



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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Taskforce Focuses on Education to Prevent ATV Collisions

by Kristel Wetjen, RN, BSN, Pediatric Trauma Coordinator and Pamela Hoogerwerf, Community Outreach and Injury Prevention Coordinator, University of Iowa Children's Hospital, ATV Taskforce Co-directors

Did you know that each year more Iowa children die on All-Terrain Vehicles (ATVs) than on bikes? Since their introduction in the mid-1970s, ATVs have been a consistent and growing source of deaths and injuries in Iowa and across the nation. In fact, one in three ATV crashes involve children and adolescents under the age of 16. The Consumer Product Safety Commission estimates that in the U.S. alone, ATV-related crashes annually account for over 500 deaths, 1.1 million emergency visits and \$3 billion.

Since 2002, records show that more than 200 ATV crashes occur each year in Iowa. Most of these result in injuries serious enough to require emergency treatment in Iowa's trauma centers. The most common type of injury and cause of death are head injuries.

What makes these machines so incredibly dangerous? Two of the characteristics that increase the risk of losing control on an ATV are their high center of gravity and underinflated tires. Other risk factors include drugs and alcohol among ATV users 16 to 25 years of age, the increasing size and speed of vehicles, and carrying passengers on single-person ATVs. Males are more than twice as likely as females to be involved in crashes. More than half of all ATV-related crashes on roadways involved collisions with other vehicles, whereas off-road crashes more often involved non-collision events, such as rollovers. A growing source of concern to health care providers is crashes in which riders become pinned by their ATV. This concern increases as newer machines can weigh up to 800 pounds or more, and can travel at highway speeds. If help is not immediately available, crashes in these situations often are deadly.

continued on next page

10 Safety Tips for ATV Riders (STARs)

- 1. Always wear your helmet** - There are currently no helmet laws in Iowa and helmet use overall is relatively low, as it is in many states. It has been estimated that helmets could reduce ATV-related deaths by over 40 percent and nonfatal head injuries by over 60 percent.
- 2. One person at a time** - Traditional ATVs are built to be ridden by one person, as they are a “rider-active” machine. This means that the driver must be able to freely move his or her weight around on the machine to maintain stability, something that cannot be done when multiple people are on the machine. This holds true for adults giving younger children rides.
- 3. Ride on the right size machine** - ATV engine size dictates the physical size of the machine, as well as the speed which it moves.
- 4. Always wear protective gear** - Protective gear should include a helmet, long-sleeved shirt, long pants, closed toed shoes, gloves and eye protection.
- 5. Never ride on the road** - ATV tires are made to grip dirt, which leads to difficulty controlling the machine on a paved road. In addition, ATVs’ low profile makes it difficult for car and truck drivers to see, increasing the chance of a crash. ATVs typically move at high speeds while on the road, thereby increasing the severity of injury if a crash or rollover occurs.
- 6. Take an ATV safety course** - The Department of Natural Resources offers hands-on training courses. Visit www.uihealthcare.org/keepingkidssafe and click on the DNR link for more information or to find a nearby course.
- 7. Tell someone where you are going** - It is that important that someone knows where you are going and when to expect you home. In rural Iowa, cell phone service can be irregular, and if a crash occurs it may be difficult to call for help. It is important that your family knows where to look for you if you don’t arrive at the appointed time.
- 8. Respect private property** - Private property is just that: private. There could be unknown dangers in that location. Stay safe and stay away.
- 9. Never use drugs or alcohol** - Driving a vehicle while under the influence of drugs or alcohol is illegal. Because an ATV can travel at the same rate of speed as other vehicles, it makes sense that the same rules apply. Drugs and alcohol slow reaction times, impairing your ability to be rider active and increasing the likelihood of crashes.
- 10. Always obey the rules** - For your copy of Iowa’s ATV Rules and Regulations, visit www.iowadnr.gov/Recreation/AllTerrainVehiclesATV.



Administration/Program Management

IME Informational Letter #1128: Enrollment Renewal Launch 2012

The Iowa Medicaid Enterprise has released Informational Letter #1128 announcing an enrollment renewal process starting immediately! This is a requirement for all Medicaid providers in order to stay active in the Iowa Medicaid program. Providers who fail to complete the enrollment renewal by December 31, 2012 will have their Medicaid provider number terminated.

