

GRANTEE Update

August 10, 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.

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Lt. Governor Judge Issues New Health Challenge

Troy Price, Press Secretary, Office of the Governor

Iowa Lt. Governor Patty Judge recently launched a personal wellness challenge called Your Heart is in Your Hands. The free 12-week, Web-based program encourages Iowans to increase physical activity, eat healthier foods, and promote better living.



“As a former nurse, I know the importance that healthier living plays in a person’s success,” said Lt. Governor Judge. “That is why I am asking Iowans to join with me in this challenge. By taking this simple step, Iowans will be able to lose weight, feel better, and live a long and healthy life.”

Heart disease and stroke remain the first leading cause of death in the United States and in Iowa. In 2007, of the 27,126 total deaths in Iowa, 9,200 deaths (33.9 percent) were due to major cardiovascular disease. In addition, there were over 40,000 hospitalizations for heart disease and 7,100 for stroke, which accounted for nearly \$1.3 billion in associated charges.

Sponsored by the National Lt. Governors Association, the Your Heart is in Your Hands program is incentive-based and allows Iowans to create personal physical activity and nutrition goals and track them online in a system similar to that of Live Healthy Iowa. The new challenge rewards individuals with a Gold, Silver, or Bronze Lt. Governor’s Medal of Wellness for reaching their goal.

For more information or to sign up, go to www.ltgovernorchallenge.us.



2009 IOWA FAMILY PLANNING UPDATE

The Art of Family Planning

SEPTEMBER 15 – 16, 2009
HOLIDAY INN CONFERENCE CENTER – AIRPORT FLEUR
6111 FLEUR DRIVE
DES MOINES, IOWA 50321

A conference designed to educate, engage, and enhance the skills, knowledge, and abilities of Iowa's family planning and reproductive health professionals.



Program Management

Child Health Services Summary

The Child Health Services Summary has recently been updated. You will find the August 2009 tool on pages 7-22 of **The Update**. The most significant changes have been to add the following new codes to the tool:

- Sign language or oral interpretive services (Code T1013)
- Telephonic oral interpretive services (Code W5023)
- Nursing assessment/evaluation code (Code T1001)

This version of the tool will be included in the MCH Administrative Manual updates to be released at the Fall Seminar and is also found on the MCH Project Management Tools Web page at www.idph.state.ia.us/hpcdp/mch_costing.asp.

Blood Lead Testing Data - 2005 Birth Cohort for Ages 9-35 Months

Blood lead testing data for the 2005 birth cohort has been released by the Bureau of Lead Poisoning Prevention. This data pertains to MCH State Performance Measure (SPM) #7, Medicaid enrolled children ages 9-35 months who have received a blood lead test (through calendar year 2008). There are two sets of data included in **The Update**.

The data set found on pages 23-25 is presented by county and includes the following elements for all children, children on Medicaid, and those not on Medicaid.

- Number of 2005 births
- Number of children tested for lead poisoning
- Percent of children tested for lead poisoning
- Number of children with blood lead levels of 10 µg/dL or higher
- Percent of children with blood lead levels of µg/dL or higher

The data set found on pages 26-29 presents county level data grouped by child health agency for children enrolled in Medicaid (SPM #7). Overall agency totals and percentages are determined. Again this year, the overall agency percentages for the Medicaid enrolled population will be reported by child health agencies on the FFY 2009 Year End Report, which is due December 4, 2009.

Note that the statewide blood lead testing percentage for the 2005 birth cohort for Medicaid enrolled children ages 9-35 months is 68.6 percent. This is an increase from 61.4 percent, the statewide percentage for the 2004 birth cohort for this population.

Program Management

continued...

IDPH Moving to Microsoft Office 2007

The Iowa Department of Public Health (IDPH) has installed Microsoft Office 2007 on all staff computers. So what if you don't have Office 2007 in your agency yet? Click on this link (www.microsoft.com/downloads/details.aspx?FamilyId=941B3470-3AE9-4AEE-8F43-C6BB74CD1466&displaying=en) the Microsoft Compatibility Pack. By installing the Compatibility Pack with your Microsoft Office 2000, Office XP, or Office 2003, you will be able to open, edit, and save files using the file formats new to Word, Excel, and Powerpoint 2007.

Iowa Training Project for Child Care Nurse Consultants

The Fall 2009 Course of the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) will be September 14 - November 19, 2009. Applicants are being accepted through August 26, 2009 with a course registration fee of \$200. The brochure can be download from pages 30-31 of **The Update**.

Organizations involved in hiring a new CCNC should be aware that significant changes have been made to the course. The course will begin with nine weeks of structured distance learning followed by four days of onsite learning in the Des Moines area. In the past the onsite portion was the training, this is no longer the case. The onsite portion will be a synthesis of the distance learning portion of the course.

Organizations employing a student in the Fall 2009 course will need to designate a minimum of 10-15 hours of the student's work to the course per week for the distance learning portion, in addition to the four days onsite in Des Moines. There is a child care practicum experience with a Regional Child Care Nurse Consultant during the distance learning portion of the training. All students will need to complete this daytime practicum prior to September 14, 2009.

Please contact Analisa Pearson at (515) 281-7519 or by e-mail at apearson@idph.state.ia.us with any questions.



*Healthy
Child Care
Iowa*

W O R T H N O T I N G

Iowa Chapter of the March of Dimes - Request for Letters of Intent

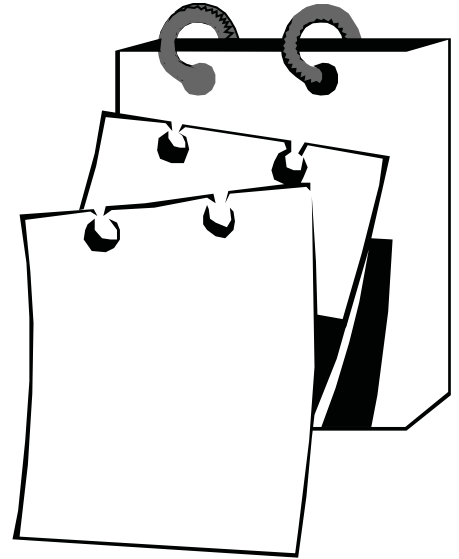
The March of Dimes has announced a formal request for Letters of Intent for the 2010 Community Grants program. See pages 32-33 of **The Update** for more details, but this year's funding priorities will be (in no particular order):

- Providing or enhancing preconception health and health care education and/or services. For a list of 14 specific risk areas, go to www.marchofdimes.com/professionals/19695.asp. For more information, see the National Preconception Curriculum and Resources Guide for Clinicians at www.mombaby.org/beforeandbeyond.
- Providing or enhancing risk reduction education and/or services for pregnant women.
- Implementing disparity-related community programs that aim to decrease racial and ethnic disparities in birth outcomes. This may include March of Dimes programs like Stork's Nest, Project Alpha and *Becoming a Mom/Comenzando bien*.

Be sure to visit the chapter Web site for application instructions at www.marchofdimes.com/iowa. Please feel free to share this announcement with anyone who may have an interest in this opportunity. If you have further question, please contact Jessica Phillips at jphillips@marchofdimes.com or at (319) 247-5643.



CALENDAR OF EVENTS



***September 15-16, 2009**

Iowa Family Planning Update

Holiday Inn - Airport, Des Moines

For more information, contact Denise Wheeler at (515) 281-4907.

September 18, 2009

Lead-Based Paint Hazards ICN Workshop

1-3 p.m., ICN

Registration will be available on August 20, 2009 at www.iptv.org/iowa_database/event-detail.cfm?ID=9846. Registration deadline: September 15, 2009. For more information, go to www.iptv.org/iowa_database/event-detail.cfm?ID=9846

***October 5-6, 2009**

BFH-CSCH Fall Seminar

Gateway Conference Center, Ames

October 15, 2009

Adolescent Health Conference

Cedar Rapids

GRANTEE Update

Phone Directory

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Child Health Services Summary

The following summary applies to child health services provided for both Medicaid and non-Medicaid children. For complete guidelines for services, refer to the EPSDT *Care for Kids* Information and Care Coordination Handbook, the I-Smile Oral Health Coordinator Handbook, and the Medicaid Screening Center Manual. The following information is based upon Medicaid and Child Health program guidelines as known to date. Information is presented in the following categories: Informing & Care Coordination and Direct Care Services.

