



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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Early Childhood Vaccination Rates Rise in Iowa

According to the CDC's National Immunization Survey, more young children are getting immunized in Iowa. According to the survey, 73 percent of 2-year-old children in Iowa have received the recommended immunizations, which is above the national average of 70 percent. Iowa also had increases in the percentage of children receiving the Haemophilus influenzae type b (Hib) and Rotavirus vaccine series in 2010.

"Vaccines are the most effective way to protect our children from disease," said Don Callaghan, Bureau Chief of the Iowa Immunization Program. "Our high immunization rates are a credit to parents' and health care provider's commitment to health." Infant immunizations are extremely important, and begin a lifetime of good health.

The IDPH Immunization Program distributes vaccine to health care providers through the Vaccines for Children (VFC) Program. Iowans age 18 and younger are eligible for the program if they are Medicaid enrolled, uninsured, underinsured, American Indian or Alaskan Native.

Iowa parents are encouraged to keep their children healthy by:

- Asking your doctor if your child is up to date on his or her immunizations
- Making and keeping immunization appointments
- Keeping an immunization record and updating it after every doctor visit.

For more information about vaccination rates in Iowa, immunization schedules and more, visit the Immunization Resources page of the IDPH website at www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Resources.

Contact Information: Polly Carver-Kimm at (515) 281-6693

Programs to Assist Homeless Iowans

Poor health is closely associated with homelessness. However, access to affordable, quality, comprehensive health care services is often unavailable to Iowans who are homeless or in danger of becoming homeless.

Many of our state public health programs are positioned to provide essential health services and advocacy for this vulnerable population. The Iowa Department of Public Health's *Inventory of Programs to Assist Homeless Iowans* and *Contact Information* documents (pages 9-18 of **The UPdate**) represent our effort to communicate the availability of our programs with a variety of state and local agencies who represent those who cannot represent themselves.

Please share these materials with your community partners. If you have any questions, please contact Shelley Horak at (515) 281-7721 or by email at shelley.horak@idph.iowa.gov. Thank you for caring for Iowans!

Smoking Cessation Coverage Available to Medicaid Members

As you know, women who smoke during pregnancy are at increased risk of having a low birth weight baby or of delivering a baby early (preterm delivery). Low birth weight babies and those born preterm are at increased risk for infant mortality, illness and postnatal complications such as feeding problems, poor weight gain, and future learning problems.

Medicaid coverage for smoking cessation has been linked to higher smoking quit rates. Medicaid in Iowa generally covers smoking cessation medication for Medicaid members such as nicotine replacement therapy and oral smoking cessation therapy including varenicline (Chantix™) and bupropion SR. These medications require prior authorization (PA). PA questions may be directed to the Pharmacy Provider PA Hotline at 515-256-4607 (local) or 877-776-1567.

While smoking continues to see a steady decline nationally and in Iowa, it remains a persistent problem: roughly 1/3 of all pregnant women age 18-29 covered by Iowa Medicaid reported smoking during the pregnancy. Each prenatal care visit provides a critical opportunity to ask women about their tobacco use, and to advise and refer them to smoking cessation resources such as:

- **Quitline** - an important resource to assist pregnant women and others to quit smoking: 1-800-QUIT-NOW (1-800-784-8669) or www.quitlineiowa.org.
- **QuitNet** - the world's largest and most comprehensive online quit-smoking service, offering tools and support to help people quit and remain smoke free: www.quitnet.com.

Text4Baby is also a nice resource that offers new moms-to-be free health tips and weekly messages through texts. Text BABY to 511411 (Envia BEBE al 511411 para Español) or sign up at <http://text4baby.org>.

Support is available to providers as well. Research has pointed to the success of motivational interviewing techniques for providers to assist patients in examining their own motivations and to think about quitting. Many resources are available on this technique including one at <http://hcproviders.learnpublichealth.com>, which is offered free through the Iowa Department of Public Health.

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Smoking Cessation Coverage Available to Medicaid Members

We appreciate your partnership and commitment to healthy babies in Iowa! If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.

Safety Hazards in Child Care Study

A recent study, funded by the Children's Fund of Connecticut, has shed significant light on the health and safety risks in Connecticut's child care centers by examining the results of over 1,400 unannounced inspections by the Department of Public Health of these centers across the state. Yale nurse practitioner Angela Crowley and Yale pediatrician Marjorie Rosenthal led the study. To learn more about key findings from this study, go to "Ensuring Health and Safety in Connecticut's Child Care Programs" on page 19 of **The Update**.

Adverse Childhood Experiences: The Most Powerful Determinant of Public Health
Mark Your Calendar! - Thursday, October 6, 2011, 8-10 a.m.

Des Moines, Embassy Suites on the River (\$7 parking across street / \$14 underground garage / street meter parking)

The Iowa Department of Public Health and Mid-Iowa Health Foundation are pleased to host a professional training opportunity on the groundbreaking findings of the root causes affecting adult health status & emotional well-being.

Keynote Speaker

Dr. Robert Anda, MD, MS

Scientific Consultant, Principal Investigator for Adverse Childhood Experiences Study; Centers for Disease Control

Dr. Anda is an expert on the main contributors to chronic health disease related to adverse childhood experiences. He will share latest findings that have far-reaching implications for building effective state and local policy, programming and public awareness campaigns.

For more information on Dr. Anda, go to www.acestudy.org or www.cdc.gov/ace/about.htm.

Maximum capacity is 150. To RSVP your attendance, email Patrick Goebel at Patrick.Goebel@idph.iowa.gov.