Enrollment renewal is completed electronically on the Iowa Medicaid Portal Access at <https://secureapp.dhs.state.ia.us/imp>. The provider will:

- Legally accept the new agreement.
- Verify a listing that identifies each professional and institutional component of the provider organization and structure.
- Complete the Ownership and Control Disclosure.
- Collect individual Social Security Numbers. Federal regulations require State Medicaid Agencies to screen all Medicaid and IowaCare providers. (See 42 CFR § 455.410 (2011) Enrollment and Screening of Providers and 42 CFR § 455.104 (2011) Disclosure by Medicaid Providers and Fiscal Agents). The individual SSN is required in order for the IME to check against the Office of Inspector General's List of Excluded Individuals and Entities and the Centers for Medicare and Medicaid Services Medicare Exclusions Database. The individual SSN is required for screening purposes only. It does not pertain to claims processing or payment.

To start the renewal process, print, complete and return the Designated Contact Person form. This form can be found on the IME website at www.ime.state.ia.us/Providers/Enrollment/html. A contact person must be designated for the coordination of the provider enrollment renewal process.

Upon receipt of the DCP form, the IME will assign a unique Personal Identification Number associated with the organizations' Tax Identification. The designated contact person will receive an email containing the PIN number(s). The PIN number, Tax ID and National Provider Number are used as the combination key to open the online application for enrollment renewal via the Iowa Medicaid Portal Access at <https://secureapp.dhs.state.ia.us/imp>.

See Informational Letter #1128 on pages 8-9 of **The Update** for additional information. If you have questions regarding Enrollment Renewal, please contact the IME Provider Services Unit at 1-800-338-7909 Option 5 (or 515-256-4609 in the Des Moines area) or by email at imeproviderservices@dhs.state.ia.us.

Administration/Program Management

IME Informational Letter #1130: Exclusion from Participation in Federal Health Care Programs

The Iowa Medicaid Enterprise has released Informational Letter #1130 which provides an annual reminder of the federal rules and enforcement provisions related to providers who are excluded from the Medicaid program. Rules and penalties are associated with either employing or contracting with excluded individuals as described in the Department of Health and Human Services Office of the Inspector General Special Advisory Bulletin: *The Effect of Exclusion from Participation in Federal Health Care Programs* available at <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm>. Guidance is also available through the CMS State Medical Director Letter dated January 16, 2009 at www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf.

Medicaid providers are required to check the Medicaid program exclusion status of individual and entities prior to entering into employment or contractual relationships. IME advises that this review be conducted monthly to capture exclusions and reinstatements that may have occurred since your last search.

To determine whether an individual or entity is excluded, search the HHS-OIG website's List of Excluded Individuals/Entities at <http://exclusions.oig.hhs.gov>. You may search by the name of any individual or business entity. The Excluded Parties List System at www.epls.gov provides an additional listing of parties excluded from any federal payment. It is recommended that this listing be checked as well.

- When performing the searches, enter only the last name and, at most, the first letter of the first name so that all possible candidates present for your review. Do not enter middle initials.**
- Check all current and former names of the employees/entities when searching the LEIE and EPLS.**

Any entity employing or contracting with an excluded individual that submits a claim for reimbursement to a federal health care program - or causes a claim to be submitted - may be subject to civil financial penalties and other damages for each service furnished during the period that the person was excluded. (See Section 1128A(a)(1)(D) of the Social Security Act. Claims paid by the Medicaid program for services rendered by an excluded individual or entity could be subject to repayment.

In order to enroll and as a condition of re-enrollment in the Iowa Medicaid program, providers must accept the Iowa Medicaid Provider Agreement (470-2965) which includes a requirement to report any exclusion information to Iowa Medicaid within 5 days of knowledge.

For further detail, see IME Informational Letter #1130 on pages 10-11 of **The Update**. If you have questions, contact the IME Provider Services Unit at 1-800-338-7909 (or 515-256-4609 in the Des Moines area) or by email at imeproviderservices@dhs.state.ia.us.