Informing & Care Coordination

Service	Description in brief	Documentation	Cautions	Billing to IDPH
Informing	<p>Explaining the services available under Medicaid's EPSDT program to families of newly eligible children.</p> <p>This service applies to children on the CARES Informing List.</p> <p>Informing consists of:</p> <ul style="list-style-type: none"> ◆ initial inform: first contact made on behalf of a newly eligible child – typically written communication ◆ inform follow-ups: attempts to make personal contact with the family (phone, face-to-face, written) ◆ inform completion: personal contact made with the family via phone or face-to-face to dialogue about the services available under EPSDT and needs of the family. This is the purpose of informing. <p>Inform newly eligible clients within 30 days of the beginning of each month.</p>	<p>In CARES: Document the initial inform, inform follow-ups, and inform completion for each newly Medicaid eligible child in the family.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Date of service 2. Place of service (if not agency main address) 3. Who spoke with 4. Issues addressed, information from family, services declined, outcomes, referrals (scope of service) 5. First and last name of service provider & credentials if not entering own data. Keep tracking log of this information, including full signatures and CARES user names. 	<ol style="list-style-type: none"> 1. The informing service does not end with the mailing of an initial inform letter/packet. Inform follow-ups are expected, and inform completion is the ultimate goal of the service. 2. Inform completion consists of direct dialogue with the family and cannot be accomplished through written methods or by leaving phone messages. 3. If a family hangs up prior to explaining EPSDT services, the informing service would not be considered complete. This would be considered an inform follow-up. 4. The entirety of the inform completion contact is part of informing. Do not bill care coordination for any portion of this contact. 5. Informing is not a service repeated month after month for a family. Documentation for initial informs must be completed by the end of the month to assure that families will not appear on Informing Lists in subsequent months. 	<p>Bill cost of informing to IDPH for the family (not per child). Include supporting documentation.</p> <p>The billing for informing includes the initial inform, inform follow-ups, and inform completion activities. Billing for the entirety of the informing process may occur following the provision of the initial inform.</p> <p>If there is more than one child in the family, submit the claim under the name of the youngest child on the Informing List.</p>

For more information on informing services, refer to the EPSDT *Care for Kids* Informing and Care Coordination Handbook.

Service	Description in brief	Documentation	Cautions	Billing to IDPH
Re-informing	<p>Providing the informing service anew at a later time for families that 1) could not be reached after multiple attempts or 2) refused care coordination services.</p> <p>Re-informing consists of</p> <ul style="list-style-type: none"> ◆ Re-inform (initial) ◆ Re-inform follow-ups ◆ Re-inform completion <p>Re-informing involves use of 2 CARES reports:</p> <ol style="list-style-type: none"> 1. Re-informing List – No Agency (Client’s last discharge reasons was ‘Unreachable/Unavailable’.) 2. Re-informing List – In Agency (Client’s last care coordination service was ‘Care Coordination Refusal’.) 	<p>In CARES: Document the initial re-inform, re-inform follow-ups, and re-inform completion for each Medicaid eligible child in the family.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Date of service 2. Place of service (if not agency main address) 3. Who spoke with 4. Issues addressed, information from family, services declined, outcomes, referrals (scope of service) 5. First and last name of service provider & credentials if not entering own data. Keep tracking log of this information, including full signatures and CARES user names. 	<ol style="list-style-type: none"> 1. The re-informing service does not end with the mailing of an initial re-inform letter/packet. Re-inform follow-ups are expected, and re-inform completion is the ultimate goal of the service. 2. Re-inform completion consists of direct dialogue with the family and cannot be accomplished through written communication or by leaving phone messages. 3. If a family hangs up prior to explaining EPSDT services, the re-inform service would not be considered complete. This would be considered a re-inform follow-up. 4. The entirety of the re-inform completion contact is part of re-informing. Do not bill care coordination for any portion of this contact. 5. Re-informing is provided <ul style="list-style-type: none"> ◆ every 6 months if the child is under age 2 at time of discharge as unreachable/unavailable or refusal of care coordination ◆ annually for children age 2 or over at time of discharge as unreachable/unavailable or refusal of care coordination. 	<p>Bill cost of re-informing to IDPH for the family (not per child). Include supporting documentation.</p> <p>The billing for re-informing includes the initial re-inform, re-inform follow-ups, and re-inform completion activities. Billing for the entirety of the re-informing process may occur following the provision of the initial re-inform.</p> <p>If there is more than one child in the family, submit the claim under the name of the youngest child on the Re-informing List.</p>
For more information on re-informing services, refer to the EPSDT <i>Care for Kids</i> Informing and Care Coordination Handbook.				

Service	Description in brief	Documentation	Cautions	Billing to IDPH
Care coordination	<p>Linking a client to the health care system (medical, dental, mental health or other Medicaid programs/services). It includes:</p> <ul style="list-style-type: none"> ◆ Providing information about available health and support services based upon family needs ◆ Answering questions about health care coverage ◆ Assisting with establishing medical and dental homes ◆ Advocating for the child and family as they navigate the health care system ◆ Reminding families that well child screenings are due. This involves use of 2 CARES Reports: <ol style="list-style-type: none"> 1. Care Coordination List – In Agency (Clients due for a well child screen in agency home.) 2. Care Coordination List – No Agency (Clients due for a well child screen never in an agency home.) ◆ Assisting with scheduling appointments (outside agency) ◆ Follow-up to assure that clients received services ◆ Assisting with missed appointments ◆ Assisting families with referrals for further care ◆ Arranging support services such as medical transportation or interpreter services 	<p>In CARES:</p> <ul style="list-style-type: none"> ◆ Document care coordination under the Informing and Care Coordination Services category. ◆ Mark “Physical Exam Referral” or “Dental Referral” if the care coordination results in a referral for an exam or treatment (medical or dental). ◆ Document dental care coordination under the Dental Services category. <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Date of service 2. Place of service (if not agency main address) 3. Who spoke with 4. Issues addressed, information from family, services declined, outcomes, referrals (scope of service) 5. Time in and time out including a.m. and p.m. 6. First and last name of service provider & credentials if not entering own data. Keep tracking log of this information, including full signatures and CARES user names. 	<ol style="list-style-type: none"> 1. Must involve phone or face-to-face contacts with the family or provider(s) on behalf of child. 2. Must include linkage to medical, dental, mental health or other Medicaid related programs/services. 3. May not bill care coordination for <ul style="list-style-type: none"> ▪ written reminders for services ▪ activities in an inform completion ▪ unsuccessful attempts to reach families ▪ activities that are part of the postpartum home visit ▪ activities that are part of direct care e.g., Do not bill cc for <ul style="list-style-type: none"> ○ Making CH agency appointments ○ Reporting lab results to the family/medical home for tests conducted by the CH agency ○ Referral/arranging appointment for treatment following direct care provided by the CH agency 4. Care coordination to arrange transportation may occur on the same day as a direct care service. 5. Interpretation for care coordination may be billed on the same day as the care coordination service. 6. Medical care coordination may be billed if a dental direct service is provided by other staff (RDH) on the same day (only if no medical direct care was provided). 7. Dental care coordination by RDH may be billed if a medical direct service is provided by other staff on the same day (only if no dental direct care was provided). 	<p>Bill cost of care coordination services (medical and dental) to IDPH per client. Include supporting documentation that identifies payer source (Title V or Title XIX) and contains the number of minutes spent on each care coordination service.</p> <p>Selected Early ACCESS service coordination activities may also be billed to IDPH as care coordination. (See the Early ACCESS Medicaid Matrix.)</p>

For more information on care coordination services, refer to the EPSDT *Care for Kids* Informing and Care Coordination Handbook. For guidance on Early ACCESS service coordination activities, see the Early ACCESS Medicaid Matrix.

