment or final contact attempt	02/25/2022
* Submit to MDH	<input checked="" type="checkbox"/> Check
Date LPH Submitted Event	02/25/2022
Documentation by:	BDHL Carver
Reimbursement Type	2nd Assessment ▼
Amount to be reimbursed for this event	125.00
MDH Closed Case to LPH	

How the reimbursement fields may appear when a second assessment is completed and submitted to MDH.

Notes:

In the Second Assessment wizard, the *** Date of assessment or final contact attempt** field doesn't appear until you click **Save** or **Save & Stay** even if you have completed all required fields. The second assessment reimbursement is always \$125 regardless of whether it was an Electronic or Office/Clinic or Home Visit assessment.

New address request wizard (birth defect events only)

Overview of the new address request process

Before sending a case to local public health, MDH sends each child’s parents a packet with a letter that informs them that their LPH agency is being notified of their child’s birth defect so they can get connected to appropriate services and programs. For birth defects cases, MDH waits 14 days after sending the letter before requesting that LPH contacts the family. This delay gives parents the opportunity to opt out of having their child’s data included in the Birth Defects registry and out of LPH follow-up.

If a Birth Defects parent letter is returned as undeliverable, MDH does not ask LPH to follow-up at this time. Instead, we ask LPH to check their available sources to see if they can find updated address information for the family.

MDH staff will send an email asking the key contact to check the *LPH Follow-up to complete* workflow to find the address request event. You will temporarily be given jurisdiction in MEDSS during the address search; however, after you document the results of your search and submit the event for reimbursement, the jurisdiction is removed.

If no new address is found, the case will be marked as *Lost to Follow-up* by MDH staff and the event will not be referred to LPH. If a new address is located, the MDH Parent Letter Packet will be resent to the family. After the 14-day waiting period, and the mailing is not returned to MDH again, the event will be referred to the key contact for follow up.

How to follow up on a new address request

1. Click on the workflow icon on the *Toolbar* in the top left corner of the *Dashboard*. The *Workflow Queues* page will open.
2. Click on the *LPH Follow-up to complete* workflow to find cases with ‘Address Check’ in the ‘MDH Request Type’ column. Click on the **Event ID** to open the case. Alternatively, you can access the case by entering the Event ID in the search bar in the top right corner of the screen (see [Search by Event ID](#) section).

LPH Follow-up to complete (Last Update: 02/25/2022 02:53 PM)							
Event	Disease	LPH Agency Notified	Name	MDH Request Type	Date Event sent to LPH	Acuity	HL/HC case notes from MDH
100007431	Hearing Loss	Carver County	Peas And Carrots	Non- Reimbursable Notification	02/14/2022		
100005369	Hearing Loss	Carver County	Tucker Carver5	Reimbursable Referral	11/07/2016		
100005368	Hearing Loss	Carver County	Suzu Carver4	Reimbursable Referral	11/07/2016		
100005367	Birth Defects	Carver County	William Carver2	Reimbursable Referral	11/07/2016	Medium	
100005366	Birth Defects	Carver County	Adam Carver2	Address Check	11/07/2016	High	
100005365	Birth Defects	Carver County	Casey Carver1	Reimbursable Referral	11/07/2016	High	Child has had 3 surgeries. HP

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3. Open the *New Address Request* wizard by selecting it from the [Wizards](#) dropdown.



4. Review the last known address listed in the *Parent/Guardian* section at the bottom of the screen to find the county where the family last resided.

Parent/Guardian	
Birth Mother Legal Guardian	Unknown
Birth Mother's Last Name	
Birth Mother's First Name	
Birth Mother's Middle Name	
Last known contact information: If new address found, document using the "LPH critical update check box".	
Address type	Home
Street1	1234 Case Study Rd. #2
Street2	
County	Carver County
City	Waconia
State	MN
Zip Code	55387
Home Phone	
Mobile Phone	
Work phone	

5. Search for a new address for the family using your available resources. When you have completed your search, click on the **LPH critical updates check box** in the *Request for New Address* section at the top of the wizard. The **LPH Critical Updates** notes field will open where you can enter a new address and any additional information for MDH.

