IOWA'S TITLE V

▶ Administrative Manual for Community Based Programs

FIFTH EDITION

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101 – PURPOSE OF IOWA'S TITLE V ADMINISTRATIVE MANUAL FOR COMMUNITY BASED PROGRAMS

Authority: Not Applicable	Effective Date: October 1, 2016

Purpose of the Manual

Iowa's Title V Administrative Manual for Community-Based Programs provides the basis for the development of business practices and programming for maternal and child & adolescent (MCAH) health services made available through an Iowa Department of Public Health (IDPH).

For each project period, policies in the manual provide the basis for the competitive Request for Proposal (RFP). During intervening years, policies provide the basis for the RFP and the Request for Application (RFA) covering the applicable contract year.

Use of the Manual

Iowa's Title V Administrative Manual for Community-Based Programs is used by IDPH staff and contract agency staff. Whenever possible, hyperlinks to primary references have been included in the electronic version of this manual. Please note that website addresses are subject to change without notice.

Grant management and program administration policies apply to all MCAH-related programs. Supporting materials related to individual programs are included in the following manuals and handbooks:

- EPSDT Informing and Care Coordination Handbook at http://idph.iowa.gov/epsdt/epsdt-providers
- I-Smile™ Oral Health Coordinator Handbook 2nd Edition at http://ismiledentalhome.iowa.gov/WhatIsISmile.aspx
- Family Planning Manual at http://idph.iowa.gov/family-health/resources
- CAReS User Manual at http://idph.iowa.gov/family-health/resources
- WHIS User Handbook at http://idph.iowa.gov/family-health/resources

In this manual, the following terms will be used throughout:

- Contract agency – this is defined as the local agency contracted for Title V maternal health and/or child & adolescent health. In policies applicable to family planning, Title X contractors are included as well.
- Client – this is defined as a pregnant woman, infant, child, adolescent, family member or other individual receiving services from a contract agency.
- CAReS and/or WHIS – refers the current data systems that support the MCAH program. As the integrated MCAH data system is implemented, the references to CAReS and WHIS may also refer to that system.

Integration with Family Planning Programs

Although family planning services are not included in the MCAH contract issued by IDPH, family planning programs are governed by business operations policies in this manual. Specific family planning policies and procedures can be found in the IDPH Family Planning Manual.

Revisions

The Iowa's Title V Administrative Manual for Community-Based Programs delineates the MCAH core services and reflects changes in program funding. The manual is a dynamic document that may be continuously edited and updated. Each year a thorough evaluation is completed to assess whether manual revisions are necessary. Every effort is made to distribute manual revisions at the beginning of the contract period in October of each year. The entire manual with revisions is placed on the IDPH website at http://idph.iowa.gov/family-health/resources.

When any change is made to a policy, the revised policy will be noted by a colored box at the beginning of the policy. It is the responsibility of the manual user to ensure they are using the most up-to-date policy on the IDPH website.

The annual review and/or revision process does not preclude revisions that might be needed at other times of the year. Manual users, both state and local, may request consideration of manual revisions at any time. All such requests are routed through the Bureau Chief in the Bureau of Family Health.

102 – MISSION AND VISION STATEMENTS

Authority: Iowa Department of Public Health Executive Team Effective Date: October 1, 2016

Iowa Department of Public Health

Mission Statement

Promoting and protecting the health of Iowans

Vision Statement

Healthy Iowans living in healthy communities

Division of Health Promotion and Chronic Disease Prevention

Mission Statement

Supporting a public health system that promotes healthy behaviors, prevents disease and provides access to care

Vision Statement

Healthy Iowans living in healthy communities

Bureau of Family Health

Mission Statement

Promoting the health and well-being of families

Vision Statement

Healthy families in healthy communities

Bureau of Oral and Health Delivery Systems Oral Health Center

Mission Statement

Promoting the overall health and wellness of every Iowan through prevention of disease and improved access to health care

Vision Statement

Healthy Iowans living in healthy communities

103 – FEDERAL AND STATE LEGISLATIVE AUTHORITY

Authority: PL 101-239 (OBRA); Iowa Administrative Code 641-76; Iowa Administrative Code 641 IAC 74; Public Law 105-17: IDEA '97: PART C; HRSA 42 USC Section 705(A)(5)(F); (Iowa Administrative Code 281 IAC 120.4-120.8)
Effective Date: October 1, 2016

History

Federal authority for the Maternal and Child & Adolescent Health program in Iowa is derived from Title V of the Social Security Act. In 1935, Congress enacted Title V of the Social Security Act which authorized the Maternal and Child Health Services Program and provided a foundation and structure for assuring the health of mothers and children. Today, Title V is administered by the Maternal and Child Health Bureau as part of the Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

In 1935, Title V created the first federal-state partnerships in Maternal and Child Health services (MCH), Crippled Children's services and Child Welfare services. Over the years, the Title V MCH program was amended several times in order to respond to socioeconomic realities and changes in political ideology. A major change to Title V MCH was the creation of the Maternal and Child Health Services Block Grant as part of the Omnibus Budget Reconciliation Act of 1981 (OBRA 81).

The Omnibus Budget Reconciliation Act of 1989 (OBRA 89) significantly changed the MCH Services Block Grant again. States are now required to focus their efforts on preventive and primary health care for children, pregnant women and infants, and children with special health care needs. OBRA 89 requires states to improve accountability by conducting and submitting a periodic statewide needs assessment and report on the status of women and children served by the block grant.

Block Grants

The Title V MCH Services Block Grant program currently has three components: formula block grants to 59 states and territories, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) grants.

The purpose of the block grants to the states is to create federal/state partnerships to develop service systems in our nation's communities to meet critical challenges in maternal and child health, including:

- Significantly reducing infant mortality;
- Providing comprehensive care for women before, during and after pregnancy and childbirth;
- Providing preventive and primary care services for children and adolescents;
- Providing comprehensive care for children and adolescents with special health needs;
- Immunizing all children;
- Reducing adolescent pregnancy rates;
- Preventing injury and violence;

- Putting into community practice national standards and guidelines for prenatal care, healthy and safe child care, and the health supervision of infants, children and adolescents;
- Assuring access to care for all mothers and children; and
- Meeting the nutritional and developmental needs of mothers, children and families.

Iowa Administrative Code

The Iowa Administrative Code (IAC), Chapter 641 IAC 76 provides the authority for Iowa's Maternal and Child Health Program. The code adopts the Omnibus Reconciliation Act of 1989 (OBRA 89, PL 101-239) requirements. Responsibility for operation of the Maternal and Child Health Block Grant (Title V MCH) is given by the code to the Iowa Department of Public Health, Bureau of Family Health. Chapter 641 IAC 76 can be found at https://www.legis.iowa.gov/docs/aco/chapter/641.76.pdf.

The Iowa Administrative Code (IAC) 641 IAC 50 describes the purpose and responsibilities of the state oral health program and dental director. Chapter 641 IAC 50 rules can be found at https://www.legis.iowa.gov/docs/aco/chapter/641.50.pdf.

Integration of Title V and Medicaid

Between 1967 and 1989, congress enacted a number of amendments to Title V, adding requirements that MCH programs work closely with Medicaid in a number of activities. The amendments are located in Title V rules at HRSA 42 USC Section 705(a)(5)(F) and can be found on the HRSA website at http://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment .

The amendments require that state Title V MCH programs:

- assist with coordination of EPSDT
- establish coordination agreements with their state Medicaid program
- provide a toll-free number for families seeking Title V or Medicaid providers
- provide outreach and facilitate enrollment of Medicaid eligible children and pregnant women
- share data collection responsibilities, particularly related to infant mortality and Medicaid
- provide services to children with special health care needs and disabilities not covered by Medicaid

Integration with Early ACCESS

Congress created Part C of IDEA (Public Law 105-17: IDEA '97: Part C) to assist states to design and implement systems of early intervention services for infants and toddlers with disabilities and their families. Early intervention systems differ in many ways from state to state. The Iowa Department of Public Health is a signatory partner in building the Iowa Early ACCESS system. IDPH Title V child health contract agencies participate in the Early ACCESS system in an effort to better meet the needs of children and families. (Iowa Administrative Code 281 IAC 120.4-120.8)

104 – MODERNIZING PUBLIC HEALTH IN IOWA

Authority: Iowa Code 136 and 137; Iowa Administrative Code 641 IAC 77	Effective Date: October 1, 2016

Public Health Modernization Initiative

The Modernizing Public Health in Iowa initiative is working to advance public health in Iowa in order that the governmentally sponsored public health system is effective, efficient, well-organized, and well-coordinated in order to have the greatest impact on the improvement of health status for all Iowans. The governmental public health advisory council was established to support the goal and provide recommendations to the director of the Iowa Department of Public Health to support improved organization and delivery of critical public health services across the state.

Iowa's Approach to Public Health Standards

In law the Public Health Advisory Council has the responsibility to propose standards that may be used by the governmental public health system. The Public Health Advisory Council and the Iowa Department of Public Health recommend the use of the Public Health Accreditation Board (PHAB) Standards and Measures for use by the governmental public health system. The PHAB Standards and Measures were developed by a national team of public health professionals and have been vetted with the public health community on several occasions.

The Public Health Accreditation Board Standards

The standards and measures are organized in 12 domains and apply to state, tribal, and local public health departments.

The twelve domains are as follows:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community.
2. Investigate health problems and environmental public health hazards to protect the community.
3. Inform and educate about public health issues and functions.
4. Engage with the community to identify and address health problems.
5. Develop public health policies and plans.
6. Enforce public health laws.
7. Promote strategies to improve access to health care.
8. Maintain a competent public health workforce.
9. Evaluate and continuously improve processes, programs, and interventions.
10. Contribute to and apply the evidence base of public health.
11. Maintain administrative and management capacity.
12. Maintain capacity to engage the public health governing entity.

Public Health Modernization Act

The Public Health Modernization Act (PHMA) Iowa Code Chapter 135A was signed into law in May of 2009 and revised in July of 2016. The law establishes the membership and roles of the Public Health Advisory Council. Beyond recommending standards, additional roles include but aren't limited to developing and implementing processes for the longitudinal evaluation of the public health system and making recommendations for improvements to the public health system.

More information on Modernizing Public Health in Iowa is located on the IDPH website at http://idph.iowa.gov/mphi.

105 – CORE PUBLIC HEALTH FUNCTIONS

Authority: HRSA Maternal and Child Health Bureau (MCHB)	Effective Date: October 1, 2016

Three Core Public Health Functions

The core public health functions described in the 1988 Institute of Medicine report, *The Future of Public Health*[1], provide the framework for the nation's public health system. The report describes the three core functions as:

- Assessment
- Policy Development
- Assurance

Ten Essential Services

The *Ten Essential Public Health Services to Promote Maternal and Child Health in America*[2] interprets the core public health functions as they relate to maternal and child health (MCH) and provides the framework for establishing program goals, activities and evaluation.

The ten essential services are:

1. Assess the status of maternal and child health at the local, state and national levels so problems can be identified and addressed.
2. Diagnose and investigate the occurrence of health problems and health hazards that impact women, children and youth.
3. Inform, educate and empower the public and families regarding maternal and child health in order to promote positive health beliefs, attitudes and behaviors.
4. Mobilize community partnerships among policymakers, health care providers, the public and others to identify and implement solutions to maternal and child health problems.
5. Work with the community to assess the relative importance of MCH needs based on scientific, economic and political factors; and provide leadership for planning and policy development to address priority needs.
6. Promote and enforce laws, regulations, standards and contracts that protect the health and safety of women, children and youth and that assure public accountability for their well-being.
7. Link women, children, youth and families to needed population-based, personal health and other community and family support services; and assure availability, access and acceptability by enhancing system capacity, including directly supporting services when necessary.

[1] Institute of Medicine. (1988). *The Future of Public Health*. Washington, DC: National Academy Press.

[2] Grason, H.A., Guyer B. (1995). Public Health Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America. DHHS, Maternal and Child Health Bureau, ASTHO, NACCHO, City Match.

8. Assure the capacity and competency of the public health and personal health work force to effectively address MCH needs.
9. Evaluate effectiveness, accessibility and quality of personal health and population-based MCH services.
10. Conduct research and support demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

106 – ORGANIZATIONAL STRUCTURE

Authority: Iowa Department Of Public Health Executive Team; Iowa Administrative Codes 641 IAC 77, 641 IAC 79, 641 IAC 80 Effective Date: October 1, 2016

The Maternal and Child & Adolescent Health (MCAH) program is administered by the Iowa Department of Public Health, Division of Health Promotion and Chronic Disease Prevention, Bureau of Family Health, pursuant to an agreement with the United States Department of Health and Human Services, Health Resources and Services Administration. State funds are appropriated and applied as federal match.

Iowa Department of Public Health

Under the leadership of the director, the Iowa Department of Public Health (IDPH) exercises general supervision of the state's public health; promotes public hygiene and sanitation; conducts health promotion activities; prepares for and responds to bioemergency situations; and, unless otherwise provided, enforces laws on public health.

The Iowa Department of Public Health's programs are conducted through the executive staff and the following five divisions:

- Acute Disease Prevention, Emergency Response, and Environmental Health
- Administration and Professional Licensure
- Behavioral Health
- Health Promotion and Chronic Disease Prevention
- Tobacco Use Prevention and Control

The Director's Office focuses primarily on the overall development of health-related policy, strategic planning, and outcomes.

The Iowa State Board of Health is the policy-making body for the IDPH. It has the powers and duties to adopt, promulgate, amend, and repeal rules and regulations, and advises or makes recommendations to the governor, general assembly, and the IDPH director on public health, hygiene and sanitation. Additional information on IDPH and its programs is available on the Iowa Department of Public Health website at http://idph.iowa.gov.

Division of Health Promotion and Chronic Disease Prevention

The Division of Health Promotion and Chronic Disease Prevention promotes and supports healthy behaviors and communities, the prevention and management of chronic diseases, the development of public health infrastructure, and access to health care/services at local and state levels. The division has seven components:

- Bureau of Chronic Disease Prevention and Management
- Bureau of Family Health
- Bureau of Oral and Health Delivery Systems

- Bureau of Local Public Health Services
- Bureau of Nutrition and Health Promotion
- Office of Minority and Multicultural Health
- Office of Health Care Transformation

Bureau of Family Health

The Iowa legislature designated the Iowa Department of Public Health (IDPH) as the administrator for Title V MCH services and directed IDPH to contract with the University of Iowa Department of Pediatrics, Child Health Specialty Clinics (CHSC) as the state's Title V provider for Children and Youth with Special Health Care Needs (CYSHCN) program. The Bureau of Family Health(BFH) is responsible for administering the MCAH program and also a portion of Title X Family Planning services in Iowa.

The BFH uses core public health functions to fulfill its responsibility for public health services and systems, enabling services, and direct health care services directed toward the health of women and children. The bureau has primary responsibility for system planning, program development, and evaluation; developing and monitoring standards of care; and coordinating health-related services between and among community-based entities serving Iowa families.

The bureau has multiple programs focusing on the health of children and families, including the following: Title V MCAH programs, Healthy Child Care Iowa, 1st Five Healthy Mental Development Initiative, Early ACCESS, ***hawk-i*** Outreach, Early Periodic Screening Diagnosis and Treatment (EPSDT), Family Planning, Early Hearing Detection and Intervention, teen pregnancy prevention programs, home visiting programs, the Statewide Perinatal Care Program, and the programs of the Center for Congenital and Inherited Disorders. The bureau works closely with other state departments to accomplish the health-related goals for Iowa families.

Bureau of Oral and Health Delivery Systems

The Bureau of Oral and Health Delivery Systems includes the Oral Health Center that is responsible for the core public health functions of assessment, policy development, and assurance of oral health services in the state. Bureau staff provides consultation and training for programs targeting pregnant women, infants, children, and youth.

Programs focus on preventing dental disease and promoting oral health for all Iowans. The bureau oversees new and existing oral health programs including the following: Title V maternal and child oral health, including the Medicaid and EPSDT oral health programs; school-based sealant programs; and the I-Smile™ Program. The bureau serves as a resource for the Bureau of Family Health.

In addition, the bureau advocates for quality health care delivery systems for all Iowans and provides information, referrals, education, grant opportunities, technical assistance, and planning for Iowa communities. The bureau is designated as the state entity for addressing rural health and primary care issues in Iowa and works to improve access to health care for vulnerable populations. The bureau houses the Primary Care Office, the State Office for Rural Health and Primary Care, and the Iowa Health

Workforce Center. Other programs within the bureau include the following: Iowa Medicare Rural Hospital Flexibility Program, the State Loan Repayment Program (PRIMECARRE), the Volunteer Health Care Provider Program, and the Small Hospital Improvement Program (SHIP).

Bureau of Chronic Disease Prevention and Management

The Bureau of Chronic Disease Prevention and Management supports the development and implementation of services that prevent chronic disease and/or assist in the management of chronic disease. The bureau administers multiple screening and prevention programs funded by the Centers for Disease Control and Prevention, state appropriations and other grants that provide direct screening and intervention services related to breast, cervical, and colorectal cancers, and cardiovascular risk reduction and lifestyle improvements for low-income individuals across the state. In addition, the Bureau administers multiple efforts focused on prevention and management of diabetes and cardiovascular disease. Activities focus on health systems team-based care, certification for outpatient diabetes education programs, and chronic disease self-management programming. Other functions of the Bureau center on reducing the burden of cancer in Iowa through the implementation of the State Cancer Control Plan and work of the Iowa Cancer Consortium, as well as health systems evidence-based interventions focused on improving colorectal cancer screening rates in populations served by Federally Qualified Health Centers across Iowa. The Bureau provides state-appropriated funding for melanoma research and registry support.

Bureau of Local Public Health Services

The Bureau of Local Public Health Services provides leadership at the local level in the development of the public health infrastructure, as well as the development and implementation of designated programs within the IDPH. Staff is responsible for oversight of the state allocations for the Local Public Health Services Contract. Staff provides regional on-site technical assistance and professional consultation to local public health professionals who manage the provision of population focused, community-based services and the delivery of personal health care in clinic or home settings. Technical assistance activities address community assessment, policy development, program planning and evaluation, education of local staff, data collection and analysis, allocation of funds, and promotion of health services. In addition, staff works with community-based groups for community health development and health planning. The bureau assures compliance with grant contract conditions and current rules with the contractor and all subcontractors funded with state appropriations for the programs. Iowa Administrative Code 641 IAC 77 and 641 IAC 80 designate the accountability the agencies have when utilizing the funding.

Office of Minority and Multicultural Health

The IDPH Office of Minority and Multicultural Health was codified within the 2006 Omnibus Bill to address health disparities, health equity, disproportionate health impacts, and social determinates of health specific to the minority, multicultural, immigrant, refugee, and changing demographical populations within the state of Iowa. In collaboration and integration within IDPH bureaus, divisions, and programs, the OMMH program staff work to ensure data collection, educational and professional

development, community outreach and stakeholder enhancement, networking and resource sharing are provided for a positive and productive assessment and delivery of services which are specific to address the needs of these targeted populations.

Technical assistance and on-going education and in-service professional development is provided in outreach, content areas, awareness, resources, and program development and is offered free of charge to any agency, community group, advisory council, constituent groups, faith-based, and community centered organizations. Inclusion of state, regional, and national health disparities and initiatives, and serving on various boards and advisory committees, councils, meetings are inclusive in the delivery of information and resources available through OMMH staffing.

Bureau of Nutrition and Health Promotion

The Bureau of Nutrition and Health Promotion administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Iowa Nutrition Network (SNAP Education), and partners in the administration of the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305). The bureau serves as a resource for the Bureau of Family Health by providing nutrition consultation and training for MCAH and WIC contract agencies. The bureau is involved in the planning and implementation of the nutrition services within the Maternal and Child & Adolescent Health programs. The bureau also coordinates with Child Health Specialty Clinics and other nutrition providers.

The Iowa Nutrition Network's SNAP Education Plan funds community-based partnerships to deliver nutrition education and support health promotion activities. The Iowa Nutrition Network School Grant Program serves low-income children and their caregivers through school-based initiatives and social marketing, including Pick a **better** snack™. The Network collaborates with the Iowa Department on Aging's Congregate Meal Program and Area Agencies on Aging to engage older adults in *Fresh Conversations, a* monthly nutrition education program; this team also leads Growing Bolder, a statewide initiative to reduce senior hunger. Resources and reach are maximized through state-level partnerships with nutrition programs, commodity groups, retail grocers, and non-profit organizations such as food banks.

The 1305 project responsibilities within the bureau are to increase access to health foods and beverages and increase physical activity access and outreach. Environmental approaches strive to make healthy behaviors easier and more convenient. Program efforts target communities, worksites, early care and education (ECE), and schools.

Office of Health Care Transformation

The Office of Health Care Transformation (OHCT) is a key point-of-contact for Affordable Care Act (ACA) related initiatives at IDPH including the State Innovation Model, Social Determinants of Health, Health Insurance Marketplace, Accountable Care Organizations, Patient-Centered Medical Home/Health Homes, and care coordination. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners internal and external to IDPH.

The OHCT offers presentations and technical assistance to a variety of stakeholders, including Local Public Health Agencies and other community organizations on the initiatives of the OHCT and preparation for ACA implementation.

The mission of the OHCT is to promote community care coordination and advance the patient-centered transformation of the health care system, which will improve care and reduce cost. The overarching goals of the OHCT are:

- Convening stakeholders
- Building relationships and partnerships
- Streamlining efforts
- Presenting to and offering technical assistance to a variety of organizations including Local Public Health Agencies and Maternal and Child & Adolescent Health grantees to prepare for health care transformation
- Presenting to outside stakeholder groups on the initiatives of the Office of Health Care Transformation

Other State Departments

Programs of other departments or entities of state government that serve Iowa families include, but are not limited to, the following:

- The Iowa Department of Human Services administers services for mental health, mental retardation, developmental disabilities, child welfare, child care, child abuse and neglect, the Title XIX (Medicaid) program, the Title XX block grant, Title XXI state child health insurance program, and pregnancy prevention grants.

- In addition to primary and special education programs, the Department of Education administers the child and adult care food program, school breakfast and lunch programs, grants for at-risk youth programs, human development curriculum, grants for child development programs for at-risk three-to-five-year-olds and their families, and school health nursing consultation. The Department of Education also houses the Head Start Collaboration Office.

- The Department of Management, Early Childhood Iowa Office is responsible for carrying out the activities of Iowa's comprehensive early care, health, and education system.

Section 200

Grant Management

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201 – GRANT APPLICATION

Authority: Iowa Administrative Code 641 IAC 76.9 (135)	Effective Date: October 1, 2016

Grant Application

The Iowa Department of Public Health periodically solicits proposals to select the most qualified applicants to provide public health services at the community level for Maternal Health (MH), Child & Adolescent Health (CAH) (including ***hawk-i*** Outreach, I-Smile™, and I-Smile™ @ School) and Family Planning (FP). This is accomplished through a competitive Request for Proposal (RFP) for a multi-year project period. A Request for Application (RFA) is developed annually for the contractor's application of continued funding within the project period as defined by the applicable competitive selection document. Contracts are issued for one year increments based on a review of the RFP and RFAs, MCAH agency contract performance, and compliance with both the general and special conditions of the contract. This application process complies with the Iowa Department of Public Health Service Contracting Policy (#FS 07-03-014) as well as Iowa Administrative Code 641 IAC 76 identifies.

Program Integration

The Iowa Department of Public Health is committed to ensuring that all of Iowa's pregnant women, infants, children, adolescents, and families have access to quality health services. MH, CAH, and FP programs are more likely to succeed in this mission if they are flexible, integrated, family-centered, and community-based. To accomplish program integration at the community level, IDPH and state agency partners have elected to integrate additional programs into MCAH services through the RFP/RFA process. These programs include, but are not limited to:

- EPSDT
- Medicaid enhanced services for pregnant women (including presumptive eligibility)
- ***hawk-i*** Outreach (including presumptive eligibility)
- Early ACCESS
- Healthy Child Care Iowa
- I-Smile™ Dental Home Initiative
- I-Smile™ @ School Dental Sealant Program

Local child and adolescent health contract agencies have the responsibility to integrate with the Lead Poisoning Prevention Programs and Immunization Programs in the service area.

202 – CONTRACTS AND SUBCONTRACTS MANAGEMENT

Authority: Iowa Administrative Code 641 IAC 76.9(135)	Effective Date: October 1, 2016

Contracts

All parts of the application for Title V MCAH related program funding are part of the contract between a local agency and IDPH. By executing a contract, the local agency adopts the provisions and requirements set forth in the RFP for the project period and the initial contract year and the RFA specific to that contract year.

The contract includes both general conditions and special conditions. The general conditions apply to all contracts issued by the Iowa Department of Public Health (IDPH). The IDPH general conditions are located on the IDPH website at http://idph.iowa.gov (under "Funding Opportunities"). The special conditions are specific to the program covered by the contract. All MCAH contract agencies and their subcontractors are required to follow both sets of conditions, and these conditions are included in administrative review audits.

Subcontracts

MCAH contract agencies may subcontract a portion of the project activity to another entity. If the subcontract is over $2,000, it must be approved by IDPH in writing and in advance of execution of the subcontract. Subcontractors are prohibited from further subcontracting for the MCAH and Title X programs.

Subcontractors must follow the same state and federal regulations required of the MCAH contract agency. The MCAH contract agency is responsible for ensuring the compliance of the subcontractor. The subcontract must include personnel training, documentation requirements, record retention, payment for services rendered, and ongoing communication of regulations. Section five of the IDPH general conditions, located on the IDPH website at http://idph.iowa.gov (under "Funding Opportunities") contains the required components of a subcontract.

If a MCAH contract agency exchanges personnel services with another entity, a written legal agreement describing the exchange is required. At a minimum, the agreement should address the scope of work to be performed, assurance of qualified personnel, financial exchange, reporting requirements, and time period.

The subcontractor must report all program income generated by the subcontract to the MCAH contract agency. The MCAH contract agency is required to report the program income balance of subcontracts on a monthly basis to IDPH.

The MCAH contract agency and subcontractor must execute a subcontract annually following review by IDPH. The MCAH contract agency must maintain written documentation regarding the annual subcontract and have the documentation available for IDPH review.

www.iowagrants.gov

The IowaGrants.gov website is used for the RFP/RFA process and execution, management, and monitoring of documents for IDPH service contracts. After a MCAH contract is awarded, a specific and unique grant site is established for the legal entity identified as the MCAH contract agency on the face page of the contract. Documents maintained within the agency's secure site include, but are not limited to, the approved application, service contract and associated amendments, claims and support documentation, and any additional contractually required reports. The MCAH contract agency has the responsibility to ensure appropriate individual(s) have registered within IowaGrants system.

203 – CONTRACT REVISIONS

Authority: Iowa Administrative Code 641 IAC 76.9(135)	Effective Date: October 1, 2016

Components

All parts of a MCAH agency's final, approved grant application become part of the contract between the agency and IDPH. This includes the budgets, activity worksheets, and service delivery tables, which are transferred into the agency's grant site as Components in IowaGrants Any program changes require a revision to the corresponding Component via the IowaGrants negotiation process. The technical instructions for this process are found at http://idph.iowa.gov/finance/funding-opportunities/iowagrants.

Request for Change

The formal request for approval of program changes must be submitted in writing to the agency's consultant in the Bureau of Family Health and/or the Bureau of Oral and Health Delivery Systems, and approval must be granted before changes are implemented.

The process for requesting a program change is as follows:

1. The agency will submit a request through the IowaGrants Correspondence component to the appropriate consultant(s) to negotiate a specific grant component, along with a brief description of the requested program change.
2. The consultant will negotiate the grant component to the agency.
3. The agency will make the proposed changes in the grant component and submit.
4. The consultant will review the proposed changes and accept the changes or provide feedback to the agency ("re-negotiate" the component back, if necessary).
5. A correspondence may be sent to the agency from the consultant or other directed staff to notify the agency of the request status.

204 – EQUIPMENT

Authority: Iowa Administrative Code 401 IAC 7.4(1)	Effective Date: October 1, 2016

Definition

The IDPH general conditions, located on the IDPH website at http://idph.iowa.gov (Funding Opportunities), define equipment as any item with an acquisition cost of $5,000 or more and having a useful life of one year or more. Additionally, the MCAH RFP defines equipment as any item funded wholly or partially with grant funds and program income.

Items such as office supplies, medical supplies, and computer hardware and software supplies generally do not meet this definition of equipment and are considered supplies.

