



The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Women's Mental Health

www.womenshealth.gov/mental-health

Life has its share of happy times, as well hard times — all of which can affect your mental health. Traumatic life events — such as dealing with a loved one's serious illness or death, a loss of a job, domestic violence, or sexual assault — can affect the mind and body. On the other hand, many of the things that bring great joy to your life, such as close relationships, a promotion, having a baby, or buying a home, also can cause stress on your mental health.

Changes in our physical health can also affect our mental health. For instance, changing hormone levels due to a woman's monthly period can affect her mood, causing irritability and tearfulness. Also, women's mental health is at greater risk for problems like depression during puberty, after having a baby, and in the years just before menopause. Depression also comes along with many illnesses such as cancer, heart disease, stroke, HIV, or autoimmune diseases.

Good mental health is an important part of a woman's overall health. All women feel worried, anxious, or sad from time to time. But a true mental health disorder makes it hard for a woman to function normally. It's important to remember that mental health disorders are real medical illnesses that can't be willed or wished away! They affect both the mind and the body; it's not just "all in your head." In fact, while most mental health disorders do not have a precise cause, they result from a combination of life events, brain chemicals, genes, hormones, and illness.

It is not your fault if you have a mental health disorder. You should not suffer in silence. Be patient with yourself and reach out to others for help. These illnesses can be treated successfully so that you can get back to enjoying life — not only for yourself, but for your family, too.

At www.womenshealth.gov/mental-health you will find information about mental health issues that affect women, links to the best organizations and publications on mental health and numbers to call for help in times of crisis.

Training: Child Safety in the Outdoor Play and Learning Environment

Colleagues: On April 22, 2010, from 2-4 p.m., Healthy Child Care Iowa will host an ICN training session with Heather Olsen, Ed.D., from the National Program for Playground Safety. The target audience is program administrators, teachers, nurses and consultants. For more information and to register, go to the Iowa Public Television Web site at www.iptv.org/iowa_database/event-detail.cfm?ID=10443.

To register for this session, click on the link provided. Read through the description of the event, then click on "register here" and follow the step by step instructions. You are welcome to request any room in Iowa. Watch you inbox for a confirmation/denial e-mail. If the site you selected is denied, IPTV is happy to help you find a room that will work. You may contact IPTV at 1-800-532-1290 or (515) 242-4181; (515) 242-4187 or by e-mail at abby@iptv.org.

Please share this announcement with your colleagues.

Folic Acid: Reaching Out to Women of Childbearing Age

Folic acid is a B vitamin that can help reduce a woman's chance of having a pregnancy affected by a serious birth defect of the brain or spine, called neural tube defects (NTDs).

Although a woman can get enough folic acid every day by taking a vitamin containing folic acid or eating a serving of fortified breakfast cereal, many women do not know about the importance of folic acid until they are already pregnant. Because these serious birth defects often happen before a woman knows she is pregnant, taking folic acid before and during early pregnancy is key. Further, although NTDs can affect any pregnancy, Latinas have higher rates of affected pregnancies than women of other racial/ethnic groups. Because of this, NCBDDD has focused many of its education and outreach projects on increasing folic acid awareness, knowledge and consumption among Latinas of childbearing age.



For more information about folic acid and how to order FREE folic acid materials in Spanish, go to www.cdc.gov/news/2010/01/folicacid.

Delay in Federal Poverty Guidelines

Congress has taken action to extend the 2009 Poverty Guidelines until April 30, 2010. The extension of March 31, 2010 (Public Law 111-118) was amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111-144), to read: amended by striking "March 21, 2010" and inserting "April 30, 2010"

An update on Federal Poverty Guidelines will be provided in **The Update** on/or about April 30, 2010.

Oral Health Recent Events



News from the Oral Health Bureau

FFY09 CMS 416 Oral Health Report

This year's CMS 416 Report confirms there is good news for the oral health of Iowa children. The report identifies the number of Medicaid-enrolled children receiving dental services from dentists and/or from Title V contractors. Services provided within community health center dental clinics or by private practice medical practitioners are not included.

Compared to FFY08, the report shows significant improvement in Medicaid-enrolled children receiving a dental service. Over 50 percent of children received a dental service in all previously measured age groups! This is nearly a 5 percent improvement in all age groups.

The age bracket of 0 – 5 was added this year to include the children under 1, and shows 43.7 percent of these children are receiving a dental service.

The county specific report can be found on the IDPH – Oral Health Bureau Web site at: https://www.idph.state.ia.us/hpcdp/oral_health_reports.asp.

Receiving Any Dental Service Statewide Averages		
	FFY08	FFY09
1 – 5 year olds	45.22%	50.5%
0 – 14 year olds	46.3%	50.9%
1 – 20 year olds	48.7%	52.8%

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Administration/Program Management

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee Meeting will be held April 29, 2010 from 9-11 a.m. via the ICN. This is not a required meeting for Bureau of Family Health contract agencies.

A listing of ICN sites, a tentative agenda and additional meeting materials can be download from pages 6-26 of **The Update**.