John and Sarah
at ages 9 and 6



John at age 42



Sarah at age 39



Keesha at age 18



Keesha at age 5

Oral Health Recent Events

News from the Bureau of Oral and Health Delivery Systems - Oral Health Center

2010-2011 School-Based Sealant Results

The Iowa Department of Public Health - Oral Health Center funds seven school-based sealant programs. Sealant programs are an important and effective public health approach in promoting the oral health of children and adolescents. They are a cost-effective preventive strategy for those who are at the highest risk for dental caries and reducing disparities.



During the 2010-2011 school year, approximately 5,800 children were screened, including 2,475 children on Medicaid (42.7%). Of the total children screened, 3,858 received dental sealants (66.6%), which is an average of 3.6 sealants per child. Over 55 percent of the Medicaid children seen through the program had a history of decay, while 16.8 percent had untreated decay. Follow-up care coordination is also provided, strengthening why these programs are so important to families with low incomes.

Overall, the rate of decay is less than it was five years ago. In state fiscal year 2006-2007, 26 percent of participants had untreated decay compared to 15.2 percent this year. This is a good indicator that the overall preventive efforts are making a difference.

For more information, please visit the IDPH Oral Health Center's website at www.idph.state.ia.us/hpcdp/oral_health_school_sealant.asp or contact Heather Miller at (515) 281-7779.

\$1 Million Invested to Address Iowa's Dentist Shortage

The Delta Dental of Iowa Loan Repayment Program/Fulfilling Iowa's Need for Dentists (FIND) has reached a milestone of \$1 million invested! The FIND project provides dental education financial assistance to dentists dedicated to practice in underserved areas of Iowa. The goal of the FIND project is to address Iowa's dentist shortage, expand oral health care access to underserved Iowans and to help strengthen the economic development of rural Iowa communities. A reception and press conference was held on September 1, 2011.

For more information, contact the Bureau of Oral and Health Delivery Systems at 1-866-528-4020.

Administration/Program Management

Fall Seminar

The 2011 BFH Fall Seminar will be held October 5-6, 2011 at the Gateway Hotel and Conference Center in Ames. The Fall Seminar will again combine the efforts of the Bureau of Family Health (BFH) and Oral Health Center.

The 2011 BFH Fall Seminar will provide your staff an opportunity to move from knowledge to practice using life course perspective as a framework for maternal and child health and family planning programs. Expert presenters will provide insight into the latest work in life course perspective (LCP) and how adverse childhood experiences can affect a person's LCP. Fall Seminar participants will share, through facilitated activities, their own ideas for moving beyond the science.

For more information, including registration details, go to page 20 of **The UPdate**.

Bureau of Family Health Grantee Committee Meeting

The next Bureau of Family Health Grantee Committee meeting will be held on October 6, 2011 from 1-3 p.m. in conjunction with the Fall Seminar. A draft agenda and minutes from the last meeting are available on pages 21-26 of **The UPdate**. If you have any questions, please contact Heather Hobert-Hoch at 515-281-6880. *This is a required meeting for Bureau of Family Health - MCH/FP contract agencies.*

IME Informational Letter #1051 - Fourth Notice of Transition to 5010 HIPAA Format Important for all Medicaid Members Billing Electronically!

The Iowa Medicaid Enterprise (IME) has issued Informational Letter #1051 reminding Medicaid providers that the Version 5010 transition ***is less than four months away!*** **On January 1, 2012 all electronic claims submitted to IME must be in Version 5010 format.** This means that **all covered entities submitting electronic transactions must upgrade to Version 5010.** Version 5010, unlike the current Version 4010, is required for the use of the new ICD-10 medical codes sets.

To ensure that there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid's Electronic Data Interchange Support Services (EDISS) encourages all providers to enroll in Total OnBoarding (TOB) (5010 HIPAA format) well before the January 2012 deadline. If the TOB profile has not been enrolled for Version 5010 by this date, the provider will no longer be able to submit electronic transactions. At that time, the current 4010 format will be deleted from the EDISS system.

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Administration/Program Management

IME Informational Letter #1051 - Fourth Notice of Transition to 5010 HIPAA Format Important for all Medicaid Members Billing Electronically!

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How to Transition to the 5010 Format

Guidelines for transition to the 5010 format in the form of a checklist are found on the EDISS website at www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is organized into 3 sections:

- Direct Providers not using PC-ACE Pro32
- Direct Providers using PC-ACE Pro32
- Providers sending files through a clearinghouse or billing service

To begin preparation for the transition, follow the section of the guidelines that is applicable to your agency.

EDISS will work closely with providers to ensure that all activities from claim submission to payment occur accurately. Providers are encouraged to enroll in Version 5010 ***well in advance of*** the January 1, 2012 date to assure that the process is working smoothly.

See Informational Letter #1051 on pages 27-28 of **The UPdate** for further detail. Information is also available at www.cms.gov/ICD10 which provides the latest news and resources to help you prepare for the transition to both the 5010 format and ICD-10 codes. If you have questions, please contact IME Provider Services at 1-800-338-7909 (in the Des Moines area at 515-256-4609) or by email at imeproviderservices@dhs.state.ia.us.

Calendar

***October 5-6, 2011**

Fall Seminar

Gateway Hotel and Conference Center, Ames

* Required meeting

SEPTEMBER Contract Required Due Dates

15 - Electronic expenditure workbooks

29 - Export WHIS records to IDPH



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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Wolfe, Meghan	242-6167	meghan.wolfe@idph.iowa.gov

Area code is 515

2011



Iowa Department of Public Health Inventory of Programs to Assist Homeless Iowans

Compiled by: Shelley Horak, MPH, CHES

Iowa Department of Public Health

Bureau of Family Health

September 6, 2011



The Iowa Department of Public Health (IDPH) manages several programs that intersect with the mission and goals of the Iowa Council on Homelessness. The following list represents the work within six Divisions and ten Bureaus who can serve as a resource. While IDPH is unable to offer monetary support to homeless outreach grantees, our programs provide valuable resources that can assist the Iowa Council on Homelessness in its work with homeless populations.