If a MCAH contract agency desires to purchase equipment that was not approved as part of the current application budget line item, a letter requesting permission for the purchase must be sent prior to purchase to the agency's lead consultant through the IowaGrants Correspondence component:

Funds may not be used to purchase motor vehicles.

Equipment Acquisition Form

Upon approval of the request to purchase equipment and within one month of purchase, the MCAH contract agency must complete and submit an Equipment Acquisition Form through IowaGrants Correspondence.

The Equipment Acquisition Form should include the following items:

- Description of the equipment to be added
- Vendor name
- Purchase price
- Manufacturer's serial number (if applicable)
- State tag number (or Contractor inventory number if no state tag has been assigned)
- Percentage of total cost of item paid for by Department funds and program income
- Physical location of item
- Date of acquisition
- Date of disposition (if known)
- Disposition price (if known)
- Type of disposition (if known)

The request for reimbursement for the equipment purchased must be included in a monthly claim and supporting documentation in IowaGrants.

Inventory

The Iowa Department of Public Health maintains an inventory of each MCAH contract agency's fixed assets. IDPH inventory listings are reconciled annually with the MCAH contract agency's inventory. The Bureau of Family Health will conduct an inventory audit in conjunction with the bi-annual administrative on-site review. All or a sampling of the equipment listed on the IDPH electronic inventory will be required to be accounted for upon request.

Disposal of property purchased in whole or in part with grant program funds requires prior written authorization of the Bureau of Family Health. Authorization for disposal must be obtained regardless of the method of disposal (i.e. donated, sold, traded-in, and discarded).

MCAH contract agencies may request to delete equipment from their inventories if the equipment has been lost, stolen, broken, is obsolete, or no longer meets the definition of equipment as defined in this policy. The executive director must submit a written request by email or IowaGrants Correspondence to the agency's lead consultant requesting the removal including the reason for removal. The consultant will send a written approval to the executive director.

The Equipment Acquisition Form is located in the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

205 – REQUEST FOR EXCEPTION TO POLICY

Authority: Iowa Administrative Code 641 IAC 76	Effective Date: October 1, 2016

Exception to Policy

If a MCAH contract agency is unable to meet a specific contract requirement, it may choose to request an exception to policy related to that requirement. The request for exception to policy must be submitted via IowaGrants Correspondence to the agency's lead consultant.

The agency's request for exception to policy will be considered by IDPH leadership in consultation with the state attorney general's office, when appropriate.

Process and Decision

The written request for exception to policy must contain the following components:

- Reason for requesting an exception to policy
- Rationale for inability to demonstrate compliance with the contract requirement
- Length of time for which the exception to policy is requested
- Work plan with definitive steps toward compliance with the contract requirement, including target dates and responsible personnel
- Signature of the executive director of the agency requesting the exception to policy

IDPH reserves the right to specify the format for reporting. However, in the absence of a prescribed format, the MCAH contract agency will include the above components in letter format.

The chief of the Bureau of Family Health (BFH) will process the request and make decisions regarding the acceptance or denial of the request for exception to policy. The chief will notify the agency executive director of the decision in writing. The timetable for achieving compliance with the contract requirement may be negotiated between the BFH chief and the MCAH contract agency executive director.

The exception to policy may be approved for up to one year, unless a different time limitation is stated in the specific contract requirement. MCAH contract agencies requiring an extension of an approved exception to policy must provide, in writing, the rationale for the extension request to the BFH chief.

Appeal

Failure to request an exception to policy for a contract requirement may result in the reduction or elimination of a MCAH contract agency's funding. Failure to demonstrate satisfactory progress toward an approved work plan may result in the reduction or elimination of funding through the Bureau of Family Health. A MCAH contract agency facing reduction or elimination of funding will be notified in writing by the BFH chief. MCAH contract agencies have the right to appeal decisions rendered as a result of a request for exception to policy per the Iowa Administrative Code 641 IAC 76.

Section 300

Program Administration

301 – Maternal, Child and Adolescent Health Services ____ 301-1

302 – Policies and Procedures ____ 302-1

303 – Personnel ____ 303-1

304 – Protecting Client Records ____ 304-1

305 – Consent for Services ____ 305-1

306 – Release of Information ____ 306-1

307 – Electronic Requirements ____ 307-1

308 – Minor Consent Laws ____ 308-1

309 – Recognition and Mandatory Reporting of Child Abuse and Neglect ____ 309-1

310 – Admission and Client Eligibility for MCAH Services ____ 310-1

311 – Applying for Medicaid or hawk-i ____ 311-1

301 – MATERNAL, CHILD AND ADOLESCENT HEALTH SERVICES

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Sec 506 [42 USC 706]
Effective Date: October 1, 2016

Purpose

Maternal Health and Child & Adolescent Health (MCAH) programs promote the development of the local system of care for pregnant women, children from birth through age 21 years, and their families. MCAH contract agencies provide services that are family-centered, community-based, collaborative, comprehensive, flexible, coordinated, culturally competent, and developmentally appropriate. MCAH programs promote the core public health functions of assessment, policy development, and assurance.

Goals

The goals of the MCAH program are to:

- Promote the health of mothers, children, and adolescents by ensuring access to quality MH and CAH preventive health services (including oral health care), especially for low-income families or families with limited availability of health services
- Reduce infant mortality and the incidence of preventable diseases and disabling conditions
- Increase the number of children and adolescents fully immunized against disease
- Increase health assessments and follow-up diagnostic and treatment services
- Promote the development of community-based systems of medical and oral health care for pregnant women, infants, children, adolescents, and their families

Components

MCAH programs address public health services and systems, enabling services, and access to direct health services in accordance with Iowa Administrative Code 641 IAC 76 at https://www.legis.iowa.gov/docs/aco/chapter/641.76.pdf. Program components are illustrated in the MCH Pyramid of Core Public Health Services located in MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

Public Health Services and Systems

Public health services and systems involve activities that support the development and maintenance of comprehensive health service systems and population-based health services. Examples include:

- Assessment of community needs and assets
- Data collection and analysis
- Program planning
- Policy development
- Establishment of community linkages including primary care providers

- Facilitation of interagency coordination
- Development and monitoring of protocols
- Cost analysis
- Program evaluation
- Quality assurance and quality improvement initiatives
- Performance management
- Professional development and training
- Support for innovative initiatives
- Population-based services that provide preventive personal health services for groups of individuals rather than in one-on-one situations. A client's payer source is not assessed, and services for individuals are not billed. Population-based services may be provided to an entire community, county, or region. Examples include:
    - Newborn screening services
    - Immunization clinics for a population
    - Lead testing clinics for a population
    - Oral screenings for the school screening requirement
    - Breastfeeding promotion and support
    - Health education for groups of individuals
    - Prenatal health education classes
    - Sudden Infant Death Syndrome (SIDS) awareness
    - Parent education classes
    - Injury prevention education
    - Child care and school health education
    - Other public health awareness campaigns

Enabling Services

Enabling services assist families to gain access to needed services. Enabling services include:

- Outreach for health care coverage including Medicaid and ***hawk-i***
- Presumptive eligibility determinations for pregnant women and children
- Informing services for newly Medicaid enrolled clients
- Care coordination services* for Medicaid and non-Medicaid enrolled clients, including home visits for care coordination
- Assisting families in establishing medical and dental homes
- Assisting families with referrals to mental health and substance abuse providers and/or programs
- Reminding families of non-Medicaid MCO enrolled clients that periodic screens are due
- Assisting families to access support services including transportation and interpreter services related to their health care
- Referral to Early ACCESS (IDEA, Part C) for children who may experience a 25 percent or more delay in one or more areas of growth or development OR for children who have a condition or

disability that is known to have a high probability of later delay if early intervention services are not provided

*Care coordination services link families to needed medical, dental, mental health, and other services. Care coordination assures timeliness, appropriateness, and completeness of care by:

- Promoting continuity of care among providers and between services
- Acting as an advocate for the family
- Providing support and health information
- Consulting with or referring to others within an interagency team
- Working collaboratively with the client, family member, or other providers to attain goals that are mutually agreed on
- Following up to assure that clients received services

Effective April 1, 2016 Medicaid Managed Care Organizations (MCOs) assumed responsibility for providing medical care coordination for Medicaid MCO enrolled clients. MCAH contract agencies maintain responsibility for providing medical care coordination for Title V clients and for Medicaid fee-for-service clients, and dental care coordination for all clients served.

Direct Health Care Services

Direct health care services include gap-filling routine ambulatory preventive medical and oral health care. For the purposes of the MCAH program, direct health care services include any billable service to the Iowa Medicaid Enterprise (IME) or Medicaid MCOs under Medicaid's Screening Center (Child & Adolescent Health) and Maternal Health Center provider statuses. Direct care services provided by MCAH contract agencies are available to both Medicaid and non-Medicaid enrolled clients. Examples of direct care services include:

- Maternal Health – medical prenatal care for pregnant women including services such as prenatal risk assessment, health education, psycho-social assessment and anticipatory guidance, nutrition education, nursing/social worker home visits, transportation, interpretation, and other screening services. For more detail, see Policy 601 in this manual.

- Child & Adolescent Health – a complete well-child screen or any component of the well-child screen provided in a clinic setting such as developmental screens, lead tests, immunizations, nutrition counseling, transportation, interpretation, and nursing/social worker home visits, and other screening services. For more detail, see Policy 602 in this manual.

- Oral Health – preventive oral health services such as screenings and fluoride varnish applications for children, adolescents and pregnant women. For more detail, see Section 700 in this manual.

Ideally, direct health care services for MCAH clients are accessed through agreements established with medical and dental practitioners at the local level. However, preventive health care services may be supported by MCAH program funds in areas where gaps in service provision are identified.

MCAH contract agencies proposing to provide direct antepartum and postpartum medical care (MH) and/or full well child exams (CAH) must demonstrate that provider availability or other barriers exist. Examples include:

- Designated medically underserved area or health care professional shortage area
- Lack of pediatricians and/or family practice physicians in the service area
- Lack of practitioners willing to serve Medicaid eligible children or children who are uninsured / underinsured
- Lack of health care professionals to provide prenatal care to Medicaid eligible women or women who are uninsured /underinsured
- Lack of dentists willing to serve Medicaid eligible clients or clients who are uninsured/underinsured
- Medically underserved populations

Direct care services provided by MCAH contract agencies are subject to the policies, procedures, rules and regulations contained within this manual regardless of their source of funding. The MCAH contract agency and its subcontractors may not claim exemption to IDPH policy and procedure requirements based upon the payment source for the services provided.

Direct Care and FQHCs / RHCs

For MCAH contract agencies or subcontractors that are Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs), MCAH and I-Smile™ grant funds and/or associated program income **may not** be used to support **direct health care services** provided by the FQHC or RHC. Revenue generated by MCAH and I-Smile™ programs **must** be used to enhance the respective programs, i.e., informing, care coordination, oral screenings, and local transportation services.

FQHC/RHC contract agencies must emphasize public health services and systems and enabling services that involve collaboration with medical and dental practices within the service area. Efforts must be made to encourage and recruit private practices within the service area to provide services for low-income women, children, and adolescents, including uninsured/underinsured and those enrolled in Medicaid.

Medicaid Managed Care Organizations (MCOs)

Clients enrolled in a Medicaid Managed Care Organization (MCO) must access medical direct care services from providers enrolled in their chosen or assigned MCO. Direct care services provided by a physician or nurse practitioner outside of the MCO panel of providers may not be covered by Iowa Medicaid.

- Medicaid MCO clients may receive presumptive eligibility, informing, and dental care coordination services from an MCAH contract agency, and the agency may bill IDPH for these services. MCAH agencies are also responsible for medical care coordination for the Medicaid fee-for-service population. These services are billable to IDPH.
- The Medicaid MCO is responsible for providing medical care coordination services for MCO enrolled clients.
- Medical direct care services are billable to the Medicaid MCO for MCO enrolled clients. Claims are submitted to Iowa Medicaid for direct care services provided for Medicaid fee-for-service clients.
- Dental direct care services remain Medicaid fee-for-service and are billed to Iowa Medicaid for all Medicaid enrolled clients.

Community Linkages

Community linkages foster the sharing of resources and the responsibility and accountability for assuring comprehensive, broad-based services for MCAH clients. IDPH advocates for a system of care at the local level that minimizes barriers to care, focuses on comprehensive care, prevents duplication, reduces fragmentation, and reduces cost. This may be accomplished by developing linkages with community partners for a variety of purposes such as communication, co-location, and integration of MCAH services.

Partnerships and cooperative agreements foster quality services that are complementary, provide for continuity, and are delivered in a timely fashion. Since communities are unique, the strategies used to achieve a coordinated or integrated or system of services should be based on the resources, demographics, and culture of the community, as well as the missions of the organizations.

Linking with Local Boards of Health (LBOH)

The MCAH contract agency is required to establish linkage with each county board of health in their service area to assist in assessment, policy development, and assurance for MCAH services. The contract agency will assure that each LBOH has been actively engaged in planning for and evaluation of MCAH services. Input is provided for each local board on the MCAH program, including updates and monitoring of the program's progress. Feedback is sought for incorporation into the MCAH program.

There are a variety of strategies that agencies can use to link with the LBOH. Examples include the following:

- Notifying each LBOH in your service area regarding your intent to apply for MH and/or CAH services. The MCAH contract agency should share plans for service provision for the contract or project period.
- Providing environmental and/or health data to the LBOH to assess and analyze the health status of the community.
- Submitting reports to the LBOH on the effectiveness, accessibility, and quality of MCAH services provided.

- Including the LBOH in establishing policies and plans associated with MCAH services. This can be accomplished by establishing a liaison between the contractor and the board or by attending regular meetings of the LBOH.
- Educating the LBOH about the services provided and work with the board to identify target populations in need of the services provided.
- Providing expert input on the services provided and how those services relate to the health priorities of the community and health improvement plans that address those priorities.

Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP)

The Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) process is a core function of public health that encourages communities across Iowa to assure the health of their citizens through assessment and planning. Each local board of health assesses leading health indicators, prioritizes health needs, and creates a health improvement plan to address their critical health needs. The process encourages ongoing assessment, planning, and evaluation.

MCAH contract agencies are required to actively support the CHNA & HIP process in each county of their service area. This includes participating in on-going CHNA &HIP meetings to promote the health of the MCAH population. Participation in community assessment and planning is a major component in assuring the health of women, children, and adolescents throughout the service area. For more information on the CHNA & HIP process, refer to the IDPH website at http://idph.iowa.gov/chnahip.

Technical Assistance

MCAH Regional Consultants from the Bureau of Family Health and Oral Health Consultants from the Bureau of Oral and Health Delivery Systems are available to provide technical assistance and consultation to MCAH contract agencies. Requests for assistance can be made verbally or in writing.

Technical assistance (TA) can guide agencies in the following areas:

- Clarifying program requirements and sharing program expertise
- Strengthening the ability of the MCAH contract agency to fulfill the goals of the MCAH program by identifying, exploring, or prioritizing issues
- Sharing best practice
- Identifying or sharing resources
- Addressing funding or billing issues
- Providing advice and independent, objective perspectives to try to resolve problems or facilitate change
- Addressing quality assurance and/or quality improvement initiatives
- Community needs assessment and health improvement planning

302 – POLICIES AND PROCEDURES

Authority: Iowa Administrative Code 641 IAC 76 (135)	Effective Date: October 1, 2016

Requirements

Each MCAH contract agency is required to have policies and procedures documented that guide the administration and operations of the Maternal Health and Child & Adolescent Health programs. These policies and procedures will comply with federal regulations as well as state laws and guidelines.

A policy should state the course of action the organization wants to pursue. Procedures describe actions or tasks necessary to meet a specific policy. Policies and procedures must be made available to appropriate staff.

Policies and procedures should be reviewed and revised annually, or according to agency policy, and no less frequently than every three years. Agencies reviewing policies less than annually must specify the frequency in agency policy. An effective revision date and revision history should be clearly marked on each policy.

IDPH conducts an administrative on-site review of each agency at least every other year to monitor compliance with the required policies and procedures. The Administrative On-Site Review Checklist is found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

Required General Administration Policies

- Compliance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 and subsequent amendments https://www.ada.gov/cguide.htm
- Compliance with the Drug Free Workplace Act of 1988 https://webapps.dol.gov/elaws/asp/drugfree/require.htm
- Compliance with Public Law 103-227 (Pro –Children Act of 1994) https://www.acf.hhs.gov/sites/default/files/assets/childrens_justice_act_program.pdf and Iowa's Smokefree Air Act (Iowa Code chapter 142D) http://www.iowasmokefreeair.gov/common/pdf/iowacode142D.pdf
- Compliance with the Affordable Care Act Section 1557 Communications Requirements (Informational Letter No. 1730-MC-FFS-D) https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/bulletins2016 *(See below.)
- Compliance with the Affordable Care Act Section 1557 Operational Requirements (Informational Letter No. 1731-MC-FFS-D) https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/bulletins2016 ** (See below.)
- Emergency
- Fire
- Weather
- Client emergency
- Disruptive and/or violent behavior
- Biological terrorism or threat

- Employee/personnel based OSHA requirements including: *** (See below.)
  - Right to know
  - Blood borne pathogen standards**** (See below.)
  - Hepatitis B immunization
  - Exposure control plan (including infectious disease and hazardous chemicals)
  - Employee training plan (based on OSHA requirements)
- Integration of services
- Organizational chart
- Personnel including:
  - Civil rights, nondiscrimination and Affirmative Action***** (See below.)
  - Communication methods
  - Conditions of employment
  - Employee orientation program
  - Employee performance evaluation
  - Fringe benefits
  - Grievance procedures
  - Job description (including qualifications, credentials, licensure, direct supervision of paraprofessionals providing informing and care coordination services)
  - Leave and absence
  - Provisions for career development or continuing education, including attendance at professional development activities to promote the cultural and linguistic competence of staff
  - Salary schedules
  - Timesheets
- Reporting changes in MCAH contract agency location, key personnel and services to IDPH
- Quality assurance / quality improvement

Required Fiscal Policies

- Accounting standards
- Approval authorities
- Bad debt write off
- Billing procedure (includes IDPH fee-for-service, Title XIX, Title XX, client fees, other third-party payers and other funding sources)
- Continuous daily time studies
- Expenditure reports
- Inventory management
- Lines of responsibility
- MCAH cost analysis
- Method for determining administrative or indirect costs
- Payment schedule
- Purchasing procedures
- Record-keeping requirements
- Segregation of duties
- Sliding fee scale

Required Client-based Policies (dependent on level of services provided)

- Acceptable abbreviations in client records
- Appointment system
- Child abuse reporting
- Client civil rights
- Client eligibility
- Client record maintenance, retention, and secure storage
- Client referrals and follow up
- Clinic protocols
- Confidentiality (including compliance with HIPAA) https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996
- Consumer input / consumer satisfaction
- Control of inventories (supplies and medication)
- Patient consent and release of information
- Patient fees (including billing and collection)
- Purchasing
- Review and approval of informational and educational materials
- Excluded providers
- Emergencies (medical)

Required Community-based Policies

A policy will be in place that specifies how responsibilities are shared among community partners for:

- Communicable disease outbreak
- Communicable disease follow-up (on individual client)
- Immunization services
- Lead testing (including environmental and educational follow-up)

* ACA Communications Requirements

ACA Section 1557 prohibits discrimination based on race, color, national origin, sex, age or disability in health programs and activities that receive Federal funds. Section 1557 assists populations that have been most vulnerable to discrimination in health care and health coverage, including: women, members of the lesbian, gay, bisexual and transgender (LGBT) community, individuals with disabilities and individuals with limited English proficiency (LEP).

Section 1557 builds on long-standing Federal civil rights laws

- Title VI of the Civil Rights Act of 1964
- Title IX of the Education Amendments of 1972
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975

OCR's final regulation implementing Section 1557 was published in the Federal Register on May 18, 2016 (Nondiscrimination in Health Programs and Activities, Final Rule (81 FR 31376)). The final regulations can be found at 45 CFR Part 92.

Section 1557 requirements directly impact communications and operations. This informational letter provides guidance on the communications requirements of Section 1557. An additional informational letter addresses the operational requirements of Section 1557.

To ensure compliance, the IME is providing Section 1557 communications guidance below.

Providers and covered entities must inform members of their rights to be treated with dignity and respect and to access information and services in a manner which is accessible. To accomplish this, communications must include a nondiscrimination notice or statement and taglines in top languages for those with LEP.

There are TWO TIERS of communications requirements. You must first determine if the communications piece is 'Significant Communications' or 'Small-Size Significant Communications,' then add the appropriate required content.

- **Significant Communications:** Significant publications or significant communications targeted to beneficiaries, enrollees, applicants, or members of the public, which may include patient handbooks, outreach publications, or written notices pertaining to rights or benefits or requiring a response from an individual.

  REQUIRED CONTENT:

  - Nondiscrimination Notice (sample text available at http://www.hhs.gov/sites/default/files/sample-ce-notice-english.pdf)
  - Top 15 LEP Taglines (sample text available at http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)
- **Small-Size Significant Communications:** Significant publications or significant communications that are small in size such as brochures, postcards, targeted fliers, small posters, and those that are communicated through social media platforms.

  REQUIRED CONTENT:

  - Nondiscrimination Statement (sample text available at http://www.hhs.gov/sites/default/files/sample-ce-statement-english.pdf)
  - Top 2 LEP Taglines (sample text at http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)

Determining whether a communications piece is a 'Significant Communications' or 'Small-Size Significant Communications' is up to the discretion of the provider or covered entity.

The top 15 languages in Iowa used by those with LEP:

Rank	Language	Estimated Population	Rank	Language	Estimated Population
1	Spanish	49,357	**9**	Hindi	1,078
2	Chinese	6,025	**10**	French	937
3	Vietnamese	4,552	**11**	Pennsylvanian Dutch	875
4	Serbo-Croatian	3,795	**12**	Thai	872
5	German	2,624	**13**	Tagalog	789
6	Arabic	2,213	**14**	Karen	780
7	Laotian	1,997	**15**	Russian	614
8	Korean	1,950			

In addition to the types of communications identified above, the notice and taglines must be posted online and in physical locations:

- **Online**
  REQUIRED CONTENT:
  - Nondiscrimination Notice must be accessible from the covered entities' homepage. See sample text available http://www.hhs.gov/sites/default/files/sample-ce-notice-english.pdf
  - Top 15 LEP Taglines must be posted on the covered entities' webpage. See sample text available http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html
- **Physical Location**
  REQUIRED CONTENT:
  - Nondiscrimination Notice must be posted in conspicuous physical locations where the provider or covered entity interacts with the public. See sample text available http://www.hhs.gov/sites/default/files/sample-ce-notice-english.pdf
  - Top 15 LEP Taglines must be posted in conspicuous physical locations where the provider or covered entity interacts with the public. See sample text available http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

The covered entity may combine the content of the required nondiscrimination notice with other notices, so long as it is consistent with the intent of Section 1557.

Who must comply with Section 1557?

All health programs and activities that receive Federal financial assistance from HHS, which includes Iowa Medicaid providers, must comply with ACA Section 1557.

Health program or activity is broadly defined in the regulation and includes:

- The provision or administration of health related services, including behavioral health services

- State agencies, including Medicaid, Children's Health Insurance Program (CHIP), Basic Health Programs, Medicare programs
- Hospitals
- Nursing facilities, intermediate care facilities for persons with intellectual/developmental disabilities, community residential facilities
- Health-related insurance
- Wellness programs
- Health research and education programs
- Includes all of the operations of an entity principally engaged in health services or health coverage.

When do these requirements go into effect?

The communications requirements—the posting of LEP taglines and nondiscrimination notice or statement in significant communications is effective October 17, 2016.

OCR has indicated they intend to provide covered entities flexibility to implement requirements as long as the actions do not compromise intent to clearly inform individuals of their Section 1557 rights.

OCR has noted that covered entities which distribute significant publications or significant communications will need to update these publications to include the required notice and taglines. Covered entities may exhaust their current stock of hard copy publications rather than requiring a special printing of the publications to include the new notice.

This guidance is being issued by the IME to assist providers and covered entities with coming into compliance. This letter is not exhaustive and the IME strongly encourages providers and covered entities to review the ACA Section 1557 requirements in full.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email imeproviderservices@dhs.state.ia.us.

** ACA Operational Requirements

It is the responsibility of the provider/covered entity to ensure appropriate policies and practices are in place to prohibit discrimination based on sex or disability as described in Section 1557.

Sex Discrimination

Sex discrimination prohibited under Section 1557 includes discrimination based on:

- An individual's sex- Includes but is not limited to, discrimination on the basis of sex stereotyping and gender identity.
- Pregnancy, childbirth and related medical conditions

- Gender identity- Means an individual's internal sense of gender, which may be male, female, neither, or a combination of male and female, and may be different from one's sex assigned at birth.
- Sex stereotyping- Includes expectations that individuals will act in conformity with gender expressions associated with being male or female, such as appropriate roles of a certain sex.

Under Section 1557, covered entities must:

- Provide equal access to health care and insurance coverage regardless of an individual's sex, including gender identity and sex stereotypes.
- Treat individuals consistent with their gender identity, including with respect to access to facilities.

But cannot:

- Deny or limit sex-specific health services based solely on the fact that the gender recorded for the individual does not align with the sex that usually receives those types of sex-specific services.

Sex Discrimination Requirements for Covered Entities:

- Record coding that flags a gender mismatch for certain sex-specific services, by itself, is not prohibited if it does not result in a delay or denial of services.
- Requiring transgender individuals to repeatedly go through an appeals process to correct gender coding issues in order to obtain coverage for certain services may be discriminatory.
- Covered entities should utilize interim methods to correct gender coding mismatch issues.
- Covered entities are free to develop methods for processing claims for sex-specific services by transgender individuals as long as process is not overly burdensome and provides timely access to care. • Bright line test: Categorical exclusions for all health care services related to gender transition are per se discriminatory.
- Denial for specific health services related to gender transition will be evaluated based on the application of longstanding nondiscrimination principles to the facts of the particular plan.
- The regulation does not affirmatively require issuers to cover any particular procedure or treatment for gender transition-related care.
- Issuers must have neutral standards and administer them in a nondiscriminatory manner.
- The regulation does not restrict an issuer from determining whether a particular health service is medically necessary or otherwise meets applicable coverage requirements in any individual case.
- Sex-specific programs and activities are permitted only if the covered entity can demonstrate an exceedingly persuasive justification, that is, that the program is substantially related to achievement of an important health-related or scientific objective.
- Justification that relies on generalizations or stereotypes would not be sufficient.

Language Services

- Development and implementation of a language access plan is encouraged.
    - Plans help covered entities, including State Medicaid agencies, to be prepared to take reasonable steps to provide meaningful access to each individual with LEP who may require assistance.
    - A plan is one factor, among other relevant factors, that OCR will consider in determining compliance.
- Individuals providing oral language assistance or written translation must be qualified.
    - Includes bilingual/multilingual staff
    - Oral interpreters
    - Translators
    - Regulation codifies restrictions on the use of family members, friends, and children to interpret or facilitate communication.
    - If video remote interpreting is used, the services must meet certain quality standards.

Disability Requirements

- Covered entities must make reasonable changes to policies, practices and procedures where necessary to provide equal access for individuals with disabilities.
- Covered entities must ensure effective communication with persons with disabilities
- Requires entities to give "primary consideration" to individual's choice of auxiliary aids and services.
- Codifies application of appropriate auxiliary aids and services, including sign language interpreters, to entities with fewer than 15 employees.
- An individual providing qualified interpretation for an individual with a disability, e.g. sign language interpreter, must be qualified.
- Covered entities must ensure newly constructed and altered facilities are physically accessible to individuals with disabilities.
- The regulation includes a safe harbor for construction that was done in compliance with standards applicable at the time.
- Covered entities must make all health programs and activities provided through electronic and information technology accessible to individuals with disabilities.
- Covered entities must ensure non-discrimination in marketing and benefit design of health plans (which includes drug-tiering).

Who must comply with Section 1557?

All health programs and activities that receive Federal financial assistance from HHS, which includes Iowa Medicaid providers, must comply with ACA Section 1557.

Health program or activity is broadly defined in the regulation and includes:

- The provision or administration of health related services, including behavioral health services
- State agencies, including Medicaid, Children's Health Insurance Program (CHIP), Basic Health Programs • Medicare programs
- Hospitals
- Nursing facilities, intermediate care facilities for persons with intellectual/developmental disabilities, community residential facilities
- Health-related insurance
- Wellness programs
- Health research and education programs
- Includes all of the operations of an entity principally engaged in health services or health coverage.

When do these requirements go into effect?