Request for New Address	
Date MDH Sent Initial Parent Letter	02/01/2022
Date of Returned Initial Letter	02/07/2022
Resending Status Date	02/09/2022
Status	Request assistance from LPH
LPH critical update check box Check box to notify MDH of critical updates or to request technical assistance, then indicate LPH critical updates in text box provided	<input checked="" type="checkbox"/> Check
LPH Critical Updates	Enter search results here
Additional LPH Case Notes	
BD case notes from MDH	

6. In the *Access and Reimbursement Information* section select an option from the **Result of Address Research** dropdown.
 - a. If you found a new address, select **Found new address - \$75.00**.
 - b. If you found some forwarding information but not a complete address, select **Searched; found new lead/county - \$75.00**.
 - c. If you could not find any forwarding information on the family, select **Searched; No new info found - \$75.00**.
 - d. If you did not attempt to locate the family, select **No action taken - \$0.00**.

Access and Reimbursement Information	
LPH Agency Notified	Carver County
MDH Request Type:	Address Check
Date Event sent to LPH	02/16/2022
Result of Address Research	Searched; found lead/new county - \$75.00
Date of assessment or final contact attempt	MM/DD/YYYY
MDH Closed Case to LPH	

7. Enter the date completed in the required *** Date of assessment or final contact attempt** field.

Access and Reimbursement Information	
LPH Agency Notified <input type="checkbox"/>	Carver County <input type="text"/>
MDH Request Type:	Address Check <input type="text"/>
Date Event sent to LPH	02/16/2022 <input type="text"/>
Result of Address Research	Searched: found lead/new county - \$75.00 <input type="text"/>
* Date of assessment or final contact attempt	MM/DD/YYYY <input type="text"/>
MDH Closed Case to LPH	<input type="text"/>

8. Click on **Save & Stay** before checking the *** Submit to MDH** checkbox. Check the required ***Submit to MDH** checkbox, then save to close the wizard.

Entering health care provider or clinic Information

1. Within the *Provider Information* section of the *LPH Assessment* wizards, begin typing the first few letters of the first name of the case’s provider in the **Primary Care Provider** field. A dropdown will open with a list of providers. Click on the provider’s name you are looking for.

Provider Information	
Primary Care Provider	Jo <input type="text"/>
Primary Care Provider Clinic	JoAnn Johnson <input type="text"/>
Current Audiologist	JoAnne Hoffman-Jecha <input type="text"/>
Audiologist Facility Lookup	Joan Kovacovich <input type="text"/>
Problem area: Income	Joan Krueger <input type="text"/>
Income	Joan Trowbridge <input type="text"/>
* What type of insurance does	Joan Williams <input type="text"/>
Problem area: Communication with Community Resources	Joanna Burns <input type="text"/>
Communication with Community Resources	Joanne Roehr <input type="text"/>
* Preferred language	Jocelyn Libby <input type="text"/>
Preferred language notes	Jodi Zenti <input type="text"/>
	Joel Cassingham <input type="text"/>

2. In the **Primary Care Provider Clinic** field, type in the first few letters of the clinic name. A dropdown will open with a list of clinics. Click on the clinic name you are looking for.

Provider Information	
Primary Care Provider	<input type="text"/>
Primary Care Provider Clinic	aff <input type="text"/>
Current Audiologist	Affiliated Community Medical Center (ACMC) - Benson (9267), Benson, MN <input type="text"/>
Audiologist Facility Lookup	Affiliated Community Medical Center (ACMC) - Granite Falls, Granite Falls, MN <input type="text"/>
Problem area: Income	Affiliated Community Medical Center (ACMC) - Hancock, Hancock, MN <input type="text"/>
Income	Affiliated Community Medical Center (ACMC) - Market Street (9738), Marshall, MN <input type="text"/>
* What type of insurance does	Affiliated Community Medical Center (ACMC) - Marshall, Marshall, MN <input type="text"/>
Problem area: Communication with Community Resources	<input type="text"/>

- If the PCP and/or clinic name is **not** found in the dropdown list, use the magnifying glass on the right side to search for the PCP/clinic using parts or whole names.