Along with securing safe, decent and affordable housing and creating a sustainable economic environment, obtaining access to comprehensive health care is essential to Iowans who experience homelessness. The Iowa Department of Public Health is available to provide the tools, information, and resources necessary to bridge this gap for families and individuals. IDPH is a necessary partner in advocacy for policy changes that positively impact homeless.

Division of Acute Disease Prevention and Emergency Response

Bureau of Immunization and TB

Program: Immunization

Contact: Tina Patterson

Program Description: The Iowa Immunization Program offers hepatitis B and hepatitis A to adults with high risks factors through eight county STI clinics located in Council Bluffs, Siouxland, Polk, Linn, Johnson, Black Hawk, Scott, and Des Moines. These clinics receive state purchased vaccine and must comply with proper documentation and screening for the VFC Program.

Program: TB

Contact: Allan Lynch

Program Description: Homeless shelters have been associated with TB outbreaks in the United States including Iowa. Homeless persons are included in the high-risk classification for developing TB disease by CDC as they suffer disproportionately from a variety of health problems, including TB. Detecting, treating, and preventing TB in this special population benefit not only persons who are homeless, but society at large. Shelter staff play an important role in communicable disease detection and prevention. Our recommendations for Prevention and Control of TB for Homeless Shelters can be found at: <http://www.idph.state.ia.us/ImmTB/TB.aspx?prog=Tb&pg=TbHomeless>.

Division of Behavioral Health

Bureau of HIV, STD, & Hepatitis

Program: Ryan White Part B Program

Contact: Amy Wadlington

Program Description: The mission of the Ryan White Part B Program, which includes the AIDS Drug Assistance Program (ADAP), is to meet the health care needs of persons living with HIV disease by funding primary health care and support services that get people into primary medical care and help them stay in care. This includes providing direct access to life-saving medications through the ADAP. The intention of the programs is to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve quality of life for those affected by the epidemic. Twelve agencies throughout the state offer case management, financial assistance, and support services. A centralized pharmacy sends medications to persons enrolled in ADAP.

The Part B Program also works closely with the Housing Opportunities for People with AIDS (HOPWA) program, which is administered by the Iowa Finance Authority and provides housing assistance to low income individuals and families in Iowa living with and affected by HIV/AIDS. All HOPWA providers are also Part B providers.

Bureau of Substance Abuse

Program: Access to Recovery

Contact: Kevin Gabbert

Program Description: Access to Recovery (ATR) is a four-year grant awarded to Iowa in 2010 by the Substance Abuse and Mental Health Services Administration (SAMHSA). The intent of the grant is to assist individuals recovering from addiction by funding Recovery Support Services such as Transportation, Child Care, and Transitional Housing. Individuals are admitted into the ATR program through one of our Care Coordination providers located across the state. To be eligible, individuals must be at or below 200% of the Federal Poverty Level guidelines and be in their first year of recovery from addiction. For more information on ATR, visit our website: at www.idph.state.ia.us/atr.

Program: Iowa Gambling Treatment Program/ Recovery Support Services**Contact:** Mark Vander Linden

Program Description: The Iowa Gambling Treatment Program offers problem gambling treatment to any Iowan, regardless of ability to pay as long as they meet two or more diagnostic criteria for pathological gambling. In addition, the program offers a menu of recovery support services to persons meeting eligibility criteria. These services are specific to persons whose gambling has caused them to be homeless or at significant risk of losing their home. They include:

Service	Description
Life skills coaching	Individual coaching with clients to develop the skills that help individuals make informed decisions, manage finances, communicate effectively and develop coping and self management skills that assist their recovery. Assistance in this category may provide for financial counseling.
Housing Assistance	Short term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.
Recovery Peer Coaching	Face-to-face meetings and recovery calls between the client and a recovery Peer Coach to discuss routine recovery issues from a peer perspective. A maximum of 4 hours of contact per month will be reimbursed.
Electronic Recovery Support Messaging	One-way electronic communication sent to a client intended to support recovery, improve health, life quality and wellness.
Supplemental Needs	
Supplemental Needs Utility Assistance	Assistance provided to clients for the purpose of addressing past due utilities or deposits that will assist in establishing or maintaining their residence. Utility assistance can be used for past due bills that are interfering in the client's ability to obtain housing. Utility bills must be in the client's name
Supplemental Needs Clothing/Hygiene	Assistance provided to clients to purchase clothing and hygiene products that supports the client's recovery. Hygiene products are limited to soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products and dental products.
Supplemental Needs Education	Assistance provided to clients for the purpose of completing or continuing educations. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials and tuition at a secondary educational institution.
Supplemental Needs Gas Cards	Transportation assistance in the form of gas cards to be given directly to the client for the purpose of transportation to and from an activity related to a client's recovery. Gas cards may not be used solely for the purpose of transportation to and from work. Client must provide proof of gas purchase.
Supplemental Needs Wellness	Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses or contact lenses, fitness memberships (excluding family memberships), smoking cessation, or nutrition counseling.
Supplemental Needs Housing Rental Assistance	Assistance provided to clients for housing rental costs incurred in the client's name and conducive to the client's recovery. Client must provide proof of lease. Rent cannot be paid to a family member.
Supplemental Needs Bus/Cab	Transportation by bus or cab to and from an activity related to the client's recovery.