Administration/Program Management

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee meeting will be held via a GoToWebinar on June 21, 2012 from 9-11:30 a.m. Meeting minutes from the April meeting are available on pages 12-15 of **The UPDATE**. ***This is a required meeting for Bureau of Family Health grantee agencies.***

Reserve your Webinar seat now at <https://www1.gotomeeting.com/register/554259993>. After registering you will receive a confirmation email containing information about joining the Webinar.

Announcement - Expansion of MIECHV Program RFP

The Expansion of Maternal, Infant, Early Childhood Home Visitation Program Request for Proposal 58812022 for Fiscal Year (FY) 2013 has been posted to the Iowa Department of Public Health website at www.idph.state.ia.us/ldphGBP/ldphGBP.aspx.

Please note that you will find five (5) items listed under the Maternal, Infant, Early Childhood Home Visitation Program Request for Proposal (RFP) 58812022 for Fiscal Year (FY) 2013 found on the IDPH website at www.idph.state.ia.us/ldphGBP/ldphGBP.aspx. These items include:

1. RFP 58812016 Document
2. RFP 58812016 Appendix I
3. RFP 58812016 Appendix I
4. RFP 58812016 Appendix II and III
5. RFP 58812016 Attachments

Proposals Due: Friday June 29, 2012

Project Period: August 1, 2012- March 30, 2015

Contract Period: August 1, 2012- March 30 2013

Calendar

June 21, 2012

***Bureau of Family Health Grantee Committee Meeting**

9 - 11:30 a.m., GoToWebinar

* Required meeting

JUNE

Contract Required Due Dates

12 - FP Client Visit Records

15 - Electronic Expenditure
Workbooks

21 Grantee Committee
Meeting

28 Export WHIS Records to
IDPH

30 CARES/WHIS Service Note
Review



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

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Area code is 515



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1128

DATE: May 15, 2012

TO: Iowa Medicaid Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Enrollment Renewal Launch 2012

EFFECTIVE: Immediately

The Iowa Medicaid Enterprise will begin enrollment renewal starting immediately. Enrollment renewal is a requirement for all providers in order to stay active in the Iowa Medicaid program. Providers who fail to complete enrollment renewal by December 31, 2012, will have their Medicaid provider number terminated.

Enrollment renewal will be completed electronically on the Iowa Medicaid Portal Access (IMPA) at <https://secureapp.dhs.state.ia.us/imp/>. The provider will:

- Legally accept the new agreement;
- Verify a listing that identifies each professional and institutional component of the provider organization and structure;
- Complete Ownership and Control Disclosure; and
- Collect individual Social Security Numbers (SSN). Federal regulations require State Medicaid Agencies to screen all Medicaid and IowaCare providers. (See 42 CFR § 455.410 (2011) Enrollment and Screening of Providers and 42 CFR § 455.104 (2011) Disclosure by Medicaid Providers and Fiscal Agents). The individual SSN is required in order for the IME to check against the Office of Inspector General's (OIG) list of Excluded Individuals and Entities (LEIE) and the Centers for Medicare and Medicaid Services (CMS) Medicare Exclusions Database (MED). The individual SSN is required for screening purposes only. It does not pertain to claims processing or payment.

To start the renewal process, simply print, complete and return the attached Designated Contact Person (DCP) form. The form can also be found on the IME website at: <http://www.ime.state.ia.us/Providers/Enrollment.html>. A contact person must be designated for the coordination of the provider enrollment renewal process.

Upon receipt of the DCP form, the IME will assign a unique Personal Identification Number (PIN) associated with the organizations' Tax Identification (ID). The designated contact person will receive an email containing the PIN number (s). The PIN number, Tax ID and National Provider Number (NPI) are used as the combination key to open the online application for enrollment renewal via the Iowa Medicaid Portal Access (IMPA) at <https://secureapp.dhs.state.ia.us/imp/>.

If you have any questions regarding Enrollment Renewal, please contact the IME Provider Services Unit at 1-800-338-7909, or locally at 515-256-4609, Option 5 or by email at imeproviderservices@dhs.state.ia.us. The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members.

If you no longer wish to be an Iowa Medicaid provider, please call Provider Enrollment at 1-800-338-7909, or locally at 515 256-4609 and choose Option 2 or you may check the box below and return this letter to:

Iowa Medicaid-Provider Enrollment
P.O. Box 36450
Des Moines, IA 50315

I no longer want to be an Iowa Medicaid Provider.

