

GRANTEE Update

March 9, 2009

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.

1 A Lifetime of Good Health: Your Guide to Staying Healthy

2 Immunization Assessment and Impact of Hib Vaccine Shortage

2 Billing Guidelines

2 2009 HHS Poverty Guidelines

3-4 MCH/FP Programs and Public Health Modernization: Connecting the Dots

4 Poison Prevention Week

5 Calendar of Events

6 Staff Directory

7-9 Additional Information

A Lifetime of Good Health



YOUR GUIDE TO STAYING HEALTHY

A Lifetime of Good Health: Your Guide to Staying Healthy

This guide to staying healthy is brought to you by womenshealth.gov to provide quick and trustworthy information to help women understand their constantly changing bodies and minds.

Your health needs nurturing to live long and well throughout the years, which requires a holistic approach throughout the "health span"- the quality years you can have in addition to just your years of life.

This approach to life-long health begins with healthy behaviors to prevent and manage the many health conditions that can affect you. Although there are genetic risks that you cannot control for many diseases, there are some risks that you can overcome by following key preventive steps. These steps are outlined in this booklet and are not difficult to follow! Please use them to make healthy choices for yourself and for the people you love.

To view the booklet, go to www.womenshealth.gov/pub/pg.cfm. This information is also available in Spanish and Chinese.

Program Management

Immunization Assessment and Impact of Hib Vaccine Shortage

The Iowa Department of Public Health's Immunization Program has issued a memo to address concerns regarding the 2-year-old immunization assessment related to the impact of the Hib vaccine shortage. The Hib vaccine shortage and the recommendation to defer the booster dose of Hib vaccine for healthy children will impact the immunization coverage level for select children during the 2009 immunization assessment. The Immunization Program plans to calculate two different rates for public health sector providers:

- 1) the standard report including three doses of Hib vaccine included in the 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var (4:3:1:3:3:1) series.
- 2) a separate immunization rate that will include two doses of Hib vaccine utilizing the 4DTaP, 3Polio, 1MMR, 2Hib, 3HepB, 1Var (4:3:1:2:3:1) series

For full detail, see the February 2009 memo found on page 7 of **The Update**. For any questions regarding the 2-year-old immunization assessment process, please contact the Immunization Program at 1-800-831-6293.

Billing Guidance

Information regarding the line item budget amounts used to reimburse care coordination provided to clients can be viewed on pages 8-9 of **The Update**. This guidance is a result of contractors' requests for additional information following the February 20, 2009 ICN Billing Training.

2009 HHS Poverty Guidelines

The Department of Health and Human Services (HHS) has published in the Federal Register its annual update to the HHS poverty guidelines. The tables are used to determine eligibility for programs or for fee reductions based on family income. The KDHE Office of Local and Rural Health has calculated these tables to 200 percent of the federal poverty level by monthly, hourly and yearly wages and they are available on the KDHE Web site at www.kdheks.gov/olrh/download/CHPIncomeGuidelines.pdf.

W O R T H N O T I N G

MCH/FP Programs and Public Health Modernization: Connecting the Dots

Maternal and Child Health and Family Planning (MCH/FP) agencies in Iowa may have heard about our state's recent efforts to modernize its public health system. But what does this have to do with MCH/FP? A lot, according to Iowa Department of Public Health (IDPH) Director Tom Newton.

"As partners in public health, Title V and Title X agencies hold themselves to a high standard of excellence," Newton said.

"Unfortunately, those standards and many others in public health have yet to be formalized. For example, although efforts to address the preventive health needs of children, pregnant women, and families may be taking place in a particular Iowa community, we have no way to ensure that a basic level of those same services is available to Iowans in the neighboring county. This has to change."

The example Newton cites comes directly from the Iowa Public Health Standards, developed as a part of the Redesigning Public Health in Iowa initiative. The purpose of the standards is to describe the basic services and infrastructure that all Iowans can reasonably expect from local and state public health. Work on the standards began in 2004 and now forms the backbone of the current Modernizing Public Health in Iowa initiative.

The Iowa legislature is currently considering adopting standards for public health through legislation called the Public Health Modernization Act. For MCH/FP partners, this legislation means that the people they serve will have access to the same public health services no matter where they live in Iowa. In a broader sense, passage of the Modernization Act will benefit Iowans in ways that are already being recognized by more than 20 other states. Like Iowa's Modernization initiative, their goal is voluntary accreditation of public health agencies.