Division of Environmental Health

Bureau of Environmental Health Services

Program: Healthy Homes Initiative

Contact: Mindy Uhle

Program Description: The Healthy Homes Initiative is a collaboration of programs housed at the Iowa Department of Public Health, other public health entities and other organizations. The goal of this initiative is to increase awareness of health and housing issues in Iowa. The initiative supports training on housing issues and provides informational materials to the general public.

Division of Tobacco Use Prevention and Control

Program: Quitline Iowa

Contact: Aaron Swanson

Program Description: Quitline Iowa is a free tobacco cessation helpline available 24 hours a day, seven days a week. Trained tobacco cessation counselors can provide ongoing help and support to overcome addiction to nicotine.

Division of Administration and Professional Licensure

Bureau of Health Statistics

Program: Vital Records and Statistics

Contact: Jill France

Program Description: The Bureau files and permanently stores records of birth, death, and marriage of events that occur in the State. Upon written application and presentation of proof of identity certified copies are issued to entitled persons.

Division of Health Promotion and Chronic Disease Prevention

Bureau of Local Public Health Services

Program: Volunteer Health Care Providers Program

Contact: Diane M. Anderson

Program Description: As a potential resource, this program could provide a listing of the participating free clinics that provide access to health care for lowans in need.

Bureau of Chronic Disease Prevention and Management

Program: Diabetes

Contact: Laurene Hendricks

Program Description: Community health centers and free clinics provide services to people with diabetes who are uninsured or underinsured, and there are prescription assistance programs available. Outpatient diabetes education is a covered benefit (with restrictions) for Medicare and Medicaid members, and for many with private insurance.

Program: Care for Yourself

Contact: Lindsey Drew

Program Description: This program provides appropriate, recommended breast and cervical cancer screening and diagnostic services to low-income, underinsured or uninsured for women ages 40-64 years of age.

Program: WISEWOMAN

Contact: Lindsey Drew

Program Description: This program provides appropriate, recommended cardiovascular screening and diagnostic services and cardiovascular-related intervention services to low-income, underinsured or uninsured for women ages 40-64 years of age.

Program: Heart Disease and Stroke Prevention Program

Contact: Terry Meek

Program Description: The goal of this program is to reduce Iowa's heart disease and stroke mortality and morbidity through the following activities:

- Raise awareness, increase screening, and prevent and control of high blood pressure
- Raise awareness, increase screening, and prevent and control of high blood cholesterol,
- Improve the quality of cardiovascular care
- Improve emergency response for those having heart attacks and strokes,
- Increase awareness of the signs and symptoms of heart attack and stroke and the importance of calling 9-1-1
- Increase the quality of life of those affected by heart disease and stroke, especially disparate populations, through public and professional education programs and activities.

Bureau of Family Health

Program: Title X Family Planning

Contact: Denise Wheeler

Program Description: Iowa has many health clinics that offer family planning services. Services at public Title X family planning clinics are available to all Iowa residents regardless of religion, race, color, age, gender, number of pregnancies, or marital status. Services are free for people enrolled in Medicaid and those whose income is below the federal poverty guidelines.

Program: Title V Child Health/ EPSDT

Contact: Janet Beaman and Carol Hinton

Program Description: The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) facilitates collaboration in assessing the health status of Iowa's communities and families by promoting access to preventive health care for mothers, infants, children, and young adults. The Title V Child Health program focuses on developing systems of care to assure that children receive the preventive health services they should have as they age and grow. A primary focus of the program is to assure that children have medical and dental homes for preventive health care. The program serves children ages 0 to 22 and incorporates services for the Medicaid population under the EPSDT program. Services are provided through contracts with local community-based agencies and include Medicaid presumptive eligibility determinations, informing new Medicaid eligible clients of the EPSDT program, care coordination, and gap-filling direct care screening services.

Program: Title V Maternal Health Program

Contact: Stephanie Trusty

Program Description: The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) facilitates collaboration in assessing the health status of Iowa's communities and families by promoting access to preventive health care for mothers, infants, children, and young adults. The Title V Maternal Health Program improves the health of pregnant women and their children by assuring access to prenatal care resources such as medical and dental assessment, health and nutrition education, psychosocial screening and referral, care coordination, help with plans for delivery, risk reduction, health supervision, and postpartum home visits. The program promotes collaboration among health care providers in the local communities to increase access to care.

Program: Early ACCESS

Contact: Meghan Wolfe

Program Description: Early ACCESS is a partnership between families with young children, birth to age three, and providers from the Departments of Education, Public Health, Human Services, and the Child Health Specialty Clinics. The purpose of this program is for families and staff to work together in identifying, coordinating and providing needed services and resources that will help the family assist their infant or toddler to grow and develop.

The family and providers work together to identify and address specific family concerns and priorities as they relate to the child's overall growth and development. In addition, broader family needs and concerns can be addressed by locating other supportive/resources services in the local community for the family and/or child. All services to the child are provided in the child's natural environment including the home and other community settings where children of the same age without disabilities participate.

There are no costs to families for service coordination activities; evaluation and assessment activities to determine eligibility or identify the concerns, priorities and resources of the family; and development and reviews of the Individualized Family Service Plan. The service coordinator works with the family to determine costs and payment arrangements of other needed services. Some services may have charges or sliding fee scales or may be provided at no cost to families. Costs are determined by a variety of factors that are individualized to each child and family.