Service	Description in brief	Documentation	Cautions	Billing to IDPH
Home visit for care coordination	<p>When a home visit is made for the purpose of providing care coordination services. This includes care coordination for a medical/dental/mental health condition to:</p> <ul style="list-style-type: none"> ◆ Provide information about health care services. ◆ Coordinate access to care ◆ Assist in making health care appointments ◆ Make referral appointments ◆ Coordinate access to needed medical support services (transportation or interpreter services) ◆ Follow-up to assure services were received. <p>A home visit may also be made by an RN to follow-up on a blood lead level equal to or greater than 15 µg/dL. This includes:</p> <ul style="list-style-type: none"> ◆ A skilled assessment and instructions to the family ◆ Assistance with making and keeping follow-up appointments ◆ Reminding caregiver to notify child's lead case manager if the family moves ◆ Reminding caregiver to inform the child's current and future health care providers of elevated blood lead level 	<p>In CARES: Document the care coordination service. Select "home visit" as the interaction type. Mark "Physical Exam Referral" if the care coordination results in a referral for a well child exam in the medical home.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Date of service 2. Place of service 3. Who spoke with 4. Issues addressed, information from family, services declined, outcomes, referrals (scope of service) 5. Time in and time out including a.m. and p.m. 6. First and last name of service provider & credentials if not entering own data. Keep tracking log of this information, including full signatures and CARES user names. 	<ol style="list-style-type: none"> 1. Use only face-to-face time to determine minutes of service. Do not include travel time when determining minutes of service. 2. The entirety of the maternal health postpartum home visit is part of the maternal health services. Any care coordination on behalf of the baby is considered part of this postpartum visit. Do not bill child health care coordination for any part of this maternal health visit. 3. If the purpose of the home visit is to provide direct care services, home visit for care coordination cannot be billed. If the purpose of the home visit is for nursing or social work services, use codes S9123 for the home visit for nursing services or S9127 for the social work home visit. (See guidelines below.) 	<p>Bill cost of home visit for care coordination to IDPH per client. Include supporting documentation that identifies payer source (Title V or Title XIX) and contains the number of minutes spent on each care coordination service (face-to-face time only).</p> <p>Selected Early ACCESS service coordination activities may also be billed to IDPH as home visit for care coordination. (See the Early ACCESS Medicaid Matrix.)</p>
For more information on the home visit for care coordination, refer to the EPSDT <i>Care for Kids</i> Informing and Care Coordination Handbook. For guidance on Early ACCESS service coordination activities, see the Early ACCESS Medicaid Matrix.				

Direct Care Services

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Medical transportation (local)	Transportation to <i>local (in-town)</i> medical, dental, mental health services. Includes transportation parking fees and tolls.	<p>In CARES: Document under Health Screening Services category. Mark “Transportation to Health Provider” for in-town transportation services.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Date of service 2. Who provided the service (e.g. name of cab company) 3. Address of where recipient was picked up 4. Destination (medical provider’s name and address) 5. Invoice of cost 6. Mileage if transportation is paid per mile <p>If the Title V agency keeps a service log containing the above information, the service note must include a reference to this record.</p>	<ol style="list-style-type: none"> 1. Transportation must be to a Medicaid covered service. The transportation service must be on the date the Medicaid service was received. 2. This does not include out-of-town transportation. Out of town transportation is paid through the county DHS office. The client obtains approval and forms for reimbursement of out-of-town transportation from the local DHS office. 	<p>Code A0110: Non-emergency bus (per round trip)</p> <p>Code A0100: Non-emergency taxi (per round trip)</p> <p>Code A0130: Non-emergency wheel chair van (per round trip)</p> <p>Code A0090: Non-emergency by volunteer (per mile)</p> <p>Code A0120: Non-emergency mini-bus or non-profit transportation system (per round trip)</p> <p>Code A0170: Parking fees, tolls</p> <p>Bill actual cost of transportation for the date the transportation was provided to the health related appointment.</p>
For more information on transportation services, refer to the EPSDT <i>Care for Kids</i> Informing and Care Coordination Handbook and Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Interpretation services	<p>Services that include:</p> <ul style="list-style-type: none"> • Sign language or oral interpretive services • Telephonic oral interpretive services 	<p>In CAREs: Document under Health Screening Services category. Mark “Interpretation”. For telephonic oral interpretive services, mark ‘phone’ as the Interaction Type.</p> <p>Include in CAREs:</p> <ol style="list-style-type: none"> 1. Date of service 2. Name of interpreter or company 3. Time in and time out 4. Cost of service 	<ol style="list-style-type: none"> 1. These services are provided by interpreters who provide only interpretive services. 2. Interpreters are either employed or contracted by the Medicaid provider agency billing the services. 3. Service providers on staff who are also bilingual are not reimbursed for the interpretation, but only for their medical/dental services. 4. These services must facilitate access to Medicaid covered services. Providers may bill Medicaid only if the services are offered in conjunction with another Medicaid covered service. 5. This service does not include written translation of printed documents. 6. It is the responsibility of the provider to determine the interpreter’s competency. <ul style="list-style-type: none"> • Sign language interpreters should be licensed pursuant to IAC 645 Chapter 361. • Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care (www.ncihc.org). 	<p>Code T1013 for sign language or oral interpretive services (15 minute unit)</p> <p>For determining 15 minute units:</p> <ul style="list-style-type: none"> • 8-22 minutes = 1 unit • 23-37 minutes = 2 units • 38-52 minutes = 3 units • 53-67 minutes = 4 units <p>Reimbursable time may include the interpreter’s travel and wait time.</p> <p>Code W5023 For telephonic oral interpretive services (per minute unit)</p>

For more information on transportation services, refer to the EPSDT *Care for Kids* Informing and Care Coordination Handbook and Medicaid’s Screening Center Manual.

The following direct care services provided by a Title V agency are identified in the agency needs assessment and are approved per the annual application for child health services submitted to IDPH.

