



# The Update

March 2015

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## Agency Highlight – Crawford County Home Health, Hospice, & Public Health

HCCMS Family Health Services provides Maternal Child Health and Family Planning services for Harrison, Cass, Crawford, Monona, and Shelby Counties. We work closely with the local public health agencies in each county and utilize local staff to provide services.

Maternal Health services are provided through a partnership with the local public health agencies in four of our five counties (we provide a nurse in the other county). This partnership allows clients to establish relationships with local service providers that continue after the service is done. Listening visits are going well for our clients. The clients who have accepted listening visits have all shown an improvement in their depression screening scores and have voiced that they felt this service really helped them work through some of their issues.

One of our great partnerships is with Early Childhood Iowa (ECI). We have 3 ECI Boards that cover our service area. All three boards are extremely supportive of the Child Care Nurse Consultant (CCNC) and provide funding for this position.

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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, interdepartmental reports and meetings, and additional information pertinent to health care professionals.



# Important Stuff

## Agency Highlight (cont'd)

In July 2014, we were able to bring the Children at Home program to Crawford and Harrison Counties. This program provides funds for families of children (under the age of 21) with disabilities for goods and services not covered by other sources. The family completes an application that includes the items that they are requesting, proof of income, and proof of disability. The program coordinator and advisory board review the applications and make the decision on which requests to fund. Examples of items provided include strollers for bigger children, sensory items to stimulate a child with autism, medical charges not covered by insurance, and mileage for medical appointments.

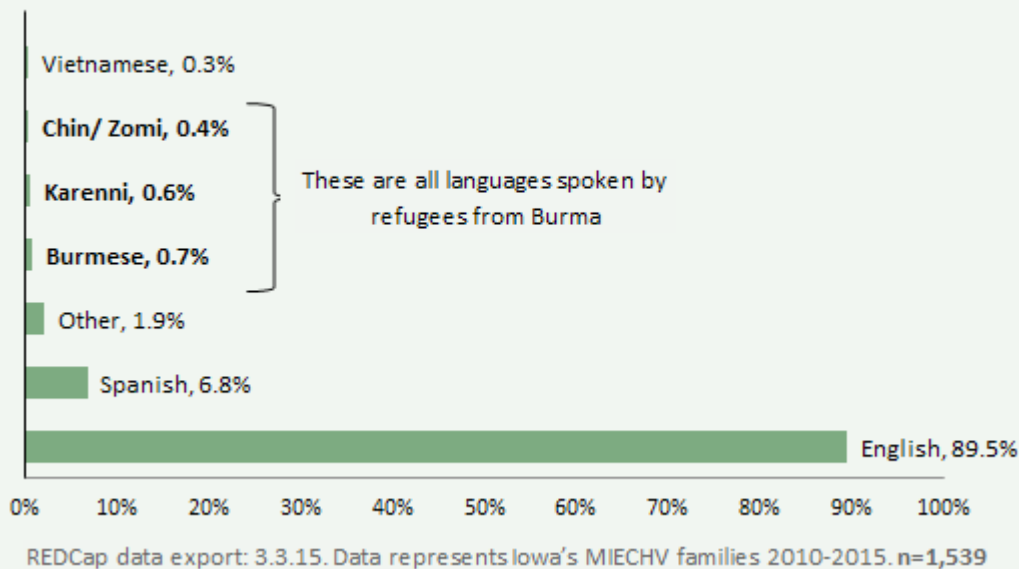
While we were a little slow getting 1st Five up and running (due to staffing issues), we are now extremely busy with the partnerships that have been established with providers in each of our counties as well as with care coordination for families. A care coordinator has been hired to assist with linking families to community services. The site coordinator

is working on getting the spring seminar planned and obtaining continuing education credits for attendees. The seminar is planned for May 15 to be held at Crawford County Memorial Hospital. The planned presentation topics include a follow-up to a prior ACEs presentation by Dr. Wolfe, PTSD, and Attachment/Bonding.

The School-based sealant program targeted Cass County due to lack of dental providers who serve the Medicaid population. Last school year, we were able to serve CAM North and CAM South Elementary Schools. We approached the other school districts in Cass County but they did not participate. This year, the I-Smile Coordinator worked with school administrators in Atlantic and Washington Elementary decided to participate. We have already provided the classroom education and will be doing the sealant days in March. We hope to add the last school district in Cass County next year. We also provided sealant services at Denison Elementary School in Crawford County.

## MIECHV Update

### MIECHV Household Languages



MIECHV programs serve families with approximately twenty different primary household languages. To communicate with these families, home visitors often rely on interpreters.

### Five tips on working effectively with interpreters include:

- Speak directly to the client.
- Speak in short, concise sentences and avoid breaking up a thought.
- Avoid idioms, technical terms, and cultural/geographic references the client may not be familiar with.
- Ask the client if he/she understands or has any questions.
- Do not hold side conversations with the interpreter; if necessary, meet with the interpreter before or after the session.