The requirements of ACA Section 1557 are effective July 18, 2016.

OCR has indicated they intend to provide covered entities some flexibility to implement the requirements in the manner that they determine meets the standards of this section while also reducing burden.

This guidance is being issued by the IME to assist providers and covered entities with coming into compliance. This letter is not exhaustive and the IME strongly encourages providers and covered entities to review the ACA Section 1557 requirements in full. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email imeproviderservices@dhs.state.ia.us.

*** OSHA

The Occupational Safety and Health Act of 1970 was passed to prevent workers from being killed or seriously harmed at work. The law requires employers to provide their employees with working conditions that are free of known dangers. The act created the Occupational Safety and Health Administration (OSHA) that sets and enforces protective workplace safety and health standards. OSHA also provides information, training and assistance to workers and employers. OSHA regulations are found at www.osha.gov.

MCAH contract agencies are responsible for assuring their operation is in compliance with all applicable OSHA requirements. For more information on Iowa's implementation of the OSHA regulations, see the Iowa Division of Labor's Iowa OSHA website at http://www.iowaosha.gov/iowa-osha

****Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human

immunodeficiency virus (HIV). Needle sticks and other sharps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations, including first responders, housekeeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to bloodborne pathogens.

In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement an exposure control plan for the worksite with details on employee protection measures. The plan must also describe how an employer will use engineering and work practice controls, personal protective clothing and equipment, employee training, medical surveillance, hepatitis B vaccinations, and other provisions as required by OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030). Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needleless devices, shielded needle devices, and plastic capillary tubes.

For more information on bloodborne pathogens as it relates to employer responsibilities and worker's rights, see the Iowa Department of Labor's OSHA Bloodborne Pathogens website at https://www.osha.gov/SLTC/bloodbornepathogens/index.html. For an OSHA Fact Sheet on the Bloodborne Pathogens Standard, see https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf.

***** Civil Rights:

Compliance with the Iowa Civil Rights Act of 1964 is required. The Act prohibits discrimination in the areas of employment, housing, credit, public accommodations and education.

Discrimination or different treatment is illegal if based on race, color, creed, national origin, religion, sex, sexual orientation, gender identity, pregnancy, physical disability, mental disability, retaliation (because of filing a previous discrimination complaint, participating in an investigation of a discrimination complaint, or having opposed discriminatory conduct), age (in employment and credit), familial status (in housing and credit), or marital status (in credit).

The MCAH contract agency must comply with all relevant provisions of the Act, Title VI of the Civil Rights Act of 1964 (PL 88-352), Part 80 of Title 45, Code of Regulations, Section 504 of Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 as amended, the Iowa Civil Rights Act of 1965 as amended, Equal Employment Opportunity Act of 1973, the Age Discrimination Act of 1968 and 1975, and 7 CFR Part 15. For information on civil rights, see the Iowa Civil Rights Commission website at https://icrc.iowa.gov/.

303 – PERSONNEL

Authority: Iowa Administrative Code 641 IAC 76(135); Contract General Conditions
Effective Date: October 1, 2016

Competencies

A broad range of competencies are required of personnel to carry out Maternal and Child & Adolescent (MCAH) public health services and systems, enabling services, and direct health care services. MCAH contract agencies must secure and retain personnel or subcontractors with expertise in business administration, quality assurance and improvement, health policy development, information systems, community systems building, population diversity, coordination of care, and maternal and child & adolescent health clinical care.

Requirements

There are a variety of models for delivering quality MCAH services. Each MCAH contract agency must design a personnel structure that fits the business plan of the organization and reflects its own unique needs and resources. Personnel resources can be maximized to provide quality services by using a variety of disciplines in creative ways, by integrating services with other programs such as WIC, and/or by contracting with other agencies and private providers.

The Iowa Department of Public Health (IDPH) reserves the right to inquire at any time about the staffing assignments and credentials of any professional person with direct responsibilities in the MCAH programs. The MCAH contract agency is required to satisfy the minimum staffing and credentialing requirements of IDPH. If IDPH questions the time allocations and staffing assignment ratios of a staff person or persons, the MCAH contract agency may be required to supply documentation in the form of time studies, direct hours billed, and/or staff timesheets.

Fringe Benefits

Personnel whose salaries are supported in part or in full by the MCAH contract must receive the same package of fringe benefits available to other employees of the MCAH contract agency.

Fringe benefits charged to the program may only be based upon that portion of the employee's salary supported by the contract MCAH contract and must be based on the salary rate identified in the MCAH application. The fringe benefits provided must be identified in the written personnel policies.

Job Descriptions

The MCAH contract agency is required to have written job descriptions available on-site for all positions. Each job description must specify the duties of the position. Job descriptions must be in compliance with the applicable Iowa Code for scope of practice of each staff person who is licensed by the state. The MCAH contract agency is responsible for assuring that all persons, whether employees, agents, subcontractors or anyone acting on behalf of the MCAH contract agency, are properly licensed, certified

or accredited as required under applicable state law. The MCAH contract agency must provide standards of practice for service providers who are not otherwise licensed, certified, or accredited under state law or administrative code.

Orientation and Continuing Education

All MCAH personnel must complete orientation to MCAH program requirements and demonstrate proficiency prior to providing MCAH services. MCAH contract agencies must have a written policy for continuing education related to MCAH for all personnel. An annual review of personnel competency and performance in the provision of family-centered services is required.

Personnel Positions

Executive Director

The executive director is responsible for supervisory and contract management tasks related to the programs included in the application. Communications regarding the MCAH contract are sent to the executive director. It is the responsibility of the executive director to appropriately disseminate information to the MCAH contract agency's board chair, project director, and program coordinators. The board chair, project director, and program coordinators may be sent information related to the contract at the discretion of IDPH.

The executive director's responsibilities include but are not limited to the following:

- Serving as contract administrator
- Supervising the project director and program coordinators
- Providing overall supervision of the MCAH program (planning, development, and evaluation)
- Overseeing the annual program and budget application
- Developing and managing subcontracts
- Assuring that written agency policies, procedures, and accounting meet state and federal regulations
- Monitoring budgets and expenditures
- Coordinating MCAH program activities with other agency programs
- Reporting to the agency board of directors and/or the local Board of Health

Medical Director

All MH and CAH programs must have a formal agreement with a physician to serve as a medical advisor. The responsibilities of the medical director include oversight and consultation for MH and/or CAH programs. Many medical advisors serve as volunteers and provide their expertise at no charge. One physician may serve as the medical director for multiple programs, provided their medical specialty qualifies them to serve in that capacity.

Project Director

Persons hired to perform activities of a project director are required to have a minimum of six months experience in health or human services. Experience in community or public health is preferred. They are also required to possess at least one of the following:

- Bachelor's degree in a health or human services field
- Current license as a registered nurse (RN) with a bachelor's degree in any field
- Current license as an advanced registered nurse practitioner (ARNP)

The Project Director's responsibilities include but are not limited to the following:

- Reporting to the Executive Director
- Developing the MCAH application
    - Fosters coordination among local MH, CAH, I-Smile™ programs, partners, and subcontractors
    - Interprets state and federal guidelines
    - Develops agency quality assurance plans
    - Interprets data system reports
    - Ensures completion of activity worksheets and other required forms
    - Develops the budgets in compliance with the guidance
- Managing the MCAH contract
    - Attends meetings and trainings relevant to program operations
    - Ensures compliance with state and federal guidelines
    - Oversees completion of agency reports
    - Ensures timely submission of program data and reports
    - Oversees contractual relationships with other health providers and subcontractors
    - Provides or arranges for training for staff and subcontractors
    - Provides written notice of contact changes
    - Ensures progress on program activities
    - Monitors compliance with grant activities and submits changes to IDPH if necessary
- Developing and coordinating the program
    - Ensures provision and coordination of services
    - Ensures client referrals to health care and other resources as needed with follow-up
    - Ensures documentation requirements are met
    - Assists the local board(s) of health in the performance of the core public health functions of assessment, assurance, and policy development
    - Participates in community needs assessment within the service area
    - Providing leadership for chart audit and service note reviews and other quality assurance initiatives
    - Implements quality improvement initiatives

- Representing the MCAH program to the public
  - Provides program information to interested professionals outside agencies, organizations, and individuals
  - Directs and assures an effective referral system
- Supervising professional and non-professional agency staff
  - Recruits, trains, and monitors program personnel
  - Oversees organization and management of all clinic sites including determination of locations, hours of service, and scheduling

Fiscal Officer

The fiscal officer is responsible to and carries out activities as directed by the executive director and project director. The fiscal officer is responsible for management of accurate accounting for grant and other funds using generally accepted accounting principles and meeting requirements of applicable Federal Office of Management and Budget (OMB) circulars.

MH and/or CAH Program Coordinators

Persons hired to perform activities of a MH or CAH program coordinator are required to have a minimum of six months experience in health or human services. Experience in community or public health is preferred. They are also required to possess at least one of the following:

- Bachelor's degree in a health or human services field
- Current license as a registered nurse (RN) with a bachelor's degree in any field
- Current license as an advanced registered nurse practitioner (ARNP)

The program coordinator is responsible to and carries out activities as directed by the executive director and project director.

EPSDT Coordinator

Persons hired to perform activities of an EPSDT coordinator are required to possess at least one of the following:

- Current license as a registered nurse (RN)
- Current license as a registered dental hygienist (RDH)
- Bachelor's degree in health education or human services field

The EPSDT coordinator is responsible to and carries out activities as directed by the project director. Responsibilities include but are not limited to the following:

- Coordinating implementation of the EPSDT informing and care coordination services according to required guidelines

- Ensuring development and annual review of protocols, scripts, and written communication for families
- Monitoring Medicaid program and policy guidelines and information related to EPSDT services
- Ensuring training of EPSDT and other agency staff
- Participating in quality assurance reviews of documentation of services
- Attending required meetings and trainings

Child Care Nurse Consultant

Child care nurse consultants (CCNC) hired or contracted to provide services under the Healthy Child Care Iowa program are required to be a registered nurse with current Iowa licensure in addition to one of the following:

- Bachelor of Science in Nursing or higher
- Minimum of two years of experience as a registered nurse in community health or pediatric practice

Additionally, the CCNC must complete the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) supported by IDPH. A minimum of 10 -15 hours of work time per unit is expected to complete the 12 units of ITPCCNC training. The training series must be completed within three months from the time of enrollment.

hawk-i Outreach Coordinator

The responsibilities of the ***hawk-i*** Outreach Coordinator include the following:

- Promoting implementation of best practice outreach strategies to encourage enrollment in ***hawk-i*** and Medicaid programs
- Assuring dissemination of approved and up-to-date program information
- Completing quarterly reports
- Attending required meetings

I-Smile™ Coordinator

The I-Smile™ Coordinator must be a registered dental hygienist. Responsibilities include but are not limited to the following:

- Implementing I-Smile™ strategies to improve the dental support system for underserved children
- Serving as the single point of contact for I-Smile™ activities
- Working a minimum of 20 hours a week to build public health system capacity and assure enabling/population-based oral health services.
- Completing the IDPH Public Health Training for Oral Health Professionals

- Participating in other IDPH trainings

See additional information in Section 700 of this manual.

I-Smile™ @ School Sealant Coordinator

Responsibilities of the I-Smile™ @ School Sealant Coordinator include but are not limited to the following:

- Implementing the I-Smile™ @ School strategies
- Assuring monthly I-Smile™ @ School data is submitted to IDPH
- Attending required meetings

MCAH Direct Care Service Providers

MCAH contract agencies providing direct care services must assure that service providers meet required qualifications for the specific services provided through the agency's program plan. Professional qualifications for services are noted in the Maternal Health Services Summary and the Child and Adolescent Health Services Summary found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

WHIS Administrator

The responsibilities of the Women's Health Information System (WHIS) Administrator include the following:

- Assuring monthly transfer of WHIS data to IDPH
- Attending required trainings
- Monitoring addition and deletion of users
- Maintaining security agreements signed by each user (initial and annual renewals)
- Developing WHIS Password Policy
- Notifying IDPH of any security breaches and cooperates with investigations

CAReS Administrator

The responsibilities of the Child and Adolescent Health Reporting System (CAReS) Administrator include the following:

- Attending required trainings
- Monitoring addition and deletion of users
- Maintaining security agreements signed by each user (initial and annual renewals)
- Ensuring that all users abide by the CAReS Password Policy
- Performing editing functions in CAReS client records
- Notifying IDPH of any security breaches and cooperates with investigations

Providers Excluded from Participation in Federal Health Care Programs

There are federal rules and enforcement provisions related to providers who are excluded from participation in the Medicaid program. MCAH contract agencies are required to check the program exclusion status of their employees and subcontractors and also individuals and entities prior to entering into employment or contractual relationships. An agency employing or contracting with an excluded individual that submits a claim for reimbursement to a federal health care program or causes such a claim to be submitted, may be subject to financial penalties and other damages for each item or service furnished during the period that the person or entity was excluded (Section 1128A(a)(1)(D) of the Social Security Act).

For complete information on exclusions see HHS-OIG website at https://oig.hhs.gov/exclusions/index.asp. This site contains searchable and downloadable databases for the List of Excluded Individuals and Entities (LEIE). Providers should search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search.

Claims paid by the Medicaid program for services rendered by an excluded individual or entity are subject to repayment to Medicaid. Failure to follow the requirements detailed in the above paragraphs will result in recoupment and potentially sanctions and/or termination of your contract to provide services based upon the Iowa Administrative Code 441-79.2. Providers are required to comply with all state and federal laws pursuant to the provider agreement with Iowa Medicaid.

Additional informational resources include the following:

- Background information at https://oig.hhs.gov/exclusions/background.asp.
- The Department of Health and Human Services Office of Inspector General (HHS-OIG) document entitled “Special Advisory Bulletin: The Effect of Exclusion From Participation in Federal Health Care Programs” at http://oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm.
- State Medicaid Director Letter dated January 16, 2009 (SMDL #09-001) at http://www.cms.hhs.gov/SMDL/downloads/SMD011609.pdf.
- IME Informational Letter #1001 of April 8, 2011 at http://dhs.iowa.gov/sites/default/files/1001_ExclusionfromParticipationinFederalHealthCarePrograms.pdf.

Drug Free Work Place

In order to comply with the Drug Free Workplace Act of 1988 and related applicable regulations, the MCAH contract agency is required to report any conviction of an employee under a criminal drug statute for violations occurring on the MCAH contract agency’s premises or off their premises while conducting official business. A report of a conviction must be made to IDPH within five working days after the conviction.

304 – PROTECTING CLIENT RECORDS

Authority: Not Applicable Effective Date: October 1, 2016

Client Confidentiality

Every effort is made to assure client confidentiality and provide safeguards for individuals against the invasion of their personal privacy. This includes records maintained in electronic format. Information about clients that receive services may not be disclosed without individual's written authorization. HIPAA compliant Notice of Privacy Practices must be provided to the client as required by law.

Confidential Records

Written authorization by the client is required for the release of personally identifiable information, except as may be necessary to provide services to the client or as required by law, with appropriate safeguards for confidentiality. When information is requested, agencies should release only the specific information requested. Upon request, clients transferring to other providers must be provided with a copy or summary of their record to expedite continuity of care.

Information collected for reporting purposes may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

Certain Personally Identifiable Information is Confidential

As a general rule, public health records which contain personally identifiable information of a health-related nature are confidential under Iowa law. IDPH is required by law to generally maintain the confidentiality of the following records:

- Hospital records, medical records, and professional counselor records of the condition, diagnosis, care, or treatment of a patient. Iowa Code § 22.7(2).
- Personal information in confidential personnel records. Iowa Code § 22.7(11).
- Records pertaining to participants in the gambling treatment program. Iowa Code § 22.7(35).
- Social security numbers. 42 USC 405(c)(2)(C)(viii)
- Personally identifiable information and business identity related to a reportable disease or condition. Iowa Code § 139A.3; Iowa Code §§ 139A.30 - 32.
- Personally identifiable information related to HIV/AIDS. These reports are maintained as "strictly confidential medical information". Specific provisions prevent disclosure of this information except under very limited circumstances. Iowa Code §§ 141A.6, 141A.9.
- Personally identifiable information contained in IDPH registries, including the Statewide Trauma Registry, Immunization Registry, Central Registry for Brain or Spinal Cord Injuries, and Congenital and Inherited Disorder Registry. Iowa Code §§ 147A.25, 147A.26; 641 IAC 136.2(5); Iowa Code section 22.7(2); 641 IAC 7.12; Iowa Code § 135.22; Iowa Code § 136A.7.
- Substance abuse program patient information and some licensing information. Iowa Code § 125.37; Iowa Code sections 22.7(2), 22.7(18), or 125.37; 641 IAC 155.16(5).

- Records which contain identifiable information related to a child's newborn hearing screening, rescreening, and diagnostic audiologic assessment. 641 IAC 3.10.
- All medical, health, and nutrition information collected regarding WIC program participants. 7 CFR 246, Iowa Code section 22.7(2), 641 IAC 73.7(7).

IDPH General Conditions

Release of Information and Confidentiality of Records and Data

The Iowa Department of Public Health General Conditions dated July 1, 2016 (#9. Release of Information and Confidentiality of Records and Data) includes the following requirements:

- The Contractor agrees to provide to the Department, upon request, all records related to the contract including, but not limited to, client records, statistical information, data, board and other administrative records, and financial records, including budget, accounting activities, financial statements, and the annual audit in accordance with Code of Federal Regulations, Title 45.
- The Contractor's policies and procedures shall provide that records regarding the identity, diagnosis, prognosis, and services provided to any client in connection with the performance of the contract are confidential and that such records shall be disclosed only under the circumstances expressly authorized under state or federal confidentiality laws, rules or regulations. The Contractor shall maintain all identifiable and personal indicators related to records and data as strictly confidential and shall not use or release such records or data for any purpose unless authorized by the contract. The Contractor may not link the data provided by the Department or collected by the Contractor with any other datasets without prior written permission from the Department.
- The Contractor's employees, agents, and subcontractors shall be allowed access to confidential records only as necessary for the performance of their duties related to the contract and in accordance with the policies and procedures of the custodian of the records. The Contractor shall maintain policies and procedures for safeguarding the confidentiality of such data, and may be liable civilly or criminally under state or federal confidentiality laws, rules, or regulations for the unauthorized release of such information.
- The Contractor shall maintain the confidentiality of all records related to their contract in accordance with state and federal laws and regulations. The Contractor shall protect from unauthorized disclosure all confidential records and data, including but not limited to the names and other identifying information of persons receiving services pursuant to this contract, except for statistical information not identifying any client. The Contractor shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this contract. The Contractor shall promptly transmit to the Department all requests for disclosure of such identifying information to anyone other than the Department and the Contractor shall not disseminate such information without prior written authorization from the Department. For purposes of this paragraph, the term "identifying" shall include, but not be limited to, name,

identifying number, symbol, or other identifier particularly assigned to the individual. The Contractor shall immediately report to the Department any unauthorized disclosure of confidential information.

- The Contractor's obligations under this section of the Contract shall survive termination or expiration of the Contract.

Confidentiality, IT Standards and Security

The Iowa Department of Public Health General Conditions dated July 1, 2016 (#10. Confidentiality, IT Standards, and Security) include the following requirements:

1 The Contractor will comply with and adhere to the following Department and State information technology standards and provide training to Contractor's employees and subcontractors concerning such standards, procedures, and protocols as applicable.
   a. **Data Backup Standard**: Applicable to Contractors which utilize data systems to process, store, transmit, or monitor information essential to the performance of Department required services.
   b. **Data Stewardship Standard**: Applicable to Contractors which utilize data systems to process, store, transmit, or monitor information essential to the performance of Department required services.
   c. **Interconnectivity Standard**: Applicable to Contractors which utilize data systems to process, store, transmit, or monitor information essential to the performance of Department required services.
   d. **Laptop Data Protection Standard**: Applicable to Contractors which utilize laptops to process, store, transmit, or monitor data essential to the performance of Department required services or connects to state owned or managed network.
   e. **Removable Storage Encryption Standard**: Applicable to Contractors which utilize removable storage devices to process, store, transmit, or monitor information essential to the performance of Department required services.
   f. **Web Application Security Standard**: Applicable to Contractors which develop, manage, or utilize state resources including but not limited to websites, data systems, desktop applications, and web based services.
   g. **Website Accessibility Standard**: Applicable to Contractors which develop and maintain Department web pages.

Current state information technology standards are accessible online at https://ocio.iowa.gov/home/standards.

2 The Contractor will take all precautions and actions necessary to: (i) prevent unauthorized access to the Department's and the State's systems, networks, computers, property, records, data, and information; and (ii) ensure that all of the Department's and the State's documentation, electronic files, data, and systems are developed, used, and maintained in a secure manner, protecting their confidentiality, integrity, and availability. The Contractor agrees

that it will not copy, reproduce, transmit, or remove any Department (or State) information or data without the prior written consent of the Department. The Contractor agrees that it shall be liable for any damages, losses, and expenses suffered or incurred by the Department or the State as a result of: (a) any breach of this section, or (b) any breaches of security (including those described below) that are caused by any action or omission of Contractor or Contractor's employees, agents, and subcontractors. Breaches of security include, but are not limited to any of the following:

a. Disclosure of confidential or sensitive information
b. Unauthorized access to Department or State systems
c. Illegal technology transfer
d. Sabotage or destruction of Department or State information or information systems
e. Compromise or denial of Department or State information or information systems
f. Damage to or loss of Department or State information or information systems
g. Theft

3 The Contractor shall immediately report to the Department any such breach of security. In the event of a breach of this section or any breach of security as described, the Department may terminate this Agreement without penalty or liability to the Department and the State and without affording the Contractor any opportunity to cure.

Confidential Records

As a general rule, public health records which contain personally identifiable information of a health-related nature are confidential under Iowa law. All paper and electronic client records that include information on the identity, assessment, diagnosis, prognosis, and services provided to specific individuals or families are considered confidential information and must be protected. MCAH contract agencies must have policies and procedures that safeguard the confidentiality of records.

MCAH Contract Requirements

- The Contractor must use full disk encryption software to protect against unauthorized users.
- The Contractor is required to submit electronic communications containing protected health information (e-mail and attachments) via a local agency's or State of Iowa Secure Email System.
- The Contractor shall have their service agreement on file for technical assistance for local computer support for hardware, software, and networking.

Handling of Records

Client records, both paper and electronic, may only be accessed within the offices and clinics of the MCAH contract agency. MCAH contract agencies are required to assure that employees are allowed access to records only for the performance of their duties related to the contract and in accordance with the policies and procedures of the MCAH contract agency. All MCAH contract agencies are required to provide offices and equipment that secure the confidential information.

Storage of Records

Best practice is to store confidential records in locked file cabinets. Confidential records may be stored on an open shelf *only if* the room and building have the capability of being locked. Records should be stored off the floor, protected from moisture and potential flooding.

Transport of Records to MCAH Offices and Clinics

When transporting confidential records between MCAH offices or clinics, best practice is to secure them in the trunk or rear of the vehicle. Assure they are shielded from view from the outside of the vehicle.

Data Entry

MCAH contract agencies and their subcontractors are prohibited from accessing electronic or paper records or performing data entry from a location other than offices or clinics of the MCAH contract agency. For example, accessing records or performing data entry from a public computer or a privately-owned home computer is prohibited.

If a MCAH contract agency has staff utilizing field offices or has extenuating circumstances, the agency must request an exception to policy in order to allow staff to access IDPH data systems from an alternate location. The exception to policy must be approved prior to staff accessing the data systems from the location outside of the offices or clinics of the MCAH contract agency. Requests for exception to this policy must be made to the chief of the Bureau of Family Health and shall include the following:

- Justification as to why access is needed at the alternate location
- Location where the staff will access the data systems
- Staff person(s) that will access IDPH data systems outside of the offices or clinics of the MCAH contract agency
- Which IDPH applications will be accessed by the staff person(s)
- Assurance that agency-owned equipment will be used for the sole purpose of conducting business for the MCAH contract agency
- Assurance that the staff will utilize only agency-owned equipment for conducting business on behalf of the MCAH contract agency
- Assurance that only the agency staff will have access to the agency-owned computer
- Assurance that the agency-owned computer will remain secured in the possession of agency staff at all times
- Assurance that the equipment will be connected to the Internet through a secure connection
- Assurance that the equipment has full disk encryption
- Timeframe requested for the exception to policy, not to exceed the length of the MCAH contract project period

MCAH contract agencies using wireless connections must ensure that the wireless connections are secure, requiring a password to connect to the wireless network. MCAH contract agencies may not access IDPH applications on an open access wireless network (e.g., Wi-Fi connection at local coffee shops or staff members' homes).

CAReS Security Agreements

Personnel of MCAH contract agencies and their subcontractors using CAReS are required to sign an IDPH security agreement prior to accessing the system. The agreements must be updated annually.

Under no circumstances are individual passwords to be shared. Security agreement violations will result in disciplinary action.

IDPH HIPAA Statement

The Iowa Department of Public Health (IDPH), in conjunction with the Attorney General's Office, has completed a comprehensive review of its programs and has determined that neither the agency as a whole, nor any of its programs, are covered entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, both the EPSDT Program and Enhanced Services for Maternal Health Program are actually a part of the Medicaid Program of the Iowa Department of Human Services and, as such these programs, will be business associates of the Iowa Department of Human Services and, therefore, subject to many HIPAA provisions.

Because IDPH is not a covered entity, many agencies and facilities in Iowa that are covered entities have questioned whether they can continue to disclose the protected health information of their patients or clients to the IDPH as they have in the past. Yes, such disclosures may continue to occur under HIPAA.

HIPAA recognizes that if there is a statute or administrative rule that requires a specific disclosure of protected health information, a covered entity must obey that law. (Section 164.512). Therefore, if there is another federal or state statute or administrative rule which requires a covered entity to disclose protected health information to the IDPH, the covered entity should follow that requirement. Many disclosures of protected health information to IDPH are required by state laws, including Iowa Code chapters 135, 136A, 136B, 136C, 139A, 141A, 144, 147A, and 272C and the administrative rules that implement these chapters. These disclosures are legally required and must continue to be made as mandated by state law.

HIPAA allows a covered entity to disclose protected health information to public health authorities for public health activities. (Section 164.512). HIPAA defines a public health authority as "an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official

mandate." (Section 164.501) The IDPH has such a mandate and, therefore, is a public health authority under HIPAA.

The IDPH, in conjunction with the Iowa Attorney General's Office, has reviewed its programs and determined that protected health information being received by the Department from covered entities in Iowa is disclosed for public health activities. The disclosure of such information to IDPH is, therefore, unaffected by HIPAA and should continue in accordance with past practices. Because IDPH is a public health authority that is authorized to receive protected health information under this provision, covered entities are not required to enter into a business associate agreement with IDPH in order for the exchange of protected health information to take place.

In some instances, the IDPH is a health oversight agency as defined by HIPAA. Under HIPAA, a "health oversight agency" is "an agency or authority of the United States, a state, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant."

HIPAA permits a covered entity to disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- The health care system (e.g. State insurance commissions, state health professional licensure agencies, Offices of Inspectors General of federal agencies, the Department of Justice, state Medicaid fraud control units, Defense Criminal Investigative Services, the Pension and Welfare Benefit Administration, the HHS Office for Civil Rights, the FDA, data analysis to detect health care fraud);
- Government benefit programs for which health information is relevant to beneficiary eligibility (e.g. SSA and Dept. of Education);
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards (e.g. Occupational Health and Safety Administration and the EPA; the FDS's oversight of food, drugs, biologics, devices, and other products pursuant to the Food, Drug, and Cosmetic Act and the Public Health Service Act); or
- Entities subject to civil rights laws for which health information is necessary for determining compliance (the U.S. Department of Justice's civil rights enforcement activities, enforcement of the Civil Rights of Institutionalized Persons Act, the Americans with Disabilities Act, the EEOC's civil rights enforcement activities under titles I and V of the ADA). (Section 164.512(d)).

"Overseeing the health care system" encompasses activities such as oversight of health care plans, oversight of health benefit plans; oversight of health care providers; oversight of health care and health

care delivery; oversight activities that involve resolution of consumer complaints; oversight of pharmaceutical, medical products and devices, and dietary supplements; and a health oversight agency's analysis of trends in health care costs, quality, health care delivery, access to care, and health insurance coverage for health oversight purposes.

Health oversight agencies may provide more than one type of health oversight. Such entities are considered health oversight agencies under the rule for any and all of the health oversight functions that they perform. The disclosure of protected health information to IDPH for these purposes is unaffected by HIPAA and should continue in accordance with past practices.