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Health screening (well child exam)	The initial or periodic well child screen per the Iowa Recommendations for Scheduling <i>Care for Kids</i> Screenings (Periodicity Schedule) and as described in the Medicaid Screening Center Manual.	<p>In CAREs: Under Health Screening Services category, mark “Physical exam – Direct” for well child screens provided by the child health agency.</p> <p>Include in CAREs: 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart for full description of services provided.</p> <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<p>When providing direct care services, any care coordination related to the direct care is considered part of the direct care service. Do not bill this activity separately as care coordination.</p> <p>Examples include:</p> <ul style="list-style-type: none"> ▪ Reporting lab results to the family or medical home from tests conducted at the Title V agency could not be billed as care coordination. It is considered part of the direct care. ▪ Arranging an appointment for treatment services following a well child screen provided by the Title V agency could not be billed as care coordination. It is considered part of the direct care. <p>Do not document this activity separately as care coordination. Document any care coordination activity in conjunction direct care as part of the documentation for the direct care service.</p>	<p>Initial screen: Code 99381: 0-12 mo Code 99382: 1-4 yr Code 99383: 5-11 yr Code 99384: 12-17 yr Code 99385: 18-21 yr</p> <p>Periodic screen: Code 99391: 0-12 mo Code 99392: 1-4 yr Code 99393: 5-11 yr Code 99394: 12-17 yr Code 99395: 18-21 yr</p> <p>Use modifier U1 for a screen that results in a referral for treatment.</p> <p>Use diagnosis code V20.2 for children ages 0-18.</p> <p>Use diagnosis code V70.5 for children ages 19-20.</p>
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Oral Health Services	<p>Services:</p> <ul style="list-style-type: none"> ◆ Initial oral screen ◆ Periodic oral screen ◆ Child prophylaxis ◆ Adult prophylaxis ◆ Sealant (per tooth) ◆ Bitewing x-ray, single film ◆ Bitewing x-ray, two films ◆ Bitewing x-ray, four films ◆ Oral evaluation and counseling with primary caregiver for patient under 3 yr of age ◆ Topical fluoride varnish – therapeutic application for moderate to high caries risk patients ◆ Nutritional counseling for the control and prevention of oral disease ◆ Oral hygiene instruction 	<p>In CAREs: Mark appropriate service under the “Dental Services” category.</p> <p>Include in CAREs:</p> <ol style="list-style-type: none"> 1. Time in and time out including a.m. and p.m. for timed based services (Codes D1310 and D1330.) 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<ol style="list-style-type: none"> 1. When providing direct oral health services, any care coordination related to the direct care is considered part of the direct care service. Do not bill this activity separately as care coordination. For example: <ul style="list-style-type: none"> • After completing an oral health screen, making a referral to a DDS for follow-up and treatment cannot be billed separately as care coordination. 2. If an initial screen is provided, use only Code D0150. When providing subsequent screens, use either D0120 or D0145 as appropriate. 3. Code D0145 is billable only for children under three years of age if counseling with the primary caregiver is provided during a screen. 4. For Codes D1310 and D1330, a minimum of 8 minutes must be provided to bill the service. 5. For both sealant applications and bitewing films, report the number of teeth sealed or the number of bitewing films taken, not the number of clients that will receive the service. 	<p>Codes:</p> <ul style="list-style-type: none"> ◆ D0150: Initial oral screen ◆ D0120: Periodic oral screen ◆ D1120: Prophylaxis (age 12 yr. and younger) ◆ D1110: Prophylaxis (age 13 yr. and older) ◆ D1351: Sealant per tooth (posterior teeth up to age 18) ◆ D0270: Single bitewing film ◆ D0272: Two bitewing films ◆ D0274: Four bitewings films ◆ D0145: Oral evaluation and counseling with caregiver (child under age 3) ◆ D1206: Topical fluoride varnish (moderate to high caries risk) ◆ D1310: Nutritional counseling for control and prevention of oral disease (15 minute unit) ◆ D1330: Oral hygiene instruction (15 minute unit)
For more information on oral health direct care services, refer to the I-Smile Handbook and Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Immunizations	Administration of immunizations	<p>In CARES: Under Health Screening Services category, mark “Immunization”.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart, IRIS, or Master Index Card for full description of services provided. <p>In client-based chart, IRIS, or Master Index Card: Documentation must adhere to requirements in IAC 441-79.3(2).</p> <p>Assure entry in IRIS.</p>	Typically VFC vaccine is used (at no cost). If a child needs vaccine outside of the VFC cohort, Medicaid can be billed for the vaccine.	<p>Code 90471 for initial administration of vaccine (single or combination), subcutaneous or intramuscular</p> <p>Code 90472 for subsequent administrations of vaccine (single or combination) on same day as Code 90471 or Code 90473.</p> <p>Code 90473 for administration of one vaccine (single or combination) by intranasal or oral means.</p> <p>Bill the appropriate administration code(s) and the code(s) for the VFC vaccine (at \$ 0).</p>
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Blood draw	<p>Collection of venous blood by venipuncture</p> <p>Collection of capillary blood specimen</p> <p>Handling or conveyance of specimen for transfer to a laboratory</p>	<p>In CARES: Under Health Screening Services category mark “Lab-Lead”.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Specify if venipuncture, capillary draw, or handling/conveyance to lab. 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2). If a CLPPP, assure entry in STELLAR.</p>	<p>A blood lead draw and handling/conveyance cannot both be billed. Only one of the three codes can be billed.</p> <p>Note that venous blood lead levels of 20 µg/dL or higher result in automatic eligibility for Early ACCESS services for children ages 0-3. Referral to the Child Health agency for Early Access service coordination will be made by the responsible CLPPP.</p>	<p>Code 36415 for venous draw.</p> <p>Code 36416 for capillary draw.</p> <p>Code 99000 for handling and conveyance to lab.</p> <p>Select only one of the above codes for billing.</p>
Blood lead analysis	Lab analysis of blood lead level using the Lead Care II	<p>In CARES: Under Health Screening Services category mark “Lab-Lead”.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Specify use of Lead Care II. 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2). If a CLPPP, assure entry in STELLAR.</p>	<p>The Lead Care II is the only CLIA waived testing device approved by IDPH. Child Health agencies using the Lead Care II must report the results of all blood lead testing electronically to the Bureau of Lead Poisoning Prevention.</p> <p>If a blood lead test result of 15 µg/dL or higher is obtained from a Lead Care II, a venous sample must be drawn and sent to a reference lab for a confirmatory test.</p>	<p>Code 83655</p> <p>The capillary blood draw (Code 36416) can be billed in addition to the blood lead analysis when using the Lead Care II.</p> <p>Venous blood lead levels of 20 µg/dL or higher result in automatic eligibility for Early ACCESS services for children ages 0-3. Referral to the Child Health agency for Early Access service coordination will be made by the responsible CLPPP.</p>
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Other lab services	Urinalysis Hematocrit level Hemoglobin level Tuberculosis skin test	In CARES: Under Health Screening Services category, mark the appropriate service. Include in CARES: 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart for full description of services provided. In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).	If hemoglobin testing is covered by the WIC program, it cannot be billed to Medicaid.	Code 81002: UA Code 85014: Hct Code 85018: Hgb Code 86580: TB
Visual acuity	Screening test of visual acuity, quantitative, bilateral. The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g. Snellen Chart).	In CARES: Under Health Screening Services category, mark "Vision". Include in CARES: 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart for full description of services provided. In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).	This vision screening service cannot be billed in addition to a preventive office visit (initial or periodic health screening).	Code 99173
For more information on direct care services, refer to Medicaid's Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Speech audiometry	Speech Audiometry – threshold only	<p>In CARES: Under Health Screening Services category, mark “Hearing”.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. Specify the speech audiometry service provided 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>		Code 92555
Developmental screen	<p>Developmental screening with interpretation and report. This serves to identify children who may need more comprehensive evaluation.</p> <p>Use recognized instruments such as:</p> <ul style="list-style-type: none"> ◆ Parent’s Evaluation of Developmental Status (PEDS) ◆ Ages and Stages Questionnaire 	<p>In CARES: Under Health Screening Services category, mark “Developmental Screen”.</p> <p>Include in CARES:</p> <ol style="list-style-type: none"> 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2). Include:</p> <ul style="list-style-type: none"> • Date of service • Name / copy of screening tool • Results and interpretation • Referrals / action taken • First name, last name, credentials, signature of service provider 	<p>Do not use E & M for the following activities which are included in the scope of the developmental screening service:</p> <ul style="list-style-type: none"> • Explaining the purpose of a developmental screen • Interpretation of results of the screen • Anticipatory guidance and • If indicated, referral to Level II screening 	Code 96110
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Nutrition counseling	<p>Medical nutrition therapy - initial nutrition assessment and intervention, face-to-face with the individual</p> <p>Nutrition reassessment and intervention, face-to-face with individual</p>	<p>In CAREs: Under Health Screening Services category, mark "Nutrition Assessment".</p> <p>Include in CAREs: 1. Time in and time out including a.m. and p.m. 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided.</p> <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<ol style="list-style-type: none"> 1. Use for medically necessary nutrition services beyond those provided through the WIC program. 2. For Codes 97802 and 97803, a minimum of 8 minutes must be provided to bill the service. 3. See guide sheet in MCH Administrative Manual. Assure that criteria for providing nutrition counseling services are met. 	<p>Code 97802: Initial nutrition assessment & counseling (15 minute unit)</p> <p>Code 97803: Nutrition reassessment and counseling (15 minute unit)</p> <p>For determining 15 minute units:</p> <ul style="list-style-type: none"> • 8-22 minutes = 1 unit • 23-37 minutes = 2 units • 38-52 minutes = 3 units • 53-67 minutes = 4 units
Nursing assessment/evaluation	<p>Nursing contact for the purpose of providing assessment and evaluation of a known medical condition such as:</p> <ul style="list-style-type: none"> ◆ Failure to thrive ◆ Asthma ◆ Diabetes <p>Must be provided by a registered nurse.</p> <p>Must include:</p> <ul style="list-style-type: none"> ◆ Medical history including chief complaint ◆ Nursing assessment ◆ Evaluation ◆ Plan of care 	<p>In CAREs: Under Health Screening Services category, mark "Nursing Assessment".</p> <p>Include in CAREs: 1. Time in and time out including a.m. and p.m. 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided.</p> <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<p>Used for nursing assessment/evaluation <i>outside of the home setting</i></p>	<p>Code T1001: Nursing assessment/evaluation (15 minute unit)</p> <p>For time spent, include only face-to-face time. Do not include travel time (if applicable) or time documenting the service.</p>
For more information on direct care services, refer to Medicaid's Screening Center Manual.				

