

**FFY2020
Title V State Plan
State Performance Measures (SPMs)**

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What are State Performance Measures (SPMs)?

Iowa’s application for Title V funding reflects national efforts toward a transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes. SPMs are developed by the states to address the priorities identified based on the findings of the Five-year Needs Assessment and to the extent that a priority need has not been fully address through the selected National Performance Measures (NPMs). SPMs will utilize state-level data to track prevalence rates and work towards demonstrated impact. Collectively, the SPMs represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting/Systems Building.

SPM 1: Percent of CYSHCN with parents who are very satisfied with the communication among doctors and other health care providers

**Plan for the
Coming Year
(FFY2020)**

The Integration of Services focus for the Children and Youth with Special Health Care Needs program includes two arms: 1) improving staff capacity to provide quality care coordination, and 2) improving access to pediatric specialty care through telehealth infrastructure.

The DCCH strategic plan emphasizes the goal of providing family centered care through shared decision-making. Essential to providing family centered care is to have a shared understanding of goals articulated by the child and the family. Care

coordination in CHSC Regional Centers over the next year will include strengthened systems for collecting family goals at each clinical visit. DCCH will increase support for and communication with CHSC health care providers about the goal setting process. DCCH will continue to maintain a tracking system to monitor the inclusion of family goals as a part of all health care visits.

DCCH is committed to providing opportunities for families to increase their leadership and advocacy skills. This will prepare families to help strengthen systems for making shared decisions with health care providers about the best approaches to care for their child. Training opportunities also allow families to learn more about leadership and advocacy at the systems level. DCCH will continue to provide this support for families, and also plans to explore opportunities to assure that all families living in Iowa have access to culturally appropriate care coordination and resources.

In Iowa, access to pediatric specialty health care was identified as a need for Children and Youth with Special Health Care Needs. This is an issue for nearly all specialty areas, but is especially acute for families seeking mental health services for their children. Because the distribution of child psychiatrists is concentrated in Des Moines and Iowa City, it is difficult for families in other areas of the state to access these services. DCCH plans to address mental health provider shortages by providing more education and support for primary care providers across the state to treat children with mild to moderate mental health challenges within their medical home. For families of children with more serious needs, DCCH plans to increase access to services by continuing to build its statewide telehealth infrastructure. All DCCH Regional Centers are equipped with state-of-the-art, HIPAA compliant technology. Child Psychiatrists provide over 1,000 telehealth visits each year. Additionally, telehealth supports visits with dietitians, which is increasingly important as the state works to tackle diet-related health issues. Other pediatric specialty areas supported by CHSC Regional Centers include genetics, neurology, psychiatric oncology, and behavioral pediatrics. CHSC will continue to build partnerships to expand the telehealth provider networks in these specialty areas.

Comments for SPM 1

SPM 2: A) Percent of children 0-21 served by Title V who report a medical home B) Percent of women served by Title V who report a medical home

Plan for the Coming Year (FFY2020)

A) Percent of children 0-21 served by Title V who report a medical home

Bureau of Family Health (BFH) staff will continue to monitor the percent of

children 0-21 served by Title V who report a medical home. This will be accomplished through reports from the TAVConnect - CAH module. Local CAH contract agencies will continue to assess a child's medical home status regularly when providing presumptive eligibility, informing for new Medicaid eligibles, care coordination, and gap-filling direct care health services. An Intake Assessment will be completed in TAVConnect to assess medical home status. A medical home will be identified for those children with a 'yes' response to three questions: Does the client have a usual source of medical care? Is the usual source of medical care available 24/7? Does the source of medical care maintain the child's record? Local contract agencies will monitor reports of local medical home data. Statewide medical home percentages will be tracked on the Child Health Program Profile and the IDPH Executive Scorecard.

Medical homes will continue to be established for uninsured or underinsured children as well as those on Medicaid. Presumptive eligibility services for children will continue to be provided, offering a window of Medicaid coverage while a full determination of eligibility for Medicaid or *Hawk-i* is made. Local Title V CAH agencies will continue to assist families with understanding their Medicaid or *Hawk-i* coverage. For Medicaid enrolled children, they will assist families to connect with primary care providers within their child's Medicaid status. Local CAH agency staff will promote health literacy by striving to assure that families understand their health insurance coverage, know how to use it to access health care, and assist with needed transitions to new providers or alternate types of health care coverage.