Program: MCH Advisory Council

Contact: Andrea Kappleman

Program Description: This council serves as an advisor to the Director of Public Health regarding health and nutrition services for women and children. To assist the Iowa Department of Public Health in the design and implementation of Maternal and Child Health (MCH) Services, Family Planning Services, Child

Health Specialty Clinics (CHSC), and the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Bureau of Oral and Health Delivery Systems

Program: I-Smile™

Contact: Tracy Rodgers / Sara Schlievert

Program Description: The outcome of the I-Smile™ dental home project will be an integrated service delivery system that provides early identification of disease risk, prevention, improved care coordination, and strengthened parental involvement. Ultimately, at-risk children who are currently excluded from the dental care system will be reached and will have a dental home. I-Smile™ is implemented in schools, maternal and child health agencies, public dental health clinics, and other community-based settings.

Iowa Department of Public Health Resources for Homelessness Contact Information

Program	Name	Email Address	Phone
Immunization	Tina Patterson	Tina.Patterson@idph.iowa.gov	(515) 281-7053
TB	Allan Lynch	Allan.Lynch@idph.iowa.gov	(515) 281-7504
Ryan White Part B	Amy Wadlington	Amy.Wadlington@idph.iowa.gov	(515) 281-6974
Access To Recovery	Kevin Gabbert	Kevin.Gabbert@idph.iowa.gov	(515) 281-7080
Iowa Gambling Treatment Program/ Recovery Support Services	Mark Vander Linden	Mark.VanderLinden@idph.iowa.gov	(515) 281-8802
Healthy Homes Initiative	Mindy Uhle	Mindy.Uhle@idph.iowa.gov	(515) 242-6131
Quitline Iowa	Aaron Swanson	Aaron.Swanson@idph.iowa.gov	(515) 281-5491
Vital Records and Statistics	Jill France	Jill.France@idph.iowa.gov	(515) 281-6762
Volunteer Health Care Providers Program	Diane M. Anderson	Diane.M.Anderson@idph.iowa.gov	(515) 242-6522
Diabetes	Laurene Hendricks	Laurene.Hendricks@idph.iowa.gov	(515) 242-6204
Care For Yourself	Lindsey Drew	Lindsey.Drew@idph.iowa.gov	(515) 281-6779
WISEWOMAN	Lindsey Drew	Lindsey.Drew@idph.iowa.gov	(515) 281-6779
Heart Disease and Stroke Prevention Program	Terry Meek	Terry.Meek@idph.iowa.gov	(515) 281-6016
Title X Family Planning	Denise Wheeler	Denise.Wheeler@idph.iowa.gov	(515) 281-4907
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MCH Advisory Council	Andrea Kappelman	Andrea.Kappelman@idph.iowa.gov	(515) 281-7044
I-Smile™	Sara Schlievert	Sarah.Schlievert@idph.iowa.gov	(515) 281-7630
I-Smile™	Tracy Rodgers	Tracy.Rodgers@idph.iowa.gov	(515) 281-7715

Ensuring Health and Safety in Connecticut's Child Care Programs

A recent study, funded by the Children's Fund of Connecticut, has shed significant light on the health and safety risks in Connecticut's child care centers by examining the results of over 1,400 unannounced inspections by the Department of Public Health of these centers across the state. Yale nurse practitioner Angela Crowley and Yale pediatrician Marjorie Rosenthal led the study. Some key findings:

INSPECTIONS OF CONNECTICUT CHILD CARE PROGRAMS REVEALED SIGNIFICANT HEALTH AND SAFETY CONCERNS

- Nearly one half of all programs had playground hazards
- 1 in 5 centers had no trained staff member in medication administration
- 1 in 3 programs had dangerous indoor hazards, such as unsafe water temperature and unsecured poisons and cleaning products in classrooms
- 4 in 10 medications were being administered *without* an approved prescriber's order

CONTINUING EDUCATION WAS THE MOST FREQUENT PREDICTOR OF COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS

- When child care providers were trained on health and safety best practices—including medication administration--a clear and consistent pattern of compliance with safety regulations was shown.
- Child care providers were far more likely to administer medications safely when a trained nurse consultant provided weekly visits to the program.

Bottom Line

- Training child care providers in how to safely administer medications would reduce errors and allow children with health needs to attend child care programs safely. Access to affordable, convenient continuing education for providers is imperative.
- Weekly visits by nurse health consultants are effective in guiding and educating child care providers on a range of common health and safety issues.
- We support convening a statewide committee to develop a long term plan for a sustainable system of statewide health consultation and medication administration training.

2011 BFH Fall Seminar

The 2011 BFH Fall Seminar will be held October 5-6, 2011 at the Gateway Hotel and Conference Center in Ames. The Fall Seminar will again combine the efforts of the Bureau of Family Health (BFH) and Oral Health Center.

The 2011 BFH Fall Seminar will provide your staff an opportunity to move from knowledge to practice using life course perspective as a framework for maternal and child health and family planning programs. Expert presenters will provide insight into the latest work in life course perspective (LCP) and how adverse childhood experiences can affect a person's LCP. Fall Seminar participants will share, through facilitated activities, their own ideas for moving beyond the science.