Calendar

April 29, 2010

Bureau of Family Health Grantee Committee Meeting

9 - 11:30 a.m., ICN

May 20, 2010

2010 Breastfeeding Conference

For more information, contact Holly Szcodronski at

1-800-532-1579

MAY

Contract Required Due Dates

10 - Due: CCNC Encounter
Data

15 - Due: GAX & Expenditure
Report

28 - Export WHIS Records to
IDPH

28 - Semi-Annual Quality
Assurance Summary
(CAREs and WHIS Review
Summaries)



THE UPdate



Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
FAX: 515-242-6013

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	jbeaman@idph.state.ia.us
Borst, M. Jane (Bureau Chief)	281-4911	jborst@idph.state.ia.us
Brown, Kim	281-3126	kbrown@idph.state.ia.us
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Hobert Hoch, Heather	281-6880	hhobert@idph.state.ia.us
Hoffman, Andrea	281-7044	ahoffman@idph.state.ia.us
Hummel, Brad	281-5401	bhummel@idph.state.ia.us
Johnson, Marcus	242-6284	mjohnson@idph.state.ia.us
Jones, Beth	242-5593	bjones@idph.state.ia.us
McGill, Abby	281-3108	amcgill@idph.state.ia.us
Miller, Lindsay	281-7368	lmiller@idph.state.ia.us
Montgomery, Juli	242-6382	jmontgom@idph.state.ia.us
O'Hollearn, Tammy	242-5639	tohollea@idph.state.ia.us
Pearson, Analisa	281-7519	apearson@idph.state.ia.us
Peterson, Janet	242-6388	jpeterso@idph.state.ia.us
Piper, Kim	281-6466	kpiper@idph.state.ia.us
Thorud, Jennifer	281-0219	jthorud@idph.state.ia.us
Trusty, Stephanie	281-4731	strusty@idph.state.ia.us
Ubiñas, Mary	281-4653	mubinas@idph.state.ia.us
Wheeler, Denise	281-4907	dwheeler@idph.state.ia.us
Wolfe, Meghan	281-0219	mwolfe@idph.state.ia.us

Area code is 515

BFH Grantee Committee Meeting

9-11 a.m.

ICN

Agenda

9:00 a.m.	Call to Order Introductions & Roll Call Approval of Minutes	<i>Val Campbell</i> <i>Val Campbell</i>
9:10 a.m.	Announcements Fall Seminar	<i>Andrew Connet</i>
9:15 a.m.	State/Federal Legislative Update	<i>Lynh Patterson/Jane Borst</i>
9:40 a.m.	Cost Reporting/Sliding Fee Scale	<i>Mary Kay Brinkman & Steph Trusty</i>
10:00 a.m.	WHIS Upgrade	<i>Steph Trusty (10 min)</i>
10:10 a.m.	Revised Oral Health RVUs	<i>Mary Kay Brinkman</i>
10:20 a.m.	TBD	
11:00 a.m.	Agenda Items for Next Meeting/ Adjournment	<i>Val Campbell</i>

Draft

BFH GRANTEE COMMITTEE MEETING

Date: February 16, 2010

Time: 9–11 a.m.

ICN

Members Present:

- | | |
|---|---|
| <p>Allen Memorial Hospital: Sandy Kahler*</p> <p>American Home Finding: Tracey Boxx-Vass*, Tom Lazio</p> <p>Black Hawk County Child Health Department: Rhonda Bottke*</p> <p>Child Health Specialty Clinics:</p> <p>Community Health Services of Marion County: Kate Roy*, Kim Dorn</p> <p>Community Opportunities, Inc. (d/b/a New Opportunities): Rebecca Fox*</p> <p>Crawford County Home Health: Kim Davis*, Laura Beeck</p> <p>Crittenton Center:</p> <p>Grinnell Regional Medical Center: Patty Hinrichs*, Kim Ruttledge</p> <p>Hawkeye Area Community Action Program: Sonya Clemons*, Tonya Nunez, Candice Chuhak</p> <p>Hillcrest Family Services: Sherry McGinn*</p> <p>Johnson County Dept. of Public Health: Erica Wagoner*</p> <p>Lee County Health Dept.: Michele Ross*, Peggy Moreland</p> <p>MATURA Action Corporation: Mary Groves*</p> <p>Mid-Iowa Community Action: Janelle Durlin, Lindsay Drew, Kate Pergande</p> | <p>Mid-Sioux Opportunity, Inc.: Dick Sievers*</p> <p>North Iowa Community Action Org.: Lisa Koppin*, Wendy Hippen, Wendy Taylor, Carla Miller</p> <p>Northeast Iowa Community Action:</p> <p>Scott County Health Dept.: JaNan Less*, Tiffany Kennedy, Tanya Smith</p> <p>Siouxland Community Health Center:</p> <p>Southern Iowa Family Planning: Vicki Palm*</p> <p>St. Luke's Family Health Center: Val Campbell*</p> <p>Taylor County Public Health: Joan Gallagher*</p> <p>Unity Health System: Mary Odell*, Patsy Willits</p> <p>Upper Des Moines Opportunity, Inc.: Ron Ludwig*</p> <p>Visiting Nurse Assoc. of Dubuque: Molly Lammers*, Jacquie Roseliep. Therese Maiers, Elaine Sampson</p> <p>Visiting Nurse Services: Cari Spear*</p> <p>Washington County PHN Service:</p> <p>Webster County Public Health: Kari Prescott*, Jennifer Ellis</p> <p>*Voting Representative</p> |
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Minutes

Handouts included: Agenda, October 5, 2009 Meeting Minutes, Iowa MCH2015 Needs Assessment Logic Model, Iowa MCH2015 Title V 5-Year Needs Assessment Data Detail Sheets

Val Campbell, Chair Michele Ross, Vice Chair Notes Taken by BFH Staff

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
<p><u>Call to Order</u> Introductions & Roll Call</p> <p>Approval of Minutes</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • Val called the meeting to order at 9:05 a.m. • Roll call to identify voting members from each agency. <p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • Motion made by Tom Lazio to approve the October 5, 2009 meeting minutes. Motion seconded by Vicki Palm. Motion approved.