Local public health departments and local contractors which are covered entities may release protected health information to IDPH under the above-cited legal authority applicable to all covered entities. For example, certain statutes and rules require local public health departments and local contractors to disclose protected health information to IDPH. Further, as a health oversight agency a local health department is permitted, and in most cases required, to disclose protected health information to IDPH. Disclosures of protected health information by local public health departments and local contractors to IDPH do not require business associate agreements and are not prohibited or otherwise affected by HIPAA.

See the IDPH HIPAA Statement at http://idph.iowa.gov/hipaa-statement.

Definitions

Confidential Public Health Information, Record, or Data

A record, certificate, report, data, dataset, or information which is confidential under federal or state law. This includes reportable disease information. As a general rule, public health records which contain personally identifiable information of a health-related nature are confidential under Iowa law.

Implied Confidential Public Health Data

Data which can be used to indirectly establish the identity of a person named in a confidential public health record by the linking of the released information or data with external information which allows for the identification of such person.

Reportable Disease

Defined in Iowa law as any disease or condition designated by IDPH as reportable, and includes over sixty diseases, conditions, and poisonings specifically named in Iowa Administrative Code (IAC). “Reportable disease” also includes any disease or condition that occurs in unusual numbers or circumstances, unusual syndromes, uncommon diseases, diseases and conditions suspected to be caused by a deliberate act, and outbreaks of any kind. (641 IAC chapter 1, Appendices A & B). Reportable disease records include any written or electronic document that contains reportable disease

information, and include but are not limited to initial case reports, follow-up case investigations, information obtained during cluster and outbreak investigations (including e-mail based surveys like Survey Monkey), and medical records.

305 – CONSENT FOR SERVICES

Authority: Iowa Administrative Code 641 IAC 76.5(1)	Effective Date: October 1, 2016

Consent for Services

All clients presenting for maternal and child & adolescent direct care services sign a consent for services that includes the following:

- Consent to receive specifically identified services under the IDPH Maternal and Child & Adolescent Health program
- Identification of the date the client was offered or received the Notice of Privacy Practices
- Emphasis that oral health services do not take the place of regular dental check-ups at a dental office
- Notification that the records created and maintained are the property of the Iowa Department of Public Health
- Notification that these records may be shared with the Iowa Department of Public Health (Bureau of Family Health or Bureau of Oral and Health Delivery Systems), Iowa Medicaid Enterprise, or designee for audit and quality improvement purposes or other legally authorized purposes
- Authorization from the client (or parent/guardian as applicable) to receive information via text or email

The signed consent for services must be obtained from each client prior to receiving direct care services. The consent is valid for one year unless withdrawn in writing by the client (or parent/guardian as applicable). A copy of the consent shall be maintained in the client record.

Clients Who Do Not Present For Services

Not all clients appear in person for services. For example, clients who receive informing and care coordination services are often contacted by phone. Signed consent is not required for informing and care coordination services. Instead, these services are authorized for Medicaid enrolled clients under the contract between the Iowa Department of Human Services (Iowa Medicaid Enterprise) and the Iowa Department of Public Health. For these services, verbal consent is sufficient.

Consent Forms

Sample Maternal Health and Child & Adolescent Health consent forms are found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

See also:

- Policy 308 Minor Consent Laws
- Section 700 for policy on consent for oral health services

306 – RELEASE OF INFORMATION

Authority: 42 CFR; Iowa Administrative Code 641 IAC 140.1; Contract General Conditions
Effective Date: October 1, 2016

Release of Confidential Information

All paper and electronic client records that include information on the identity, assessment, diagnosis, prognosis, and services provided to specific individuals or families are considered confidential information. Confidential information may not be shared without a signed authorization for release of information.

Such records will be disclosed only under circumstances expressly authorized under state or federal confidentiality laws, rules, or regulations. Maternal and Child & Adolescent Health (MCAH) contract agencies must have policies and procedures that safeguard the confidentiality of records and may be liable civilly, contractually, or criminally for unauthorized release of such information.

The authorized sharing of confidential information can benefit the client or program for purposes such as coordination of care, facilitating referrals, sharing of demographic information, and/or program evaluation.

Release of Information Forms

A signed authorization for release of information must be obtained from each client prior to the release of records. A release may be obtained as part of the enrollment process. A copy of the release shall be maintained in the client record.

All authorizations for release of information must be informed. Assuring that the client (or parent/guardian as applicable) fully understands the purpose of the release is critical. Release of information forms must specify the information that will be exchanged and what individuals or agencies will have access to the information.

Specific authorization must be obtained prior to the release of mental health, substance abuse, and HIV/AIDS information. Only the client, regardless of age, can authorize release of substance abuse information.

Signatures

Release of information forms are signed by the client or parent/guardian, as applicable.

Information related to testing, diagnosis, and treatment of sexually transmitted diseases and HIV/AIDS, diagnosis and treatment of substance abuse, and family planning services can be released only by the individual receiving services, even if the client is a minor. For these services, authorization signed by the individual receiving services must be obtained to release information to anyone, including a parent or guardian. See Policy 308 Minor Consent Laws in this manual.

Other health information may be released to the parent or guardian of a minor under current Iowa code and practice.

Sample Form

A sample form for authorization of release of information is found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal. Note that release of substance abuse information can only be signed by the client (not by a parent/guardian on behalf of a child).

The form facilitates multiple releases of information between specific agencies for a one-year timeframe. Before utilizing the form, it is recommended that the attorney(s) for the MCAH contract agency and local providers agree to its use.

Review of Release Policies

MCAH contract agencies and their subcontractors are required to review their confidentiality policies annually. MCAH contract agencies with questions regarding their release of confidential information policies are encouraged to contact their attorney.

Laws Governing Sharing of Information

Laws from a variety of sources govern information sharing. Key authorities and laws include, but are not limited to:

- Iowa Code and Iowa Administrative Code
- Computer Matching and Privacy Act 1988
- Privacy Act of 1974
- Freedom of Information Act
- Maternal and Child Health Block Grant
- WIC
- Medicaid
- Food Stamp Act of 1964
- Health Insurance Portability and Accountability Act (HIPAA) and amendments
- Family Educational Rights and Privacy Act (FERPA)
- Social Security
- Parental Notification of Intent To Terminate A Pregnancy Through Abortion
- Public Health Service
- U.S. Department of Health and Human Services' (DHHS) Standards of Privacy, 45 CFR

Reporting Not Requiring Authorization of Release

Information or data that is reported in an aggregate, statistical summary, or other form that does not identify specific individuals may be disclosed without a signed authorization for release of information.

Certain reports are required by Iowa law and do not require authorization for release of information. These include:

- Information on reportable diseases sent to the Iowa Department of Public Health, Division of Acute Disease Prevention and Emergency Response
- Suspected child abuse and neglect reported to the Iowa Department of Human Services

For additional information regarding HIPPA see https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996.

307 – ELECTRONIC REQUIREMENTS

Authority: Not Applicable Effective Date: October 1, 2016

Current electronic requirements are described below. These requirements may be updated as technology needs of the MCAH program change and as technology and software upgrades become available.

Computers

MCAH contract agencies are required to have an IBM compatible computer with a Pentium Dual Core 2.6 GHz Processor, a minimum of 2 gigabyte (GB) of RAM, and 80 GB hard drive.

Software

Minimum required software includes each of the following:

- Anti-virus software
- Latest version of Adobe Reader and Internet Explorer
- Microsoft .NET Framework 1.1 with all service packs and security updates
- Microsoft .NET Framework 4.0 or higher
- Microsoft Windows 7 and current updates
- Microsoft Office 2010 Standard or more recent
- Microsoft Excel 2010
- Microsoft Access 2007 or more recent (Maternal Health program for WHIS)

Internet Access

All MCAH contract agencies must maintain a high-speed Internet connection of at least 1.5 MB Bandwidth, unless not available in the agency's service delivery area.

If clinic sites use computers for other applications that require Internet connectivity, or if network connectivity is shared over a Wireless Access Network for logins to a central server for other purposes, the above recommendations will need to be increased to allow for other traffic. Connectivity may be subject to competition with other network resources and requires adequate bandwidth for reliable operation.

MCAH contract agencies may connect to the Internet and IDPH applications through wired or wireless connections. Each connection must be secure, requiring a password to connect to the network.

Computer Security

MCAH contract agencies are required to use full disk encryption software to protect against unauthorized users.

IDPH applications will only be accessed within the offices and clinics of the MCAH contract agency. Agencies using wireless connections must ensure that the connections are secure and require a password. MCAH contract agencies may not access IDPH applications on an open access wireless network (e.g., Wi-Fi connection at local coffee shops or staff members' homes). See Policy 304 for additional information about access to IDPH applications from alternate locations.

Security Tokens

CAReS and WHIS require security tokens, purchased from IDPH.

- The CAReS Administrator and each CAReS user are required to have their own token to log into CAReS.
- WHIS users who transmit monthly data to the state via the Internet are required to have a token.

Tokens cannot be shared between staff members. However, if a change in personnel occurs, the token can be reassigned by IDPH.

Networking

If computers are networked at the local level, the MCAH contract agency is responsible for all aspects of networking.

Computer Support

The MCAH contract agency is required to provide local computer support and maintenance of local hardware, operating software, and networking systems. MCAH contract agencies must have their service agreement on file for local computer support.

Upgrading or Transferring Computers

The MCAH agency must notify IDPH prior to upgrading or transferring computers.

Email Access and Security

MCAH contract agencies are required to maintain individual email addresses and the capacity to send and receive electronic communications (email and attachments) for all required positions listed on the MCAH Key Personnel Form.

All MCAH staff must submit electronic communications containing protected health information (email and attachments) via a local agency's or State of Iowa secure email system.

Back-up of WHIS database

The 'DPHDAT.MDB' WHIS database file requires backup by the local MH agency. At a minimum, daily backups must be performed. Best practice would be to define three sets of backups: daily, weekly and monthly. The daily backups should be rotated on a daily basis with one graduating to weekly status each

week. The weekly backups should be rotated on a weekly basis with one graduating to monthly status each month.

Ideally, weekly backups should be stored in a location separate from the original site (in a different building) for disaster recovery purposes. If the original site is damaged, this would minimize any loss of data.

State Information Technology Standards

MCAH contract agencies and their subcontractors must comply with the State Information Technology Standards. See Policy 304 and IDPH General Conditions at http://www.idph.iowa.gov/finance/funding-opportunities/general-conditions (#10. Confidentiality, IT Standards and Security a.).

Current State Information Technology Standards are accessible online at The Office of the Chief Information Officer website at https://ocio.iowa.gov/standards.

308 – MINOR CONSENT LAWS

Authority: See Authority References in Text	Effective Date: October 1, 2016

The following is a summary of Iowa laws which govern the ability of a minor to independently consent to medical care, treatment, and services. If Maternal Health and/or Child & Adolescent Health contract agency staff have questions about the application of the following laws, they should contact their agency's legal counsel to receive guidance.

Definition of Minor

Iowa law generally provides that any person under the age of eighteen is a minor. However, persons who are married prior to the age of eighteen and persons who are incarcerated as adults are deemed to have attained the age of majority and may consent to medical care, services, and treatment. The text of the law follows:

> "The period of minority extends to the age of eighteen years, but all minors attain their majority by marriage. A person who is less than eighteen years old, but who is tried, convicted, and sentenced as an adult and committed to the custody of the director of the department of corrections shall be deemed to have attained the age of majority for purposes of making decisions and giving consent to medical care, related services, and treatment during the period of the person's incarceration." Iowa Code § 599.1. *See also* Iowa Code §§ 135L.1(7), 600A.2(12), 600A.2B(1), 728.1(4).

Iowa statutory and common law also recognize majority for 'emancipated' minors, defined for purposes of legal settlement as those minors who are absent from the parental home with the consent of the parents, are self-supporting, and have assumed a new relationship inconsistent with being part of the family of the parents. Iowa Code § 252.16(4); *See also* Iowa Code chapter 232C; Vaupel v. Bellach, 154 N.W.2d 149 (Iowa 1967).

- A minor will not be found to be emancipated solely on the basis of becoming pregnant or giving birth to a child. Bedford v. Bedford, 752 N.W.2d 34, 2008 WL 681138 (Iowa App. 2008).
- Minors who have been adjudicated as emancipated do not need parental consent to receive medical, dental, or psychiatric care. Iowa Code § 232C.4.

Consent Generally Required from Parent or Guardian

Under general common law, a health care provider must obtain the consent of a minor's parent or guardian in order to render medical care, treatment, or services to a minor. Courts have recognized limited exceptions to the general rule of parental consent. In addition, the Iowa legislature has enacted several statutory provisions which expressly authorize minors to provide independent consent to receive medical care, treatment, and services.

The purpose behind these minor consent statutes is to encourage minors to receive medical care they might not otherwise receive if they had to obtain consent from a parent or guardian. Every state

legislature including Iowa's has enacted statutory exceptions to override the common law parental consent rule and give minors the legal authority to consent to some types of medical care for certain diseases, conditions, and situations.

Health Care Services for which Minors may Consent

A minor may consent to the following health care services without the permission or consent of his or her parents or guardians:

- Contraceptive Services
  In Iowa minors are expressly authorized to consent to receive contraceptive services. A health care provider is not required to obtain consent from a parent or guardian prior to providing contraceptive services to a minor. The relevant portion of the text of the law provides as follows:
  > "A person may apply for…contraceptive services…directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. ….The minor shall give written consent to …receive the services[.] Such consent is not subject to later disaffirmance by reason of minority.[1]" Iowa Code § 141A.7(3). *See also* Carey v. Population Services, International, 431 U.S. 678 (1977); Title X Family Planning Program.
- Emergency Care
  Health care providers (including physicians, physician designees, ARNPs, PAs, RNs, LPNs, and emergency medical care providers) are not required to obtain parental consent prior to rendering "emergency medical, surgical, hospital, or health services" to a minor, if the parent or guardian is not "reasonably available." Iowa Code § 147A.10(2).
- HIV/AIDS Care
  Iowa law authorizes a minor to give consent to receive services, screening, testing, and treatment for HIV/AIDS, and provides that the consent of a parent or guardian is not required to provide these services. However, the law does require that a minor must be informed prior to testing that if the test result is positive the minor's legal guardian shall be informed by the testing facility.
  The text of the law provides as follows:

  > "A person may apply for…screening or treatment for HIV infection and other sexually transmitted diseases directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic. Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the

[1] This sentence means that a minor's consent may not be later subject to challenge or repudiation by the minor or any other person on the ground that the person was a minor at the time he or she consented to the service.

need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority." Iowa Code § 141A.7(3).

- Non-medical Services
  Certain public health services provided to minors may not require parental consent if the service does not constitute medical care or treatment. For example, providing educational services to minors under the WIC program does not constitute medical care or treatment and therefore does not require consent from a parent or guardian.
- Sexually Transmitted Diseases – Prevention, Diagnosis and Treatment
  Iowa law authorizes a minor to provide consent for medical services related to the prevention, diagnosis, or treatment of a sexually transmitted disease. Minors are able to provide consent for prevention services, such as the hepatitis B vaccine, and for treatment for STD's, including chlamydia, gonorrhea, hepatitis B and hepatitis C, human papillomavirus (HPV), and syphilis. A health care provider is not required to obtain consent from a parent or guardian prior to providing these services to a minor.

  The text of the law provides as follows:

  "A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary." Iowa Code § 139A.35

- Substance Abuse Treatment

  Iowa law authorizes a minor to consent to substance abuse treatment. A substance abuse facility or a physician or physician's designee providing substance abuse treatment or rehabilitative services is not required to obtain consent from a parent or guardian prior to providing these services to a minor.

  The text of the law provides as follows:

  "A substance abuser or chronic substance abuser may apply for voluntary treatment or rehabilitation services directly to a facility or to a licensed physician and surgeon

or osteopathic physician and surgeon. If the proposed patient is a minor or an incompetent person, a parent, a legal guardian or other legal representative may make the application. The licensed physician and surgeon or osteopathic physician and surgeon or any employee or person acting under the direction or supervision of the physician and surgeon or osteopathic physician and surgeon, or the facility shall not report or disclose the name of the person or the fact that treatment was requested or has been undertaken to any law enforcement officer or law enforcement agency; nor shall such information be admissible as evidence in any court, grand jury, or administrative proceeding unless authorized by the person seeking treatment. If the person seeking such treatment or rehabilitation is a minor who has personally made application for treatment, the fact that the minor sought treatment or rehabilitation or is receiving treatment or rehabilitation services shall not be reported or disclosed to the parents or legal guardian of such minor without the minor's consent, and the minor may give legal consent to receive such treatment and rehabilitation." Iowa Code § 125.33(1).

- Tobacco Cessation Services

Minors twelve years of age or older may consent to receive tobacco cessation services from IDPH's Quitline provider. The text of the law provides as follows:

"A minor who is twelve years of age or older shall have the legal capacity to act and given consent to the provision of tobacco cessation coaching services pursuant to a tobacco cessation telephone and internet-based program approved by the department. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary." Iowa Code § 142A.11 (2013).

- Victim Medical and Mental Health Services

A minor who is the victim of sexual abuse or assault may receive medical and mental health services without the prior consent or knowledge of the minor's parent or guardian under certain circumstances. The text of the law provides as follows:

"'Victim' means a child under the age of eighteen who has been sexually abused or subjected to any other unlawful sexual conduct under chapter 709 [sexual abuse statute] or 726 [incest and child endangerment statute] or who has been the subject of a forcible felony. A professional licensed or certified by the state to provide immediate or short-term medical services or mental health services to a victim may provide the services without the prior consent or knowledge of the victim's parents or guardians. Such a professional shall notify the victim if the professional is required to report an incidence of child abuse involving the victim pursuant to section 232.69." Iowa Code § 915.35(1), (2) & (3).

- Prenatal Care Services

  Iowa law does not expressly address whether minors can receive prenatal care services without consent from a parent or guardian. However, federal and state common law and statutes do likely authorize a minor to consent to these services without parental consent in the majority of health care settings. Providers with questions about this area of the law are encouraged to contact their own legal counsel for guidance.

- Other Health-Care Related Minor Consent Laws
  - Abortion -- Parental Notification Requirements Regarding Pregnant Minors -- Iowa Code chapter 135L
  - Anatomical Gifts by Minors – Iowa Code chapter 142C
  - Donation of Blood by Minors – Iowa Code § 599.6
  - Inpatient Mental Health Services for Minors -- Iowa Code § 229.2(1)
  - State Resource Centers – Voluntary Admissions – Minors – Iowa Code § 222.13A

309 – RECOGNITION AND MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT

Authority: See Authority References in Text	Effective Date: October 1, 2016

Child Abuse under Iowa Law

The Iowa Department of Human Services has the legal authority to conduct an assessment of child abuse when it is alleged that:

- The victim is a child (person under age 18 years).
- The child is subjected to one or more of the categories of child abuse defined in Iowa Code Section 232.68:
    - Physical abuse
    - Mental injury
    - Sexual abuse
    - Child prostitution
    - Presence of illegal drugs in a child's body
    - Denial of critical care
    - Manufacturing or possession of a dangerous substances (defined in Iowa Code 232.2)
    - Bestiality in the presence of a child
    - Allows access to a registered sex offender
    - Allows access to obscene materials
- The abuse is the result of the acts or omissions of the person responsible for the care of the child.

Child Abuse

'Child abuse' is defined as any non-accidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child.

Common indicators could include unusual or unexplained burns, bruises, or fractures. Health services personnel should be especially alert to cases of child abuse where inconsistent histories are presented. Inconsistent histories can take the form of an explanation that does not fit the degree or type of injury to the child or where the story or explanation of the injury changes over time.

Some indicators of child abuse are not visible on the child's body. Many times there are no physical indicators of abuse. A child's behavior can change as a result of abuse. Health services personnel need to be alert to possible behavioral indicators of abuse, and if they believe those to be present, they are required to make a report.

Behavioral indicators include behaviors such as:

- Extreme aggression
- Withdrawal
- Seductive behaviors
- Being uncomfortable with physical contact or closeness

Mental Injury

'Mental injury' is defined as any injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional as defined in Iowa Code section 622.10.

Examples of mental injury may include:

- Ignoring the child and failing to provide necessary stimulation, responsiveness, and validation of the child's worth in normal family routine
- Rejecting the child's value, needs, and request for adult validation and nurturance
- Isolating the child from the family and community; denying the child normal human contact
- Terrorizing the child with continual verbal assaults, creating a climate of fear, hostility and anxiety, thus preventing the child from gaining feelings of safety and security
- Corrupting the child by encouraging and reinforcing destructive, antisocial behavior until the child is so impaired in socio-emotional development that interaction in normal social environments is not possible
- Verbally assaulting the child with constant, excessive name-calling, harsh threats and sarcastic put downs that continually 'beat down' the child's self-esteem with humiliation
- Over-pressuring the child with subtle but consistent pressure to grow up fast and to achieve too early in the areas of academics, physical or motor skills, or social interaction, which leaves the child feeling that he or she is never quite good enough

Sexual Abuse

'Sexual abuse' is defined as the commission of a sexual offense with or to a child pursuant to Iowa Code chapter 709 (sexual abuse), Iowa Code section 726.2 (incest), or Iowa Code section 728.12, subsection 1 (sexual exploitation of a minor), as a result of the acts or omissions of the person responsible for the care of the child.

There are several subcategories of sexual abuse:

- First degree sexual abuse: Sexual abuse in the first degree is a class "A" felony. A person commits sexual abuse in the first degree when in the course of committing sexual abuse the person causes another serious injury.

- Second degree sexual abuse: Sexual abuse in the second degree is a class "B" felony. A person commits sexual abuse in the second degree when the person commits sexual abuse under any of the following circumstances:
    1. During the commission of sexual abuse the person displays in a threatening manner a dangerous weapon, or uses or threatens to use force creating a substantial risk of death or serious injury to any person.
    2. The other person is under the age of twelve.
    3. The person is aided or abetted by one or more persons and the sex act is committed by force or against the will of the other person against whom the sex act is committed.
- Third degree sexual abuse: Sexual abuse in the third degree is a class "C" felony. A person commits sexual abuse in the third degree when the person performs a sex act under any of the following circumstances:
    1. The act is done by force or against the will of the other person, whether or not the other person is the person's spouse or is cohabiting with the person.
    2. The act is between persons who are not at the time cohabiting as husband and wife and if any of the following are true:
        a) The other person is suffering from a mental defect or incapacity which precludes giving consent.
        b) The other person is twelve or thirteen years of age.
        c) The other person is fourteen or fifteen years of age and any of the following are true:
            i. The person is a member of the same household as the other person.
            ii. The person is related to the other person by blood or affinity to the fourth degree.
            iii. The person is in a position of authority over the other person and uses that authority to coerce the other person to submit.
            iv. The person is four or more years older than the other person.
    3. The act is performed while the other person is under the influence of a controlled substance, which may include but is not limited to flunitrazepam, and all of the following are true:
        a) The controlled substance, which may include but is not limited to flunitrazepam, prevents the other person from consenting to the act.
        b) The person performing the act knows or reasonably should have known that the other person was under the influence of the controlled substance, which may include but is not limited to flunitrazepam.
    4. The act is performed while the other person is mentally incapacitated, physically incapacitated, or physically helpless.

Additional subcategories of sexual abuse include:

- Detention in a brothel
- Lascivious acts with a child

- Indecent exposure
- Assault with intent to commit sexual abuse
- Indecent contact with a child
- Lascivious conduct with a minor
- Sexual exploitation by a counselor, therapist, or school employee
- Sexual misconduct with offenders and juveniles

Behavioral indicators of sexual abuse could include things such as excessive knowledge of sexual matters beyond their normal developmental age or seductiveness. Physical indicators of sexual abuse could include things such as bruised or bleeding genitalia, venereal disease, or even pregnancy.

There are specific physical examination procedures used in child abuse. For instance, in the evaluation of sexual abuse, the colposcope provides for a taped copy of that examination. That copy alleviates the need then for the child to be subjected to further examinations.

Denial of Critical Care

What many people think of as an issue of 'neglect' is covered under the child abuse category of 'denial of critical care'.

'Denial of critical care' is defined as the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so.

A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child. However, this does not preclude a court from ordering that medical service be provided to the child where the child's health requires it.

Denial of critical care includes the following subcategories:

- Failure to provide adequate food and nutrition to such an extent that there is danger of the child suffering injury or death
- Failure to provide adequate shelter to such an extent that there is danger of the child suffering injury or death
- Failure to provide adequate clothing to such an extent that there is danger of the child suffering injury or death
- Failure to provide adequate health care to such an extent that there is danger of the child suffering serious injury or death
- Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function
- Gross failure to meet the emotional needs of the child necessary for normal development evidenced by the presence of an observable and substantial impairment in the child's ability to function within the normal range of performance and behavior

- Failure to provide proper supervision of a child which a reasonable and prudent person would exercise under similar facts and circumstances, to such an extent that there is danger of the child suffering injury or death
- Failure to respond to the infant's life-threatening conditions by failing to provide treatment which in the treating physician's judgment will be most likely to be effective in ameliorating or correcting all conditions. This subcategory or the denial of critical care abuse type is also known as withholding of medically indicated treatment. The type of treatments included is appropriate nutrition, hydration, and medication. The term does not include the failure to provide treatment other than appropriate nutrition, hydration, and medication to an infant when in the treating physician's medical judgment, any of the following circumstances apply:
  - The infant is chronically and irreversibly comatose.
  - The provision of treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant.
  - The provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

The above definition of denial of critical care also includes cruel and undue confinement of a child and the dangerous operation of a motor vehicle when the person responsible for the care of the child is driving recklessly or driving while intoxicated with the child in the vehicle.

The Iowa Department of Human Services receives many inquiries each year regarding when a child can be left home alone safely. Iowa law does not define an age that is appropriate for a child to be left alone. Each situation is unique. Examples of questions to help determine whether there are safety concerns for the child include:

- Does the child have any physical disabilities?
- Could the child get out of the house in an emergency?
- Does the child have a phone and know how to use it?
- Does the child know how to reach the caretaker?
- How long will the child be left home alone?
- Is the child afraid to be left home alone?
- Does the child know how to respond to an emergency such as fire or injury?

Mandatory Reporting

Mandatory reporters are designated persons who are required by Iowa law to report suspected cases of child abuse within 24 hours when they reasonably believe a child has suffered abuse. Iowa law defines classes of people who must comply with the law. Mandatory reporters are professionals who have frequent contact with children and typically belong in one of the following disciplines: health, mental health, education, law enforcement, child care, and social work.

Some employers may have specific policies that require certain training and reporting procedures regarding child abuse for their staff, even when they are not by law considered mandatory reporters. Reporters who by law are not considered mandatory reporters are considered permissive reporters regardless of the employer's requirements.

Each MCAH contract agency is required to have a policy regarding child abuse reporting. The policy must be consistent with Iowa Code 232.68. MCAH contract agencies are responsible for contacting the local office of the Iowa Department of Human Services for guidance and interpretation of the law.

Resources

See the following resources for additional information on child abuse.

- Iowa DHS Child Abuse website at http://dhs.iowa.gov/child-abuse.
- Child Abuse: A Guide for Mandatory Reporters, July 1, 2011: http://dhs.iowa.gov/sites/default/files/Comm164.pdf
- Child Abuse Report Hotline: 1-800-362-2178 available 24 hours a day/ 7 days per week

310 – ADMISSION AND CLIENT ELIGIBILITY FOR MCAH SERVICES

Authority: IAC 641-76.6 (135) Social Security Act Title V Sec 506 [42 USC 706] Effective Date: October 1, 2016

Admission to Maternal Health Services

The purpose of an admission into the Maternal Health program is to provide prenatal care that promotes optimal birth outcomes and also family-centered care that contributes to the health of the mother and infant and the well-being of the family. Clients requesting direct care services are asked to sign a consent for services form as discussed in Policy 305 of this manual.

To meet the requirements of an admission for the Maternal Health program, contact must be in person (face-to-face) or by telephone. A message left electronically does not meet the requirements for an admission. Any client admitted must be entered in the Women's Health Information System (WHIS).

Admission to Child & Adolescent Health Services

The purpose of an admission into the Child & Adolescent Health program is to assist the family to access primary and preventive health care for their child. Children and adolescents (birth to age 22), parents of the child, or a family member or guardian with decision-making responsibility on behalf of the child who request direct care services are asked to sign a consent for services form as discussed in Policy 305 of this manual.