August 2009

Iowa Department of Public Health
Bureau of Family Health

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Home visit for nursing services	<p>Home visit made for the purpose of providing nursing services including:</p> <ul style="list-style-type: none"> ◆ Medical history ◆ Nursing assessment ◆ Evaluation ◆ Nursing services ◆ Plan of care <p>Must be provided by a registered nurse.</p>	<p>In CAREs: Under Health Screening Services category, mark “Nursing Assessment”. Select “home visit” as the interaction type.</p> <p>Include in CAREs:</p> <ol style="list-style-type: none"> 1. Time in and time out including a.m. and p.m. 2. First and last name of service provider & credentials if not entering own data. 3. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<ol style="list-style-type: none"> 1. A home visit for care coordination service cannot also be billed for any portion of the home visit for nursing services. 2. The entirety of the maternal health postpartum home visit is part of the maternal health services. Any care coordination on behalf of the baby is considered part of this postpartum visit. Do not bill the child health home visit for nursing services in addition. 3. This code is based upon an hourly unit of service. 	<p>Code S9123 (per hour)</p> <p>For time spent, include only face-to-face time. Do not include travel time (if applicable) or time documenting the service.</p>
Social work home visit	<p>Home visit made for the purpose of providing social work services including:</p> <ul style="list-style-type: none"> ◆ Social history ◆ Psychosocial assessment ◆ Counseling services ◆ Plan of care <p>Must be provided by a BSW or licensed social worker.</p>	<p>In CAREs: Under Health Screening Services category, mark “Social Work Assessment”. Select “home visit” as the interaction type.</p> <p>Include in CAREs:</p> <ol style="list-style-type: none"> 1. First and last name of service provider & credentials if not entering own data. 2. Reference client-based chart for full description of services provided. <p>In client-based chart: Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<ol style="list-style-type: none"> 1. A home visit for care coordination service cannot also be billed for any portion of the home visit for social work services. 2. The entirety of the maternal health postpartum home visit is part of the maternal health services. Any care coordination on behalf of the baby is considered part of this postpartum visit. Do not bill the child health home visit for social work services in addition. 	<p>Code S9127</p> <p>This is an encounter code and is not based upon a timed unit.</p>
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

Service	Description in brief	Documentation	Cautions	Billing to Medicaid
Evaluation and Management	<p>Evaluation and management (E & M) for an office visit with an established client.</p> <p>Examples include but are not limited to E & M pertaining to:</p> <ul style="list-style-type: none"> ◆ Follow-up visits subsequent to a full well child screen (on a date following the screen) ◆ Lead risk assessment, education about lead poisoning, and follow-up instructions when doing a blood lead draw ◆ Reviewing immunization records, explaining the need for immunizations, and providing anticipatory guidance and follow-up instructions when preparing to administer vaccine 	<p>In CARES: Under the Health Screening Service category, mark “Evaluation & Management”. Select “clinic visit” as the interaction type.</p> <p>Enter service documentation notes:</p> <ul style="list-style-type: none"> • Specify what the E & M is related to (e.g. well child screen, lead test, or immunization) • Describe the scope of the service or refer to client chart for detailed description. • Record first and last name of service provider and credentials if not entering own data. <p>Refer to client based chart for complete documentation of the service. Documentation must adhere to requirements in IAC 441-79.3(2).</p>	<p>E & M is a clinical encounter direct care service. This code cannot be used for:</p> <ul style="list-style-type: none"> ◆ Providing care coordination services ◆ E & M on the same day as a full well child screen ◆ Explaining the purpose of a developmental screen, interpretation of the screen, anticipatory guidance, and referral to Level II screening when conducting a developmental screen. (These activities are already included in the code 96110.) 	<p>Code 99211</p> <p>This encounter code can only be used once per day per client.</p>
For more information on direct care services, refer to Medicaid’s Screening Center Manual.				

BLOOD LEAD TESTING DATA
IOWA CHILDREN BORN IN 2005 AND TESTED AT THE AGE OF 9 TO 35 MONTHS (AS OF 12/31/2008)

COUNTY	ALL CHILDREN					CHILDREN ENROLLED IN MEDICAID					NON MEDICAID CHILDREN				
	2005 BIRTHS	TESTED	% TESTED	>=10	%>=10	T19 enrolled	TESTED	% TESTED	>=10	%>=10	NON T19	TESTED	% TESTED	>=10	%>=10
Adair	86	61	70.9	3	4.9	38	25	65.8	1	4.0	48	36	75.0	2	5.6
Adams	42	37	88.1	2	5.4	33	28	84.8	2	7.1	9	9	100.0	0	0.0
Allamakee	206	156	75.7	7	4.5	145	108	74.5	6	5.6	61	48	78.7	1	2.1
Appanoose	184	100	54.3	3	3.0	125	72	57.6	3	4.2	59	28	47.5	0	0.0
Audubon	73	67	91.8	4	6.0	44	39	88.6	4	10.3	29	28	96.6	0	0.0
Benton	291	225	77.3	8	3.6	127	95	74.8	6	6.3	164	130	79.3	2	1.5
Black Hawk	1683	1534	91.1	58	3.8	1100	951	86.5	54	5.7	583	583	100.0	4	0.7
Boone	310	267	86.1	12	4.5	135	122	90.4	11	9.0	175	145	82.9	1	0.7
Bremer	273	242	88.6	1	0.4	127	96	75.6	1	1.0	146	146	100.0	0	0.0
Buchanan	298	200	67.1	6	3.0	134	101	75.4	5	5.0	164	99	60.4	1	1.0
Buena Vista	292	217	74.3	8	3.7	262	187	71.4	8	4.3	30	30	100.0	0	0.0
Butler	171	139	81.3	3	2.2	91	68	74.7	2	2.9	80	71	88.8	1	1.4
Calhoun	100	75	75.0	4	5.3	53	44	83.0	4	9.1	47	31	66.0	0	0.0
Carroll	269	207	77.0	11	5.3	105	99	94.3	9	9.1	164	108	65.9	2	1.9
Cass	170	134	78.8	7	5.2	124	88	71.0	6	6.8	46	46	100.0	1	2.2
Cedar	194	134	69.1	11	8.2	90	60	66.7	9	15.0	104	74	71.2	2	2.7
Cerro Gordo	471	471	100.0	16	3.4	312	312	100.0	15	4.8	159	159	100.0	1	0.6
Cherokee	113	87	77.0	6	6.9	75	65	86.7	4	6.2	38	22	57.9	2	9.1
Chickasaw	179	151	84.4	6	4.0	100	82	82.0	5	6.1	79	69	87.3	1	1.4
Clarke	132	70	53.0	1	1.4	100	40	40.0	1	2.5	32	30	93.8	0	0.0
Clay	200	198	99.0	5	2.5	135	133	98.5	5	3.8	65	65	100.0	0	0.0
Clayton	190	149	78.4	4	2.7	93	70	75.3	2	2.9	97	79	81.4	2	2.5
Clinton	623	476	76.4	13	2.7	459	312	68.0	12	3.8	164	164	100.0	1	0.6
Crawford	212	134	63.2	1	0.7	202	124	61.4	1	0.8	10	10	100.0	0	0.0
Dallas	797	540	67.8	11	2.0	293	222	75.8	7	3.2	504	318	63.1	4	1.3
Davis	137	57	41.6	1	1.8	49	32	65.3	1	3.1	88	25	28.4	0	0.0
Decatur	101	64	63.4	4	6.3	84	47	56.0	4	8.5	17	17	100.0	0	0.0
Delaware	210	83	39.5	2	2.4	99	25	25.3	1	4.0	111	58	52.3	1	1.7
Des Moines	500	449	89.8	35	7.8	407	356	87.5	30	8.4	93	93	100.0	5	5.4
Dickinson	153	75	49.0	1	1.3	71	40	56.3	1	2.5	82	35	42.7	0	0.0
Dubuque	1125	623	55.4	13	2.1	613	289	47.1	10	3.5	512	334	65.2	3	0.9
Emmet	158	98	62.0	7	7.1	91	50	54.9	6	12.0	67	48	71.6	1	2.1
Fayette	250	195	78.0	13	6.7	149	124	83.2	11	8.9	101	71	70.3	2	2.8
Floyd	218	152	69.7	6	3.9	116	92	79.3	5	5.4	102	60	58.8	1	1.7
Franklin	128	128	100.0	10	7.8	94	94	100.0	10	10.6	34	34	100.0	0	0.0
Fremont	90	72	80.0	3	4.2	64	46	71.9	2	4.3	26	26	100.0	1	3.8
Greene	93	78	83.9	5	6.4	60	49	81.7	4	8.2	33	29	87.9	1	3.4
Grundy	123	104	84.6	2	1.9	66	48	72.7	1	2.1	57	56	98.2	1	1.8
Guthrie	127	79	62.2	4	5.1	56	40	71.4	1	2.5	71	39	54.9	3	7.7