<p><u>Announcements</u> 2010 Governor's Conference</p> <p>CMS 416 Report</p>	<p><i>Andrew Connet</i></p> <ul style="list-style-type: none"> • The 2010 Iowa Governor's Conference on Public Health will be held April 13-14 at the Scheman Conference Center in Ames. The brochure was sent out to all agencies. It is also available via the Iowa Public Health Association Web site at www.iowapha.org. • This is the event in Iowa for shaping public health policy and identifying emerging issues. There will be a broad range of public health policy issues. • Encouraged everyone to attend the 85th anniversary of the IPHA dinner at the end of the first day. • The Grantee Committee Meeting during the conference was cancelled. Instead there will be an ICN meeting on April 29 from 9-11:30 a.m. The meeting will not be required. Topics that we will cover are cost reporting and sliding fee scale. <p><i>Janet Beaman</i></p> <ul style="list-style-type: none"> • The Bureau of Family Health recently received the 2009 CMS 416 data from the Iowa Medicaid Enterprise. • There is good news! The statewide 2009 CMS 416 participation rate is 75%, which is an increase from 72% last year. • There are six child health agencies that either met or exceeded 80% for their overall agency. • The federal mandate is 80%, so there is still work to be done. The IDPH child health contract mandates an 80% participation rate for each county served. • Janet will send out an e-mail to all agencies regarding the CMS 416 report. The 2009 data is also posted on the IDPH EPSDT Web page (Under Providers). Agencies are encouraged to review the data.
<p><u>Legislative Update</u></p>	<p><i>Carrie Fitzgerald, Child & Family Policy Center</i> <i>Federal</i></p> <ul style="list-style-type: none"> • Work continues by advocates on national health care reform. President Obama is hosting a summit on Feb. 25th to discuss the issue. • Child & Family Policy Center is working with child health advocates across the country to make sure children health is a part of the national Health Care Reform debate. It is most helpful for Congress to have actual family/child stories of the need for national health care reform. Encouraged agencies/families to contact their Congressional representatives. Families or agency staff may contact Congress directly by calling U.S. Capitol Switchboard at (202) 224-3121, ask for your senators' and/or representative's office. Telephone calls are usually taken by a staff member, not the member of Congress. Ask to speak with the aide who handles the issue about which you wish to comment. Families/agencies may also send e-mails to Congressional representatives. Members of the House of Representatives may be located and contact at www.House.gov. Members of the Senate by be contacted at www.Senate.gov. • Advocating for Medicaid expansion. • Presidents budget proposal included an \$11 million dollar increase to Title V AMCHP. Child & Family Policy center will continue to advocate for this increase. The president also proposes \$919 million increase for Family

Planning, Title X.

State

- Last week was the first funnel week. There were approximately 30-50 subcommittees a day.
- There was a public hearing on the Reorganization Bill, SF 2088. The Senate passed the bill the week before and the House debated it last week. It looks like this bill will go to conference committee to determine the final version.
- Controversy over House vs. Senate versions of Empowerment are contained in the state government reorganization of SF 2088. The Senate and House bills are quite different. Local advocacy groups are making a huge impact on the Reorganization Bill with their stories and facts.
- HF 2056 made it through funnel which relates to national criminal history record checks for child care providers.
- Another bill prohibits DHS and DPH from requiring child care providers to become members of professional organization representing such providers (HF 2209).
- Another bill authorizes friends, relatives and neighbors to provide child care as unregistered child home care providers under certain circumstances (HF 2069 – companion to SF 2084).
- HF 2404 bill requires private insurers to cover audiological services from private insurers in Iowa. This passed out of Human Resources Committee last Friday and hoping to make this a bipartisan vote.
- SF 2092 (Health Reform Bill) – creates an Iowa Care Plus Program and an Iowa Choice Exchange. The Iowa Choice Exchange is an informational insurance exchange which will probably be a Web site to be developed to help consumers make choices that does not involve marketers.
- SF1 – requires certain group health insurance policies, contracts or plans to provide coverage for autism spectrum disorders for certain persons, requiring certification of behavior specialists.
- SF 2255 (successor to SF 2168) was recommended for passage. It would require employers go give an employee reasonable time at work, whether paid or unpaid, to express milk and to make reasonable efforts to find a private place other than the restroom stall.
- HF 781 - licensure of professional midwives was amended and passed. Midwives have had a strong presence.
- Hearing aid, midwives and breastfeeding bills are eligible for debate on the floor.
- HSB 634 - Iowa Nurses Now bill passed Human Resources Committee last week. This is a workforce shortage bill.
- Biggest thing happening is the State Reorganization Bill.
- The Child and Family Policy Center publishes a weekly newsletter and sends updates as needed during the week. The newsletter, “Every Child Counts” Legislative Update is available at no-cost. To receive the newsletter, please contact Carrie Fitzgerald via e-mail at carrief@cfpciowa.org or by telephone at (515) 280-9027.
- To track legislation, go to the Iowa Legislature Web site at www.legis.state.ia.us/index.html. Select ‘Track Legislation’ from the left-hand menu.

Denise Wheeler

- President’s budget added \$9.9 million for Title X.