To meet the requirements of an admission for the Child & Adolescent Health program, contact must be in person (face-to-face) or by telephone. A message left electronically does not meet the requirements for an admission. Any client admitted must be entered in the Child and Adolescent Health Reporting System (CAReS).

Eligibility for MCAH Services

All women of childbearing age and children & adolescents under 22 years of age who are residents of Iowa are eligible for Maternal and Child & Adolescent Health (MCAH) services. Title V provides financial assistance for women, infants, children, and adolescents who qualify based on their family's income.

Income guidelines for assistance are the same as those established for the state's Title XXI (***hawk-i***) program (based upon Federal Poverty Guidelines). Federal Poverty Guidelines are published annually by the U.S. Department of Health and Human Services (DHHS) and are posted on the website at https://aspe.hhs.gov/poverty-guidelines. MCAH eligibility guidelines are adjusted following any change in DHHS guidelines.

Income Eligibility for Financial Assistance

Eligibility for the Maternal and Child & Adolescent Health program is based upon either of the following:

- Income information provided by the individual and/or family (self-declared)
- Proof of Title XIX, Title XXI, or WIC eligibility which automatically serves in lieu of an application

For purposes of initial and continued eligibility, all earned and unearned income of family members is used in determining the individual and/or family's gross income.

Family is defined as a group of two or more persons related by birth, marriage, or adoption or residing together and which function as one economic unit. For families with pregnant women, household size is determined by considering the pregnant woman, the unborn child or children, the father of the unborn child (if he is in the home), and any siblings of the unborn child residing with the pregnant woman.

Income is calculated as follows:

- Annual income is estimated based on the individual and/or family's income for the past three months, unless the individual and/or family's income will be changing or has changed.
- In the case of self-employed families, the past year's income tax return (adjusted gross) is used in estimating annual income unless a change has occurred.
- Terminated income is not considered.

Determining Fees for MCAH Services

Eligibility for Title XIX (Medicaid) and Title XXI (hawk-i)

Infants, children, adolescents, and pregnant women are screened for eligibility for Title XIX, Title XXI, and WIC. If an individual/family's income appears within the eligibility guidelines for either Title XIX or Title XXI, the individual and/or family may receive presumptive eligibility services and apply for Medicaid or ***hawk-i*** coverage.

- An individual and/or family whose income is below the poverty level established by Title XXI receives Title V MCAH services at no charge.
- An individual and/or family whose income is above the poverty level established by Title XXI and below 300 percent of federal poverty guidelines qualifies for Title V MCAH services on a sliding fee scale.*
- An individual and/or family whose income is at or above 300 percent of the poverty level qualifies for Title V MCAH services at full fee.

*Note that currently there is no gap between the upper income limit for Title XXI and 300 percent of poverty in Iowa. The upper limit for Title XXI is 302 percent of poverty.

Frequency of Eligibility Determinations

Eligibility determinations must be done at least once annually. Should the individual and/or family's circumstances change in a manner that affects third party coverage or Title XIX and/or Title XXI eligibility, eligibility determinations must be completed more frequently.

Residency

An individual and/or family must be currently residing in Iowa.

Pregnancy

An individual applying for the Maternal Health program may verify pregnancy by any of the following:

- An independent health provider
- The maternal health contract agency
- A family planning (Title X) provider
- Through use of a positive home pregnancy test

311 – APPLYING FOR MEDICAID OR *hawk-i*

Authority: Iowa Administrative Code 641 IAC 76.7 (135)	Effective Date: October 1, 2016

Application for Health Coverage and Help Paying Costs

A person desiring coverage under Medicaid or ***hawk-i*** may apply using The Application f or Health Coverage and Help Paying Costs form (in English - Form 470-2927; in Spanish - Form 470-2927SP) or the ***hawk-i*** application (also available in both English and Spanish).

The Application for Health Coverage and Help Paying Costs may be found online at the DHS Services Portal at http://dhsservices.iowa.gov/apspssp/ssp.portal. A paper copy in English may be downloaded using this link: http://dhs.iowa.gov/sites/default/files/470-5170.pdf. A Spanish version is located at http://dhs.iowa.gov/sites/default/files/470-5170S.pdf.

Note: If a client is currently enrolled in ***hawk-i*** or Medicaid, this application is not required.

hawk-i Application

The ***hawk-i*** application is used to apply for health care coverage under Title XXI for uninsured children up to 19 years of age. Applications are screened for Medicaid eligibility by the third party administrator and are then forwarded to the Iowa Department of Human Services if the child appears to be eligible for Title XIX. A copy of this application may serve as application for MCAH services. The ***hawk-i*** application may be found at http://www.hawk-i.org/en_US/apply.html.

The ***hawk-i*** application is offered for uninsured infants, children, and adolescents up to 19 years of age. Clients may need assistance in completing the application. Proof of family income is required with the application.

The ***hawk-i*** outreach materials, application forms, and answers to questions regarding enrollment may be obtained by calling 1-800-257-8563. Information on ***hawk-i*** can also be accessed at www.hawk-i.org.

Additional information about ***hawk-i*** is available in Policy 614 of this manual.

Section 400

Fiscal Management

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401 – FINANCIAL ACCOUNTABILITY

Authority: 45 CFR 96, 45 CFR 92, 45 CFR 74 Effective Date: October 1, 2016

Contract Requirements

The MCAH contract agency is expected to comply with the following financial accountability requirements.

1. Written financial policies and procedures including, but not limited to:
   - Supply distribution
   - Purchasing, bidding, and selection
   - Check writing and control
   - Billing
   - Accounting/bookkeeping
2. Expenditure controls to prevent over-billing of annual budgets
3. Valid, approved time records for project staff and volunteers that clearly indicate the amount of time the individual spends in each program area. All volunteer time must be fully documented and approved by the individual whose time is used for match.
4. Use of generally accepted accounting principles
5. An independent financial audit completed annually. This requirement is applicable to subrecipients of federal funds who are required to have an audit made in accordance with the provisions of OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations.
6. Required Accounting Records including:
   - Cash receipts register: The cash receipts register lists each receipt of cash or check with date received, payer's name, brief description, amount received, and account credited.
   - Cash disbursements register: The cash disbursements register lists each disbursement in check number order with date paid, payee, check number, amount paid and account charged.
   - General ledger: The general ledger summarizes the monthly postings from cash receipts and cash disbursements registers by general ledger account, with adequate identification of expenses by each grant or contract.
   - Journal entries: Journal entries contain explanations and amounts of any adjustments to the general ledger accounts.
   - Chart of Accounts: A listing of the accounts available in the general ledger in which to record entries.

- Payroll time reports: Time reports show the hours worked on each funded program or grant and total individual effort. Records must be broken out by program activity on each time report.
- Payroll register: The payroll register lists for each employee: gross pay, federal and state tax withheld, other amounts withheld, net pay, and check number for each paycheck. Note: The payroll register may be included in the cash disbursements register at small agencies.
- Individual earnings records: Individual earnings records list cumulative remaining during the year for each employee.

7. Expense documentation: The MCAH contract agency and subcontractor must keep the following documents on file.

   - Bank statements and canceled and voided checks
   - Invoices and bills for purchases of supplies, equipment, telephone utilities, services, etc.
   - Travel claims with receipts for commercial transportation, meal, and lodging costs reimbursed to employees
   - Time reports and payroll registers
   - Copies of leases for office, equipment, and vehicle rentals
   - Tax deposit receipts for withholding tax payments
   - Copies of monthly and final expenditure reports submitted to the Iowa Department of Public Health (IDPH)
   - Copies of contracts, budgets, amendments, and all related correspondence from IDPH
   - Documentation of the methodology used for the allocation of costs

8. Internal control system established by management that is designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

   - Effectiveness and efficiency of operations
   - Reliability of financial reporting
   - Compliance with applicable laws and regulations

Accountability Procedures

The following accountability procedures must be followed:

1. Expenditures paid by check should be made using pre-numbered checks.
2. All receipts (cash and checks) are listed individually and deposited in the bank account intact and timely.
3. Bank reconciliations should be prepared monthly and reviewed and approved by a person who is not responsible for receipts or disbursements.
4. If one individual has control over all cash functions (receiving funds, making deposits, reconciling bank statement, making payment, preparing payrolls), the employee must be bonded.

5. If the MCAH contract agency has more than one program, a plan for the allocation of costs must be established to indicate how costs are distributed equitably to each program. Formal accounting records that will substantiate the propriety of eventual charges will support all costs included in the plan. The allocation plan should cover all joint costs of the MCAH contract agency. This includes costs to all programs of the MCAH contract agency, which are to be included in costs of federally sponsored programs.

Cost Allocation Plan

The allocation plan must contain the following:

1. The nature and extent of services provided and their relevance to the program
2. The items of expense to be included
3. The methods to be used in distributing costs
4. An annual review of the plan and necessary revisions

402 – MATERNAL AND CHILD & ADOLESCENT HEALTH COST ANALYSIS

Authority: 2 CFR PART 225, Cost Principles For State, Local And Indian Tribal Governments (OMB Circular A-87); 2 CFR PART 230, Cost Principles For Non-Profit Organizations (OMB Circular A-122); OR 2 CFR 215 Uniform Administrative Requirements For Grants And Agreements With Institutions Of Higher Education, Hospitals And Other Non- Profit Organizations (OMB Circular A-110); Effective Date: October 1, 2016

Overview

All Maternal and Child & Adolescent Health (MCAH) contract agencies seeking reimbursement for billable services from Iowa Medicaid, Medicaid Managed Care Organizations (MCOs), Title V, and other payers must complete the MCAH Cost Analysis, Transportation Report, and continuous MCAH Time Studies. Each year MCAH contract agencies are required to determine their cost for providing all MCAH core public health services, submit the cost analysis to IDPH, and maintain the cost analysis on file at their agency. The MCAH Cost Analysis includes costs for all activities and services included within the MCAH contract.

Core public health services include:

- public health services and systems initiatives (which include population-based services)
- enabling services
- direct care services

Costs included in the cost analysis are reimbursed in different ways. Some are billable as **fee-for-service** to public or private sources such as Medicaid, Medicaid MCOs, IDPH, private insurance, and Early Childhood Iowa. '**Other public health**' services are supported by MCAH grant funds or other funding sources.

Each year subcontractors of MCAH agencies (those billing services through the MCAH contract agency) are required to submit their costs to the contract agency on a Subcontractor Worksheet. Subcontractor costs and utilization data for MCAH services are incorporated into the MCAH contract agency's Cost Analysis Workbook.

The information from the MCAH Cost Analysis is utilized to set the fees for billable services and reflects the actual cost of providing those services. Other payers such as Medicaid, Medicaid MCOs, or other third party payers must be billed the cost of the service. As Title V MCAH service providers, contract agencies may choose to bill Medicaid / Medicaid MCOs and not bill private third party payers for services ["Free care principle" of Title XIX, Section 1902(a)(11) (B)]. Iowa Medicaid and Medicaid MCOs are required to complete the 'pay and chase' for third party payment.

Services included in the MCAH Cost Analysis

Billable As Fee-For-Service

Billable services open to Maternal Health Centers and Screening Centers are specified by:

- The Iowa Department of Human Services in Medicaid provider policy manuals found at http://dhs.iowa.gov/policy-manuals/medicaid-provider and
- The Iowa Department of Public Health (IDPH) for presumptive eligibility, informing, and care coordination services. Reimbursement by IDPH for these services is available based upon the interagency agreement between the IDPH and the Iowa Department of Human Services (Iowa Medicaid Enterprise).

Information required to determine costs must be retrievable from the MCAH contract agency's accounting system, time studies, and utilization reports from MCAH agency service records and electronic data systems. Accounting records are kept on an accrual basis. This means recording revenue when it is earned and expenses when incurred.

Support for 'Other Public Health' Services

Other public health service costs are incurred by the MCAH contract agency for maternal and child & adolescent health contracted activities that are not billable to Medicaid, Medicaid MCOs, or other third party payers. These costs include some activities, but not all, associated with providing public health services and systems initiatives and enabling services. Expenses are separate from those that are used to establish fee-for-service costs for billable services provided to individual clients. These costs may be supported by Title V funds or other grants and contracts.

Note: 'Other public health' services within the Cost Analysis ***do not*** refer to services or programs provided *outside* the MCAH contract such as WIC, the CLPPP lead grant, or the Immunization Program funded through local public health agencies.

Completing the MCAH Cost Analysis

To maintain consistency of cost determination among MCAH contract agencies, the MCAH Cost Analysis is completed using the methodology and forms designated by IDPH. The current methodology uses a cost center approach that distributes the various costs (expenses) of the services offered by the MCAH contract agency. The cost of providing services is determined by applying a Relative Value System.

Tools and resources for completing the MCAH Cost Analysis are found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal. These include a guide of detailed instructions and a workbook of forms for both the contract agency and subcontractors. The Transportation Report is also posted, as are resources for completing continuous, daily time studies.

Submitting the MCAH Cost Analysis

The MCAH Cost Analysis is submitted to IDPH at the beginning of each contract year. The billing rate established through the cost analysis corresponds to the federal fiscal year (FFY), starting October 1st and ending September 30th. Therefore, no claims for MCAH services provided after September 30th may be submitted to Medicaid, Medicaid MCOs, or IDPH until the cost analysis for the next fiscal year is submitted and reviewed by IDPH. For example, claims may be submitted for services provided through September 30, 2016; however, claims for services provided in October 2016 must not be submitted until the FFY 2017 Cost Analysis is submitted to IDPH, the review is completed, and any inconsistencies are addressed. Likewise, any claims submitted for services which may have been denied in FFY 2016 must be resubmitted at the FFY 2016 established cost, even if the resubmission occurs in FFY 2017.

If circumstances change during the fiscal year, an MCAH contract agency may submit a revised cost analysis report during the fiscal year with prior notice and rationale provided to IDPH.

Time Studies

Time studies to justify salaries are required by the Office of the Inspector General and the federal Office of Management and Budget (OMB). Continuous, daily time studies must be completed and maintained on file in each participating MCAH contract agency. For consistency, a MCAH Time Study form has been developed for use. The form and guidelines for completion are available on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal. Exceptions may be permitted if approval is obtained prior to initiation of an alternative time study format. Policy 205 of this manual provides directions for requesting an exception to policy.

Transportation Report

MCAH agencies have responsibility for assisting Medicaid fee-for-service (non-MCO) clients with transportation services to Medicaid covered services. Therefore, a Transportation Report is required to be submitted with the MCAH Cost Analysis. The costs for client transportation to health care services are reported on a separate form developed by IDPH and are not part of the Cost Analysis Workbook. The Transportation Report is found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal. Transportation costs are based upon the current rate for transportation to a Medicaid provider or service within the community (in town). The rates must be reasonable and reflect the fair market value for the service in the community.

At least one local transportation option must be noted for each county in the service area that will be used to assist clients with local transportation needs for accessing health services -- even if the agency utilizes Access2Care (formerly TMS) or the Medicaid MCO transportation brokers for transportation services. MCAH agencies continue to have responsibility for assisting Medicaid fee-for-service (non-MCO) clients with transportation services to Medicaid covered services. MCAH contract agencies bill Iowa Medicaid for transportation services for Medicaid fee-for-service clients.

Service codes for round trip transportation include:

- A0080: (Maternal Health only) Non-emergency transportation per mile volunteer, interested individual, neighbor
- A0090: (Child and Adolescent Health Only) Non-emergency transportation per mile volunteer
- A0100: Non–emergency transportation, taxi intra-city
- A0110: Non-emergency transportation by bus intra- or interstate carrier
- A0120: Non-emergency transportation mini-bus, mountain area transports, other non-profit transportation systems
- A0130: Non-emergency transportation wheelchair van
- A0160: (Maternal Health only) Non-emergency medical transportation per mile -case worker
- A0170: Transportation, Ancillary: Parking fees

Legal Authority

The MCAH Cost Analysis approach follows the principles and standards for determining costs in 2 CFR Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* found at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl. Principles applied are consistent with guidance in the federal Office of Management and Budget circulars listed below. The circulars can be found at http://www.whitehouse.gov/omb/circulars_default.

- OMB Circular A-87: Cost Principles for State, Local and Indian Tribal Governments
- OMB Circular A-122: Cost Principles for Non-Profit Organizations
- OMB Circular A-110: Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals and other non-profit organizations

Maintaining Cost Analysis Records

Financial and statistical records to document the validity of the cost analysis must be maintained for five years. Policy 408 of this manual provides additional details regarding retention requirements of fiscal records.

403 – BUDGET REVISIONS

Authority: Contract General Conditions	Effective Date: October 1, 2016

Overview

The budget is part of the contract between the MCAH contract agency and IDPH. The budget is developed in accordance with the RFP or RFA of the corresponding fiscal year. MCAH contract agencies must notify IDPH of any contract changes by the due date listed in the contract. If no due date is specified in the contract, the MCAH contract agency must obtain approval for budget revisions by the last business day in September.

Revisions Requiring Prior Written Approval

Prior written approval is required for a budget revision under the following conditions:

- Any change in a line-item cost specifically identified in the Special Conditions of the contract as being restricted.
- The opening of any line item not in the approved budget.
- The purchase of equipment costing $5,000 or more and possessing a useful life expectancy of greater than one year. Equipment and/or supplies costing less than $5,000 may be purchased without prior approval from IDPH (per General Contract Conditions).
- Expenditure variance of more than ten percent (10%) cumulatively of the contractual budget amount per program (CAH, MH, FP, CH-dental, I-Smile™ ***hawk-i*** Outreach). At no time will a specific program be over expended. Budget categories are identified in the most current RFP and RFA documents.

Requesting a budget revision will be done within IowaGrants. The process is as follows:

1. The agency will submit a request through the IowaGrants Correspondence component to the appropriate consultant(s) to negotiate the budget component, including the program(s) being revised, the dollar amount, and a brief description of the budget change.
2. The consultant will negotiate the budget Component to the agency
3. The agency will make the proposed changes in the budget component and submit.
4. The consultant will review the proposed changes and accept the changes or provide feedback to the agency ("re-negotiate" the component).
5. A correspondence may be sent to the agency from the consultant, or other directed staff, to notify the agency of the request status.

If the requested revision reduces the amount on the contract face sheet, provide the proposed total. Budget revisions initiated on the part of the MCAH contract agency that increases the amount of the total grant funds will not be accepted unless previously approved or requested by the IDPH.

Revisions Not Requiring Prior Written Approval

Routine budget revisions include such items as changing cumulative line item amounts of less than 10 percent of the total budget amount for a program, revising the “other funds” categories, and changing a single category of personnel of less than .20 FTE. Routine budget revisions are those that do not substantively change the program plan.

Prior approval from IDPH is not required for routine budget revisions. However, routine budget revisions must be recorded in the approved budget. The MCAH contract agency must notify the chief of the Bureau of Family Health or Bureau of Oral and Health Delivery Systems in writing with explanation of the change and the corresponding revised budget pages. Year-end expenditures will be compared against the revised line item amount.

404 – PROGRAM INCOME

Authority: 45 CFR, PART 74.24; Iowa Administrative Code 641 IAC 76.13(2) Effective Date: October 1, 2016

Definition

Program income is defined as gross income earned by the MCAH contract agency resulting from activities related to fulfilling the terms of the contract. It includes, but is not limited to, such income as fees for service, third-party reimbursement and proceeds from sales of tangible, personal or real property.

Program income may be used for allowable costs of the MCAH contract agency. A spending plan must be approved by IDPH for use of program income in excess of 5 percent above the amount approved in the program budget. Program income must be used before using the funds received from IDPH. Excess program income may be retained to build a three-month operating capital.

Other Sources of Funding

The MCAH contract agency must develop other sources of financial support for program activities, including the following:

- Recover all third-party revenues to which the MCAH contract agency is entitled as a result of services provided.
- Garner other available federal, state, local and private funds.
- Charge clients according to their ability to pay for services provided, based on a sliding fee schedule. The sliding fee schedule must be based on standardized guidelines provided by IDPH. Any changes from these guidelines must have prior written approval by IDPH.

Client billing and collection procedures must be consistent with those established and provided by IDPH. Services funded partially or completely by IDPH will not be denied to a person because of his or her inability to pay a fee for the service. Individual and/or immediate family income and family size are used in developing the sliding fee schedule.

The MCAH contract agency must report to IDPH, within forty-five days, any funding sources.

405 – DOCUMENTATION OF LOCAL MATCH

Authority: 45 CFR, Part 74.23 ; Iowa Administrative Code 641 IAC 76.13(4) Effective Date: October 1, 2016

Eligibility Overview

The provisions of 45 CFR, Part 74, Subpart C define terms, set standards of allowability and valuation, and establish procedures for MCAH contract agency documentation of local match. Sources that may be used for matching funds are reimbursement for service from third parties such as insurance and Title XIX, client fees, local funds from non-federal sources, or in-kind contributions. In-kind contributions must be documented in accordance with generally accepted accounting principles.

Charges for property purchased completely with federal funds and any portion of property purchased in part by federal funds are not permissible for inclusion as local match unless otherwise authorized by federal legislation. However, operating costs (such as housekeeping and maintenance, protection, utilities, etc.) may be included with adequate supporting documentation, even though valuation may be in the form of a square footage rate along with unallowable property charges. The value of volunteer labor and donated services may be included as part of local match and must be documented by the same method that the MCAH contract agency uses for its paid employees. The valuation used for personal services would ordinarily be the value placed on the task performed and not necessarily the time rate of the individual rendering the service.

In general, local match, whether in cash or in-kind, represents the portion of the MCAH contract agency costs not borne by IDPH. The basis for determining valuation and charges for all elements of local match, including personal services, materials, equipment, and realty, must be documented in a manner acceptable to IDPH.

Fees collected from Title XIX, and/or any other private or third party source, must be reported to the state when collected and must be expended on program-related activities. Subcontractors are required to report program income to the MCAH contract agency. The MCAH contract agency is required to report program income monthly to IDPH. On the supporting documentation workbook that the MCAH contract agency submits with each claim in IowaGrants.gov, the MCAH contract agency is certifying that the amount of match reported is available to IDPH to use as federal match. IDPH will consider all the match funds reported by the MCAH contract agency as available for federal match, although IDPH may elect to use only a portion of the certified match for Title V.

406 – ADVANCES OF CONTRACT FUNDS

Authority: Iowa Administrative Code 641 IAC 76.13(3); Contract General Conditions
Effective Date: October 1, 2016

Advances

In the event the contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the IDPH. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7th, 8th, and 9th months of service.

IDPH General Contract Conditions stipulate that cash advances, whether permanent or in the form of working capital, must be maintained in interest bearing accounts. Interest earned by the Contractor on cash advances shall be allocated by the Contractor to the program for which the cash advance was received. All interest earned on cash advances shall be remitted to the Department on a quarterly basis or more frequently if requested by the Department. Interest amounts up to $250 per contract period in the aggregate for all federal funded programs may be retained by the Contractor for administrative expenses only.

The quarterly interest earned statement must be attached to a Correspondence in IowaGrants.gov and sent to the contract agency's consultant and contract manager. The Remittance of Interest Earned form is found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

407 – REIMBURSEMENT OF EXPENSES

Authority: Iowa Code 8A.502	Effective Date: October 1, 2016

Electronic Expenditure Workbook

MCAH contract agencies are reimbursed for expenses incurred by submitting a monthly claim and supporting documentation workbook located in the IowaGrants.gov grant site.

The Iowa Department of Public Health (IDPH) provides the supporting documentation workbook to the MCAH contract agency prior to the start of the contract year.

The supporting documentation workbook is an Excel workbook that is used by the MCAH contract agency to report the amount of grant funds expended in each line item per program (e.g., MH, CAH, FP, etc.) each month. The supporting documentation workbook is also used by the MCAH contract agency to report the amount of funds billed to "other" funding sources (e.g., Title XIX) and received from "other" funding sources each month.

A claim including the supporting documentation workbook is due 45 days after the month of expenditure.

408 – FISCAL RECORD RETENTION

Authority: 45CFR Part 74 Effective Date: October 1, 2016

Requirements

The Iowa Department of Public Health (IDPH) requires that all accounting and financial records, programmatic records, supporting documents, statistical records and other records reasonably considered as pertinent to the MCAH contract be retained for a period of five (5) years from the day the MCAH contract agency submits its final expenditure report. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the five (5) year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five (5) year period, whichever is later. Client records, which are non-medical, must be retained for a period of five (5) years.

See the IDPH General Contract Conditions at http://idph.iowa.gov/finance/funding-opportunities/general-conditions (#3 Accounts and Records e. and g.).

Availability of Records

Federal regulations and the agreements between the state agency and the local MCAH contract agency require that all records determined to be pertinent to the contract must be made available to representatives of the state and/or federal government for purposes of an audit, quality improvement, or other legally authorized purposes.

409 – CLIENT ELIGIBILITY FOR MEDICAID PROGRAMS

Authority: Iowa Administrative Code 441 IAC 75.1 (249A) Effective Date: October 1, 2016

Definition

Medicaid (Title XIX) is a program that pays for covered medical and health care costs for certain individuals and families with low incomes and resources. The Medicaid program is administered by the Iowa Department of Human Services (DHS) and is financed by federal and state funds.

Eligibility for Medicaid is based primarily on the financial status of the applicant. Citizenship or immigration status and identity must be verified. The federal government requires states that participate in the Medicaid program to provide coverage for recipients of certain federally funded public assistance programs such as Supplemental Security Income (SSI) and Foster Care and Adoption Assistance.

States also have the option of covering recipients of state-funded public assistance programs and various groups of people whose situations are similar but do not meet all the requirements.

Members Covered by Modified Adjusted Gross Income (MAGI) Medicaid

There are different categories of MAGI Medicaid. All guidelines are based on **the applicant's taxable household** income:

- **Parents and Caretaker Relatives** which includes grandparents raising grandchildren, aunts raising nieces/nephews, etc.
- **Expansion Adults/ Iowa Health and Wellness Plan** for all adults up to 133% of the federal poverty level for the applicant's tax household (including Parents and Caretaker Relatives who are not eligible above).
- **Infants and Pregnant Women** up to 375% of the federal poverty level for the applicant's tax household.
- **Children ages 1 to 18 years** up to 167% of the federal poverty level for their tax household.
- **Expanded Medicaid for Independent Young Adults (E-MIYA)** up to 254% of the federal poverty level for their tax household.

Each applicant's or member's Medicaid household income is constructed individually based on federal tax policy and whether the applicant or member is a:

- Tax filer
- Tax dependent
- Non-filer (neither a tax filer nor a tax dependent)

The family cannot exclude certain family members in order to attain eligibility.

Members Under the Iowa Health and Wellness Plan

The Iowa Health and Wellness Plan refers to one plan that includes two separate coverage programs. The Iowa Health and Wellness Plan provides comprehensive health care coverage to low income adults. The plan offers coverage to adults ages 19-64 who are:

- Not eligible for other Medicaid coverage groups
- Not pregnant
- Not entitled to or enrolled in Medicare

The two separate coverage programs under the Iowa Health and Wellness Plan are the Iowa Wellness Plan and the Iowa Marketplace Choice Plan.

- The Iowa Wellness Plan is available to adults with income at or below 100 percent of the Federal Poverty Level.
- The Iowa Marketplace Choice Plan is available to adults with income from 101 percent through 133 percent of the Federal Poverty Level.

Resources are not countable under the Iowa Health and Wellness Plan.

Members Covered under the Supplemental Security Income (SSI) Program

The Medicaid program covers all beneficiaries of Supplemental Security Income (SSI) cash assistance. SSI assistance is administered by the Social Security Administration and is available for persons who are aged, blind, or disabled. The Medicaid program also covers aged, blind, or disabled persons who would be eligible for SSI if certain conditions were met (e.g., if the cost of living increases in their Social Security benefits are not counted).

Certain Individuals Residing in Medical Institutions

People who reside in a medical institution (i.e., a hospital, nursing facility, psychiatric institution, or intermediate care facility for the intellectually disabled) may be eligible for Medicaid. These individuals must meet Medicaid eligibility through MAGI or non-MAGI related coverage groups. Residents of institutions who have not been found eligible for Medicaid prior to being admitted to a medical institution may need to reside in a medical institution for a full calendar month before becoming eligible for Medicaid.

There is a special income limit in effect for Medicaid recipients in medical institutions. To be eligible in terms of income, the recipient's monthly income may not exceed 300 percent of the basic SSI benefit. If an individual's income exceeds 300 percent of the basic SSI benefit, the individual may obtain Medicaid eligibility by establishing a Medical Assistance Income Trust. The basic SSI benefit limit generally increases on January 1 of each year, as increases occur in the basic SSI benefit.