Provider Information	
Primary Care Provider	<input type="text"/> 

If you are still unable to find the PCP/clinic, you can type in the first few letters of the word 'Other' in the field. A dropdown will open with 'Other' listed. Selecting 'Other' will open a new set of fields where you can enter the name and other information.

Provider Information	
Primary Care Provider	Other  
Primary Care Provider Name	<input type="text"/>
PCP Direct Phone	<input type="text"/>
PCP Direct Fax	<input type="text"/>
PCP Email	<input type="text"/>

Reimbursement for CYSHN Follow-up

Approximately two weeks before the end of each quarter, you will receive a reminder email to complete and submit cases for the quarter. You must complete the assessment and submit the event in MEDSS to receive reimbursement for that event. Events that are not submitted before they are closed will not be reimbursed. You have the remainder of the quarter the case was received plus one additional quarter to complete follow-up before the case will be closed for reimbursement.

The reminder email will include the dates of the quarter that cases were sent that will be closed at the end of the current quarter. For example, cases sent between October 1st through December 31st will be closed after the following April 1st.

Quarter dates

- January 1 – March 31
- April 1 – June 30
- July 1 – September 30
- October 1 – December 31

Check the 'Date Event sent to LPH' column in the following workflows to see if you have any cases that will be closed:

- LPH Follow-up to complete
- LPH additional follow-up to complete
- LPH second assessments

LPH Follow-up to complete (Last Update: 03/01/2022 08:01 AM)								
Event	Disease	LPH Agency Notified	Name	MDH Request Type	Date Event sent to LPH	Acuity	HL/HC case notes from MDH	BD case notes from MDH
100007431	Hearing Loss	Carver County	Peas And Carrots	Non- Reimbursable Notification	02/14/2022			

Additionally, check the *LPH submit follow-up* workflow to make sure it is empty. Any case that is completed but not submitted will appear here.

LPH Workflows for CYSHN			
LPH Follow-up to complete	6 (0)	Medium	03/01/2022 07:55 AM 
LPH additional follow-up to complete	0 (0)	Medium	03/01/2022 07:55 AM 
LPH second assessments	1 (0)	Medium	03/01/2022 07:55 AM 
LPH submit follow-up	0 (0)	Medium	03/01/2022 07:55 AM 

Instructions for running optional reports

Cases for Follow-up Invoice

As of 2022, LPH is **not required to run an invoice report for reimbursement**. However, if you would like to run the report to verify payment, you may do so.

1. Click on the **Reports icon** in the *Toolbar* on the top left corner of the *Dashboard*. The Maven Reporting screen will open.



2. Select **LPH CYSHN Reports** from the *Category* dropdown.
3. Select **CYSHN Cases for Follow-up Invoice** from the *Select Report* dropdown.
4. Enter the dates for the current invoicing period for the **Invoice Start Date*** and **Invoice End Date*** fields. The date range on the invoicing report is based on the dates you submitted a case to MDH. The dates you enter to run the report should reflect the dates of the quarter you are invoicing for.
 - a. For every case you have completed, you will need to have checked the *** Submit to MDH** box found in the *LPH Assessment*, *LPH Assessment – Second*, and *New Address Request* wizards, depending on the follow-up requested. This will automatically add the current date to the **Date LPH Submitted Event** field. A case will only appear on your invoicing report if the **Date LPH Submitted Event** falls within the dates of the quarter you are invoicing for.
5. Select your **County**. To select multiple counties, hold down the ‘Ctrl’ key while clicking on each county name.
6. Select **Excel w/Parameters** from the *Output Type* dropdown.
7. Click the **Run Report** button to download the report.
8. Open the downloaded report. If you are asked if you would like to open or save the report, select ‘Open’. This pop-up may not appear; the way you open a download is different for different Internet browsers.