	<ul style="list-style-type: none"> On state level there has been an effort to expand the family planning waiver known as IFPN. Bill is out of both the house and senate committee and will go on the floor for debate. Purpose is expand services to women who are insured but do not have coverage for family planning services and also for women ages 44-55.
<p>Questions for State Staff 1: Budget – How will the budget affect MCH programs? Because of the budget cuts, what is being done to decrease the labor and intensive paperwork for both grantor and grantees?</p> <p>2: Early Childhood System – How will the planning process for the Early Childhood system statewide going to impact the MCH programs? Is the state funding for CH going to be funneled through Empowerment at the discretion of the State Empowerment Board or the Department of Management? Are the changes firm, or are they dependent on what happens this legislative session? Will the RFP be significantly different due to multiple changes being</p>	<p>Heather Hobert Hoch</p> <ul style="list-style-type: none"> Question 1 Response: Jane Borst <ul style="list-style-type: none"> Thanked agencies for submitting questions. Communication is very important and we hope this method is helpful. IDPH’s goal is to minimize direct effects of budget cuts at the local level. The proposed MCHP budget increase at the federal level is not a “done deal.” Congress will still need to vote on this. If the \$11 million is passed, the most IDPH can expect to receive is about \$60,000 for local MCH programs and \$40,000 for CHSC. For FFY2010, we do not anticipate having to reduce the current budget unless there is an additional reduction, which we do not anticipate. Several child health programs received cuts. CHSC received additional decreases in muscular dystrophy, birth defects, PKU assistance. The 1st Five program was cut, which impacted the sustainability projects. Bureau is currently working on securing funds to reinstate the sustainability project reductions for current year. IDPH MCH/FP programs are in a good position due to the cost analyses that have been performed annually. We will have to be articulate about the work we do that is over and above what might be traditionally thought of in health care reform. If Health Care Reform passes, individuals/families will still need assistance in navigating the system, particularly for families who have not interfaced with public-level systems. What efforts are taking place to reduce some of the labor-intensive aspects of MCH/FP? The dept. has undertaken a comprehensive services contract improvement project and are in the process of piloting those elements. Will begin to be implemented July 1, 2010 and the contract management is scheduled to move to a totally electronic means by Oct. 2010. Some of our agencies were involved in the pilot program for this process. Agencies need to be clear with state staff about local needs. Question 2 Response: Gretchen Hageman <ul style="list-style-type: none"> The requirement for Title V agencies to provide Early ACCESS service coordination will not be changing. The IDPH is a signatory partner in building the statewide Early ACCESS system (signed Memorandum of Agreement in 2002 and 2008). As a signatory partner, IDPH has identified specific populations of children to provide Early ACCESS services. (Iowa Administrative Rules for Early ACCESS 120.4(10)). Bill 2088 – start of the Reorganization Bill - early childhood education section. House amendment 8075 drastically changed what was proposed in 2088. 2088 changed the work of Empowerment and

<p>suggested with Empowerment and credentialing of home visitor programs?</p>	<p>ECI under the Dept. of Education. This was supported by IDPH, Dept. of Ed and Dept. of Human Services. 8075 kept the Office of Empowerment and Dept. of Management and kept the ECI Council under IDPH.</p> <ul style="list-style-type: none"> - It is unknown at this time what the results will mean for the agencies. Lynn Patterson, IDPH Legislative Liaison, is following the progress of this bill. - Empowerment, school influence, AEAs are all components of 2088. - Will state funding for child health be funneled through Empowerment? This is not currently part of the senate or house bill. - What implications for the RFP? We cannot comment on the RFP at this time. IDPH supports the Family Support credentialing process – encouraged agencies to go through this process, which is available online. - Jane Borst – IDPH has signed on to and supports the credentialing for home visiting. The federal level supports home visiting and evidence-based practices. Iowa is well-positioned to move forward.
<p>3. With the restructuring of the CCR&R offices, what direction does the bureau intend to take with the CCNC position?</p>	<ul style="list-style-type: none"> • <i>Question 3 Response: Sally Clausen</i> <u><i>Restructuring and future status of CCRRs</i></u> <ul style="list-style-type: none"> - The competitive bid process for Child Care Resource and Referral agencies (CCRR) has been place on-hold based on many other changes occurring with the Iowa Department of Human Services (DHS). - DHS is the state government entity funding and having authority to administer child care resource and referral programs. Because of the significant state government reorganization impact on DHS – DHS has asked to have the CCRR competitive bid process delayed. This delay may be as long as 1 year. - There has been no official announcement from DHS regarding the regional child care nurse consultant positions currently administered by CCRRs nor has there been an official announcement about the health and safety components of the Iowa Quality Rating System.
<p>IDPH received a question about IDPH Claims Payment process.</p>	<ul style="list-style-type: none"> • <u><i>CCNCs and the MCH-RFP</i></u> <ul style="list-style-type: none"> - There is future need for health and safety consultation from child care nurse consultants (CCNC). The Bureau of Family Health and the department have not wavered in their programs and personnel. - The department continues to support the role of professional nurses conducting this health and safety consultation. Upon review of the MCH-RFP applicants will find continuation of the CCNC role and responsibilities included. - During 2009 an evaluation was conducted of the CCNC system. MCH grantees received a copy of the evaluator’s comments and recommendations at the Fall 2009 MCH Grantee meeting. - Grantees had the opportunity to discuss the evaluator’s comments and complete an anonymous survey. The survey results were included in the final report. The evaluation report addressed staffing, recruitment and retention, funding, data collection and interagency communication. The final report is anticipated for released in March 2010. - <i>Work force forecasting regarding FTE needs:</i> Department staff and regional child care nurse consultant have developed rubric to