Provider number (NPI): _____

Social Security Number: _____

Reason: _____



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1130

DATE: May 15, 2012

TO: Iowa Medicaid Providers (Excluding Individual CDAC)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Exclusion from Participation in Federal Health Care Programs
Additional Text is shown as Highlighted Below

*****Reminder for all Medicaid Providers*****

There are federal rules and enforcement provisions related to providers who are excluded from participation in the Medicaid program. These rules and the penalties are associated with either being or employing excluded individuals as described in the Department of Health and Human Services Office of Inspector General (HHS-OIG) document: Special Advisory Bulletin: *The Effect of Exclusion From Participation in Federal Health Care Programs*. This is available at: <http://oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm>. Additional guidance from CMS was communicated on January 16, 2009 in a State Medicaid Director Letter (SMDL #09-001) <http://www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf>.

The penalty of non-compliance is described in the HHS-OIG bulletin. This memorandum serves as an annual reminder to all Iowa Medicaid providers of these rules and that all Medicaid providers must be in full compliance.

Providers and contracting entities are required to check the program exclusion status of individuals and entities prior to entering into employment or contractual relationships. To determine whether an individual or entity is excluded search the HHS-OIG website at: <http://exclusions.oig.hhs.gov/>. An excluded individual or an entity employing or contracting with an excluded individual that submits a claim for reimbursement to a federal health care program, or causes such a claim to be submitted, may be subject to civil money penalties and other damages for each item or service furnished during the period that the person or entity was excluded (section 1128A(a)(1)(D) of the Social Security Act).

Providers should search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search. Claims paid by the Medicaid program for services rendered by an excluded individual or entity could be subject to repayment. Providers can search the HHS-OIG website by the name of any individual or entity. An additional listing of parties excluded from any federal payment is the Excluded Parties List System (EPLS) at <https://www.epls.gov/>. It is recommended that this listing be checked as well.

It is strongly recommended that when executing these searches, providers only enter the last name and (at most) first letter of the first name (no middle initial) so that all possible exclusion candidates will be returned for review.

Providers must gather and check all current and former names of their employees when searching the List of Excluded Individual/Entities (LEIE) and the Excluded Parties List System (EPLS).

In order to enroll and as a condition of re-enrollment in the Iowa Medicaid program, providers must accept the Iowa Medicaid Provider Agreement (470-2965), which includes a requirement to report any exclusion information to Iowa Medicaid within 5 days of knowledge of any findings.

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members and protect the integrity of the Iowa Medicaid program. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.

BFH GRANTEE COMMITTEE MEETING

Date: April 19, 2012

Time: 9-11:30 a.m.

GoToWebinar

Members Present:

Allen Memorial Hospital: absent
 American Home Finding: Tracey Boxx-Vass*
 Black Hawk County Child Health Department: Rhonda Bottke*, Jennifer McConeghey, Arlene Prather-O'Kane
 Crawford County Home Health Agency: Kim Fineran*,
 Family Inc.: Sarah Zach*
 Hawkeye Area Community Action Program: Kim Ott*, Tanya Nunez
 Hillcrest Family Services: Sherry McGinn*
 Johnson County Dept. of Public Health: Chuck Dufano*, Erica Wagner
 Lee County Health Dept.: Michele Ross*, Melissa Calvillo
 Marion County Public Health: Rachel Cecil*, Kim Dorn
 MATURA Action Corporation: Mary Groves*
 Mid-Iowa Community Action: Kate Pergande*, Mary Greene, Leah Fonua
 Mid-Sioux Opportunity, Inc.: Cindy Harpenau*
 New Opportunities: Paula Klocke*