Local CAH agencies will strive to advance public-private partnerships with local medical providers of preventive health care services, including educating practitioners on the CAH agency's role in assuring medical homes and serving children in the EPSDT program. This work is especially strong among CAH agencies that hold a contract for Iowa's 1st Five Healthy Mental Development Initiative and serve 88 of Iowa's 99 counties. 1st Five builds partnerships between primary care practices and CAH agencies to promote high quality well child health care. It promotes the use of developmental surveillance and screening tools that support healthy mental development for children ages 0-5 years. The tools address social-emotional development and family risk factors and allow for identification of children at risk for developmental concerns. Referrals from primary care practitioners are made to CAH agencies to facilitate linkage to needed services. BFH staff will also work with Child Health Specialty Clinics regarding efforts to promote medical homes for children with special health care needs to support NPM #11 and assure appropriate resources for referral from CAH agencies.

Local CAH contract agencies with a FFY 2020 RFA adolescent well visit plan will work with primary care practitioners in the area of adolescent health, with a goal to increase the number of adolescents served and enhance the quality of the well

visit. These agencies will partner with school districts and other adolescent serving organizations to promote adolescent well visits in an established medical home. Addressing annual adolescent well visits per Iowa's revised EPSDT Periodicity Schedule will remain a program priority.

At the state level, BFH staff will continue to work with Iowa Medicaid and MCOs to address challenges regarding provision and payment of services for the EPSDT population provided by Title V CAH agencies (Medicaid Screening Centers). Monthly Medicaid Team meetings will continue to be held. Local CAH agencies will continue to strive to work effectively with the MCOs to maintain access to care that meets the needs of the families they serve. Centene's Iowa Total Care will begin processing payments for services provided July 1, 2019 and forward. BFH will monitor local agency success with enrolling with Iowa Total Care as Medicaid Screening Centers and their receipt of payments for services provided.

The departure of UnitedHealthcare as a Medicaid MCO will create great challenges in aligning the Medicaid population with the remaining MCO providers - Amerigroup and the new Iowa Total Care. Title V CAH agencies will expend valuable resources helping clients to understand their health care coverage and establish medical homes during this time of transition. All Iowa Medicaid Informational Letters on the transition to the new MCO will continue to be shared with Title V contractors.

B) Percent of women served by Title V who report a medical home

Percent of women served by Title V who report a medical home IDPH staff will continue to monitor data for the percent of women with a past year preventive visit and the pregnant women served who report a medical home. This will be accomplished through reports from the TAVHealth Maternal Health module. Local MH contract agencies will continue to assess medical home status within each episode as they provide preventive services for pregnant women. Medical home determinations will continue to be based upon those women with a 'yes' response to 'Do you have a medical home?' Local contract agencies will monitor local medical home data. IDPH staff will also monitor Barriers to Prenatal Care data on an annual basis for any barriers identified for women accessing prenatal or delivery care.

Title V MH agencies will assist low income women who are not citizens and have no insurance in finding a medical home for their pregnancy. Most of these women access care through a local Federally Qualified Health Center or local health care providers that may provide care on a sliding fee scale or a reasonable payment plan. Local Title V MH agencies will also promote well woman preventive visits. They are required to work with community partners including Title X clinics, FQHC's, free clinics, and local providers to increase the number of

women served and the quality of their visit. Two MH Title V agencies will continue to integrate services within private provider clinics.

The Medicaid Maternal Health Task Force will meet quarterly with the MCO medical directors and MCO maternal health program leadership to discuss quality prenatal care for Medicaid members including access to prenatal care. MCOs are responsible for ensuring there is an adequate number of providers within their networks to serve pregnant women. Due to the new MCO beginning to cover services in July of 2019, IDPH will work with the Task Force to monitor the provider network to assure adequate participation of OBGYNs, midwives, family practice doctors, and specialists (maternal-fetal medicine specialists).

Comments for SPM 2

SPM 3: Percent of children with a payment source for dental care

Plan for the Coming Year (FFY2020)

Oral Health Bureau (OHB) staff will continue regular meetings with Medicaid, monitoring a potential transition from fee-for-service payment for children's services to a managed care model. Staff will also continue regular communication and meetings with representatives of the two carriers for Medicaid's adult dental services, Managed Care of North America and Delta Dental of Iowa. The level of communication may increase based on the decisions made regarding children's dental services. The bureau chief and dental director will maintain his role on the *hawk-i* board.