	<p>forecast the FTE need for CCNC services. The formula is based upon number of child care/early education businesses, child population and geographic area. Several MCH agencies received preliminary FTE projects to review. Work on the rubric continues.</p> <ul style="list-style-type: none"> – <i>Spring CCNC training is moving forward</i>, Analisa Pearson is the coordinator for the training. Questions can be addressed to Analisa at apearson@idph.state.ia.us or by telephone at (515) 281-7519 (toll-free at 1-800-383-3826). Agencies planning to send a RN to the training need to contact Analisa. <p><i>Heather made a statement that to answer this question requires individual consultation.</i></p>
<p><u>Title V Needs Assessment</u></p>	<p><i>Gretchen Hageman</i></p> <ul style="list-style-type: none"> • Refer to handouts: Title V Needs Assessment Data Detail Sheets and Logic Model • This assessment process began in March 2008. Over 260 stakeholders have contributed their input. • We are now in Phase 3 of the Logic Model – Plans. • On the Data Detail Sheets, page 2 contains Problem Statements and Proposed Performance Measures. Comparison was made with the national performance measures; from this, eight state performance measures were determined. • Jane: these performance measures set our direction for the next five years for MCH/FP. • Gretchen: More details on this process are available on the IDPH Bureau of Family Health Web pages at www.idph.state.ia.us/hpcdp/family_health.asp.
<p><u>WHIS Upgrade</u></p>	<p><i>Steph Trusty</i></p> <ul style="list-style-type: none"> • WHIS upgrades progress report: several forms have changed, including the following: <ul style="list-style-type: none"> – Primary payment method – Several of the lists were shortened by deleting items not being used – Comment box length expanded to be able to capture billing related documentation – Nursing assessment and translator status – Prompts for dental billing codes – Dental forms used to have corrupt aspects that were corrected – Needs assessment and care plan form revised to be easier to use – Removed risk assessment validation form to allow paper submission – New report generation – outreach, care coordination, dental reports, others • Next steps: pilot the changes; MICA has volunteered to be the pilot site. • All agencies will eventually need to load the upgrade during the same week. A subcontractor will not be able to use the new system before its contractor has loaded the system. A date has not yet been set for the implementation.
<p>Comment – Tom Lazio</p>	<ul style="list-style-type: none"> • Tom Lazio stated that a group of MCH providers from across the state met to discuss the upcoming MCH RFP.

	<ul style="list-style-type: none"> • Several providers who attended, as well as others who were contacted, stated they were considering whether or not to apply for the upcoming RFP. • A letter has been sent to Julie McMahon to arrange a meeting to discuss their concerns about the MCH program.
<p>Agenda Items for Next Meeting/Adjournment</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • The next BFH Grantee Committee Meeting will be held on April 29, 2010 via ICN from 9-11:00. Attendance will not be required for Bureau of Family Health contract agencies. • If you have an agenda item for the next meeting, contact Val Campbell at campbev@crstlukes.com or Heather Hobert Hoch. • Motion JaNan Less, Scott County, 2nd Tom Lazio to adjourn. Meeting adjourned at 10:20 a.m.

BUREAU OF FAMILY HEALTH GRANTEE COMMITTEE MEETING
April 29, 2010
9-11 a.m.
ICN Sites

<p>Anamosa Anamosa High School 209 Sadie Street, Room 113 Phone: 319-462-3594 Primary Local Site Contact: <i>Liz Scott – 319-462-3594 x211</i></p>	<p>Hiawatha Hiawatha Public Library 150 West Willman Street, Meeting Room Phone: 319-393-1414 Primary Local Site Contact: <i>Pat Struttmann – 319-393-1414</i></p>
<p>Boone Boone High School 500 7th Street, Room 154 Phone: 515-433-0890 Primary Local Site Contact: <i>Billie Dow – 515-433-0995 x301</i></p>	<p>Iowa City University of Iowa - 1 At the end of North Madison Street, North Hall, Room 103 (http://www.uiowa.edu/homepage/hub/tours.html) Phone: 319-335-2042 Primary Local Site Contact: <i>Pam Emerson – 319- 335-2042</i></p>
<p>Burlington Notre Dame High School 702 South Roosevelt Avenue Phone: 319-754-8431 Primary Local Site Contact: <i>Rosemary Smith – 319-754-8431 x358</i></p>	<p>Knoxville Knoxville High School 1811 West Madison, Room 125 Phone: 641-842-2173 Primary Local Site Contact: <i>Paul Emerick– 641-842-2173</i></p>
<p>Calmar Northeast Iowa Community College 1625 Hwy 150 South, Industrial Technologies Bldg, Room 115 Phone: 563-562-3263 Primary Local Site Contact: <i>Judy Bonnstetter – 800-728-2256 x333</i></p>	<p>Letts Letts-Louisa-Muscatine Jr/Sr High School 14354 170th Street Phone: 563-726-3421 Primary Local Site Contact: <i>Doug Kutzli – 563-441-4119</i></p>
<p>Carroll Kuemper High School 109 South Clark, Room 175 Phone: 712-792-3596 Primary Local Site Contact: <i>John Kitch – 712-792-3596 x229</i></p>	<p>Marshalltown Iowa Valley Community College - 2 3702 South Center Street, Continuing Education Center, Room 527 Phone: 641-752-7106 Primary Local Site Contact: <i>Mary Emke – 641-752-4645 x5620</i></p>
<p>Council Bluffs Iowa School for the Deaf - 1 3501 Harry Langdon Boulevard, Careers Bldg, 2nd Floor Phone: 712-366-3647 Primary Local Site Contact: <i>Christy Nash – 712-366-3647</i></p>	<p>Mason City North Iowa Area Community College - 4 500 College Drive, Room CB118 Phone: 641-423-1264 Primary Local Site Contact: <i>Linda Rourick – 641-422-4336</i></p>