Recipients of State Supplementary Assistance

People who receive State Supplementary Assistance (SSA) are eligible for Medicaid. State Supplementary Assistance is a state program that makes a cash assistance payment to certain SSI beneficiaries and to persons that are not eligible for SSI due to income slightly exceeding the SSI standard if they have a specific need that is covered by the State Supplementary Assistance program.

The monthly SSA payment supplements the person's income to meet the cost of special needs such as residential care, home health care, family-life home care, a dependent person, or special needs due to blindness.

Children in Foster Care or Subsidized Adoptions

Children in foster care or subsidized adoptions are covered by Medicaid if DHS is wholly or partially financially responsible for their support. Under certain circumstances, Iowa offers Medicaid coverage to children in Iowa from other states.

Members under the Medically Needy Program

The Medically Needy program provides medical coverage for people that would qualify for Medicaid programs, except that

- They have slightly too much income or resources, or
- They have substantially higher incomes but have unusually high medical expenses.

The Medically Needy program covers individuals that are

- Pregnant
- Under age 19
- Caretaker relatives
- Aged
- Blind
- Disabled

Individuals who meet all eligibility factors for the Medicaid program except for income are allowed to reduce their excess income through incurred medical expenses. This process is called 'spenddown'. Medical expenses used for spenddown are considered as a deductible and are not paid by Medicaid.

People who have a Medically Needy spenddown obligation are 'conditionally eligible' for Medicaid until they have verified enough medical expenses to meet their spenddown for the certification period. A Medical Assistance Eligibility Card will be issued for Medically Needy recipients who have met their spenddown obligation.

When a member has a spenddown obligation to meet, claims for the conditionally eligible or responsible person are submitted to the Iowa Medicaid Enterprise just as if the person were eligible for

Medicaid, using claim forms or electronic billing. Individuals who have successfully reduced their excess income through spenddown are notified of the bills used for spenddown for which they are personally responsible.

Medically Needy recipients are entitled to receive all services covered by Medicaid except:

- Care in a nursing facility or skilled nursing facility
- Care in facility licensed for psychiatric care
- Care in an intermediate care facility for the intellectually disabled
- Services for rehabilitative treatment

Emergency Services for Undocumented Persons

Federal immigration and naturalization laws provide limited Medicaid benefits for treatment of emergency medical conditions for certain undocumented persons living in the United States. To be eligible for Medicaid benefits, the individuals must meet the income and resource eligibility requirements and must have had or currently have an emergency medical condition.

"Emergency medical condition" means a medical condition of sudden onset (including normal labor and delivery) presenting acute symptoms of such severity (including severe pain) that the absence of immediate medical attention could reasonably result in

- Placing the patient's health in serious jeopardy,
- Serious impairment of bodily function, or
- Serious dysfunction of any bodily part or organ.

Payment for treatment of an emergency medical condition is limited to services provided in a hospital, clinic, office, or other facility (including an independent diagnostic laboratory or X-ray facility) that is equipped to furnish the required care after the onset of an emergency medical condition.

Medicaid for Employed People with Disabilities (MEPD)

Medicaid for Employed People with Disabilities (MEPD) is designed to allow people with disabilities to work and continue to have access to medical assistance. Information about MEPD may be found at http://dhs.iowa.gov/ime/members/medicaid-a-to-z/mepd.

To qualify, individuals must:

- Be under the age of 65
- Be disabled (based upon SSA criteria, excluding the condition of Substantial Gainful Activity (SGA))
- Have earned income from employment or self-employment
- Have resources less than $12,000 for an individual or $13,000 for a couple
- Have a net family income of less than 250 percent of the FPL

- Pay a premium assessed for each month of eligibility if gross individual income is over 150 percent of the FPL

Women Needing Treatment for Breast or Cervical Cancer

Medicaid is available to women who qualify under all of the following components:

- Under the age of 65
- Have been screened and diagnosed with breast or cervical cancer under the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detention Program
- Have been found to need treatment for breast or cervical cancer (for a cancerous or pre-cancerous condition)
- Do not have creditable medical coverage
- Are not eligible under a mandatory Medicaid coverage group

During the period of eligibility, the woman is entitled to full Medicaid coverage. Covered services are not limited to the treatment of breast or cervical cancer. Full Medicaid eligibility continues until the woman no longer receives treatment for breast or cervical cancer, turns age 65, is covered by other health insurance, is eligible under a mandatory coverage group, is no longer an Iowa resident, or does not follow through with the annual review process.

Qualified providers can make a presumptive determination of Medicaid eligibility to facilitate the provision of care. The presumptive eligibility process allows for immediate health care for women likely to be Medicaid eligible. Presumptive Medicaid is full Medicaid and begins with the date the qualified provider makes an eligibility determination and generally continues up to the end of the next month.

Members under the Iowa Family Planning Network

The Iowa Family Planning Network (IFPN) provides limited Medicaid coverage for specific family planning related services. It is available to individuals who are capable of bearing children, who are not pregnant, and who qualify under at least one of the following:

- Were receiving Medicaid at the time their pregnancy ended
- Are of reproductive age (ages 12 through 54 years) and have countable income no greater than 300 percent of the FPL

Eligibility continues for 12 consecutive months beginning with:

- The month after the postpartum period ends for women who had a pregnancy end while on Medicaid, or
- The first month for which eligibility is established for women who have income at or below 300 percent of the FPL.

Individuals are eligible for limited Medicaid benefits that are either primary or secondary to family planning services. For the full list of covered services, refer to the Iowa Family Planning Network Waiver

Provider Manual, Chapter III. Provider-Specific Policies, Section E: Covered Services at http://dhs.iowa.gov/sites/default/files/IFPN.pdf.

Members under the Home and Community Based Services (HCBS) Waiver Programs

HCBS waivers provide Medicaid and a variety of services in the eligible person's home that are not available through regular Medicaid. Individuals must meet Medicaid eligibility through FMAP-related or SSI-related coverage groups, including the special 300 percent of SSI income limit in effect for Medicaid recipients in medical institutions, depending on the waiver type. Individuals must also be determined to need the type of care provided by a nursing facility (NF), skilled nursing facility (SNF), intermediate care facility for the intellectually disabled (ICF-ID), or hospital.

There are currently seven HCBS waivers:

- Health and Disability (HD) Waiver
- AIDS/HIV (AH) Waiver
- Elderly (E) Waiver
- Brain Injury (BI) Waiver
- Intellectual Disability (ID) Waiver
- Physical Disability (PD) Waiver
- Children's Mental Health (CMH) Waiver

For information on the HCBS waivers, see http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers.

Presumptive Eligibility Programs

Presumptive Eligibility is available for the following:

- Children
- Pregnant Women
- Breast and Cervical Cancer Treatment
- Iowa Health and Wellness Plan
- Parents/Caretakers
- Expanded Medicaid for Independent Young Adults (E-MIYA)/Former Foster Care

Presumptive Eligibility for Children

Children under the age of 19 who have been identified as being potentially eligible for Medicaid or ***hawk-i*** may be presumed eligible by a 'qualified entity' and may receive temporary Medicaid coverage pending a formal eligibility determination by DHS. A child determined to be presumptively eligible is eligible for full Medicaid benefits during the presumptive period. See Policy 410 for further information.

Presumptive Eligibility for Pregnant Women

Qualified providers can make a presumptive determination of Medicaid eligibility to facilitate the provision of ambulatory health care including oral health care for pregnant women. The presumptive eligibility process allows for immediate access to health care for pregnant women likely to be Medicaid eligible. Presumptive Medicaid begins with the date the qualified provider makes an eligibility determination and generally continues up to the end of the next month. See Policy 410 for further information.

Presumptive Eligibility for Breast and Cervical Cancer Treatment (BCCT)

In addition to the general eligibility requirements, presumptive eligibility under breast and cervical cancer treatment (BCCT) is based on the following criteria. The individual must:

- Be under age 65.
- Have been screened and diagnosed:
  - Through the Breast and Cervical Cancer Early Detection Program (BCCEDP), or
  - By any provider or entity and BCCEDP has elected to include screening activities by that provider or entity. This screening includes breast or cervical cancer screenings or related diagnostic services provided or funded by family planning or centers, community health centers, or nonprofit organizations, and the screenings or services are provided to individuals who meet the eligibility requirements established by the BCCEDP.
- Need treatment for a cancerous or pre-cancerous condition of the breast or cervix.
- Have no creditable health insurance coverage. There are no income, resource, citizenship, or immigration requirements for presumptive eligibility under BCCT.

Hospital Presumptive Eligibility

Hospital presumptive eligibility (PE) is a policy option that allows hospitals to provide temporary Medicaid coverage to individuals likely to qualify for Medicaid. Previously, presumptive eligibility was an option limited to children or pregnant women and available only in states that selected this option. Effective January 2014, the Affordable Care Act expanded the scope of the policy to allow hospitals to make presumptive eligibility determinations in every state for all individuals eligible for Medicaid on the basis of modified adjusted gross income.

At the initial visit of an individual who is not already enrolled in Medicaid, a hospital employee trained in conducting hospital PE determinations helps the individual complete a hospital PE application. If an individual meets the hospital PE criteria, the hospital must provide a written eligibility notice, information about beginning and end dates of the hospital PE period, and a summary of benefits. The employee should also encourage the individual to apply for full Medicaid.

The PE period begins with and includes the day the hospital makes the determination. If the individual submits a full Medicaid application by the last day of the month after the month that PE is determined,

the PE period ends the day the state makes the eligibility determination for full Medicaid, whether approved or denied.

Retroactive Eligibility

An individual may be determined eligible for retroactive Medicaid benefits for any of the three months preceding the month in which application was filed when:

- The applicant has paid or unpaid medical expenses for covered medical services that were received during the retroactive period, and
- The applicant would have been eligible for Medicaid benefits in the month services were received if an application had been filed, regardless of whether the applicant is alive when the application is actually filed.

The applicant need not be eligible in the month of application to be eligible in any month of the retroactive period.

There is no retroactive eligibility for the Iowa Family Planning Network, the Home and Community Based Waiver programs, or presumptive Medicaid.

Local Department of Human Services Offices

If an individual has not applied for Medicaid, is unable to pay for services and appears to meet the requirements of eligibility as outlined above, advise the individual or their representative to contact the local DHS office. Addresses and phone numbers can be found at http://dhs.iowa.gov/dhs_office_locator.

Additional Information

For additional information on eligibility, refer to the All Providers Medicaid Manual, Chapter II Member Eligibility on the DHS website at http://dhs.iowa.gov/policy-manuals/medicaid-provider. Additional information is also available within the Policy Manuals as published by the Iowa Department of Human Services on this same site.

410 – PRESUMPTIVE ELIGIBILITY FOR MEDICAID FOR PREGNANT WOMEN AND CHILDREN

Authority: Social Security Act Section 1902.®(2); OBRA 1986; PL 99-105, 9407; IC249.3LI
Effective Date: October 1, 2016

Presumptive Eligibility for Medicaid for Pregnant Women

Presumptive eligibility (PE) provides Medicaid for a limited time while a formal Medicaid eligibility determination is being made by the Department of Human Services. The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid-eligible, before there has been a full Medicaid determination.

Why Is It Important?

The Medicaid presumptive eligibility process ensures pregnant women do not have delay in obtaining prenatal medical care, needed medications, mental health care, or oral health care.

Eligibility

The upper income limit considered in the determination for Pregnant Women is 375 percent of the Federal Poverty Level for the MAGI household size.

Proof of income is unnecessary.

Note: The unborn child(ren) is considered as an individual when determining household size.

Qualified Entity (QE)

A "qualified entity" is generally defined as an enrolled Iowa Medicaid provider* who is certified by DHS and is authorized to make presumptive eligibility determinations.

How Do We Become A Qualified Entity?

Applicants who meet the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding and complete a training module.

To begin the enrollment and certification process or if you have any questions, contact the IME Provider Enrollment Unit at: 1-800-338-7909 (option 2), or locally (in Des Moines) at 256-4609 (option 2) or by e-mail at imeproviderservices@dhs.state.ia.us.

Qualified Provider Responsibilities

A qualified provider should encourage women who are under insured or without insurance to apply. The responsibilities of the qualified provider include the following:

- Date stamp the application upon receipt.
- Complete the necessary Iowa Medicaid Portal Access (IMPA) entries.
- Fully explain that the presumptive eligibility determination is not a formal Medicaid eligibility decision by DHS.
- Fully explain that it is the applicant's decision to apply for only presumptive eligibility or to apply for full Medicaid at the same time she applies for presumptive eligibility.

Based on a household's statements regarding their circumstances and income, a QE can enter the applicant's information into the Medicaid Presumptive Eligibility Portal (MPEP).

- MPEP will immediately make a presumptive determination.
- If eligible, the applicant will have temporary Medicaid eligibility during the presumptive period.

Pregnant Presumptive Eligible Status

Pregnant women can get presumptive Medicaid once per pregnancy which will cover ambulatory medical and dental care.

A Medicaid card is not issued to someone who has been determined eligible for Medicaid only under a presumptive program. Instead, those whose eligibility has been determined presumptively by a qualified entity will be given a Presumptive Medicaid Eligibility Notice of Action (NOA) to indicate time-limited eligibility. MPEP generates this Notice, which the QE prints and gives to the applicant.

Presumptive eligibility may continue up to the last day of the month following the month of the presumptive eligibility determination.

If the presumptively eligible person files a Medicaid application within this period, Medicaid coverage continues until the date that a decision is made on the application.

The QE is required to give the client the NOA. The QE must also keep a copy of the NOA in the PE file.

Resources

PE Policy and MPEP Technical Support is available for Qualified Entities through the Department of Human Services (DHS) Contact Center. Support is available by Phone at 855-889-7985, Monday through Friday from 7:00 a.m. until 6:00 p.m. or by email at IMEMPEPSupport@dhs.state.ia.us.

Access to Online PE Materials

The following PE materials are available online at the Iowa Medicaid Enterprise (IME) website at http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe:

- Medicaid Presumptive Eligibility Portal (MPEP)
- Presumptive Eligibility FAQ
- Application for Certification to become a Qualified Entity (QE)
- Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request Form
- Memorandum of Understanding with a Provider for PE Determinations
- Medicaid Presumptive Eligibility Policy and MPEP Training

Presumptive Eligibility for Medicaid for Children

Purpose

The goal of presumptive Medicaid eligibility is to provide a process that allows children to obtain Medicaid-covered services while a formal Medicaid eligibility determination is being made by the Iowa Department of Human Services (DHS). A qualified entity (QE) can "presume" that a child will be eligible for Medicaid based on a family's statements regarding their circumstances and income, and grant temporary Medicaid eligibility during the presumptive period. During the presumptive eligibility period, the child is entitled to receive full Medicaid coverage.

Why Is It Important?

The Medicaid presumptive eligibility process ensures children do not have delay in obtaining medical or oral health care.

Who Receives Presumptive Medicaid Eligibility Services?

An agency must become a Qualified Entity (QE) to provide Presumptive Eligibility (PE) for children. PE allows children to be "presumed" eligible for Medicaid or ***hawk-i*** immediately, while a formal eligibility determination is made by the Department of Human Services (DHS). If approved for PE, the child will have full Medicaid coverage for the presumptive period (even if he or she qualifies for ***hawk-i***). The presumptive period lasts until a formal eligibility decision is made (enrollment or denial), the application is withdrawn, or until the last day of the month following the date of application. You do not need to be a Certified Application Counselor to provide Presumptive Eligibility.

What are the General Eligibility Requirements for PE for Children?

Presumptive eligibility for children is based on the following criteria. The child must:

- Be under age 19
- Be an Iowa resident
- Be a citizen or lawful permanent alien (Undocumented children are not eligible.)

- Live in a household with gross income less than 302% of the Federal Poverty Level (FPL) based on the size of the household
- Have not received presumptive eligibility in past 12 months from the month the application is received by the QE

When Does PE for Children Coverage Begin?

Eligibility for PE for children begins no earlier than the date the application was completed and received. There is no retroactive eligibility for PE.

How Long Does Coverage Last?

Medicaid usually begins the date the QE determines the child is eligible and continues through the last day of the following month or until a formal decision is made. This means that it is possible that the presumptive period may continue beyond the end of the next month. However, presumptive eligibility can end at any time without notice if it is determined the child is not eligible.

Does the Family Have Appeal Rights?

There are no appeal rights for people who apply for presumptive eligibility because a presumptive period is temporary and not considered a formal Medicaid eligibility determination. Appeal rights are allowed only with formal or ongoing Medicaid eligibility determinations.

*Note: The online portal of MPEP and designated Qualified Entities information for children are the same as that for presumptive eligibility for pregnant women. PE Policy and MPEP Technical Support is available for Qualified Entities through the Department of Human Services (DHS) Contact Center. Support is available by Phone at 855-889-7985, Monday through Friday from 7:00 a.m. until 6:00 p.m. or by email at IMEMPEPSupport@dhs.state.ia.us.

Section 500

Performance Management

501 – Performance Management ______ 501-1

502 – Part A: Quality Improvement ______ 502-1

503 – Part B: Quality Assurance ______ 503-1

501 – PERFORMANCE MANAGEMENT

Authority: Not Applicable | Effective Date: October 1, 2016

The Iowa Department of Public Health (IDPH) encourages its contractors to incorporate principles of performance management within the operations of their Maternal and Child & Adolescent Health (MCAH) programs. Performance management includes activities that ensure program goals are consistently being met in an effective and efficient manner.

Performance management involves processes by which contract agencies can align their resources, systems, programs, and employees to address objectives and priorities. It involves a strategic approach to building the effectiveness of an organization or program.

Performance management involves a cycle of assessment, analysis, evaluation, and reporting, all of which contribute to quality improvement.

For the MCAH contract agency, performance management strategies can advance its mission and goals which include:

- Assessing the health status of families at the community level
- Assessing the health system effectiveness in the community
- Identifying and prioritizing community health needs and assets
- Investigating and monitoring health events
- Informing, educating, and empowering individuals, families, and the public to promote positive health beliefs, attitudes, and behaviors
- Advocating for public policy issues related to the maternal and child & adolescent population
- Mobilizing partnerships among groups and organizations to foster the sharing of resources, responsibilities, and accountability for improving the health status of women, children, and adolescents in the community
- Developing quality programs to meet community needs

Benefits of Quality Programs

Developing quality programs is central to the mission of MCAH programs. Quality is the result of focused intention, intelligent direction, and skillful execution. Quality programs position a MCAH contract agency to achieve customer satisfaction, more efficient use of resources, measureable outcomes, and positive impact on the population and community served.

The benefits of quality for clients may include:

- Improved services
- Clear options and choices
- Expectations that are met or exceeded
- Employees who are client-oriented and supportive

The benefits of quality for employees may include:

- Pride in services delivered
- Job satisfaction
- Improved communication
- Streamlined work processes
- Satisfied clients
- Improved relationships with clients

The benefits of quality for the MCAH contract agency may include:

- Improved and/or expanded services
- Client-oriented employees
- Improved community relations
- Integration with other programs
- Strong political involvement and relationships
- Lower costs or cost containment
- Expanded funding resources

502 – PART A: QUALITY IMPROVEMENT

Authority: Not Applicable Effective Date: October 1, 2016

Quality improvement (QI) in public health involves the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It involves a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality that improve the health of the community. It involves the use of data for decision-making, establishing objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

Examples of quality improvement models include:

- Plan-Do-Check-Act (or Plan-Do-Study-Act)
- Lean
- Kaizen
- Six Sigma
- Total Quality Management (TCM)

Quality improvement:

- Is data-driven / measurement driven
- Proactively selects a process to improve
- Seeks to create culture shift
- Is led by staff and involves employees
- Is continuous
- Identifies when progress is made

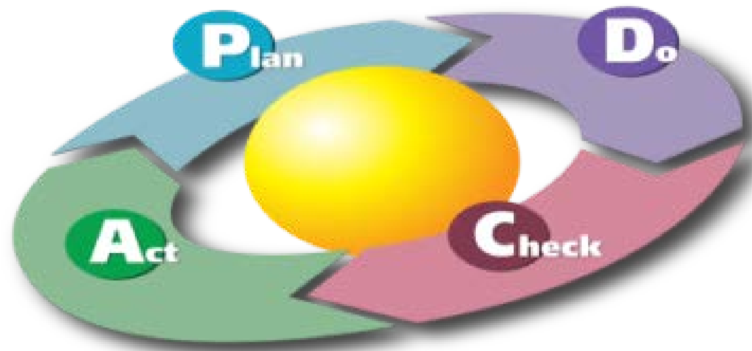
Quality improvement positions an MCAH contract agency to achieve:

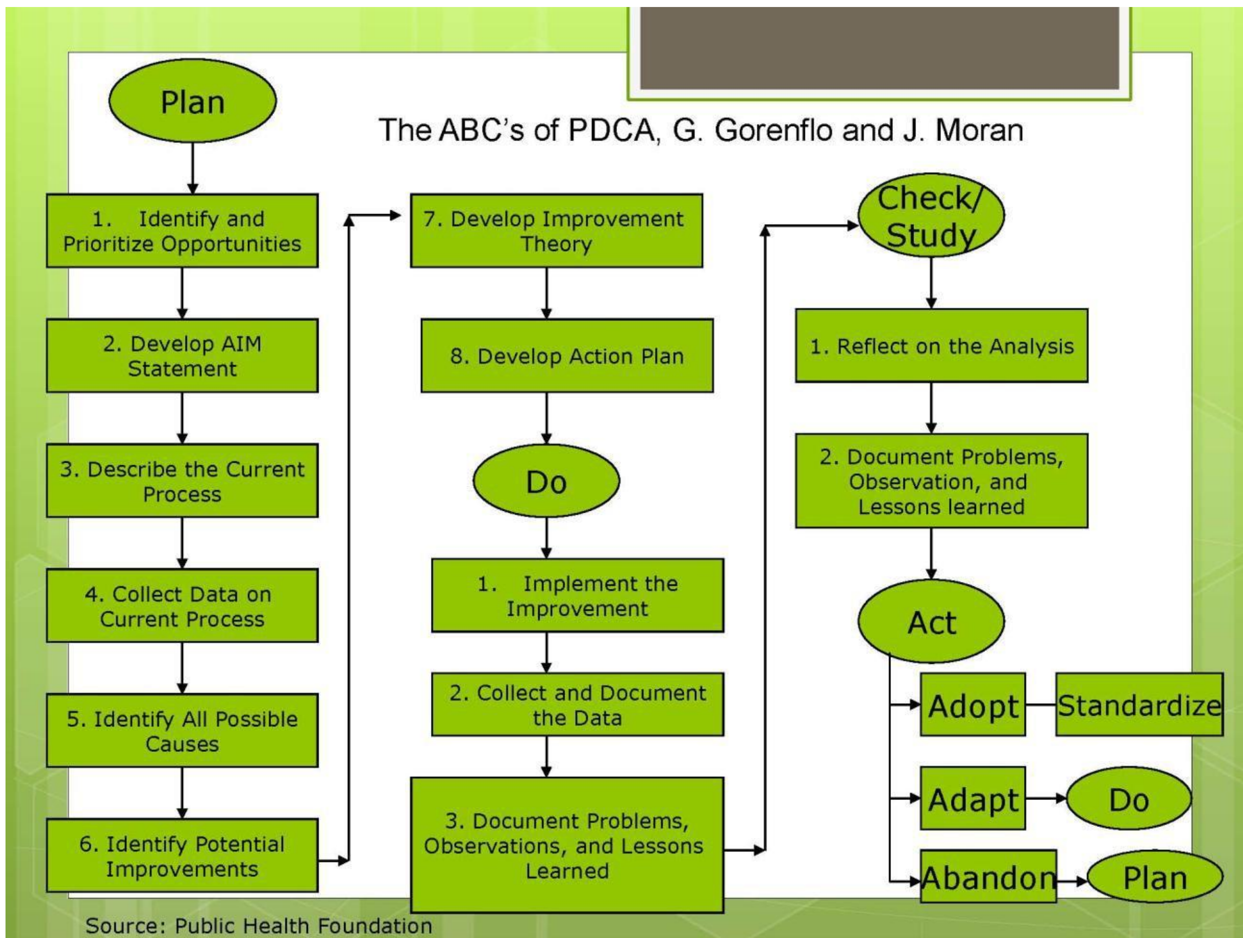
- Customer satisfaction
- Efficient use of resources
- Program improvement
- Measureable outcomes
- Community impact

PDCA (or PDSA)

The Plan-Do-Check–Act (PDCA) (or Plan-Do-Study–Act (PDSA)) cycle is a commonly used approach to quality improvement implemented by state and local health programs. PDCA (PDSA) was made popular by Dr. W. Edwards Deming who is considered by many to be the father of modern quality control. It also known as the Deming Cycle or the Shewhart cycle. Plan-Do-Check-Act (PDCA) is a useful tool for documenting a test of a change. The PDCA cycle is shorthand for developing a plan to test the change

(Plan), carrying out the test (Do), observing and learning from the consequences (Check), and determining what modifications should be made to the test (Act).





For more information on Quality Improvement, see the IDPH QI website at http://idph.iowa.gov/mphi/quality-improvement .

503 – PART B: QUALITY ASSURANCE

Authority: Not Applicable | Effective Date: October 1, 2016

Quality assurance involves the systematic monitoring and evaluation of various aspects of an organization, program, or service to ensure that standards of quality are being met.

Quality assurance:

- Is reactive
- Works on problems after they occur
- Is often regulatory, involving state or federal law
- Is led by management
- Involves a periodic look back
- Responds to a crisis, mandate, or fixed schedule
- Meets a standard – often pass/fail

Purpose of Quality Assurance Activities

The purpose of quality assurance activities is to verify that:

- Program requirements are being met.
- Quality services are provided that comply with program guidelines.
- An accurate and complete record of services is documented for each client served.
- Documentation can support billings.
- Documentation can withstand audits from payers, such as audits from the Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), Payment Error Rate Measurement (PERM), DHS/Medicaid Program Integrity, Medicaid MCOs, IDPH, and others.

MCAH Quality Assurance Activities

Quality assurance activities that are conducted within Maternal and Child & Adolescent Health (MCAH) programs include the following:

- Assuring that the program adheres to guidelines and requirements
- Developing and updating job descriptions for staff positions within the organization
- Assuring that staff have appropriate credentials, qualifications, and competencies for job roles
- Developing and monitoring protocols for services that comply with program guidelines
- Monitoring clinic flow for direct care services
- Conducting clinical record reviews (audits) to assure general monitoring and focused review
- Assuring medical and dental homes for clients
- Assuring appropriate client referrals and follow-up
- Monitoring program data, performance indicators, and performance measures
- Documenting services in the MCAH integrated data system correctly and completely

- Maintaining a complete and accurate clinical record of direct care services
- Comparing billing records to documented services
- Assessing client satisfaction with services received

MCAH Quality Assurance Tools

To follow are descriptions of three MCAH quality assurance activities for which specific tools have been developed. These include:

- Maternal and Child & Adolescent Health Chart Audits
- CAReS and WHIS Service Note Review
- Administrative On-Site Review

Maternal and Child & Adolescent Health Chart Audit

Maternal Health Chart Audit

Maternal health (MH) chart audits are required for MH contract agencies providing direct maternal and oral health services for pregnant and postpartum women. Chart audits are required for each clinical direct care service billed to IME or Medicaid MCOs.

MH contract agencies are required to audit a minimum of ten maternal health records for direct care clinical services delivered over the 12 months prior to the audit. The records are to be closed at the time of the audit. The records to be audited should provide a representative sample of each service, including the various service locations within the MH contract agency's catchment area and the various service providers. A random selection process must be used to choose the charts for audit.

Child & Adolescent Health Chart Audit

Child & Adolescent Health (CAH) chart audits are required for CAH contract agencies providing direct medical and oral health care services for children, adolescents, or caregivers. Chart audits are required for each clinical direct care service billed to IME or Medicaid MCOs.

CAH contract agencies are required to audit a minimum of ten child health records for direct care clinical services delivered over the 12 months prior to the audit. The records may be open or closed at the time of the audit. The records to be audited should provide a representative sample of each service, including the various service locations within the CAH contract agency's catchment area and the various service providers. A random selection process must be used to choose the charts for audit.

Compliance with Iowa Administrative Code

Documentation of all MCAH direct care services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established in Iowa Administrative Code 641 Chapter 79.3 found at http://www.legis.iowa.gov/docs/iac/rule/11-04-2009.441.79.3.pdf.

Internal and Joint Chart Audits

There are two types of MCAH chart audits. The requirement and process for each type of chart audit are described in the chart below.