## Screening for Chlamydia and Gonorrhea in MCH: Webinar Follow-Up

The webinar can be found on the BFH website under "Resources for Grantees", or by clicking [here](#).

The following questions were posed during the training, and we now have a response to share:

**Can the preventive medicine counseling service (Codes 99401 (15 min.) or 99402 (30 min.)) be provided related to chlamydia / gonorrhea STIs if you do not conduct a chlamydia / gonorrhea screening?** Response from Iowa Medicaid: Best practice is to screen for these STIs and provide the preventive medicine counseling in conjunction with the screening service. However, if a client's health history indicates OR if a client asks specifically about this issue, you may provide the preventive medicine counseling without conducting a screening. In this case, there must be a trigger for the preventive medicine counseling service..... It should not be provided broadly across your population without screening. Be sure to note the reason the topic surfaced in your medical record if you are not screening. Again, by far, best practice is to screen and provide the preventive medicine counseling in conjunction with the screening service.

**What are Medicaid's maximum reimbursement amounts for preventive medicine counseling?** Code 99401 (15 minutes of face to face counseling) = \$14.61, and Code 99402 (30 minutes of face to face counseling) = \$19.96



# Resources

## **Bullying Prevention: 2014 Resource Guide**

In the 2013 Youth Risk Behavior Survey (YRBS), 20 percent of students reported being bullied on school property and 15 percent reported being electronically bullied in the 12 months preceding the survey. Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. Compared to youth who only bully, or who are only victims, bully-victims suffer the most serious consequences and are at greater risk for both mental health and behavior problems.

## **New Coverage Maps:**

New maps that outline coverage options (managed care, HMO, etc.) are available for the [Iowa Wellness Plan](#) and [MediPASS](#) programs.

## **ICD-10 Videos**

The Centers for Medicare and Medicaid Services has released two videos on ICD-10 Compliance. Click [here](#) to see them!

## **Medicaid Modernization**

The Iowa Department of Human Services (DHS) released a Request for Proposal (RFP) for Governor Branstad's Medicaid Modernization on February 16, 2015. This initiative aims to improve the coordination and quality of care while providing predictability and sustainability for taxpayers in Medicaid spending.

Check out the dedicated web page for Medicaid Modernization [here](#)!

*Other Medicaid Modernization resources (visit the Medicaid Modernization website for all available resources):*

[Iowa High Quality health Care Initiative Request for Proposal](#)

[Frequently Asked Questions](#)

[Medicaid Modernization Fact Sheet](#)

If you have questions about Medicaid Modernization, please send them to:  
[MedicaidModernization@dhs.state.ia.us](mailto:MedicaidModernization@dhs.state.ia.us)

# Legislative Updates

## **Senators Stabenow and Grassley Introduce Bipartisan Legislation to Improve Maternity Care for Moms and Babies [S.466]**

*Legislation Improves Accountability Standards and Reduces Health Care Costs*

WASHINGTON – U.S. Senators Debbie Stabenow (D-MI) and Chuck Grassley (R-IA) today introduced the bipartisan Quality Care for Moms and Babies Act of 2015 to improve maternity care for women and newborns, and reduce health care costs. The bill is also cosponsored by Senators Chuck Schumer (D-NY), Barbara Boxer (D-CA), Bob Casey (D-PA), Martin Heinrich (D-NM), and Jack Reed (D-RI).

Nearly a quarter of all hospitalizations are related to childbearing women and newborns. The Quality Care for Moms and Babies Act of 2015 will improve maternity care for women and newborns by holding Medicaid and the Children's Health Insurance Program accountable through higher quality standards. The legislation will also support collaboration that promotes the best care and avoids medical complications to reduce costs.



## **Children's Health Insurance Program Reauthorization [S.522 & H.R.919]**

Both bills have been referred to committees at this time: S.522 to the Committee on Finance and H.R.919 to the Committee on Energy and Commerce, and the Committee on Ways and Means.

# Calendar at a Glance

March

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	21
22	23	24	25	26	27	28
29	30	31				

April

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	21	22	23	24	25
26	27	28	29	30		

## March hawk-i Q&A Call Summary

There have been issues with families only receiving cards for certain children, but not all - if this happens more than once or twice let Joe Estes know so that he can investigate further.

Some families have run into one child getting **hawk-i** and another child getting Medicaid: this could be due to the new MAGI income guidelines used for **hawk-i** and Medicaid. More than 50% custody rules still determine which parent applies for **hawk-i**, but if they are claimed differently on taxes they could end up with different household sizes or countable income, which could make them eligible for different programs. For more information on MAGI, check out [this primer](#) from Georgetown University.

There are still reports of issues getting through to the **hawk-i** 800 number. Joe Estes will investigate this.