<p>Creston Green Valley AEA 1405 North Lincoln, Turner Room Phone: 641-782-8443 Primary Local Site Contact: <i>Tina Smith – 641-782-8443 x201</i></p>	<p>Monticello Kirkwood Community College 220 Welter Drive, 2nd Floor Phone: 319-465-2302 Primary Local Site Contact: <i>Kristi Black – 319-465-5988</i></p>
<p>Davenport Eastern Iowa Community College - 1 326 West 3rd Street, Kahl Educational Center, Room 300 Phone: 563-336-5200 Primary Local Site Contact: <i>Catarina Pena – 563-336-5228</i></p>	<p>Ottumwa Indian Hills Community College - 6 651 Indian Hills Drive, Video Conferencing and Training Center Phone: 641-683-5245 Primary Local Site Contact: <i>Ruth Reynolds – 641-683-5245</i></p>
<p>*Des Moines – Origination Site Department of Public Health 321 East 12th Street, Lucas Building, 6th Floor, NW quad Phone: 515-281-7689 Primary Local Site Contact: <i>IDPH Receptionist – 515-281-7689</i></p>	<p>Remsen Remsen–Union High School 511 Roosevelt Phone: 712-786-1101 Primary Local Site Contact: <i>Stacey Galles – 712-786-1101</i></p>
<p>Dubuque Community School District - Forum 2300 Chaney, Marv O’Hare Administration Office, Forum Bldg Phone: 563- 552-3000 Primary Local Site Contact: <i>Elaine Core - 563-552-3000</i></p>	<p>Schleswig Schleswig Middle School 714 Date Street, Room 402 Phone: 712-676-3313 Primary Local Site Contact: <i>Derek Schroeder – 712-676-3313</i></p>
<p>Fort Dodge Trinity Regional Medical Center 802 Kenyon Road, ICN Room Phone: 515- 574-6612 Primary Local Site Contact: <i>Kathy Nash – 515-574-6612</i></p>	<p>Sioux City Sioux City Public Library 529 Pierce Street Phone: 712-255-2933 Primary Local Site Contact: <i>Marla Kerr – 712-255-2933 x213</i></p>
<p>Grinnell Iowa Valley Community College 123 6th Avenue West, Room 121 Phone: 641-236-0513 Primary Local Site Contact: <i>Diane Karr - 641-236-0513</i></p>	<p>Underwood Underwood High School 629 North Street, Room 115A Phone: 712-566-2703 Primary Local Site Contact: <i>Roger Pearson - 712-566-2703</i></p>
<p>Hartley Hartley-Melvin-Sanborn High School 300 North 8th Avenue West, Room 3 Phone: 712-928-3406 Primary Local Site Contact: <i>Janet Stoneking– 712-928-2022</i></p>	<p>Washington Kirkwood Learning Center 111 Westview Drive Phone: 319-653-4655 Primary Local Site Contact: <i>Nancy Rash - 319-653-4655</i></p>
	<p>Waterloo Waterloo Public Library 415 Commercial Street, Small Meeting Room, Room C Phone: 319-291-4496 Primary Local Site Contact: <i>Cathy Riechmann – 319-291-4496</i></p>

*Origination site

FAMILY PLANNING - PROGRAM REVIEW

Iowa Department of Public Health

Date: _____ Agency: _____ State Staff: _____

Local Staff: _____

Data

% Eligible pop. served (Based on latest Alan Guttmacher Institute estimates)

Current users (Last CY)

% Poverty

% Adolescent

Service Delivery

	Yes	No	N/A
Title X Dollars Not Used for Abortion			
Services are voluntary			
Services are confidential			
No-contact policy assesses methods to contact clients while protecting confidentiality			
Intake interview is conducted in private			
Costing and Cost Saving Activities			
Costing completed in last year			
Obtained results			
Applied findings			
Appointments			
Person(s) responsible			
Failed appt. policy			
Walk-in policy			
Appointment availability for adolescents: _____			
Recall Methods for Missed Appointments			
Mail			
Phone (Home)			
Phone (Cell)			
Verbal only			
Referral procedure			
Client informed of importance to follow-up			
Follow-up assigned			
Criteria			
Release of info. signed			
Linkages (list below)			
Contracts or			
Memos of understanding			
Medical Emergencies (vaso-vagal reactions, anaphylaxis, syncope, cardiac arrest, shock, hemorrhage, and respiratory difficulty)			
Policy in place			
All employees trained			
Necessary equipment			
Non-Medical Emergencies (natural disasters, violent acts, fire)			
Policy in place (site-specific and define role of staff)			
All employees trained			

Quality of Service

	Yes	No	N/A
Medical protocols			
Current			
Reference current national standard of care when vary from Title X Guidelines			
Reviewed yearly			
Person responsible: _____			
Standing orders from physician when indicated			
Current			
Reviewed yearly			
Person responsible: _____			
Job Descriptions			
Current/appropriate			
Reviewed yearly			
Person responsible: _____			
Manuals current			
Copies of professional licenses current			
Release of medical records protocols			
Written consent for the release of personally identifiable information, except as required by law			
When information is requested, agencies release only the specific information requested			
Information collected for reporting purposes may be released in the aggregate, so as not to identify individuals			
Upon request, clients transferring to other providers must be provided a copy or summary of their record			

Personnel Policies

	Yes	No	N/A
Clinic staff meetings			
Agency staff meetings			
Training updates			
New employees trained			
Continuing education offered			
Statement in project personnel files acknowledging possible prosecution if coerce any person to undergo abortion or sterilization			
Conflict of interest policy is signed and in personnel files			

Community Education and Project Promotion

	Yes	No	N/A
Current annual plan (review plan)			
Is the plan adequate?			
Resources/who is available: _____			
Community			
Mass media			
Posters			
Public Presentations			
Schools			
Churches			
Other(s) Describe: _____			
Presentation content in compliance (based on review of materials used)			
Content for adolescents on			
Parental involvement			
Adolescent decision-making			
STI/HIV Prevention			
Clinic servicing			
Confidential services			

Voluntary services			
Sliding fee			
Strategies to avoid coercive sexual activity			
Professional			
Physicians			
OB Departments			
PHN			
School Nurses			
AEAs			
Other(s)			
Client			
Newsletter			
Program information pamphlet			
Special efforts for high-risk			
Special efforts for minorities			
Other(s)			