Maven Reporting

Category: LPH CYSHN Reports ▾

Select Report: CYSHN Cases for Follow-up Invoice ▾

Description: This report should be run after 04/01/2022. Run this report before completing the CYSHN LPH Follow-up Invoice. The invoice start and end dates are based on the 'Date LPH Submitted Event' field and should reflect the invoicing period. To select multiple counties, use the 'Ctrl' key.

Invoice Start Date*: 01/01/2022

Invoice End Date*: 04/01/2022

County:

- Carlton County
- Carver County
- Cass County
- Chippewa County
- Chisago County

Output Type: Excel w/Parameters ▾

Run Report Dashboard Help

- The report shows you BD, HL, and HC events. The MDH Request Type will be either 'Request Address Check', 'Reimbursable Referral', or 'Second Assessment'. You'll see who documented the follow up for an event, the date completed, and the date submitted. The report is already sorted by Disease and Reimbursement Type. Tally the total count for each tier and address check separately for BD, HL, and HC events. The total number for each tier is what you will be reimbursed for in the specified quarter.

1	Report Name:	CYSHN Cases for Follow-up Invoice												
2	County:	Carver County												
3	Invoice End Date:	03/02/2022												
4	Invoice Start Date:	01/01/2022												
5	Report Time:	03/01/2022 08:47 AM												
6														
7	agency	Event ID	Disease	MDH Request Type	LPH Date Completed	LPH Date Submitted	Documented By	Reimbursement Type	Reimbursement Amount					
8	Carver County	100007430	BIRTHDEFECT	Reimbursable Referral	2/17/2022	2/17/2022	BDHL Carver	Level 2A	225.00					
9														
10	Count:	1												

Note: The data in the report is only updated once per day. If you submit a case on the last day of the quarter, please **wait 24 hours** before you run the report.

LPH requests (by agency) CYSHN events report

This report will pull cases based on the date the event was sent to LPH, and will include LPH request type information, basic demographics, birth mother information, preferred language, specific birth defect code(s) (when applicable), and the date the parent letter was sent (for birth defect cases only).

- Click on the **Reports icon** in the *Toolbar* on the top left corner of the *Dashboard*. The Maven Reporting screen will open.



2. Select **LPH CYSHN Reports** from the *Category* dropdown.
3. Select **LPH Requests (by agency) _CYSHN events** from the *Select Report* dropdown.
4. Select your **Agency**. To select multiple agencies, hold down the 'Ctrl' key while clicking on each agency name.
5. Select the **MDH Request Type**. To select multiple request types, hold down the 'Ctrl' key while clicking each request type.
6. Enter the dates for the report period for the **Start Date** and **End Date** fields. The date range for this report is based on the date MDH sent a case to LPH (**Date Event sent to LPH** which you can see in the Reimbursement Information section of the *LPH Assessment wizard*).
7. Select **Excel w/ Parameters** from the *Output Type* dropdown.
8. Click the **Run Report** button to download the report.
9. Open the downloaded report. If you are asked if you would like to open or save the report, select 'Open'. This pop-up may not appear; the way you open a download is different for different Internet browsers. The report will show you BD, HL, and HC events.

Maven Reporting

Category: LPH CYSHN Reports ▼

Select Report: LPH Requests (by agency)_CYSHN events ▼

Description: Select CYSHN events by LPH Agency Notified, MDH Request Type, and Date Event sent to LPH. Displays Event ID, LPH request information, basic demographics, birth mother information, preferred language, specific birth defect code (when applicable), and date parent letter sent (BD only).

LPH Agency Notified*:
 Carlton County
 Carver County
 Cass County
 Chippewa County
 Chisago County

MDH Request Type*:
 Address Check
 Reimbursable Referral
 Non- Reimbursable Notification
 Training
 Second Assessment

Report Period*: Date Range Period

Start Date: 01/01/2022 End Date: 01/31/2022

Output Type: Excel w/Parameters ▼