North Iowa Community Action Org.: Lisa Koppin*, Wendy Hippen
 Northeast Iowa Community Action: Lori Egan*, Bill Iverson
 Scott County Health Dept.: JaNan Less*,
 Siouxland Community Health Center: Ivy Bremer*, Sheila Martin
 Siouxland District Health Department: Linda Drey*
 Southern Iowa Family Planning: Vicki Palm*
 St. Luke's Family Health Center: Val Campbell*
 Taylor County Public Health: Annie Brill*
 Trinity Muscatine: Mary Odell*
 Visiting Nurse Assoc. of Dubuque: Molly Lammers*, Therese Maiers, Stacey Killian
 Visiting Nurse Services of Iowa: Cari Spear, Zoe Prevette,
 Warren County Health Services: Jodene DeVault*
 Washington County PHN Service: Edie Nebel*, Jen Weidman
 Webster County Public Health: Kari Prescott*

*Voting Representative

Minutes

Handouts included: Agenda; January 19, 2012 Meeting Minutes, Affordable Care Act Powerpoint, Accountable Care Organizations, Addendum A – Provider Standards, MCH Consultant and Technical Assistance Workgroup, Text for Care Coordination Powerpoint, MIECHV Update Powerpoint

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
<p>Call to Order</p> <p>Approval of Minutes</p>	<p><i>Cari Spear</i></p> <ul style="list-style-type: none"> • Meeting called to order at 9 a.m. Roll call will be done from list of registered webinar attendees. • The January 19, 2012 Grantee Meeting Minutes were presented for approval. Motion for approval was made by Cindy Harpenau and seconded by Sara Zach. Motion approved.

<p><u>Announcements</u> Bureau Updates</p> <p>Fall Seminar</p>	<p><i>Gretchen Hageman</i></p> <ul style="list-style-type: none"> • Bureau structural changes: unit leads within the bureau; consultants for contractors. Information will be sent out naming the various lead persons: Denise, Marcus, Melissa, Janet Beaman • Learn the Signs, Act Early • The Iowa ACEs Summit will be held on June 11. Registration information was posted in The Update. Gretchen encouraged agencies to participate. <p><i>Andrew Connet</i></p> <ul style="list-style-type: none"> • The Fall Seminar will be held October 16-17 at the Gateway Conference Center in Ames.
<p>Budget/Legislative Update</p>	<p><i>Julie McMahon</i></p> <ul style="list-style-type: none"> • Julie reported that the 2012 General Assembly continues. • Department’s Technical bill continues to be debated. • FY13 HHS Appropriations Bill: Continues to be a source of controversy. Great disparity in level of funding proposed by House and Senate. House bill debated April 18; many questions raised that Julie and IDPH had to address. The Senate bill and the Governor’s proposal are more favorable to IDPH. Expect the HHS Appropriations Bill will go to conference committee to find common ground.
<p>Affordable Care Act: Implications for BFH/Oral Health Contractors</p> <p>Best Practice Implementation of ACO with MCH involvement</p>	<p><i>Abby McGill/Angie Doyle Scar</i></p> <ul style="list-style-type: none"> • See handout: <i>Affordable Care Act: Implications for BFH/Oral Health Contractors</i>. MH and PCCM Advisory Councils history. (Medical Home and Prevention and Chronic Care Management) • ACOs (Accountable Care Organizations): accountable for the care of a set of patients or quality indicators for a disease process. MCH agencies need to think about your role for having a contract with a local physician or medical group. • See 2nd handout: <i>Office of Health Care Transformation Iowa Department of Public Health Accountable Care Organizations</i>. • Suggested starting conversations with stakeholders and partners now and ask to be part of the planning as programs such as Medicaid’s Health Home and ACO development are being developed. • Contact Abby McGill at abby.mcgill@idph.iowa.gov or Angie Doyle Scar at angela.doylescar@idph.iowa.gov if you have questions. <p>Kari Prescott, Webster County:</p> <ul style="list-style-type: none"> • Overview of ACO activities in Webster County. There are lots of ongoing changes. Four major entities are taking the lead for planning. • It is very important to join the discussions early in the process. Must market and promote your agency’s services to the ACO planning committee members. • Pediatric (0-21) care coordination already being provided by Webster County Public Health is a prime example of services WC can receive referrals from primary care providers (PCPs) in the ACO: ages and stages screening with scores in grey or black, dental, transportation, insurance, vision and hearing, therapy, home visit (Family Foundations), social barriers, WIC and nutrition, breastfeeding, translator needs • WCPH provided a referral form for the PCPs to use.