Review of Grant Application

Yes No N/A

Work plan			
On schedule			
Evaluation plan			
What activities are focusing on national priorities? _____			

Patient Fee and Collections (review income, fee schedules & policies)

Yes No N/A

Basis of current fee schedule (review)			
Costing activities			
Description: _____			
Clients placed accurately on the income scale			
Review client income verification forms and procedures			
Is income verified?			
Is income verification a barrier to services?			
Can fees be waived for good cause?			
Is confidential minor income assessment based on the minor's income only?			
Review of fee schedule			
Are services free for those clients under 100% poverty?			
Are current poverty guidelines incorporated?			
Are sliding fees charged between 101% and 250%?			
Are charges appropriate?			
Are donations voluntary?			
Are there failed appointment or supply pickup fees?			
Are postage & handling fees based on income?			
Are discounts applied to balances after insurance pays?			
Review payment & collection policies			
Describe how unpaid balances are solicited from confidential clients			
Billing procedures safeguard confidentiality for no-contact clients			
Describe how unpaid balances are solicited from non-confidential clients			
Contraceptive supplies are not rationed for non payment			
Is client's sensitivity & dignity maintained?			
Do client bills show total charges minus discounts?			
Are all third parties billed for total charges without discounts?			
Is there a method for aging outstanding accounts? Describe			

Review of agency policy regarding availability of services regardless of ability to pay Describe_____			
Review procedure for separation of patient financial/balance due information from clinical records is separation assured? Comments_____			
Review policies for referring clients to collection agencies: Comments			

Community Participation (Information & Education Committee)

	Yes	No	N/A
Process for soliciting community participation and input for development, implementation and evaluation of the program			
Committee has local racial & ethnic representation			
Committee members are knowledgeable about community family planning needs			
Review minutes of Community Participation meeting			
Minimum of one meeting per year			
Minutes reflect actions taken on materials			
Educational material evaluation forms on file			
Comments:			
Describe the review process for all materials provided to clients:			
Describe the process for local input for the program plan:			

***NOTE: Materials developed by IDPH will be approved through state level I & E committee: therefore, local approval is unnecessary for these specific materials.**

Civil Rights

	Yes	No	N/A
What activities has the agency implemented to be in compliance with Title VI (Civil Rights Act)?			
Does the agency assure there is a non-discrimination policy for clients?			
Are facilities accessible to people with disabilities? (Americans With Disabilities Act – Public Law 101-336) (review disability accessibility assessment)			

Facilities

	Yes	No	N/A
Are facilities available at the times convenient to clients?			
Do facilities meet local fire, building & licensing codes?			

Compliance with Iowa law

	Yes	No	N/A
Does the agency have policies for reporting child abuse consistent with Iowa child abuse reporting requirements?			

Appendix A11: Agency Administrative On-Site Review

Agency: _____

Programs: WIC, MH, CH, FP

Date of on-site review: _____

Agency staff consulted: _____

Department reviewer: _____

Date of last administrative review: _____

List any recommendations and requirements from previous administrative reviews that are still unmet:

Yes No N/A

I. Organizational Chart:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Documents on file are consistent with current organizational structure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Actual lines of supervision are reflected. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Agency has notified the Department, in writing, of required staff changes. |

II. Agency lines of Communication and/or Management:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. How often are agency staff meetings held? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. How are staff minutes dispersed to staff? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. How often are meetings with subcontractors held? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. How are subcontractor meeting minutes dispersed? _____ |

III. Subcontractors:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Agreements, contracts, and memoranda of understanding have been signed for current grant year prior to effective date. (Check against list of subcontractors for each contractor in Appendix A of contract.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Subcontracts are in compliance with Article 5 of the General Conditions dated February 1, 2007. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. For Subcontracts, the qualifications and responsibilities are stipulated in the contract, or with contracted providers, as required by Americans with Disabilities Act of 1990 (ADA). |

IV. Licensure:

- A. Agency has on file verification of current licensure status of professional staff, including contracted staff.

V. OSHA Bloodborne Pathogens Standards:

- A. Agency exposure control plan meets all of the OSHA Bloodborne Pathogens Standards.
- B. Employees directly exposed to bloodborne pathogens signed the "Hepatitis B Immunization Consent/Refusal Form".
- C. Agency conducts training and education (at the time of hire and annually thereafter) concerning bloodborne pathogen exposure.
- D. Records of training are kept for at least three years.

VI. Personnel Policies:

- A. Conditions of employment include recruitment, selection, termination, promotion, and compensation (including fringe benefits)
- B. Leave and absence.
- C. Grievance procedure.
- D. Provision for career development or continuing education.
- E. Nondiscrimination policy, to be consistent with Title VI of the Civil Right Act, Section 504 of the Rehabilitation Act of 1973, and Title I of the Americans with Disabilities Act.
- F. Employee orientation program.
- G. Employee performance evaluation.
- H. Policies reviewed according to the agency policy and updated as needed.

VII. Employee/Personnel Files:

- A. Employee performance review in employee personnel files is in compliance with Employee Performance Evaluation Policy. (Randomly selected a representative sample and all Family Planning personnel files.)
- B. Confidentiality of personnel records are insured in what way(s)? _____
 Locked cabinet? Yes No

VIII. Employment Application Form:

- A. Forms are in compliance with civil rights regulations.
- B. Form includes a detachable demographic data sheet.

IX. Job Description:

- A. Every agency position in the budget has a written job description available.
- B. Job descriptions delineate qualifications and responsibilities.
- C. Job descriptions are dated and reflect current responsibilities.
- D. Job descriptions are updated regularly to delineate essential functions.