W O R T H N O T I N G

continued

As public health agencies in our state become accredited, Iowans will begin to see a number of benefits. These include increased and improved public health service delivery accompanied by a system of quality improvement and accountability. Modernization also means increased capacity for public health to respond to disease outbreaks, natural disasters, and other events that threaten the health of Iowans. This effort will create a nimble system that can respond to public health threats as well as provide the basic population-based services Iowans have come to expect.

IDPH is requesting state funding as well as seeking funding from other entities in order to support pilot projects related to Modernization efforts, create efficiencies in public health, and help address gaps in infrastructure. For more information about Modernizing Public Health in Iowa, including FAQs, fact sheets, information about projects in other states, and more, visit www.idph.state.ia.us/mphi. You may also contact Joy Harris at 515-281-3377 or JHarris@idph.state.ia.us.



**POISON
Help**

When accidents happen with chemicals or medicine, call Poison Help. Get help right away from a nurse, pharmacist, or other poison expert.

If someone has trouble breathing, call 911.

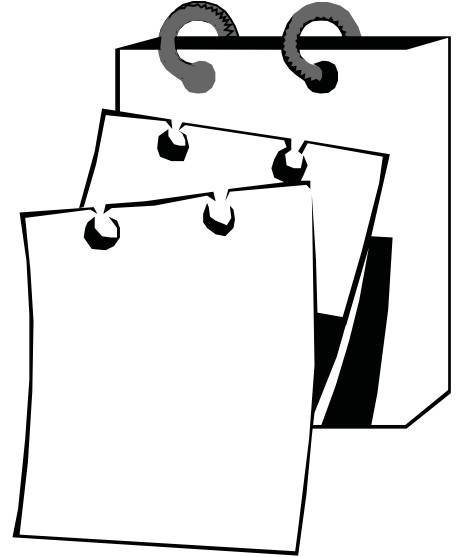
1-800-222-1222

Poison Prevention Week - March 15-21

National Poison Prevention Week is observed during the third week of March each year. According to the Poison Prevention Week Council, National Poison Prevention Week is a good time to “highlight the dangers of poisonings and how to prevent them.” It is a good time to think about how to protect your children from poisoning, a common cause of preventable injury to a child.

For more information on Poison Prevention Week, go to <http://poisonhelp.hrsa.gov/resourcesppw.htm>.

CALENDAR OF EVENTS



March 2 - April 24, 2009

7 weeks of structured distance learning
followed by 4 days of on-site training April 21-24
For more information, contact Analisa Pearson at
(515) 281-7519 or 1-800-383-3826 or by e-mail at
apearson@idph.state.ia.us.

*April 7-8, 2009

2009 Public Health Conference
Scheman Conference Center, Ames
For more information, contact Andrew Connet at (515) 281-7184 or aconnet@idph.state.ia.us.

*Required meeting

GRANTEE Update

Phone Directory

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 Public Health
Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS
Director

Chester J. Culver
Governor

Patty Judge
Lt. Governor

Date: February 2, 2009

To: Public Sector Immunization Assessment Providers

From: Don Callaghan, Bureau Chief, Immunization and Tuberculosis

RE: 2-year-old Immunization Assessment and Impact of Hib Vaccine Shortage

I am writing to address concerns regarding the 2-year-old immunization assessment and impact of Hib vaccine shortage. The Hib vaccine shortage and the recommendation to defer the booster doses of Hib vaccine for healthy children will impact the immunization coverage level for select children during the 2009 immunization assessment.

The Hib shortage began December 13, 2007, when Merck announced a voluntary recall of a select Hib containing vaccine lot numbers. As a result, the Centers for Disease Control and Prevention (CDC) provided recommendations to defer the booster dose for healthy children effective December 19, 2007 and is anticipated to continue through mid 2009.

The standard 2 yr old assessment report includes 3 doses of Hib vaccine which is included in the 4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var (4:3:1:3:3:1) series. The assessment rate reflects the actual coverage level for 2-year-old children during the Hib vaccine shortage. This also indicates children that may need to be vaccinated with another dose of Hib vaccine once the shortage is resolved.

As a result of the recommendation to defer the Hib vaccine booster dose, the Immunization Program will calculate a separate immunization rate that will include two doses of Hib vaccine utilizing the 4DTaP, 3Polio, 1MMR, 2HIB, 3HepB, 1Var (4:3:1:2:3:1) series. The report for each series will be provided to your agency during the immunization assessment.