	<ul style="list-style-type: none"> • WCPH has reached out to the local emergency room for referrals and follow-up. • If children are not on Medicaid, how is WCPC reimbursed? Use Title V funds if need to. Work with the insurance companies to get paid. • Will WCPH be meeting with area obstetricians? Referral relationship with OBs already established prior to meeting with pediatricians. • Has the ACO given WCPH any funds? Right now there are no ACO funds due to the pilot program status. Payment comes from Title V, Medicaid, <i>hawk-i</i>, private insurance. • Sonni Vierling: First Five program has many similar aspects of what WCPH is now doing.
MCH Consultation & TA Workgroup	<p><i>Cindy Harpenau</i></p> <ul style="list-style-type: none"> • See document: MCH Consultant and Technical Assistance Workgroup • The MCH Consultation & TA Workgroup was formed out of a Contractor Listening Post meeting in February 2011 December 2011. • Each MCH/FP agency is invited to join a workgroup. • Please resend the invitation to join a workgroup. Melissa Ellis is point of contact to send RSVP.
CARes & WHIS Audits	<p><i>Juli Montgomery/Shelley Horak</i></p> <ul style="list-style-type: none"> • PowerPoint presentation to be sent via email – see handout. • Will be moving to monthly chart audit reviews. • Child Health: two options – 1. Review 40 total records of ALL direct care services. 2. Review 5% random sample of direct care service records (request a random sample from Juli Montgomery) Let Juli know your preferred method for review by May 1. • During the first few months some flexibility will be needed to see how the process goes. Plans of corrective action will probably be delayed by a few months after starting this new method.
Texting for Care Coordination	<p><i>Shelley Horak</i></p> <ul style="list-style-type: none"> • See handout: Guess what’s new? • Care coordination through texting can now be reimbursed IF THE RULES ARE FOLLOWED. Two-way dialogue is required. • Record the documentation as “phone” and “spoke with client via texting”. • Texting care coordination is available for both MH and CH. • Will texting likely be available for inform completion? At this time it is not likely due to the volume of information that needs to be conveyed.
Perinatal Depression Consultation Services	<p><i>Steph Trusty</i></p> <ul style="list-style-type: none"> • Perinatal depression consultation is available through Dr. Robin Kopelman at the University of Iowa. For more information, go to www.beyondtheblues.info. • From the website home page there is a “referrals” link that lists mental health providers by county.
Home Visiting Update	<p><i>Janet Horras</i></p> <ul style="list-style-type: none"> • See handout: <i>Maternal, Infant and Early Childhood (MIECHV) Update</i> • Janet provided an update. Iowa was awarded \$6.6 million for a competitive MIECHV expansion grant. • Project timeframe: March 31,2012 – March 30, 2015 • Iowa selected by PEW Charitable Trust Home Visiting Campaign for a policy state. Changes in Iowa Code are being enacted that will

	strengthen family support across our state.
CAReS Update Follow-up	<p><i>Marcus Johnson-Miller</i></p> <ul style="list-style-type: none"> • Upgrade occurred in early March. Minor issues resolved. (April report issues were not a result of the upgrade.) • This upgrade did not change the functionality of CAReS, it is a temporary fix until a more extensive revision can be implemented. • Top five improvements noted: When “time out” occurs - data is saved/recovered on re-entry, easier navigation, easier sign in method, automatic date and time stamping, and amount of information seen at one time • Top five missing features: time out duration too short; dental risk assessment easy to forget; cannot open multiple clients at once; client and parents information not on the same page; Client and parents information not on same page ; viewing or exporting reports process isn’t user friendly • Other: all laptops must have full disk encryption software with password protection; copy and paste service documentation (be sure cursor is in the correct location; be sure to review the summary before clicking “finish”). • Planning for next system.
Adjournment <i>Cari Spear</i>	<ul style="list-style-type: none"> • Meeting adjourned at 11:20 a.m. • Next meeting will be held June 21 via a GoToWebinar. • Motion by Cindy Harpenau to adjourn. Motion seconded by Mary Groves. Meeting adjourned. • Recommended agenda items for next meeting include: <ul style="list-style-type: none"> - No topics received as part of the GoTo Webinar. - Please email topics to Cari Spear or Heather Hobert Hoch.