X. Salary Schedule:

- A. Salary schedule is current.
- B. Salaries for budgeted positions agree with this schedule.

XI. Civil Rights:

- A. Contractor is in compliance with Title VI of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the 1973 Rehabilitation Act.
 - 1. Agency has appointed a Section 504/ADA coordinator:

 - 2. The section coordinator has taken recommended Civil Rights training.
 - 3. Agency is prepared and willing to provide “reasonable accommodation” to an applicant or employee who requests it.
 - 4. Service sites have been evaluated for handicapped accessibility and have written documentation. By whom: _____
- B. The agency is in compliance with Affirmative Action requirements.
 - 1. Agency has an Equal Employment/Affirmative Action (AA) officer:

 - 2. Agency has a current Affirmative Action policy and plan.
 - 3. The plan analyzes and compares the agency’s workforce to labor.
 - 4. Areas of under-utilization are identified. Goals, objectives, action steps, and timetables have been developed to correct these under-utilizations and revised to reflect progress.
 - 5. The AA plan is evaluated and updated at regularly specified intervals to reflect progress. At what intervals? _____

XII. Inventory Control:

- A. The Department’s computerized inventory record reconciles with items on site.

XIII. Fiscal Policies and Control:

- A. The agency tracks interest earned on advances.
- B. The agency remits such interest, at least quarterly, to the Department.
- C. A system to compare actual vs. budgeted expenditures is in place.
 - 1. Monthly reports of budgeted and actual expenditures are reviewed and approved.
 - 2. All prior approval budget revisions have been submitted to the Department.
- D. Allocating administrative and/or indirect costs charged to the program has a valid methodology.
 - 1. Cost allocation plan is current.
 - 2. Supporting documentation is available.
 - 3. WIC and/or MCH funds pay for a vehicle lease arrangement.
 - 4. The terms of the lease comply with federal policies.
- E. Agency personnel perform all accounting functions.
- F. All required monthly, quarterly, and closeout reports have been received by the Department.
- G. Patient bills show total cost of services and fees based on the sliding fee scale, as applicable
- H. MCH – billing procedures for third party payers, and other funding sources, are in place.
- I. MCH and FP programs have a sliding fee scale.
- J. Sliding fee scale is applied after payment from other sources is received.
- K. The methodology for deferring fees meets program requirements.

XIV. Time Records:

- A. Time records allow reporting for more than one program.
- B. Time records accurately reflect total distribution of work time.
- C. Time studies and payroll records balance.
- D. All agency personnel keep time records.
- E. Time records are maintained and signed or provide for dual verification system. _____

XV. Expenditures and Documentation:

- A. Chart of accounts is current.
- B. The agency fiscal year covers the following time period _____

- C. Agency-wide audit is conducted annually.
- D. Agency audit checked by Department auditor.
- E. Expense reports and vouchers are prepared and signed properly.
- F. Expenses are within contractual and budget parameters.
- G. Monthly expense reports and agency ledgers match.

Child Health Only:

XVI. Early Periodic Screening Diagnosis and Treatment:

- H. Protocols in the EPSDT Handbook:
- Informing services
 - Care coordination services
- I. Date of last protocol review: _____
- J. Protocols shared on a regular basis with staff and subcontractors.
- K. Time studies, reflecting 20 days continuous recording for every quarter, are on file for EPSDT services.
- L. EPSDT services that reflect 20 days continuous recording every quarter.

WIC Only:

XVII. WIC Agency:

- A. WIC Agency is in compliance with the Voter Registration Act of 1993.

XVIII. WIC Nutrition Education and Breastfeeding Documentation

- B. Supporting documentation is adequate for WIC Nutrition Education and Breastfeeding Documentation.
1. Time studies and time certificates are current for all required staff and contracted personnel.
 2. Time is recorded appropriately on daily and monthly summary report.
 3. Time is being calculated and charged correctly.
 4. The year-to-date percentage of total expenditure in nutrition education and breastfeeding is at least 20%.
 - Breastfeeding- 3
 5. Breast pumps are purchased with food funds (not NSA).

XIX: Inventory Control

- C. WIC's infant formula sample inventory and/or issue log is maintained in a current and accurate manner.
- D. A specified person has been named as responsible for maintaining the log.

XX. In the exit interview, recommendations and requirements from this review were orally presented to management staff of:

Recommendations

Requirements

To assist with your planning for the On-Site Review, this listing of documents should be available during the review:

- Current table(s) of organization
- Administrative and personnel policies and procedures
- Verification of current licensure status of professional staff
- Current job descriptions for each budgeted position
- Current salary schedule
- Employee performance evaluation form
- Employment application form
- Time sheets
- Affirmative action plan
- Verification of compliance with OSHA bloodborne pathogens standards and the Americans with Disabilities Act of 1990
- Clinic site accessibility evaluation documentation
- Equipment inventory list and procedures
- Fiscal policies and procedures
- Fiscal records, chart of accounts, and support documentation
- Contract and budget file
- Vehicle lease agreement
- Contracts and agreements with other providers or agencies
- Rent leases/agreements and space cost allocation plan
- Cost allocation plan for shared costs
- MCH/FP sliding fee, billing, collection and bad debt policies
- Documentation of compliance with requirements of previous reviews.

Oral Health Bureau
OH Reimbursement Rate Comparison
March 17, 2010

Code	Current RVU (2010)	IHS RVU
D0120	26.66	26.66
D0145	38.09	38.09
D0150	38.09	38.09
D0270	19.04	17.52
D0272	22.85	25.52
D0274	30.47	34.66
D1110	57.13	75.80
D1120	38.09	38.85
D1206	14.55	21.33
D1310	45.70	54.57
D1320	41.90	26.28
D1330	26.66	39.23
D1351	30.47	30.47