	ALL CHILDREN					CHILDREN ENROLLED IN MEDICAID					NON MEDICAID CHILDREN				
COUNTY	2005 BIRTHS	TESTED	% TESTED	>=10	%>=10	T19 enrolled	TESTED	% TESTED	>=10	%>=10	NON T19	TESTED	% TESTED	>=10	%>=10
Hamilton	185	150	81.1	4	2.7	122	87	71.3	2	2.3	63	63	100.0	2	3.2
Hancock	155	132	85.2	2	1.5	64	61	95.3	1	1.6	91	71	78.0	1	1.4
Hardin	207	180	87.0	10	5.6	132	105	79.5	8	7.6	75	75	100.0	2	2.7
Harrison	177	70	39.5	1	1.4	102	37	36.3	0	0.0	75	33	44.0	1	3.0
Henry	246	188	76.4	12	6.4	178	123	69.1	8	6.5	68	65	95.6	4	6.2
Howard	131	104	79.4	3	2.9	79	65	82.3	2	3.1	52	39	75.0	1	2.6
Humboldt	121	85	70.2	2	2.4	78	60	76.9	2	3.3	43	25	58.1	0	0.0
Ida	81	55	67.9	7	12.7	48	41	85.4	5	12.2	33	14	42.4	2	14.3
Iowa	200	125	62.5	6	4.8	89	64	71.9	5	7.8	111	61	55.0	1	1.6
Jackson	198	131	66.2	4	3.1	115	83	72.2	4	4.8	83	48	57.8	0	0.0
Jasper	474	364	76.8	7	1.9	234	174	74.4	6	3.4	240	190	79.2	1	0.5
Jefferson	171	110	64.3	2	1.8	108	68	63.0	2	2.9	63	42	66.7	0	0.0
Johnson	1457	917	62.9	10	1.1	624	297	47.6	4	1.3	833	620	74.4	6	1.0
Jones	228	161	70.6	4	2.5	110	72	65.5	4	5.6	118	89	75.4	0	0.0
Keokuk	125	78	62.4	9	11.5	82	52	63.4	8	15.4	43	26	60.5	1	3.8
Kossuth	181	120	66.3	3	2.5	102	62	60.8	2	3.2	79	58	73.4	1	1.7
Lee	407	247	60.7	8	3.2	318	158	49.7	4	2.5	89	89	100.0	4	4.5
Linn	2783	1919	69.0	62	3.2	1316	1013	77.0	46	4.5	1467	906	61.8	16	1.8
Louisa	129	85	65.9	2	2.4	91	53	58.2	1	1.9	38	32	84.2	1	3.1
Lucas	120	81	67.5	3	3.7	68	45	66.2	3	6.7	52	36	69.2	0	0.0
Lyon	169	105	62.1	2	1.9	65	41	63.1	1	2.4	104	64	61.5	1	1.6
Madison	189	133	70.4	5	3.8	74	49	66.2	4	8.2	115	84	73.0	1	1.2
Mahaska	306	274	89.5	8	2.9	180	148	82.2	7	4.7	126	126	100.0	1	0.8
Marion	424	322	75.9	4	1.2	185	122	65.9	3	2.5	239	200	83.7	1	0.5
Marshall	612	612	100.0	33	5.4	486	486	100.0	32	6.6	126	126	100.0	1	0.8
Mills	197	109	55.3	1	0.9	92	51	55.4	1	2.0	105	58	55.2	0	0.0
Mitchell	147	80	54.4	2	2.5	51	35	68.6	1	2.9	96	45	46.9	1	2.2
Monona	95	56	58.9	6	10.7	69	35	50.7	5	14.3	26	21	80.8	1	4.8
Monroe	76	54	71.1	1	1.9	52	30	57.7	0	0.0	24	24	100.0	1	4.2
Montgomery	142	97	68.3	5	5.2	108	67	62.0	4	6.0	34	30	88.2	1	3.3
Muscatine	587	444	75.6	10	2.3	441	298	67.6	9	3.0	146	146	100.0	1	0.7
O'Brien	184	140	76.1	12	8.6	111	74	66.7	7	9.5	73	66	90.4	5	7.6
Osceola	73	55	75.3	3	5.5	42	26	61.9	1	3.8	31	29	93.5	2	6.9
Page	167	118	70.7	12	10.2	113	66	58.4	9	13.6	54	52	96.3	3	5.8
Palo Alto	121	83	68.6	5	6.0	79	53	67.1	5	9.4	42	30	71.4	0	0.0
Plymouth	313	189	60.4	7	3.7	132	99	75.0	6	6.1	181	90	49.7	1	1.1
Pocahontas	88	64	72.7	1	1.6	57	47	82.5	1	2.1	31	17	54.8	0	0.0
Polk	6567	4344	66.1	85	2.0	3293	1974	59.9	57	2.9	3274	2370	72.4	28	1.2
Pottawattamie	1227	471	38.4	8	1.7	915	244	26.7	5	2.0	312	227	72.8	3	1.3

	ALL CHILDREN					CHILDREN ENROLLED IN MEDICAID					NON MEDICAID CHILDREN				
COUNTY	2005 BIRTHS	TESTED	% TESTED	>=10	%>=10	T19 enrolled	TESTED	% TESTED	>=10	%>=10	NON T19	TESTED	% TESTED	>=10	%>=10
Poweshiek	195	149	76.4	8	5.4	97	66	68.0	7	10.6	98	83	84.7	1	1.2
Ringgold	79	45	57.0	2	4.4	44	23	52.3	1	4.3	35	22	62.9	1	4.5
Sac	120	109	90.8	10	9.2	65	63	96.9	6	9.5	55	46	83.6	4	8.7
Scott	2317	1769	76.3	61	3.4	1545	997	64.5	48	4.8	772	772	100.0	13	1.7
Shelby	101	74	73.3	1	1.4	46	36	78.3	0	0.0	55	38	69.1	1	2.6
Sioux	479	342	71.4	15	4.4	226	158	69.9	10	6.3	253	184	72.7	5	2.7
Story	945	828	87.6	9	1.1	456	353	77.4	6	1.7	489	475	97.1	3	0.6
Tama	256	214	83.6	8	3.7	168	126	75.0	6	4.8	88	88	100.0	2	2.3
Taylor	79	67	84.8	11	16.4	53	41	77.4	10	24.4	26	26	100.0	1	3.8
Union	152	126	82.9	18	14.3	95	71	74.7	12	16.9	57	55	96.5	6	10.9
Van Buren	98	63	64.3	5	7.9	50	39	78.0	4	10.3	48	24	50.0	1	4.2
Wapello	504	475	94.2	26	5.5	417	388	93.0	23	5.9	87	87	100.0	3	3.4
Warren	549	367	66.8	3	0.8	222	121	54.5	3	2.5	327	246	75.2	0	0.0
Washington	265	160	60.4	7	4.4	125	88	70.4	7	8.0	140	72	51.4	0	0.0
Wayne	76	58	76.3	4	6.9	53	39	73.6	4	10.3	23	19	82.6	0	0.0
Webster	474	403	85.0	13	3.2	330	296	89.7	13	4.4	144	107	74.3	0	0.0
Winnebago	120	108	90.0	3	2.8	70	58	82.9	1	1.7	50	50	100.0	2	4.0
Winneshiek	210	171	81.4	4	2.3	86	65	75.6	4	6.2	124	106	85.5	0	0.0
Woodbury	1578	1142	72.4	66	5.8	1252	825	65.9	59	7.2	326	317	97.2	7	2.2
Worth	81	80	98.8	4	5.0	47	46	97.9	3	6.5	34	34	100.0	1	2.9
Wright	165	148	89.7	6	4.1	109	111	101.8	6	5.4	56	37	66.1	0	0.0
TOTALS	39275	28278	72.0	972	3.4	22682	15550	68.6	778	5.0	16593	12728	76.7	194	1.5