I-Smile coordinators will be asked to continue sharing best practices during quarterly meetings, often including discussion about resources to help families access dental care. Through required outreach visits to dentists and medical providers, coordinators can discuss dental care payment options for families and offer referral assistance for offices to help families in need. Partnerships with schools will be nurtured through the state's school dental screening requirement and I-Smile@School program. The bonds built with school nurses, in particular, help to identify students who may be eligible for Medicaid or *hawk-i*. I-Smile coordinators will once again be required to conduct health promotion activities, which offer the ability to share the importance of oral health within their communities and provide opportunities to speak with parents about how to access dental services. Similarly, face-to-face contact with parents while children receive gap-filling preventive care will offer additional opportunities to screen for eligible payment sources and presumptive eligibility. Expansion of Cavity Free Iowa may also offer more care coordination and presumptive eligibility through increased referrals from medical offices.

Comments for SPM 3

SPM 4: Percent of early care and education programs that receive Child Care Nurse Consultant Services

Plan for the Coming Year (FFY2020)

Healthy Child Care Iowa will continue to provide support to Title V Child Health partners/local CCNC agencies in the following activities:

- Develop/revise data collection tools for streamlined tracking and reporting data
- State and regional CCNC meetings for review of the *Child Care Nurse Consultant Role Guidance* to achieve SPM 4 and standards of services; data collection tools; program fidelity
- Continue to facilitate the development of partnerships between Title V Child Health agencies/CCNC programs with local Early Childhood Iowa boards and other local stakeholders
- Statewide coverage for CCNC services in all 99 counties
- Collaborate with state partners on identified PM adding in chronic health conditions data to align with Iowa school data collection for special needs care planning
- Continued participation on the QRIS Oversight Team for development of required CCNC services for meeting Medication Administration Skills Competency and on-site health and safety assessment utilizing a nationally recognized research based assessment tool for child care programs applying for Iowa's new quality rating system (Iowa Quality For Kids - IQ4K)
- Provide oversight and guidance to the TA and Mentoring CCNC Team for supporting local CCNCs, precepting of nurses enrolled in the Iowa Training Project for Child Care Nurse Consultants, mentoring of local CCNCs and providing on-site child care provider visits to programs in the 3 county area without access to local CCNC services

Comments for SPM 4

SPM 5: Percent of adults aged 18-24 who report being physically active

Plan for the Coming Year

State Title V staff will continue to monitor and contribute to the IDPH strategic plan around the topic of obesity and physical activity.

(FFY2020)

The Adolescent Health team will continue collaboration with the Department of Education to finalize and launch the Adolescent Health Google Site. Physical Activity, Nutrition and Obesity will be included on this site.

Teen Health Week is a global initiative to raise awareness of the unique health issues facing teens all over the world. Through a wide variety of local, state, national, and international programs and activities, Teen Health Week encourages teens to take charge of their physical and mental health to facilitate healthy habits they will carry with them throughout their lives. During Teen Health Week, the Adolescent Health team in collaboration with program staff within the Department will create and post positive health messages via Iowa Department of Public Health social media channels. The health topics include; Gender and Sexual Development, Nutrition 5-2-1-0, Oral Health, Preventative Care and Vaccines, Violence and Mental Health and Substance Use and Misuse.

The Division of Health Promotion and Chronic Disease Prevention/Bureau of Family Health is collaborating with the Division of Tobacco Use Prevention and Control and Division of Behavioral Health/Bureau of Substance Abuse to develop and administer a Young Adult Survey to Iowans ages 18-24 through a formal structured process. The purpose of the survey is to better understand young Iowans' experiences and behaviors around alcohol use, drug use, tobacco use, intimate partner violence, mental and physical health and sexual health. Iowa currently does not have a survey that specifically collects data on young adults ages 18-24. The Young Adult survey would be a mechanism to better understand the experiences and behaviors for this population and the disparities and health inequities that lead to poor health outcomes and impact people across their lifespan. Data would be used to inform planning and service provision in multiple areas including physical and mental health, substance use, tobacco, unintended pregnancies, and violence prevention. The Center for Social and Behavioral Research at the University of Northern Iowa will provide summary data as well as a report to the Department at the conclusion of the project, including recommendations for any future Young Adult Surveys. The Department will analyze the report to inform and continuously improve prevention approaches. The data will be shared within IDPH, including the IDPH Adolescent Health Collaborate, as multiple programs reach all or a portion of this target population, local partners such as MCAH agencies, community colleges, universities and workforce development centers. The data could be a mechanism to inform effective messaging and the modes in which to provide those messages.

**Comments for
SPM 5**

General Comments

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