



**February
2014**

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The Health of Women Who Receive Title X-Supported Family Planning Services

Using data from the 2006-2010 cycle of the National Survey of Family Growth, Child Trends examined the reported health status of women receiving services from a Title X clinic, and compared these results to women who received family planning services elsewhere. Overall, women who received services from Title X clinics reported worse health statuses than other women, were slightly more likely to be obese or overweight, and were more likely to have engaged in negative health behaviors such as smoking, binge drinking, or using marijuana. Hispanic women receiving Title X services were more likely to report physical, mental, or emotional limitations than non-Hispanic white or non-Hispanic black women.

[Click here to read the full research brief!](#)

Wildsmith, E., Manlove, J., Ikramullah, E., & Barry, M. (2013). The health of women who receive Title X-supported family planning services. *Child Trends*. <http://www.childtrends.org/wp-content/uploads/2013/12/2013-38TitleX-SupportedFamilyPlanning.pdf>

The Update is a monthly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted once a 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.

Important Stuff

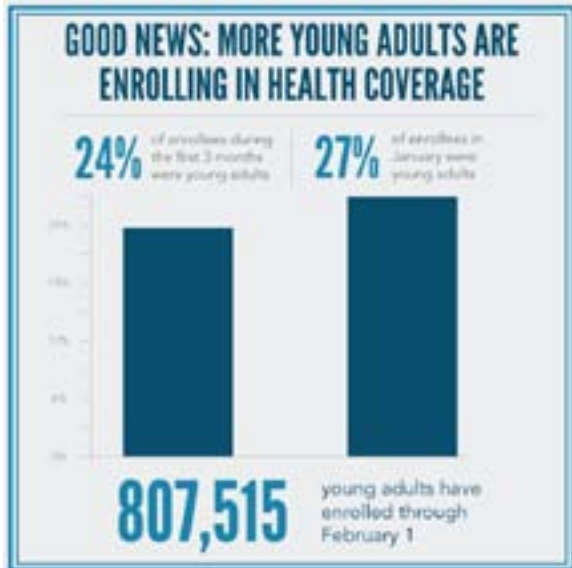
Presumptive Eligibility

All Maternal and Child Health agencies should currently be presumptive providers, and all agency staff who will be completing presumptive eligibility (PE) applications should be trained as Qualified Entities (QEs) under the new Medicaid Presumptive Eligibility Portal, or MPEP. **Agencies do not need to be Certified Application Counselors, or CACs, to become a QE or provide PE services.**

Some important PE updates/clarifications:

- Currently, all PE applicants need to complete and sign the full paper application (Application for Health Coverage and Help Paying Costs, form 470-5170)
 - The MPEP summary does not need to be printed and signed if the full paper application is signed
 - Beginning in March (date is TBD), QEs will be able to enter PE applications directly into the MPEP system and print the summary for the applicant to sign. If entering the application directly into MPEP and printing the summary is not an option, applicants will still need to complete the full paper application (form 470-5170)
- MCH subcontracted agencies will be able to become QEs once the application to become a QE is updated. IDPH will notify MCH agencies once the application is updated.
- The application date is the date that the QE receives and date stamps the PE application - not the date it is signed by the applicant.

If you have questions about Presumptive Eligibility, please call the DHS help line at 855-889-7985, or email the IME MPEP Support account at IMEMPEPSupport@dhs.state.ia.us. You should also CC Janet Beaman, Stephanie Trusty, and/or Sylvia Petersen so that emerging issues, updates, and solutions can be shared with all agencies.



Health Insurance Marketplace Update

The department of Health and Human Services recently released new data on enrollment in the Marketplace. Click on the picture to the left to learn more about Marketplace enrollment and current outreach initiatives to increase enrollment!

Please note that the functionality that will allow DHS to process Marketplace applications for Medicaid and hawk-i and for the Marketplace to process DHS applications for Qualified Health Plans and subsidies is not working. If you are assisting someone with an application who appears to be eligible for Medicaid or hawk-i, you should use the DHS portal at dhsservices.iowa.gov. If the applicant appears to be eligible for subsidies in the Marketplace, they should apply at www.HealthCare.gov.