BLOOD LEAD TESTING DATA
IOWA MEDICAID ENROLLED CHILDREN BORN IN 2005 AND TESTED AT THE
AGE OF 9 TO 35 MONTHS (AS OF 12/31/2008)

T19 ENROLLED TESTED % TESTED

Black Hawk County Health Department

Black Hawk	1100	951	86.5%
Bremer	127	96	75.6%
Buchanan	134	101	75.4%
Grundy	66	48	72.7%
<i>Agency Total</i>	1427	1196	83.8%

Child Health Specialty Clinics

Fremont	64	46	71.9%
Keokuk	82	52	63.4%
Mills	92	51	55.4%
Pottawattamie	915	244	26.7%
Wapello	417	388	93.0%
<i>Agency Total</i>	1570	781	49.7%

Hillcrest Family Services

Cedar	90	60	66.7%
Clinton	459	312	68.0%
Jackson	115	83	72.2%
Jones	110	72	65.5%
<i>Agency Total</i>	774	527	68.1%

Community Opportunities

Audubon	44	39	88.6%
Calhoun	53	44	83.0%
Carroll	105	99	94.3%
Dallas	293	222	75.8%
Greene	60	49	81.7%
Guthrie	56	40	71.4%
Sac	65	63	96.9%
<i>Agency Total</i>	676	556	82.2%

Crawford County Home Health & Hospice

Cass	124	88	71.0%
Crawford	202	124	61.4%
Harrison	102	37	36.3%
Monona	69	35	50.7%
Shelby	46	36	78.3%
<i>Agency Total</i>	543	320	58.9%

BLOOD LEAD TESTING DATA
IOWA MEDICAID ENROLLED CHILDREN BORN IN 2005 AND TESTED AT THE
AGE OF 9 TO 35 MONTHS (AS OF 12/31/2008)

T19 ENROLLED TESTED % TESTED

Grinnell Regional Medical Center

Jasper	234	174	74.4%
Mahaska	180	148	82.2%
Poweshiek	97	66	68.0%
<i>Agency Total</i>	511	388	75.9%

Hawkeye Area Community Action Program

Linn	1316	1013	77.0%
<i>Agency Total</i>	1316	1013	77.0%

Johnson County Department of Public Health

Iowa	89	64	71.9%
Johnson	624	297	47.6%
<i>Agency Total</i>	713	361	50.6%

Lee County Health Department

Davis	49	32	65.3%
Des Moines	407	356	87.5%
Jefferson	108	68	63.0%
Lee	318	158	49.7%
Van Buren	50	39	78.0%
<i>Agency Total</i>	932	653	70.1%

Marion County Public Health

Appanoose	125	72	57.6%
Clarke	100	40	40.0%
Decatur	84	47	56.0%
Lucas	68	45	66.2%
Marion	185	122	65.9%
Monroe	52	30	57.7%
Warren	222	121	54.5%
Wayne	53	39	73.6%
<i>Agency Total</i>	889	516	58.0%

MATURA Action Corporation

Adair	38	25	65.8%
Madison	74	49	66.2%
Ringgold	44	23	52.3%
Union	95	71	74.7%
<i>Agency Total</i>	251	168	66.9%

BLOOD LEAD TESTING DATA
IOWA MEDICAID ENROLLED CHILDREN BORN IN 2005 AND TESTED AT THE
AGE OF 9 TO 35 MONTHS (AS OF 12/31/2008)

T19 ENROLLED TESTED % TESTED

Mid-Iowa Community Action

Benton	127	95	74.8%
Boone	135	122	90.4%
Hardin	132	105	79.5%
Marshall	486	486	100.0%
Story	456	353	77.4%
Tama	168	126	75.0%
<i>Agency Total</i>	1504	1287	85.6%

Mid Sioux Opportunity, Inc.

Cherokee	75	65	86.7%
Ida	48	41	85.4%
Lyon	65	41	63.1%
Plymouth	132	99	75.0%
Sioux	226	158	69.9%
<i>Agency Total</i>	546	404	74.0%

North Iowa Community Action Organization

Butler	91	68	74.7%
Cerro Gordo	312	312	100.0%
Floyd	116	92	79.3%
Franklin	94	94	100.0%
Hancock	64	61	95.3%
Kossuth	102	62	60.8%
Mitchell	51	35	68.6%
Winnebago	70	58	82.9%
Worth	47	46	97.9%
<i>Agency Total</i>	947	828	87.4%

Scott County Health Department

Scott	1545	997	64.5%
<i>Agency Total</i>	1545	997	64.5%

Siouxland Community Health Center

Woodbury	1252	825	65.9%
<i>Agency Total</i>	1252	825	65.9%

Taylor County Public Health

Adams	33	28	84.8%
Montgomery	108	67	62.0%
Page	113	66	58.4%
Taylor	53	41	77.4%
<i>Agency Total</i>	307	202	65.8%

BLOOD LEAD TESTING DATA
IOWA MEDICAID ENROLLED CHILDREN BORN IN 2005 AND TESTED AT THE
AGE OF 9 TO 35 MONTHS (AS OF 12/31/2008)

T19 ENROLLED TESTED % TESTED

Unity Health System

Louisa	91	53	58.2%
Muscatine	441	298	67.6%
<i>Agency Total</i>	532	351	66.0%

Upper Des Moines Opportunities, Inc.

Buena Vista	262	187	71.4%
Clay	135	133	98.5%
Dickinson	71	40	56.3%
Emmet	91	50	54.9%
O'Brien	111	74	66.7%
Osceola	42	26	61.9%
Palo Alto	79	53	67.1%
Pocahontas	57	47	82.5%
<i>Agency Total</i>	848	610	71.9%

Visiting Nurse Services

Polk	3293	1974	59.9%
<i>Agency Total</i>	3293	1974	59.9%

VNA of Dubuque

Allamakee	145	108	74.5%
Chickasaw	100	82	82.0%
Clayton	93	70	75.3%
Delaware	99	25	25.3%
Dubuque	613	289	47.1%
Fayette	149	124	83.2%
Howard	79	65	82.3%
Winneshiek	86	65	75.6%
<i>Agency Total</i>	1364	828	60.7%

Washington County PHN

Henry	178	123	69.1%
Washington	125	88	70.4%
<i>Agency Total</i>	303	211	69.6%

Webster County Public Health

Hamilton	122	87	71.3%
Humboldt	78	60	76.9%
Webster	330	296	89.7%
Wright	109	111	101.8%
<i>Agency Total</i>	639	554	86.7%

Iowa Training Project for Child Care Nurse Consultants Training 2010

Fall 2010



September 14 – November 19, 2009

Sponsors:

Healthy Child Care Iowa (HCCI) through the Iowa Department of Public Health and the Iowa Department of Human Services.