Type	*Requirement*	*Process*
Internal Chart Audit	For MCAH contractors providing direct care clinical services, at least one self-conducted chart audit (internal chart audit) is required annually for each maternal health program and child & adolescent health program.	The MCAH contract agency's audit committee shall consist of a multidisciplinary team of at least two professionals. This team must include representatives of the disciplines providing the direct care clinical services.
Joint Chart Audit	Every two years each MCAH contract agency is required to have a joint audit involving staff of the IDPH Bureaus of Family Health and Oral and Health Delivery Systems (Oral Health Center) for each maternal health program and child & adolescent health program.	The joint chart audit includes MCAH contract agency staff in addition to the IDPH reviewers. When MCAH contract agency personnel participate in a joint review, the agency is not required to perform a separate internal audit for that fiscal year.

Following a chart audit, the MCAH contract agency is required to submit the findings and plans for quality improvement (using the summary form provided by IDPH). Audit reports are submitted to IDPH by April 15 each fiscal year.

IDPH reserves the right to conduct focused or random chart audits in addition to the required chart audits.

Chart audit guidelines, tools, and summaries are located on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

CAReS and WHIS Service Note Review

To evaluate the quality of documentation of presumptive eligibility, informing, and care coordination services, MCAH contract agencies participate in semiannual CAReS and WHIS Service Note Reviews. Reviews are conducted for services provided in October and April of the fiscal year.

These quality assurance reviews serve to assure that:

- A thorough record of services provided to the client has been captured in CAReS or WHIS.
- Documentation complies with requirements established by the Iowa Medicaid Enterprise (IME) and IDPH.
- Documentation appropriately supports the services billed.

The CAReS and WHIS Service Note Review is conducted in the following manner:

- IDPH provides each CAH contract agency with a random sample of the agency's presumptive eligibility, informing, and care coordination services. Both local CAH agency and IDPH staff conduct a review of the documentation.
- MH service note reviews are initiated by IDPH staff. Results of the review of presumptive eligibility and care coordination services are provided to MH contract agencies by IDPH.

For more information, see the Service Note Review Guidance including review criteria, tools, and forms on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

Administrative On-site Review

IDPH conducts an Administrative On-site Review of each MCAH contract agency at least every other year to monitor compliance with required policies and procedures. For detailed information on the scope of the review, see Policy 302. See also the 'Agency Administrative On-Site Review' tool on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

Section 600

Maternal and Child & Adolescent Health Services

601 – The Maternal Health Program 601-1

602 – The Child and Adolescent Health Program 602-1

603 – Early Periodic Screening Diagnosis and Treatment 603-1

604 – Establishing a Child & Adolescent Health Screening Center 604-1

605 – Site Selection for MCAH Service Delivery 605-1

606 – Nutrition Counseling Services 606-3

607 – CLIA Regulations 607-1

608 – Client Records 608-1

609 – Reportable Diseases & Infections Conditions 609-1

610 – Immunization Program 610-1

611 – Lead Poisoning Prevention Program 611-1

612 – Early ACCESS 612-1

613 – Healthy Child Care Iowa 613-1

614 – hawk-i Children's Health Care Coverage 614-1

615 – Health Insurance Premium Payment (HIPP) Program 615-1

616 – Medicaid Home & Community Based Services Waivers 616-1

601 – THE MATERNAL HEALTH PROGRAM

Authority: Iowa Administrative Code 641 IAC 75, 641 IAC 76 and 641 IAC 82; Title V - Social Security Act
Effective Date: October 1, 2016

Overview

The Title V Maternal Health (MH) program strives to improve the health and well-being of women, pregnant women and their infants. The goals of the MH program are to:

- Promote the health of women, pregnant women and their infants by ensuring access to quality preventive health services, especially for low-income families or families with barriers to accessing health care.
- Increase health assessments, health screening and follow-up diagnostic and treatment services.
- Increase the number of women who are provided health education and psychosocial support
- Promote the development of community-based systems of medical and oral health care for women, pregnant women and infants.

MH services are designed to be community-based, family-centered, comprehensive, flexible, collaborative, coordinated, and culturally and developmentally appropriate.

Core Set of Maternal Health Services

MH agencies are responsible for ensuring the following:

- Linking with local boards of health in service areas to assist in assessment, policy development, and assurance of maternal health initiatives.
- Addressing health disparities relevant to the service area such as cultural isolation, geographic, or racial/ethnic barriers.
- Increasing the percent of women with a past year preventive visit.
- Increasing the percent of infants initially and breastfed exclusively through 6 months of age.
- Increasing the percent of women who had a dental visit during pregnancy.
- Promoting access to prenatal care beginning in the first trimester.
- Assuring pregnant and postpartum women and their infants have medical and dental homes.
- Providing education on importance of the immunizations during pregnancy.
- Evaluating each client to determine their health care coverage. If they do not have insurance or are underinsured offer Presumptive Medicaid eligibility determination.
- Completing or obtaining results from the client's health care provider or MCO the Medicaid Prenatal Risk Assessment (DHS form #470-2942 which can be located at http://dhs.iowa.gov/ime/providers/forms) to determine risk status and eligibility for enhanced services for all pregnant women.
- Providing care coordination to assure access to medical services ideally provided through medical and dental homes for Medicaid and non-Medicaid pregnant and postpartum women.

- Health education
- Assuring access to health care services, including transportation and interpretation services.
- Supporting families in understanding and using medical and dental insurance coverage, transitioning between coverage, and navigating the health care system.
- Providing postpartum follow up through telephone, clinic visit, or home visit.
- Documenting services provided in the form of data entry is required to provide a complete record of care for clients served, to substantiate services billed, and for quality assurance purposes.

Low Risk and High Risk Enhanced Services

- Enhanced services for a low risk pregnancy include all of the Core MH services listed above, including required dental screening, dental treatment through referral, and oral health education.
- Enhanced services for women with high risk pregnancies should include the Core MH services, and based on client need may include additional health education, nutrition services, and psychosocial services.

Other MH Direct Care Services

Successful MH applicants may provide other gap-filling direct care services available under Medicaid's Maternal Health Center provider status. The services selected are based upon needs identified in the Medicaid Prenatal Risk Assessment, needs within the service area, and contracts with Medicaid MCOs.

Optional Priority Areas

MH applicants may also address the following optional priority areas, there is evidence to show these improve health outcomes however they are not required:

- Promoting safe sleep environment for infants and increase the number women educated about placing infants on their back to sleep.
- Providing education to prevent shaken baby syndrome or other injuries related to hospital admission per population 0-1 year olds.
- Providing Tobacco Cessation screening, education, and referrals and promote tobacco free homes.
- Decreasing the percent of cesarean deliveries among low risk first births.
- Increasing the percent of women who enrolled in the MH program that have a postpartum visit.
- Increasing the rate of physical activity among adults age 18 – 24.
- Promoting text4baby.

Framework for Maternal Health Services

The conceptual framework for maternal health services is illustrated by the MCH Pyramid of Core Public Health Services located on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

This framework includes the following types of services, described in more detail below:

- Public health services and systems
- Enabling services
- Direct health care services

Public Health Services and Systems

Public health services and system involve are activities that support the development and maintenance of comprehensive health service systems and population-based health services. Examples include:

- Assessment of community needs and assets
- Data collection and analysis
- Program planning
- Policy development
- Establishment of community linkages including primary care providers
- Facilitation of interagency coordination
- Development and monitoring of protocols
- Cost analysis
- Program evaluation
- Quality assurance and quality improvement initiatives
- Professional development and training
- Support for innovative initiatives

Population-based services that provide preventive personal health services for groups of individuals rather than in one-on-one situations. A client's payer source is not assessed and services for individuals are not billed. Population-based services may be provided to an entire community, county or region. Examples include:

- Immunization clinics for a population
- Newborn screening
- Oral screenings for the school screening requirement
- Breastfeeding promotion and support
- Health education for groups of individuals
- SIDS awareness
- Injury prevention education (Shaken Baby Syndrome Prevention)

- Community classes to promote health education and prenatal or breastfeeding classes for example, other public health awareness campaigns

Enabling Services

Enabling services assist families to gain access to needed services. Enabling services include:

- Assisting women in establishing medical and dental homes
- Assuring access to appropriate sources of health care coverage including Medicaid and presumptive eligibility determinations
- Assisting with access to support services such as transportation to medical/dental appointments, translation/interpreter services and case management
- Care coordination* services for Medicaid and non-Medicaid enrolled clients, including home visits for care coordination
- Assisting families to access support services including transportation and interpreter services
- Referring to support services when appropriate including but not limited to
    - Tobacco cessation counseling
    - Substance abuse treatment center
    - Domestic violence shelter
    - WIC
    - Energy assistance
    - Low income housing
    - Mental Health provider
- *See more detail on care coordination below.

Direct Health Care Services

Direct medical health care services for antepartum and postpartum care by a health care professional (physician/CNM) providing a medical home for maternity care are to be accessed through agreements established with private providers at the local level. On-site direct medical or dental care services for antepartum prenatal care which require a physician or advance practice health care provider or dental care by a dentist or hygienist are to be provided only in areas where gaps in service provision are clearly identified. Applicants proposing to provide on-site direct medical or dental care services must demonstrate that provider availability and other barriers to accessing care exist. This must be in your approved work plan on file with the department.

Direct care services provided by a maternal health contract agency must meet service delivery requirements and documentation requirements, irrespective of the source of funding for the services. Direct care services, regardless of the source of funds, are subject to the requirements within the program. If the MH contract agency or its subcontractors deliver direct care services, the MH contract agency may not claim exemption to these requirements based upon payment source.

Direct care services may include, but are not limited to:

- Immunization administration/immunization counseling
- Pregnancy testing
- Lab tests
- Prenatal risk assessment
- Nutrition counseling
    - Counseling for obesity
- Health education (provided one-on-one based on needs assessment)
- Nutrition assessment and education
- Psychosocial assessment and referral
- Evaluation and management
- Nursing assessment
- Home visit for nursing services
- Home visit for social work services
- Preventive medicine counseling - related to testing for chlamydia and/or gonorrhea
- Depression screening
- Domestic violence screening
- Psychosocial counseling
- Alcohol and/or substance abuse screening
- Alcohol and substance abuse screening with brief intervention - for adolescents or caregivers of CAH clients
- Counseling for alcohol misuse
- Transportation services
- Interpretation services
- Oral health screening services including:
    - oral health screening
    - Oral evaluation and counseling
    - Oral health risk assessments
    - Oral prophylaxis
    - Sealants
    - Dental radiographs
    - Topical fluoride varnish
    - Nutritional counseling for the control and prevention of oral disease
    - Oral hygiene instruction
    - Tobacco counseling for control and prevention of oral disease

Maternal Health Center Provider

Maternal health contract agencies are responsible for delivery of direct health medical or enhanced services as detailed in the Medicaid Provider Manual for Maternal Health Centers found at the following link https://dhs.iowa.gov/sites/default/files/maternhc_0.pdf

Agencies apply to the Iowa Department of Human Services (DHS) to become designated as Medicaid Maternal Health Centers. With this designation, the MH contract agency qualifies to serve as a payer for direct health care (medical and dental) services for prenatal and postpartum Medicaid eligible women.

Enhanced services may be provided by licensed dietitians, bachelor- degreed social workers, physicians and nurses, employed by or on contract with the MH contract agency.

Additional services are provided to high-risk pregnant women as determined by the Medicaid prenatal risk assessment tool.

Maternal health contract agencies are required to annually determine the cost for providing services for the maternal health program. MH contract agencies are required to bill Medicaid the actual costs for services.

The Maternal Health Services Summary contains a summary of maternal health services, documentation requirements, precautions and billing codes. The document is posted on the MCAH Project Management Tools website at http://idph.iowa.gov/family-health/mchportal

Maternal Health Program Coordinator

The MH contract agency must designate a Maternal Health program coordinator to facilitate program development and implementation. The MH program coordinator is responsible for activities as directed by the executive director and MCAH project director.

Persons hired to perform activities of a MH program coordinator are required to have a minimum of six months experience in health or human services. Experience in community or public health is preferred.

Minimum requirements specify that they possess at least one of the following:

- Bachelor's degree in a health or human services field
- Current license as a registered nurse (RN) with a bachelor's degree in any field
- Current license as an advanced registered nurse practitioner (ARNP)

For any questions on qualifications of the MH Coordinator, contact your Regional MCAH Coordinator.

Maternal Health Data System

Maternal health contract agencies utilize the Women's Health Information System (WHIS) to collect client information, document a client record and develop a plan of care to address the client's needs. Data files exported to IDPH on a monthly basis are analyzed and used to meet federal reporting requirements, for program planning and evaluation, and quality assurance. All maternal health client records (hard copy and/or electronic) are the property of IDPH. For specific information, reference the Women's Health Information System Manual, paper forms and training all available from the IDPH website at http://idph.iowa.gov/family-health/resources

Quality Assurance

MH contract agencies develop and implement a plan for quality assurance. Program activities are expected to support the National Performance Measures and State Performance Measures (NPM and SPM) as published in Iowa's MCH Title V State Plan. (See MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.) Additional quality assurance activities include, but are not limited to:

- Internal and joint chart audit of direct care services
- WHIS service note review of presumptive eligibility, and care coordination services
- Comparison of billing records with services documented
- Review of data system reports
- Clinical services monitoring
- Client satisfaction surveys
- Staff development on quality improvement initiatives

See Section 500 of this manual for more information on quality improvement and quality assurance.

Cost Analysis

Each year MH programs are required to determine their agency's cost for providing services. The MH contract agency is required to bill Medicaid, Medicaid MCOs, IDPH, and other payers their actual cost of services. The required MCAH Cost Analysis is completed using an IDPH approved methodology and forms. The MCAH Cost Analysis, Subcontractor Worksheets, and Transportation Plan are submitted to IDPH and are maintained on file by the CAH contract agency. Guidelines and forms are found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal

For more information on Cost Analysis, see Policy 402 of this manual.

Reimbursement for Services

MH contract agencies receive fee-for-service reimbursement from IDPH for their cost (up to an established maximum) for presumptive eligibility, and billable care coordination services. They receive fee-for-service reimbursement for dental care coordination services provided for all Medicaid enrolled clients and medical care coordination for non-MCO enrolled Medicaid clients. Contract agencies bill the Iowa Medicaid Enterprise (IME) for direct health care services for Medicaid fee-for-service members and Medicaid Managed Care Organizations (MCOs) for MCO enrolled clients. These payers reimburse the cost of service (up to an established maximum). Reimbursement is on a fee-for-service basis. Title V grant funds are the payer of last resort.

Public-Private Partnerships

Active public-private partnerships are essential for assuring that women, pregnant women and infants access preventive health services. MH contract agencies are encouraged to advance partnerships with local practitioners and other providers in coordinating services. Local practitioners and MH staff need to

work cooperatively to best meet the needs of Iowa's women pregnant women and infants. MH program coordinators meet with practitioners and their staff to dialog about effective working relationships.

Linking with Local Boards of Health (LBOH)

The MH contract agency is required to establish linkage with each county board of health in their service area to assist in assessment, policy development, and assurance for MH services. The contract agency will assure that each LBOH has been actively engaged in planning for and evaluation of MH services. Input is provided for each local board on the MH program, including updates and monitoring of the program's progress. Feedback is sought from for incorporation into the MH program.

Community Health Needs Assessment & Health Improvement Plan (CHNA & HIP)

Local boards of health are required to conduct a Community Health Needs Assessment and develop a Health Improvement Plan (CHNA & HIP) every five years. MH contract agencies have an important role in advancing community level recognition of the health needs of women, pregnant women and infants. Participation in the needs assessment process provides the opportunity to advocate for the needs of women, pregnant women and infants in the counties served.

Each MH contract agency is expected to participate in assessing the indicators that affect women, pregnant women and infants in each of the counties in their service area. Data collected through the MH integrated data system and other resources can help communities identify and prioritize their community health needs. Find more information on the CHNA & HIP at http://idph.iowa.gov/chnahip.

Presumptive Eligibility Services

Presumptive eligibility (PE) provides Medicaid coverage for a limited time while a formal Medicaid eligibility determination is being made by the Iowa Department of Human Services (DHS). The goal of the presumptive eligibility process is to offer immediate health care coverage to pregnant women before there has been a full Medicaid determination. This allows for immediate access to services, and supports early entry into prenatal care.

Based on a household's statements regarding their circumstances and income, a qualified entity (QE) can enter the client's information into the Medicaid Presumptive Eligibility Portal (MPEP). If determined to be eligible, the client will have temporary Medicaid eligibility during the presumptive eligibility period.

A 'qualified entity' or QE is generally defined as an enrolled Iowa Medicaid provider who is certified by DHS and is authorized to make presumptive eligibility determinations. A provider who meets the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding (MOU). The Medicaid Presumptive Eligibility Portal (MPEP) is a self-service portal that is used by an approved qualified entity (QE) for presumptive Medicaid eligibility determinations.

Applicants requesting Presumptive Eligibility must complete the "Application for Health Coverage and Help Paying Costs" (Form 470-5170) and the "Addendum to Application for Presumptive Eligibility" (Form 470-5192).

The duties of a QE include:

- Date stamp the application for PE when received by the QE.
- Clarify information on the application, if necessary.
- Inform the client that all applications are referred to DHS for ongoing Medicaid eligibility determination unless they do not want to apply for full Medicaid. For pregnant women this is a choice. If she is not a citizen it would be best for her to not apply for full Medicaid.
- Enter information from the application into MPEP.
- Provide a Notice of Action (NOA) to the client that reflects the information entered within two business days of the date stamped on the application.
- Maintain documentation to support the PE decisions for the pregnant woman. This may include but is not limited to the application, clarification of any information provided by the family, and a copy of the NOA.

For more information on presumptive eligibility services, see the Iowa DHS website at https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe and also Policy 410 in this manual.

Care Coordination Services

Care coordination is the process of linking pregnant women, post partum women or their infants to needed services. Billable care coordination services must include linkage to medical, dental, mental health and/or other Medicaid-covered services/programs. Typically care coordination is provided via phone or face-to-face contacts with the family including home visits. If appropriate, texting or email may also be used.

Care coordination includes any of the following:

- Educating families about the importance of preventive medical and dental care.
- Assisting families to establish medical and dental homes.
- Contacting families to remind them of medical and dental exams and assisting the family to schedule external appointments as needed. (Note: Effective April 1, 2016, Medicaid MCOs assumed the responsibility for medical exam reminders for Medicaid MCO clients. Medical care reminders for Medicaid fee-for-service clients remain the responsibility of the MH agency.)
- Assisting families to schedule appointments as needed (external to the MH contract agency).
- Making reminder phone calls to families for scheduled appointments with other providers.
- Following-up on missed appointments.
- Assisting women when referrals for further medical, dental, and mental health care are indicated.

- Working with local medical/dental/mental health providers on behalf of a client.
- Following-up to determine if all dental and medically necessary diagnostic and treatment services have been received.
- Arranging transportation to medical, dental, and mental health providers as determined by family needs.
- Arranging for interpreter services for medical/dental/mental health services based upon family need.
- Assessing the need for other support services and assisting the family to access them.

MH contractors are responsible providing care coordination for the following populations:

- Medical and dental care coordination for Title V uninsured or underinsured pregnant women and infants (supported by Title V grant funds).
- Medical and dental care coordination for clients during their presumptive eligibility period (billable as fee-for-service to IDPH).
- Dental care coordination for all Medicaid enrolled women (billable as fee-for-service to IDPH).
- Medical care coordination for Medicaid fee-for-service clients (individuals not enrolled in a Medicaid Managed Care Organization) (billable as fee-for-service to IDPH).

Note: Care coordination provided in conjunction with a direct care service is considered part of the direct care and cannot be billed separately.

Title XIX Medicaid Coverage and Limitations

MH contract agencies must follow the guidance for services as printed in the Medicaid Provider Manual for Maternal Health Centers available from the DHS website at http://dhs.iowa.gov/sites/default/files/Maternhc.pdf

The manual contains information about Medicaid services and coverage for maternal health clients. The *Coverages and Limitations section* of the Medicaid Provider Manual for Maternal Health Centers specifically addresses enhanced services for low-risk and high-risk maternal health clients.

Billable Expenses

Billable codes for enhanced services are detailed in the *Coverages and Limitations* section of the Medicaid Provider Manual at http://dhs.iowa.gov/sites/default/files/Maternhc.pdf

Billable codes for maternal oral health services are detailed in section 700 of this manual.

Reimbursement rates are as noted in the most current Medicaid Fee Schedule. MH contract agencies must bill their documented costs based on cost analysis, not the stated reimbursement rate.

Maternal Health Services and Program Components

Prenatal Risk Assessment

After obtaining consent from the client to participate in the maternal health program, the MH contract agency should determine her prenatal risk by using form 470-2942, *Medicaid Prenatal Risk Assessment.* The form is incorporated in the WHIS database and available online at http://idph.iowa.gov/family-health/resources or http://dhs.iowa.gov/ime/providers/forms.

IDPH and DHS jointly developed the *Medicaid Prenatal Risk Assessment* to help the clinician determine which pregnant clients are in need of supplementary services to complement and support routine medical prenatal care. A total score of 10 meets the criteria for high risk on this assessment.

When the assessment indicates a low-risk pregnancy, the MH contract agency should complete a second determination at approximately 28 weeks of care or when an increase in the pregnant woman's risk status is indicated. When a high-risk pregnancy is identified, enhanced services outlined in the Maternal Health Services Manual may be provided. The MH contract agency should keep a copy of the assessment in the patient's medical record.

Transportation Services

For Medicaid Fee-For-Service Clients

Medicaid provides direct payment to MH programs for local (in-town) transportation services to take Medicaid fee-for-service clients to Medicaid covered services (e.g. medical, dental or mental health appointments). MH programs submit a transportation plan to IDPH each year that identifies the modes of transportation to be used (bus, taxi, wheelchair van, volunteer and/or non-profit transportation system) and their costs.

The Iowa Department of Human Services also contracts with Access2Care (Transportation Management Services TMS) to handle arranging and paying for in-town and out-of-town transportation services for Medicaid fee-for-service members. For MH programs, Access2Care/TMS can be especially helpful in arranging for out-of-town transportation services for medical, dental, or mental health appointments. Contact TMS/Access2Care at 1-866-572-7662 at least 72 hours in advance of the appointment to make arrangements.

For Medicaid MCO enrolled clients

Clients enrolled in a Medicaid MCO must go through the MCO's transportation broker to arrange for transportation to Medicaid covered services (medical, dental, or mental health).

- For clients assigned to Amerigroup Iowa, Inc.: Contact Logisticare at 1-844-544-1389.
- For clients assigned to AmeriHealth Caritas Iowa, Inc.: Contact Access2Care at 1-855-346-9760.

- For clients assigned to United Healthcare Plan of the River Valley, Inc.: Contact MTM at 1-888-513-1613.

Transportation services for insured or underinsured clients are covered through Title V CAH grant funds.

Interpretation Services

Medicaid provides direct payment for interpretation services provided in conjunction with another Medicaid covered service (presumptive eligibility, care coordination, medical, dental, or mental health services). Interpretation services include sign language or oral interpretive services and telephonic oral interpretive services.

Billable interpretation services are provided by interpreters who provide only interpretive services. These interpreters must be employed or contracted by the CAH contract agency and may not have shared job roles within the agency other than providing interpretation services. Medical staff that are bilingual are reimbursed for their medical services but not for any interpretation that they may provide. Interpreter services for insured or underinsured clients are covered through Title V MH grant funds. It is the responsibility of the MH contract agency to determine the interpreter's competency. Sign language interpreters must be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care (www.ncihc.org).

Health Education

Health education services are provided by a registered nurse and include:

- Importance of continued prenatal care
- Normal changes of pregnancy:
  - Maternal changes
  - Fetal changes
- Self-care during pregnancy
- Comfort measures during pregnancy
- Danger signs of pregnancy
  - Labor and delivery:
  - Normal process of labor
  - Signs of labor
  - Coping skills
  - Danger signs
  - Management of normal labor
- Preparation for baby:
  - Feeding
  - Equipment
  - Clothing

- Education on the use of over-the-counter drugs
- Education about HIV prevention
- Providing education on importance of the immunizations during pregnancy.
- Assuring access to immunization services so pregnant women and their infants are protected from vaccine-preventable diseases. Coordinating the provision of immunization services with local practitioners to assess need, assure access, and avoid duplication.
- Providing client education with a focus on TDaP and flu vaccines. During pregnancy flu vaccine and Tdap (tetanus, diphtheria and acellular pertussis) are especially important to protect pregnancy women and infants who are at increased risk of severe complication or even death. Guidelines for immunizations are established by the Centers for Disease Control and Prevention (CDC) Vaccines for pregnant Women and can be found here.
    - Providing family education to importance of vaccinating those who will have close contact with the infant after delivery since four out of five babies who get pertussis (whooping cough) catch it from someone at home
    - Providing outreach targeted to Hispanic families if they live in your service area. Infants of Hispanic ethnicity have a 74% higher incidence of pertussis and in 2007, 70% of US pertussis related deaths occurred in infants of Hispanic ethnicity.
- Providing education on reproductive life planning and FDA approved methods of birth control with special emphasis on those methods that are moderately and most effective.
- Supporting families in understanding and using medical and dental insurance coverage, transitioning between coverage, and navigating the health care system.
- Increasing the percent of infants breastfed exclusively through 6 months of age.
    - Informing all pregnant women about the benefits and management of breastfeeding.
    - Performing postpartum assessments with breastfeeding women and their infants in a clinic or home visit to detect, treat or refer women with breastfeeding challenges in the first few weeks of the infant's life
    - Providing care coordination for the provision of breastfeeding support services with local partners including WIC, WIC peer counselors, or other community breastfeeding support groups
    - Developing a partnership with at least one hospital based Lactation Consultant to promote a successful transition of care for breastfeeding women from hospital to home through bi-directional referrals
    - Encouraging evidenced based staff education on breastfeeding, participating in local breastfeeding coalitions, and/or provide group breastfeeding classes
- Providing postpartum follow up through telephone, clinic visit, or home visit.
- Other education needs as identified by MH contract agency staff or primary care provider
- Increasing the percent of women with a past year preventive visit, (improving women's health prior to pregnancy helps improve pregnancy outcomes.)
    - Promoting preconception care to assure that women have an annual well woman visit, ideally through medical homes.

- Working with local community partners to remove barriers to accessing well woman visits in your service area.
- Developing partnerships with at least two other organizations or agencies. Examples of partners including but not limited to Title X family planning agencies, primary care providers, Federally Qualified Health Centers, free clinics, or culturally/population based clinics to increase the numbers served and enhance the quality of the visit.
- Encouraging evidenced based staff education on breastfeeding, participating in local breastfeeding coalitions, and/or provide group breastfeeding classes
- Promoting early oral health care to hospital delivery centers and/or obstetrician/gynecologists

- Providing care coordination to assure access to medical services ideally provided through medical and dental homes for Medicaid and non-Medicaid pregnant and postpartum women. Non-billable care coordination is provided as part of direct care services. Billable care coordination includes the following:
    - For clients during the presumptive eligibility period (billed to IDPH)
    - For Medicaid covered clients *not enrolled in a Medicaid MCO*, including home visits for care coordination (billed to IDPH)
    - Dental care coordination for all clients (billed to IDPH)
    - For MCO clients follow the contract you have with the MCO

Oral Health Direct Care Services

Oral health direct care services may be provided within the scope of practice defined by Iowa Code for dental hygienists, registered nurses, advanced registered nurse practitioners and physician assistants. Services include:

- Oral screening – screenings should be considered for all women, especially those who have indicated they have problems with their teeth and gums or if a health history indicated that the woman is at risk for tooth decay or gum disease. An oral screening includes:
    - Medical/dental history
    - Soft and hard tissue evaluation
    - Oral health education
    - Dental referral – based on findings from the oral screening. The provider should determine a care plan for preventive services and referral to a dentist. At a minimum, a client should visit the dentist once during pregnancy.
- Preventive services – The following services may be provided to prenatal and postpartum clients:
    - Fluoride varnish
    - Prophylaxis
    - Radiographs
    - Dental sealants

Additional information is available in section 700 of this manual.

Nursing Assessment

Nursing contact for the purpose of providing assessment and evaluation of a may be provided for a known medical condition such as preterm labor, pre-eclampsia and urinary tract infection. The service is provided by a registered nurse in the office setting, not as part of a home visit.