Iowa Health and Wellness Plan Update

The Iowa Department of Human Services announced the public comment period on the differences between the original submitted waiver and what was approved by CMS. The public comment period closes on March 8, 2014 at 4:30pm. Written comments may be sent to the attention of: DHS, Iowa Health and Wellness Plan at DHSIMEHealthandWellnesPlan@dhs.state.ia.us. **Access the full public notice here.**

Iowa Health and Wellness Plan Fact Sheets

[Iowa Health and Wellness Plan Waiver](#)
[Outreach and Education](#)
[Dental Wellness Plan](#)
[Iowa Medicaid Managed Care](#)



Resources

IME Informational Letters

1340 - Iowa's Participation in the Federal Fiscal Year 2014 PERM Program

1341 - Iowa Health and Wellness Plan

Culturally Competent Services: Resource Brief

This brief lists major resources for information on cultural and linguistic competence and sources of non-English-language health education materials. [Funded by the Maternal and Child Health Bureau] Available from the Maternal and Child Health Library at <http://mchlibrary.org/guides/culturalcompetence.html>

2012 Medicaid Match Fact Sheets

2012 Iowa Medicaid - Demographics by Medicaid Status

2012 Iowa Medicaid - Disparities in Prenatal Care and Birth Outcomes

2012 Iowa Medicaid - Interpregnancy Intervals by Demographics

2012 Iowa Medicaid - Maternal Obesity and Related Morbidity

The Check-Up: November-January 2014

[Click here to view the most recent edition of The Check-Up!](#)

The Check-Up is a newsletter designed to keep interested Iowans up-to-date on the progress of health reform initiatives in the state.

April is National Minority Health Awareness Month!

The theme for 2014 is **Prevention is Power: Taking Action for Health Equity**. Prevention is a cornerstone of our work to reduce health disparities and achieve health equity at the Department of Health and Human Services (HHS) – from the preventive services available without cost sharing to Americans under the Affordable Care Act to the innovative programs being carried out under the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Partnership for Action to End Health Disparities. This theme reflects the critical connection between prevention efforts and reducing health disparities, and embodies a unifying message



1st Five

Gretchen Hageman presented to the Health and Human Services Joint Appropriations Subcommittee on the 1st Five Program on Tuesday, February 4th. The 1st Five Program received an increase in funding for FY 2014 to expand its coverage in current locations and to expand the program into unserved areas. The presentation was well-received by the legislators on the subcommittee, especially the Co-chairs Senator Jack Hatch and Representative Dave Heaton.

Iowa's 1st Five Healthy Mental Development Initiative builds partnerships between physician practices and public service providers to enhance high quality well-child care. 1st Five promotes the use of developmental tools that support healthy mental development for young children during the first five years. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, would play out later in life.



Calendar at a Glance

February

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20 Young, Healthy... Uninsured??	21	22
23	24	25	26	27	28	

March

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2	3	4	5	6	7	8
9	10	11	12 Prevention First Day on the Hill	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

4th Annual National Home Visitation Summit Summary

The MIECHV Team was lucky enough to be able to attend the 4th Annual National Home Visitation Summit in Washington DC in January. This is the premier Home Visitation Conference in the nation and an opportunity to learn about the latest developments in the field of family support.

Sessions at the conference featured diverse topics such as public opinion of home visiting, supporting fathers, creative funding strategies, staff recruitment and retention, and home visiting in rural areas. We were able to strategize about how we can use data to improve outcomes for children and families, how to embed home visiting in robust early childhood systems, and how the latest research in brain development can affect policy and practice. This year the conference included panels and posters from a competitive call for papers. Three of our Iowa home visitation state staff were chosen from 100 entries to present at the conference and received rave reviews on those presentations.

We were also excited that one of our MIECHV Contractors was able to send a staff person to be a part of this great conference! For more information on the conference, download the 4th Annual Home Visitation Summit app located here! <https://crowd.cc/hv2014>