Fall 2010:

The Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) consists of structured distance learning followed by 4 days of onsite training.

Faculty and Planning Team:

Candace Chihak, RN; Sally Clausen, ARNP, BSN; Karen Doughan, RN, BS; Ric Hirst, BS; Analisa Pearson, RN, BSN; Marsha Platt, RN, BSN; Cathy Renz, RN MEd; and Kim Schroeder, RN; BSN.

Target Audience:

Iowa registered nurses (RN) working with early childhood care and education providers through the Title V Maternal and Child Health (MCH) Agencies; public health and Community Empowerment Areas in cooperation with the MCH Agencies; Head Start or Early Head Start; and local school districts.

Background of Child Care Nurse Consultants and Statement of Purpose:

Child care nurse consultants (CCNC) are RNs who provide on-site consultation, training, and technical assistance to early childhood care and education providers. The ITPCCNC is the required initial didactic training program for CCNCs to expand their knowledge and skills to work with early childhood care and education providers.

Educational Objectives:

Each course module contains learning objectives specific to the module topic. Overall course objectives are below.

Registered Nurses will be able to:

- Identify the components for best practices in health and safety in early childhood care and education environments and programs
- Assess the quality of health and safety policy and practices in early childhood care and education
- Consult with early childhood care and education providers to improve health and safety in their businesses
- Identify community partners and resources to assist in improving the quality in early childhood care and education
- Identify the role of public health principles and practices in child care

Training Topics:

Introduction to Early Childhood Care and Education in Iowa
Building Curriculum Development & Training Skills
Building Consultations Skills
Child Development
Nutrition and Physical Activity in Early Childhood Care

(continued on next page)

Training Topics (continued)

Injury Prevention in Early Childhood Care and Education
Environmental Health in Early Childhood Care and Education
Infectious Disease in Early Childhood Care and Education
Quality in Child Care
Mental Health in Early Childhood Care and Education
Care for Children who are Mildly Ill and Temporarily Disabled
Caring for Children with Special Needs
Oral Health in Early Childhood Care and Education
Health and Safety of Early Childhood Care and Education Staff

NOTE TO PARTICIPANTS AND THEIR EMPLOYERS:

1. Electronic Communication: The course relies heavily on electronic communication using email and retrieval of documents from the internet. The participant's employer shall assure each participant has an individual computer with business-related email address where the course coordinator may send correspondence. Participants will need to be able to access Google Docs™ and Google Groups™ to successfully participate in and complete the course.

2. Course Reading and Written Assignment Expectations: Participants receive most of the course materials through electronic communication. Participants will study various topics weekly, with written assignments, and required activities including online discussions, on-site practicums, and conference calls throughout. Participants are expected to fully participate in all activities and complete all designated assignments thoroughly and on time to successfully complete the course. **A minimum of 10-15 hours of work time per week** will be required to complete the 9 weeks of distance learning.

The course will conclude with 4 days of onsite training in the Des Moines area.



Nursing CEUs: The Iowa Department of Human Services is an Iowa Board of Nursing approved provider, Number 94. CEUs are being applied for, and # CEUs will be awarded to individuals successfully completing the course, partial credit will not be awarded.

Application Process:

Interested applicants must complete an online survey to determine eligibility. [Online Application](#). **Applications will be accepted through August 26, 2009.** Applicants are notified by email regarding acceptance. Applicants and the applicant's employer may need to complete an interview with course coordinator and/or faculty prior to acceptance. Approved applicants receive an enrollment agreement to complete and return to Healthy Child Care Iowa. Both the applicant and the applicants' employer must sign the enrollment agreement and return to the HCCI state office *prior* to training. For questions regarding application completion or enrollment, contact Analisa Pearson.

Registration Fee: The registration fee is \$200 and is due no later than September 11, 2009. Checks made out to the Iowa Department of Public Health may be mailed to the attention of Healthy Child Care Iowa. IDPH has a limited number of scholarships available, contact Analisa Pearson for more details if the cost of the training is prohibitive.

Refund Policy: No refund of the registration fee will be given after the course has begun.

Cancellation Policy: Participants will be informed if the course is cancelled for any reason, including low enrollment.

Course Coordinator Contact Information:

Please contact the course coordinator, Analisa Pearson, RN, BSN, with your questions. Iowa Department of Public Health, 321 East 12th Street, Lucas Building, Des Moines, Iowa 50319-0075. Tel: 515-281-7519 or 800-383-3826. Fax: 515-242-6013 Email: apearson@idph.state.ia.us

Request for Letters of Intent



Important Dates

July 27	Announcement of Request for Letters of Intent
Sept. 14	Letters of Intent Due
Oct. 2	Invitations for Full Proposal Requests Sent
Nov. 9	Full Proposals Due
Jan 2010	Notification of Grant Awards

Eligibility

In order to be eligible to receive a March of Dimes chapter grant, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. The March of Dimes does not award grants to individuals. Applicants must disclose any conflict of interest due to representation by their organization on the chapter's Program Services Committee or the Chapter or Division Board of Directors.

Statement of Purpose

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

Launched in 2003, the March of Dimes Prematurity Campaign is a multiyear, multimillion-dollar research, awareness and education campaign to help families have healthier babies.

As part of the March of Dimes Prematurity Campaign efforts, the Iowa Chapter community grants program is designed to invest in priority projects that further the March of Dimes mission, support national campaign objectives, and further our strategic goal of improving birth outcomes and decreasing birth disparities.

Grant Period

The 2010 funding period is Jan. 2010 - Dec. 2010.

Review Process

The Iowa Chapter's multi-disciplinary Program Services Committee will review the applications, and applicants will be notified of the status of their invitation to submit a full proposal in October 2009.

Letter of Intent Format

The letter is limited to two pages and must address the following eight questions:

1. Which of the funding priorities is the project addressing?
2. Who is the target audience?
3. How many people will the project reach?
4. What are the measurable objectives?
5. How will project success be evaluated?
6. What impact will the project have?
7. What is the amount of funding requested?
8. What are the major budget categories?

For More Information

Please visit the March of Dimes Iowa Chapter website for full instructions on the Letter of Intent process.

Grant Amounts

Grant application amounts can range from \$3,000 - \$25,000.

Funding Priorities

Priority One

Providing or enhancing **preconception health and health care** education and/or services. For a list of 14 specific risk areas, go to <http://www.marchofdimes.com/professionals/19695.asp>. Some of these risk areas include smoking and drinking alcohol during pregnancy, obesity, diabetes in pregnancy, sexually transmitted infections, and hypothyroidism.

For more information, see the National Preconception Curriculum & Resources Guide for Clinicians at mombaby.org/beforeandbeyond/.

Priority Two

Providing or enhancing **risk reduction** education and/or services for pregnant women, such as:

- providing smoking cessation services utilizing the "5 A's" counseling approach,
- focusing on preterm birth recurrence prevention, such as health provider education on use of about "17P" (17α hydroxyprogesterone caproate) treatment for previous singleton preterm birth, and
- quality improvement programs that address late preterm birth through systems that ensure compliance with ACOG guidelines regarding elective labor inductions and c-sections performed prior to 39 weeks.

Priority Three

Implementing disparity-related community programs that aim to decrease **racial and ethnic disparities** in birth outcomes. This may include March of Dimes programs like Centering Pregnancy, Stork's Nest®, Project Alpha and *Becoming a Mom/Comenzando bien*®.

Please Note:

March of Dimes chapter community grants do not fund scientific research projects. For more information about research grants, visit marchofdimes.com under "For Professionals".

How To Apply

Please visit the March of Dimes Iowa Chapter website at marchofdimes.com/iowa under the "Community Grants" section to read more about the application process and qualifications.

For more information contact:
Jessica Phillips, RNC, BSN
State Director of Program Services & Public Affairs
Phone: (319) 247.5643
JPhillips@marchofdimes.com