The Immunization Program will be including both immunization rates in the annual 2-year-old assessment report. When presenting the data to stakeholders, it is important to accurately explain the need for the two immunization rates.

If you have any questions regarding the 2-year-old immunization assessment process please contact the Immunization Program at 1-800-831-6293.

GUIDANCE FOR MANAGING REQUIRED CARE COORDINATION “FEE-FOR-SERVICE” BUDGET LINE FOR TITLE V FUNDS.

Line item budget amounts used to reimburse Care Coordination provided to clients for whom services are not eligible for reimbursement from 3rd party payers (e.g. Medicaid, private insurance) are a required component of the current Combined MCH Contract. The following provides guidance to contract agencies for monitoring and managing the required “set aside” or carve out for Care Coordination services reimbursed on a fee-for-service basis. This guidance is a result of contractors’ requests for additional information following state wide training (February 20, 2009 ICN Billing Training)

FOR THE FFY 2009 MH AND CH BUDGET SUMMARIES

- 1) Find your agency’s FFY 2009 Budget Summary in the FFY09 RFA submitted to IDPH).
- 2) Look at the total for the “ENABLING Title V Outreach & Care Coordination” Column in your FFY 2009 Budget Summary. (This is the 15% that agencies were asked to set aside for Title V Fee-for-Service Care Coordination).
- 3) From this amount, determine what the agency will need to cover expenses for Title V Fee-for-Service Care Coordination during the next eight months (February 1, 2009 through September 30, 2009). If the entire amount listed in the “Enabling Title V Outreach & Coordination” Column is needed, **skip to number 7** below as no changes to the Budget Summary are needed.
 - For example: An agency may have set aside \$12,000 for Title V Fee-for-Service Care Coordination, but now estimates that only \$9,000 will be needed during the next eight months.
- 4) If the original budgeted amount exceeds what is needed for Title V Fee-for-Service Care Coordination, then re-allocate the difference on the Budget Summary. An agency may not reallocate the entire amount originally budgeted in the FFY 2009 application.
 - For example: The difference between \$12,000 and \$9,000 is \$3,000. The agency would decide how to re-allocate the \$3,000 to Infrastructure, Population-Based, Other Enabling, and/or Direct Service in the Budget Summary.
- 5) Assure that the “Grant Funds Total” amount for Title V funding has not changed from the original approved Budget Summary
- 6) Resubmit MH and/or CH budgets to IDPH if changes to the Budget Summaries are made. Resubmission should be emailed to Andrew Connet at aconnet@idph.state.ia.us and your lead consultant.
- 7) Open the Excel file entitled, “Administrative Services Expenditure Report and GAX”. This file was provided to agencies prior to the ICN Billing Training on February 20, 2009. This new expenditure report provides fee-for-service expense tracking.
- 8) Click on the “Billable Amounts” tab and you will see the table, “Medicaid Administrative Services Billable Amounts”. Place your amounts for Title XIX and Title V fee-for-service activities in the appropriate columns.

- 9) Transfer the new amount from the “Enabling Title V Outreach and Care Coordination” column from the MH and CH Budget Summaries into the “Billable Amounts” tab on lines 22 and/or 23.

FOR FFY 2009 MH AND CH MONTHLY EXPENDITURE REPORTS

- 10) Open the “FFY 2009 Expenditure Report” Excel file for MCH Grant Funds.
- 11) Find the column labeled “Budgeted” on the **October** expenditure report (MH 1 and CH1 tabs).
- 12) Subtract the “Enabling Title V Outreach & Care Coordination” amount by line item found in the Budget Summary from the amount listed in the “Budgeted” Column on the Expenditure Report.
 - Using the above example, the agency would subtract \$9,000 from their total “Budgeted” amount by line item on the Expenditure Report. This represents the amount of grant funds available for Infrastructure, Population-Based, Other Enabling (not fee-for-service) and Direct Care.
- 13) Enter the new budgeted amounts (original budget minus the title V fee-for-service) on tabs CH1 and/or MH1. Do not adjust the budget column on the other monthly tabs, the excel file will automatically fill from October.
- 14) Agencies should review the YTD totals and percentages to ensure they have not overspent the Title V funds.

**Please contact the agency’s lead consultant or
Juli Montgomery (jmontgom@idph.state.ia.us)
with any questions regarding budget changes or
how to complete the process described above.**