Tentative Agenda:

October 5th

- 8:30 – 12:30 ***hawk-i*** Outreach Coordinator's Meeting and Family Planning Director's Meeting
- 12:50 – 1:00 Welcome
- 1:00 – 2:15 Adverse Childhood Experiences and Life Course Perspective – Dr. Robert Anda
- 2:30 – 3:30 Life Course Perspective Simulation
- 3:45 – 5:00 Life Course Perspective Discussion and Wrap-up

October 6th

- 8:00 – 9:00 Iowa's Family Health Plan (Title V and Title X)
- 9:10 – 12:00 Breakout Sessions
- 1:00 – 3:00 BFH Grantee Meeting

To register, please visit complete the survey at <https://www.surveymonkey.com/s/FXYVWZX>. This meeting is required for maternal health coordinators, child health coordinators, and family planning coordinators. Other staff, including project directors, are encouraged to attend. The registration fee is **\$60** and covers all conference materials, snacks, and breakfast and lunch on October 6th. Please add **\$15** if you are attending either the hawk-i Coordinator's or Family Planning Director's meeting. The registration fee is non-refundable, but can be transferred to another attendee.

A block of rooms is being held at the Gateway Hotel and Conference Center (800) 367-2637. The room rate is \$82/night for single king or double occupancy. When reserving a room, be sure to indicate you are with the Iowa Department of Public Health, Bureau of Family Health.

If you have any questions, please contact Andrew Connet (515) 281-7184 or andrew.connet@idph.iowa.gov.

We look forward to seeing you in Ames on October 5th and 6th!

BFH Grantee Committee Meeting
October 6, 2011
1 – 3 p.m.
Ames

*BFH Required Meeting

Draft

Agenda

1:00 p.m.	Call to Order Introductions & Roll Call	<i>Cari Spear</i>
1:10 p.m.	Announcements Introduction of Vice Chair Approval of Minutes Recognition Award	<i>Cari Spear</i> <i>Cari Spear</i> <i>Cari Spear</i>
1:15 p.m.	Bureau of Family Health Updates - <i>Year-end Reports</i>	<i>Andrew Connet/ Andrea Kappelman</i>
1:25 p.m.	I-Smile™	<i>Tracy Rodgers</i>
1:35 p.m.	Accountable Government Act	<i>Heather Adams</i>
2:05 p.m.	CHNA HIP	<i>Meghan O'Brien</i>
2:30 p.m.	Looking Towards the Future - <i>Follow-up to Listening Post</i> - <i>MCH Advocacy</i> - <i>Legislative Update</i> - <i>Linking with LBOH</i>	<i>Kari Prescott</i>
3:00 p.m.	Agenda Items for Next Meeting/ Adjourn	<i>Cari Spear</i>

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health, and Family Planning).

BFH GRANTEE COMMITTEE MEETING

Date: June 16, 2011

Time: 9–11:30 a.m.

ICN

Members Present:

Allen Memorial Hospital: Sandy Kahler*

American Home Finding: Tracey Boxx-Vass *, Tom Lazio

Black Hawk County Child Health Department: Arlene Prather-O'Kane*

Crawford County Home Health Agency: Kim Fineran*

Family Inc.: Sarah Zach*, Janice Wright

Hawkeye Area Community Action Program: Kim Ott*, Ethel Levi, Gloria Witzberger

Hillcrest Family Services: Sherry McGinn*

Johnson County Dept. of Public Health: Chuck Dufano*, Erica Wagner

Lee County Health Dept.: Michele Ross*

Marion County Public Health: Rachel Cecil*, Diane Ellis

MATURA Action Corporation: Mary Groves*

Mid-Iowa Community Action: Kate Pergande*, Mary Greene

Mid-Sioux Opportunity, Inc.: Cindy Harpenau*

New Opportunities: Paula Klocke*, Rebecca Fox, Beth Liechti

North Iowa Community Action Org.: Lisa Koppin*

Northeast Iowa Community Action: Lori Egan*

Scott County Health Dept.: JaNan Less*, Tanya Smith, Tiffany Tjepkes, Briana Boswell,

Siouxland Health District: Mona Scaletta*

Southern Iowa Family Planning: Vicki Palm*, Mary Prout

St. Luke's Family Health Center: Val Campbell*

Taylor County Public Health: Joan Gallagher*

Trinity Muscatine: Mary Odell*

Visiting Nurse Assoc. of Dubuque: Molly Lammers*, Therese Maiers, Nan Colin, Jacquie Roseliep

Visiting Nurse Services: Cari Spear*, Zoe Prevette

Warren County Health Services: Jodene DeVault*, Stacy Jobes, Stacey McClain

Washington County PHN Service: Edie Nebel*, Crystal?

Webster County Public Health: Kari Prescott*, Jen Ellis

*Voting Representative

Minutes

Handouts included: Agenda, February 15, 2010 Meeting Minutes,

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

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
<u>Call to Order</u> Introductions & Roll Call Approval of Minutes	<i>Michele Ross</i> <ul style="list-style-type: none"> Michele called the meeting to order at 9:00 a.m. Roll call to identify voting members from each agency. <i>Michele Ross</i> <ul style="list-style-type: none"> Motion made by Val Campbell to approve the February 15, 2011 meeting minutes. Motion seconded by Arlene Prather O'Kane. Motion approved. Correction to February minutes to reflect Siouxland Health District instead of Siouxland Community Health Center
<u>Announcements</u> FY11 Meeting Dates	<i>Michele Ross</i> <ul style="list-style-type: none"> Motion made by Cari Spear to approve FY 2012 meeting dates. Motion

<p>Vice Chair Position</p> <p>Fall Seminar</p>	<p>seconded by Edie Nebel. Agencies approved the following meeting dates: October 5-6, 2011 (in conjunction with Fall Seminar), January 19, 2012 (ICN), April 19, 2012 (ICN) and June 21, 2012 (ICN).</p> <p><i>Michele Ross</i></p> <ul style="list-style-type: none"> • This will be Michele's last meeting as chair. Cari Spear will become chair, effective October 1, 2011. • In August, Heather Hobert-Hoch will begin working with grantees to select a new vice chair. <p><i>Andrew Connet</i></p> <ul style="list-style-type: none"> • This year's Fall Seminar will be held October 5-6, 2011 at the Gateway Conference Center in Ames. • The agenda is in progress. This year there will be more emphasis on program topics
<p><u>Julie's Updates</u></p>	<p><i>Julie McMahon</i></p> <p><u>BFH Transition</u></p> <ul style="list-style-type: none"> • Jane Borst retired April 11, 2011. Julie McMahon remains the interim bureau chief with a transition team assisting her. The transition team members are: <ul style="list-style-type: none"> ■ Gretchen Hageman – Early Childhood/Child Health ■ Denise Wheeler – Maternal Health/Reproductive ■ Janet Beaman – DHS Liaison ■ Kim Piper – Contracts/Fiscal and Congenital and Inherited Disorders ■ Ritaann Carpenter – Administrative Support • Due to the continuing hiring freeze, Jane's position has not yet been posted. There are several "requests to fill" positions that are pending. Department of Management has specific criteria that must be documented before a specific request will be heard. Most likely, no action will be taken until after the state fiscal year 2012 budget has been approved. • Filling in as interim bureau chief has presented Julie McMahon with lots of learning opportunities. Along with the learning is the opportunity to assess the current bureau structure and staffing. <p><u>MCH/OH Listening Post</u></p> <ul style="list-style-type: none"> • There was an external Listening Post that took place in late February in Ames. Besides listening, Julie wanted to receive input on the core functions of IDPH. • There will be an internal listening post conducted by late July within IDPH. • This will be followed by a CQI Team representing both contractors and staff to address consultation and technical assistance. • Two areas of concern identified during the external listening post: <ul style="list-style-type: none"> ■ Timeliness of claims processing ■ Contract management ■ Fall conference <p><u>Budget/Legislative Update</u></p> <ul style="list-style-type: none"> • As of today, the fiscal department is loading the omnibus budget into the computer system. Any changes in the budget once it is approved will be dealt with via amendments.

	<ul style="list-style-type: none"> Julie believes budget approval action will happen next week. She does not think there will be a shutdown of state government. Overall, the proposed budget is tolerable, However, there will be areas that will undergo significant changes, even to the point of elimination. Julie has bigger concerns for the state fiscal 2013 budget. <p>Community Transformation Grant</p> <ul style="list-style-type: none"> Funded through the Affordable Care Act. Focus is to make our nation healthier. IDPH submitted a letter of intent on June 6. One other entity in Iowa applied for a grant. The IDPH grant has a statewide focus. The actual application must be submitted by July 15. Only 75 awards will be made. There were 902 letters of intent received. The CTG is modeled on the Harkin Wellness Grants.
<u>RFA Update</u>	<p><i>Andrea Kappelman</i></p> <ul style="list-style-type: none"> The MCH/FP RFA is the focus of Andrea's comments. See the handout "Service contracting process for MCH and FP Agencies" that was emailed by Heather Hobert Hoch. On June 30 the Notice of Intent to Award will be posted on the IDPH web site under Funding Opportunities. The agency FFY2012 contracts will be posted to SharePoint. The agency has 10 business days (July 15, 2011) to negotiate the contract. The process for either signing the contract as is or negotiating contract changes is outlined on the handout. The process for submitting any resubmissions or revisions is outlined on the handout. The members of the consultant teams are provided as a handout.
<u>Claims Processing</u>	<p><i>Andrew Connet</i></p> <ul style="list-style-type: none"> See flowchart handout. This was not emailed out prior to today's meeting. It will be sent out later. The EEW approval process (between Amy and Andrew should take no more than 14 days). There are then two additional approval steps within IDPH before the EEW/claim can be sent to DAS for payment. The version history on each EEW can be viewed to see when each step in the approval process is completed. Amy Jensen (oral health) and Andrew Connet (MCH/FP) can be contacted at any time for questions. <p><i>Juli Montgomery – Fee-For-Service Process</i></p> <ul style="list-style-type: none"> See handout: Fee-For-Service Process Care Coordination, Informing and Reinforcing: the IDPH Bureau of Family Health QA team reviews claims for documentation prior to paying rather than the "pay and chase" process for Medicaid claims. There are three people who process these fee for service claims. In January it took about 48 days from start to finish to process a claim. In March time from start to finish for these claims was 29 days.
<u>PREP (Personal Responsibility Education Program) RFP</u>	<p><i>Lindsay Miller</i></p> <ul style="list-style-type: none"> See the handout for the Powerpoint presentation. Background and overview of Iowa's PREP project. The Request for Proposal for PREP can be accessed on the IDPH web site

	<p>under Funding Opportunities. More detail than is in the handout is contained within the RFP.</p> <p><i>Shelley Horak</i></p> <ul style="list-style-type: none"> • Shelley was the lead project staff for writing the RFP. • Purpose of Iowa's PREP State Plan. • Focus on the needs of teens within the community – RFP requests to hear from teens themselves. • Important dates are within the RFP.
<u>Home Visiting Grant Update</u>	<p><i>Janet Horras</i></p> <ul style="list-style-type: none"> • A handout will be emailed to agencies. • The Home Visiting Grant overview of important dates and other highlights. • IDPH is responding to a new RFP to the feds for an expansion grant which is due July 1, 2011. • A series of conference calls are being held this week to solicit creative ideas for the new RFP. • Regarding the federal grant already received, an RFP for Iowa agencies has been released. Competitive proposals are due June 23, 2011. • MIECHV = maternal, infant, early childhood home visitation program. • Home visiting evidence based models were selected by the federal government.
<u>CAReS Demographics</u>	<p><i>Erin Parker</i></p> <ul style="list-style-type: none"> • CAReS – see handout • How CAReS demographic information (race, ethnicity, translator needed, monthly income) is used: reporting, eligibility determination, funding, needs assessment.
<u>CH Presumptive Eligibility</u>	<p><i>Melissa Ellis</i> <i>hawk-i</i> Presumptive eligibility for children</p> <ul style="list-style-type: none"> • See slides from Melissa (not emailed out in advance) • # of agencies , # of PE requests • #1 reason for denial is that the family does not follow through with submission of required documentation • <i>hawk-i</i> outreach meetings at Carroll on Friday, June 17 and at Iowa City on June 24 • Thanks to Jen Weidman of Washington County for coming to Des Moines to talk to legislators about the importance of <i>hawk-i</i> outreach and its importance to Iowa children. • Juli Montgomery: be sure to follow through with families on care coordination to help • Steph: PE for pregnant women – there has been an IT glitch in the system. Hopefully, the problem has been corrected.
<u>Immunization Administration & Counseling Codes</u>	<p><i>Janet Beaman and Sally Nadolsky</i></p> <ul style="list-style-type: none"> • The codes for 'immunization administration and counseling' (90460 and 90461 codes) were authorized in January 2011. These cover giving the immunization and also counseling for each component of the vaccine. A Webinar presentation was given by Janet Beaman and Sally Nadolsky in January on these new codes. • The IME is reviewing how these claims are paid and may make some

	<p>changes. The IME has not finalized policies, and at this time, guidelines are not in writing.</p> <ul style="list-style-type: none"> • The key issue is that federal CMS has distributed guidance for states to NOT exceed their “regional caps” for VFC immunizations. These are capped payment limits for VFC immunizations. CMS and IME have disagreed over implementation of this – because 90460 and 90461 actually include two services (immunization administration and counseling). • Guidance for codes 90460 and 90461 for now: Continue following the guidance that was distributed in January 2011. Final guidance will hopefully be issued by the end of the summer. This will come from the IME as an Informational Letter. • If agencies are getting denials for various issues related to immunization claims, work with Janet B. or Carol H.
<u>Grantee Dialogue/Open Discussion</u>	<p><i>Michele Ross</i></p> <ul style="list-style-type: none"> • Michele asked for grantees to share future agenda items, best practices, other. • Molly in Dubuque: CARES data: would like to get agency specific reports like Erin presented today. Erin: • Michele, claims: have experienced a much quicker turnaround in receiving claims payments • Kari Prescott: request for LBSW home visiting assessment forms be sent to Kari. • Edie Nebel: CCRR regions, satellite offices that may be changed. Would like to have the Title V requirement for a CCNC • Analisa – Edie’s information just came out this week to IDPH as well. Grapevine info suggests that regional CCRR positions will be eliminated. Analisa will be getting more information as time goes on and will share plans as they become available. • Marcus: request DHS to host a webinar to discuss the changes and plans for going forward. • Mary Prout from SIFP is present.
<u>Agenda Items for Next Meeting/Adjournment</u>	<p><i>Michele Ross</i></p> <ul style="list-style-type: none"> • The next BFH Grantee Committee Meeting will be held in October in conjunction with the Fall Seminar. • If you have an agenda item for the next meeting, contact Heather Hobert Hoch or Cari Spear at caris@vnsia.org • Sarah Zach made a motion to adjourn. Motion seconded by JaNan Less. Meeting adjourned at 11:10 a.m.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO. 1051

DATE: September 13, 2011

TO: All Iowa Medicaid Providers Billing Electronically

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

RE: Fourth Notice Regarding Transition to 5010 HIPAA Format

EFFECTIVE: January 1, 2012

The Version 5010 transition is less than four months away for all HIPAA covered entities. This means that to submit transactions electronically, all covered entities must upgrade from Version 4010/4010A to Version 5010. Version 5010, unlike version 4010 accommodates the new ICD-10 code sets and is a required preliminary step for the use of the new ICD-10 medical code sets.

To ensure there is no disruption of claim submissions on January 1, 2012, the Iowa Medicaid Electronic Data Interchange Support Services (EDISS) encourages all trading partners to enroll in Total OnBoarding (TOB) well before the January 2012 deadline. If the TOB profile has not been enrolled for 5010 as of this date, the provider will no longer be active for electronic transactions because the current (4010) setup will be deleted from the EDISS system.

A common question that EDISS receives is, "What exactly should I be doing for the 5010 transition?" To assist with the 5010 transition, follow the guidelines on the checklist on the EDISS website at http://www.edissweb.com/docs/shared/5010_checklist.pdf. The checklist is separated into three sections: Direct Providers (not using PC-ACE Pro32), Direct Providers (using PC-ACE Pro32), and Providers sending files through a Clearinghouse or Billing Service. Select the most appropriate section and follow the guidelines on the checklist to begin preparing for the transition.

On April 5, 2011, EDISS began selecting a subset of providers that successfully tested the 5010 errata format to move to a production status. During this transition, EDISS has been working closely with trading partners to ensure all activities from claim submission to payment receipt are accurate.

As part of this transition, any additional electronic transactions users access in 4010 (i.e., 835, 270/271, 276/277) will need to be re-registered for the 5010 format through TOB. Re-registering will ensure electronic functionality is not removed at the time of 5010 cut over.

Please visit www.cms.gov/ICD10 for the latest news and resources to help you prepare for the transition to both 5010 as well as ICD-10.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.