Nutrition Services

A licensed dietitian may provide nutrition services. Nutrition assessment and counseling may not duplicate what has already been provided by WIC staff if client is enrolled in WIC. The services may include:

- Initial assessment of nutritional risk
- Discussion of breastfeeding
- At least one follow-up nutritional assessment
- Development of an individualized nutritional care plan
- Referral to food assistance, as indicated
- Nutritional interventions may include:
    - Nutritional requirements of pregnancy
    - Recommended dietary allowances for pregnancy
    - Appropriate weight gain
    - Vitamin and iron supplements
    - Information to make an informed infant feeding decision
    - Education to prepare for the proposed feeding method and support services available for the mother
    - Infant nutritional needs and feeding practices

Psychosocial Services

Psychosocial assessment and counseling will include:

- A psychosocial needs assessment including a profile of the mother's:
    - Demographic factors
    - Mental and physical health history and concerns
    - Adjustment to pregnancy and future parenting
    - Environmental needs like housing, food, crib, car seat
    - Work and finances
    - Education completion
    - Screening for alcohol tobacco and other drugs
    - Screening for intimate partner violence

- Screening for depression
  - Perinatal depression is a common, serious mental health problem that negatively impacts the individual woman as well as her family. It has been identified as an extremely important parenting variable in relation to child outcomes. Children whose mothers are depressed are at risk for poor school performance, physical problems, and psychiatric disorders. Depression screening and treatment can prevent these poor outcomes.
  - Agency policies and practice guidelines for perinatal depression screening and referral should be in place. These should include
    - Plans for staff development
    - Allocation of resources to advance screening services
- A profile of the mother's family composition, patterns of functioning and support system
- An assessment-based plan of care
- Risk tracking
- Counseling and anticipatory guidance as appropriate
- Referral and follow-up services

The social worker may provide a home visit if the need is identified.

Awareness of Intimate Partner Violence and Reproductive Coercion

Maternal health contract agencies are encouraged to adopt the Reproductive Health and Partner Violence Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion as best practice for education, referral and training. These guidelines were produced by Futures without Violence and were funded through the Administration for Children and Families and the Office on Women's Health, U.S. Department of Health and Human Services. The document is available on the federal website at www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro_Guide.pdf

Intimate partner violence is a pattern of assaultive and coercive behaviors in same sex or heterosexual relationships, that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation and threats.

These behaviors are perpetrated by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other.

Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples of reproductive coercion include:

- Explicit attempts to impregnate a female partner against her will
- Controlling the outcomes of a pregnancy
- Coercing a partner to engage in unwanted sexual acts
- Forced omission of condom use during intercourse

- Threats or acts of violence if a person doesn't agree to have sex
- Intentionally exposing a partner to a sexually-transmitted illness

MH contract agencies are encouraged to provide all clients presenting for family planning or maternal health services and, when appropriate, child health services with verbal or written education on intimate partner violence and reproductive coercion and human trafficking.

MH contract agencies should have written protocols in place in the event that intimate partner violence or reproductive coercion is suspected or divulged. The protocols should include the following:

- Discuss the suspicion with the provider's supervisor
- Call the Human Trafficking Hotline at 1-888-373-7888
- Follow mandatory reporting protocols for victims of child abuse
- Follow existing protocols for victims of domestic violence or crime
- Provide options for the victim
- Explain reporting obligations

Authorities may only be notified with permission from the victim. To ensure permission is given, the call should be made in the presence of the victim.

Training on intimate partner violence and reproductive coercion is encouraged for all clinic staff members that have contact with clients. Training by staff from domestic violence and sexual assault programs is recommended.

Resources for MCAH contract agencies regarding intimate partner violence and reproductive coercion can be located in MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal. Also see the Domestic Violence Screening Training and Resources found at http://idph.iowa.gov/family-health/resources.

Awareness Of Human Trafficking

Maternal health contract agencies are encouraged to utilize the resources available at the Polaris Project for a World without Slavery regarding the identification of human trafficking victims. The resources are available on the Polaris Project website at www.polarisproject.org/index.php.

Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others. Human trafficking occurs in two forms:

- Sex trafficking: the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud or coercion, or in which the person forced to perform such an act is under the age of 18 years
- Labor trafficking**:** the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery

Victims of human trafficking are not limited by age, gender, race or nationality. Victims include adults and minors, males and females, individuals of all races and citizens of all countries.

Resources for MCAH contract agencies regarding human trafficking can be located in MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

Nursing Visits in The Home

A nursing visit may be provided in the home when a medical need is identified during the pregnancy or after delivery. A registered nurse may provide a postpartum home visit within two weeks of the client's discharge from the hospital or refer to a local home visiting program that provides this service. The American Academy of Pediatrics recommends that mothers and infants discharged within 48 hours of the birth should receive a home visit within 48 hours of discharge. The visit should include:

- An assessment of the mother's physical and mental health*
- An assessment of the infant's physical health, and care of the infant*
- Family planning
- Parenting skills
- Community resources and referrals if indicated

Some mothers with high medical risk may benefit from multiple postpartum nursing visits in the home. The limit for Medicaid- reimbursed postpartum home visits is 10 units (10 hours) during a period of 200 days after delivery.

If the mother refuses a home visit, follow-up care should be offered through a clinic visit or a care coordination phone call. If the delivery was covered by Medicaid, the mother is automatically eligible for enrollment in the Iowa Family Planning Network, an expanded Medicaid program that provides free or reduced-fee birth control options for postpartum women.

*Contact IDPH for postpartum nursing assessment tools for the mother and infant

Interpretation Services

Medicaid provides direct payment for interpretation services provided in conjunction with a Medicaid-covered service (presumptive eligibility determination, care coordination, medical, dental or mental health services). Interpretation services include sign language or oral interpretive services and telephonic oral interpretive services.

Billable interpretation services are provided by interpreters who provide only interpretive services. These interpreters must be employed or contracted by the maternal health contract agency and may not have shared job roles within the agency other than providing interpretation services. Medical staff that are bilingual are reimbursed for their medical services but not for any interpretation that they may provide.

Interpreter services for insured or underinsured clients would be covered through Title V maternal health funds.

It is the responsibility of the maternal health contract agency to determine the interpreter's competency. Sign language interpreters must be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care (www.ncihc.org).

Documentation of Services

All enabling services and direct health care services provided by the maternal health contract agency must be entered into the Women's Health Information System (WHIS) in the service detail section. The complete service notes for direct care services may be done in a client record. The WHIS User Manual may be found on the IDPH website at http://idph.iowa.gov/family-health/resources .

Documentation requirements for care coordination services include:

- Name of client
- Date of service
- Place of service (if not agency main address)
- Time in and time out including a.m. and p.m. – for care coordination and any other service billed based upon timed units
- Name of person to whom services were provided
- Scope of the service – issues addressed, information from the family, outcomes, referrals, refusal of services, etc.
- First and last name of provider and credentials (if applicable)
- Signature / signature log

Documentation for interpretation services must include:

- Name of client
- Date of service
- Name of interpreter and/or interpreter's company
- Time in and time out including a.m. and p.m.
- Invoice of cost

Documentation for transportation services must include:

- Name of client
- Date of service
- Who provided the service
- Address where client was picked up
- Destination (medical/dental provider's name and address)

- Invoice of cost
- Mileage if transportation is paid per mile

Documentation of antepartum medical direct care must include:

- Name of client
- Date of service
- Problems or needs identified
- Follow-up referrals
- System assessments
- Plan of care if the client is identified as high risk including referrals made / action taken
- Patient education provided
- First and last name of provider and credentials
- Signature of the medical professional

For direct care services provided, a client-based chart must also be maintained for the complete clinical record. Documentation must comply with generally accepted principles for maintaining health records and with requirements established by DHS in Iowa Administrative Code 441 Chapter 79.3 found at https://www.legis.iowa.gov/docs/iac/chapter/441.79.pdf.

All health client records (hard copy and/or electronic) are property of IDPH.

See the Maternal Health Services Summary for a summary of maternal health services, documentation requirements, cautions and billing codes. The summary is posted on the MCAH Project Management Tools website at http://idph.iowa.gov/family-health/mchportal. MCAH contract agencies can obtain the password for the website by calling the Bureau of Family Health toll-free number, 1-800-383-3826.

Iowa Department of Public Health has established documentation criteria that comply with DHS requirements for the following services:

- presumptive eligibility, and
- care coordination, including care coordination for transportation services.

You will find the documentation criteria for each of these services specifically outlined in the 'Service Note Review Guidance' and tools found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

See the Maternal Health Services Summary on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal that provides a summary of maternal health services, documentation requirements, cautions, and billing codes.

Tools

1. Maternal Depression Screening Training: https://www.youtube.com/watch?v=tkcDHzsxg5U&feature=youtu.be
2. The Edinburgh Postnatal Depression Scale (EPDS) is a self-reported tool developed for postpartum women to screen for (but not diagnose) depression. It may be a helpful tool in the event that a mother's depression may be impacting a young child's development. http://www.beyondtheblues.info/downloadable.htm
3. The Patient Health Questionnaire (PHQ-9) is an instrument that can be used to screen, diagnose, monitor, and measure depression severity in males and females 18 years and older. This is an additional tool that can be used when caregiver depression may be impacting a young child's development. http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf
4. Care Coordination Training: https://youtu.be/h2sdAnzl-8I
5. Domestic Violence Screening Training: https://www.youtube.com/watch?=vx3VAocS6vQ&feature=youtu.be.

602 – THE CHILD AND ADOLESCENT HEALTH PROGRAM

Authority: Iowa Administrative Code 641 IAC 76 (135); Title V Social Security Act
Effective Date: October 1, 2016

Overview

The Title V Child and Adolescent Health (CAH) program strives to improve the health and well-being of children and adolescents, birth to age 22. The goals of the CAH program are to:

- Promote the health of infants, children, and adolescents by ensuring access to quality preventive health services, especially for low-income families or families with limited availability of care
- Increase health assessments and follow-up diagnostic and treatment services
- Increase the number of children and adolescents fully immunized against disease
- Promote the development of community-based systems of medical and oral health care for infants, children, adolescents, and their families

CAH services are designed to be community-based, family-centered, comprehensive, flexible, collaborative, coordinated, culturally, and developmentally appropriate.

Core Child and Adolescent Health Services

At a minimum, CAH programs are responsible for:

- Providing informing services for families of newly Medicaid eligible children and also for adolescents
- Providing care coordination* for both Medicaid and non-Medicaid enrolled clients to assure access to health care services
- Assuring children and adolescents have established medical and dental homes
- Promoting access to regular, periodic well child examinations
- Assisting families in understanding and using medical and dental insurance
- Supporting families in assuring that children and adolescents are fully immunized
- Providing developmental screening/testing services (e.g. ASQ and ASQ:SE)
- Arranging or linking to transportation resources for Medicaid covered services (e.g. medical, dental, mental health services)
- Providing or arranging interpretation services
- Promotion of and participation in the Early ACCESS system for infants and toddlers ages 0-3 years by providing developmental screening, referral to AEAs as needed, and developmental monitoring for those children who do not qualify for Early ACCESS services
- ***hawk-i*** Outreach activities, including presumptive eligibility determinations
- Oral health services under the I-Smile™ program

*See more detail on care coordination services below.

Additional direct care services such as immunizations, blood lead testing, and other screening services may be provided by the CAH contract agency based upon community needs. See more detail on direct care services below.

CAH contract agencies are expected to advance Child Care Nurse Consultant (CCNC) services under Healthy Child Care Iowa (HCCI).

Framework for Child and Adolescent Health Services

The conceptual framework for community-based child and adolescent health services is illustrated by the MCH Pyramid of Core Public Health Services located on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

This framework includes the following types of services, described in more detail below:

- Public health services and systems
- Enabling services
- Direct health care services

Public Health Services and Systems

Public health services and system involve activities that support the development and maintenance of comprehensive health service systems and population-based health services. Examples include:

- Assessment of community needs and assets
- Data collection and analysis
- Program planning
- Policy development
- Establishment of community linkages including primary care providers
- Facilitation of interagency coordination
- Development and monitoring of protocols
- Cost analysis
- Program evaluation
- Quality assurance and quality improvement initiatives
- Professional development and training
- Support for innovative initiatives
- Population-based services that provide preventive personal health services for groups of individuals rather than in one-on-one situations. A client's payer source is not assessed and services for individuals are not billed. Population-based services may be provided to an entire community, county, or region. Examples include:
    - Immunization clinics for a population
    - Lead testing clinics for a population
    - Oral screenings for the school screening requirement
    - Breastfeeding promotion and support

- Health education for groups of individuals
- SIDS awareness
- Injury prevention education
- Child care and school health education
- Other public health awareness campaigns

Enabling Services

Enabling services assist families to gain access to needed services. Enabling services include:

- Outreach for health care coverage including Medicaid and ***hawk-i***
- Presumptive eligibility determinations
- Assisting families in establishing medical and dental homes for their children
- Informing services for newly Medicaid enrolled clients
- Care coordination* services for Medicaid and non-Medicaid enrolled clients, including home visits for care coordination
- Reminding families of non-Medicaid Managed Care Organization (MCO) enrolled clients that periodic screens are due
- Assisting families to access support services including transportation and interpreter services for their children
- Referral to Early ACCESS (AEA) for children who may experience a 25 percent or more delay in one or more areas of growth or development; OR for children who have a condition or disability that is known to have a high probability of later delay if early intervention services are not provided.

*See more detail on care coordination below.

Direct Health Care Services

Direct health care services include routine, ambulatory well child medical and oral health care. Direct care services include:

- Initial or periodic well child screens
- Immunization administration / Immunization administration and counseling
- Blood draw
- Lead analysis
- Other lab tests (urinalysis, hematocrit, hemoglobin)
- Vision screening (acuity or instrument-based)
- Speech audiometry (hearing screening)
- Developmental testing
- Emotional/behavioral assessment
- Nutrition counseling
- Counseling for obesity

- Nursing assessment/evaluation
- Home visit for nursing services
- Home visit for social work services
- Evaluation and management - typically related to assessment, education, and follow-up for blood lead testing
- Preventive medicine counseling - related to testing for chlamydia and/or gonorrhea
- Depression screening - for adolescents or caregivers of CAH clients
- Domestic violence screening - for adolescents or caregivers of CAH clients
- Mental health assessments
- Mental health services / psychosocial counseling
- Alcohol and/or substance abuse screening - for adolescents or caregivers of CAH clients
- Alcohol and substance abuse screening with brief intervention - for adolescents or caregivers of CAH clients
- Counseling for alcohol misuse
- Transportation services
- Interpretation services
- Oral health screening services including:
  - Initial and recall oral health screening
  - Oral evaluation and counseling with primary caregiver-for patient under 3 yr of age
  - Oral health risk assessments
  - Oral prophylaxis
  - Sealants
  - Dental radiographs
  - Topical fluoride varnish
  - Nutritional counseling for the control and prevention of oral disease
  - Oral hygiene instruction

Ideally, direct health care services are to be accessed through agreements established with private medical and dental providers at the local level. However, preventive direct health care services may be supported by CAH programs in areas where gaps in service provision are identified. CAH contract agencies providing full well child exams must demonstrate that provider availability or other barriers exist.

Direct care services provided by a CAH contract agency must comply with the policies, procedures, rules and regulations found within this manual, regardless of their source of funding. The CAH contract agency and/or its subcontractors may not claim exemption to IDPH policy and procedure requirements based upon the payment source for the services provided.

For additional information on the CAH Direct Care Services, see the Medicaid Screening Center Provider Manual at http://dhs.iowa.gov/sites/default/files/Scenter.pdf and the Child and Adolescent Health Services Summary at http://idph.iowa.gov/family-health/mchportal.

Medicaid Screening Center Designation

Upon approval of the Title V application to IDPH, CAH contract agencies must apply for and receive approval as a Medicaid Screening Center (if not already established). With this designation, CAH agencies are able to seek reimbursement for providing EPSDT services for children ages 0 to 21 enrolled in Medicaid. Medicaid's EPSDT *Care for Kids* program provides the model of services for ***all children*** served through child and adolescent health programs. See Policy 603 for more information on the EPSDT *Care for Kids* Program.

Child and Adolescent Health Coordinator

The CAH contract agency must designate a Child and Adolescent Health program coordinator to facilitate program development and implementation. The CAH program coordinator is responsible for activities as directed by the executive director and MCAH project director.

Persons hired to perform activities of a CAH program coordinator are required to have a minimum of six months of experience in health or human services. Experience in community or public health is preferred. Minimum requirements specify that they possess at least one of the following:

- Bachelor's degree in a health or human services field
- Current license as a registered nurse (RN) with a bachelor's degree in any field
- Current license as an advanced registered nurse practitioner (ARNP)

The CAH program coordinator may serve in a dual role as the EPSDT coordinator or may delegate the EPSDT duties to qualified staff. If different individuals are assigned to the two positions, the EPSDT coordinator will report to the CAH program coordinator. For any questions on qualifications of the CAH Coordinator, contact your Regional MCAH Coordinator.

Quality Assurance

CAH contract agencies develop and implement a plan for quality assurance. Program activities are expected to support the National Performance Measures (NPM) and State Performance Measures (SPM) as published in Iowa's MCH Title V State Plan. Specific performance measures for reporting by CAH contract agencies are listed in the RFP/RFA for the contract year.

Additional quality assurance activities include, but are not limited to:

- Internal and joint chart audit of direct care services
- Service note review of presumptive eligibility, informing, and care coordination services
- Comparison of billing records with services documented
- Review of data system reports
- Clinical services monitoring
- Client satisfaction surveys
- Staff development on quality improvement initiatives

See Section 500 of this manual for more information on quality improvement and quality assurance.

Cost Analysis

Each year CAH programs are required to determine their agency's cost for providing services. The CAH contract agency is required to bill Medicaid, Medicaid MCOs, IDPH, and other payers their actual cost of services. The required MCAH Cost Analysis is completed using an IDPH approved methodology and forms. The MCAH Cost Analysis, Subcontractor Worksheets, and Transportation Plan are submitted to IDPH for review and are maintained on file by the CAH contract agency. Guidelines and forms are found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

For more information on Cost Analysis, see Policy 402 of this manual.

Reimbursement for Services

CAH contract agencies receive fee-for-service reimbursement from IDPH for their cost (up to an established maximum) for presumptive eligibility, informing, and billable care coordination services. They receive fee-for-service reimbursement from IDPH for dental care coordination services provided for all Medicaid enrolled clients, and medical care coordination for non-MCO enrolled Medicaid clients.

Contract agencies bill the Iowa Medicaid Enterprise (IME) for all direct health care services for Medicaid fee-for-service members, and bill Medicaid MCOs for medical services provided for MCO enrolled clients. All dental direct care services are billed to the IME. These payers reimburse the cost of service (up to an established maximum). Reimbursement by Medicaid MCOs is on a fee-for-service basis according to the agency's contract with the MCO.

Title V grant funds serve as the payer of last resort.

Public-Private Partnerships

Active public-private partnerships are essential for assuring that children and adolescents access preventive health services. CAH contract agencies are encouraged to advance partnerships with local practitioners and other providers in coordinating services. Local practitioners and CAH staff need to work cooperatively to best meet the needs of Iowa's children, adolescents, and families. CAH program coordinators meet with practitioners, other potential partners, and their staff to dialog about effective working relationships.

Linking with Local Boards of Health (LBOH)

The CAH contract agency is required to establish linkage with each county board of health (BOH) in their service area to assist in assessment, policy development, and assurance for CAH services. The contract agency will assure that each local BOH has been actively engaged in planning for and evaluation of CAH services. Input is provided for each local board on the CAH program, including updates and monitoring of the program's progress. Feedback is sought from the local BOH for incorporation into the CAH program.

Community Health Needs Assessment & Health Improvement Plan (CHNA & HIP)

Local boards of health are required to conduct a Community Health Needs Assessment and develop a Health Improvement Plan (CHNA & HIP) every five years. CAH contract agencies have an important role in advancing community level recognition of the health needs of infants, toddlers, children, and adolescents. CAH Participation in the CHNA & HIP process provides the opportunity to advocate for the needs of these children in the counties served.

Each CAH contract agency is expected to participate in assessing the indicators that affect the child and adolescent population in each of the counties in their service area. Data collected through the MCAH integrated data system and other resources can help communities identify and prioritize their community health needs. Find more information on the CHNA & HIP at http://idph.iowa.gov/chnahip.

Child and Adolescent Health Services and Program Components

Presumptive Eligibility Services

Presumptive eligibility (PE) provides Medicaid coverage for a limited time while a formal Medicaid eligibility determination is being made by the Iowa Department of Human Services (DHS). The goal of the presumptive eligibility process is to offer immediate health care coverage to children and adolescents likely to be Medicaid eligible, before there has been a full Medicaid determination. This allows for immediate access to services.

Based on a household's statements regarding their circumstances and income, a qualified entity (QE) can enter the client's information into the Medicaid Presumptive Eligibility Portal (MPEP). If determined to be eligible, the client will have temporary Medicaid eligibility during the presumptive eligibility period.

A 'qualified entity' or QE is generally defined as an enrolled Iowa Medicaid provider who is certified by DHS and is authorized to make presumptive eligibility determinations. A provider who meets the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding (MOU). The Medicaid Presumptive Eligibility Portal (MPEP) is a self-service portal that is used by an approved qualified entity (QE) for presumptive Medicaid eligibility determinations.

Applicants requesting Presumptive Eligibility must complete the "Application for Health Coverage and Help Paying Costs" (Form 470-5170) and the "Addendum to Application for Presumptive Eligibility" (Form 470-5192).

The duties of a QE include:

- Date stamping the application for PE for children when received by the QE
- Clarifying information on the application, if necessary

- Informing the family that all applications are referred to DHS for ongoing Medicaid eligibility determination
- Entering information from the application into MPEP
- Providing a Notice of Action (NOA) to the family that reflects the information entered within two business days of the date stamped on the application
- Maintaining documentation to support the PE decisions for the child/children. This may include but is not limited to the application, clarification of any information provided by the family, and a copy of the NOA

For more information on presumptive eligibility services, see the Iowa DHS website at https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/pe and also Policy 410 in this manual.

Informing Services

CAH contract agencies are responsible for providing informing services for families of newly Medicaid enrolled children and for adolescents.

Informing is the act of advising families of newly Medicaid eligible children about the services available within the EPSDT *Care for Kids* program. Informing services include:

- An explanation of the benefits of and services within the EPSDT *Care for Kids* program with emphasis on regular preventive health care including oral health care
- An explanation to families of what services to expect when they take their child for medical screening exams and dental exams based upon the EPSDT periodicity schedule and the Advisory Committee on Immunization Practices (ACIP) immunization schedule
- The importance of establishing medical and dental homes
- The importance of receiving age appropriate immunizations
- Assurance that families have freedom of choice in selection of health care providers and information on the selection process
- Information about medical and dental health screening services in the community
- Information about available support services such as transportation and interpretation
- Information about other health resources in the community which may be of assistance
- Information as to where community resources are located and how to obtain them

The EPSDT Informing Process

The informing service is provided on a monthly basis according to the following protocol:

A. Initial Inform: This involves mailing an initial letter and EPSDT brochure to families of all newly Medicaid enrolled clients to introduce the EPSDT program. This mailing may also include other local resource information.
B. Inform Follow-ups: These are attempts to reach the family to verbally explain the elements of the EPSDT program. For families that are difficult to reach, at least two inform follow-up phone

calls must be attempted at different times of day (i.e. morning and evening) during the month of the Informing List. If the family cannot be reached by phone in these two attempts, a follow-up letter must then be sent, reinforcing components of the EPSDT program and encouraging its use. This mailing may also include a request to contact the agency or return updated contact information from the family.

C. Inform Completion: This is the goal of the informing service and occurs when the EPSDT program is verbally explained to the family, either by phone or face-to-face.

For more information on informing services, see the EPSDT *Care for Kids* Informing and Care Coordination Handbook at http://idph.iowa.gov/epsdt/epsdt-providers.

Care Coordination Services

Care coordination is the process of linking children and adolescents to needed services. Billable care coordination services must include linkage to medical, dental, mental health, and/or other Medicaid-covered services/programs. Typically care coordination is provided via phone or face-to-face contact with the family, including home visits. If appropriate, texting or email may also be used.

Care coordination includes any of the following:

- Educating families about the importance of preventive medical and dental care for their children
- Assisting families to establish medical and dental homes for their children
- Contacting families to remind them of periodic medical and dental exams and assisting the family to schedule external appointments as needed (Note: Effective April 1, 2016, Medicaid MCOs assumed the responsibility for medical well child exam reminders for Medicaid MCO clients. Well child exam reminders for Medicaid fee-for-service clients remain the responsibility of the CAH agency.)
- Assisting families to schedule appointments as needed (external to the CAH contract agency)
- Making reminder phone calls to families for scheduled appointments with other providers.
- Following-up on missed appointments
- Assisting families when referrals for further medical, dental, and mental health care are indicated
- Working with local medical, dental, and mental health providers on behalf of a client
- Following-up to determine if all dental and medically necessary diagnostic and treatment services have been received
- Arranging transportation to medical, dental, and mental health providers as determined by family needs
- Arranging for interpreter services for medical, dental, and mental health services based upon family need
- Assessing the need for other support services and assisting the family to access them

CAH contractors are responsible providing care coordination for the following populations:

- Medical and dental care coordination for Title V uninsured or underinsured children and adolescents (supported by Title V grant funds)
- Medical and dental care coordination for clients during their presumptive eligibility period (billable as fee-for-service to IDPH)
- Dental care coordination for all Medicaid enrolled children and adolescents (billable as fee-for-service to IDPH)
- Medical care coordination for Medicaid fee-for-service clients (individuals not enrolled in a Medicaid MCO) (billable as fee-for-service to IDPH)

Note: Care coordination provided in conjunction with a direct care service is considered part of the direct care and cannot be billed separately. Additionally, care coordination provided at the time of an informing service is considered part of the informing process.

For more information on informing services, see the EPSDT *Care for Kids* Informing and Care Coordination Handbook at http://idph.iowa.gov/epsdt/epsdt-providers.

Transportation Services

Transportation Services for Medicaid Fee-for-Service Clients

Under the EPSDT program, Medicaid provides direct payment to CAH programs for ***local (in-town)*** transportation services to take Medicaid fee-for-service clients to Medicaid covered services (e.g. medical, dental, or mental health appointments). CAH programs submit a transportation plan to IDPH each year that identifies the modes of transportation to be used (bus, taxi, wheelchair van, volunteer and/or non-profit transportation system) and their costs.

The Iowa Department of Human Services also contracts with Access2Care (formerly Transportation Management Services (TMS)) to handle arranging and paying for in-town and out-of-town transportation services for Medicaid fee-for-service members. For CAH programs, Access2Care/TMS can be especially helpful in arranging for out-of-town transportation services for medical, dental, or mental health appointments. Contact Access2Care/TMS at 1-866-572-7662 at least 72 hours in advance of the appointment to make arrangements.

Transportation Services for Medicaid MCO Enrolled Clients

Clients enrolled in a Medicaid MCO must go through the MCO's transportation broker to arrange for transportation to Medicaid covered services (medical, dental, or mental health).

- For clients assigned to Amerigroup Iowa, Inc.: Contact Logisticare at 1-844-544-1389.
- For clients assigned to AmeriHealth Caritas Iowa, Inc.: Contact Access2Care at 1-855-346-9760.
- For clients assigned to United Healthcare Plan of the River Valley, Inc.: Contact MTM at 1-888-513-1613.

Transportation services for insured or underinsured clients are covered through Title V CAH grant funds.

Interpretation Services

Under the EPSDT program, Medicaid provides direct payment for interpretation services provided in conjunction with another Medicaid covered service (presumptive eligibility, informing, care coordination, medical, dental, or mental health services). Interpretation services include sign language or oral interpretive services and telephonic oral interpretive services.

Billable interpretation services are provided by interpreters who provide ***only*** interpretive services. These interpreters must be employed or contracted by the CAH contract agency and may not have shared job roles within the agency other than providing interpretation services. Medical staff that are bilingual are reimbursed for their medical services but not for any interpretation that they may provide.

Interpreter services for insured or underinsured clients are covered through Title V CAH grant funds.

It is the responsibility of the CAH contract agency to determine the interpreter's competency. Sign language interpreters must be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care (www.ncihc.org).

Immunizations

CAH applicants are responsible for assuring access to immunization services to protect children and adolescents from vaccine-preventable diseases. Every time a client is seen or reached, it is important to screen for the child's or adolescent's immunization status. Assuring access involves coordination with other immunization providers in the counties served, including county public health programs that may participate in the IDPH Immunization Program and private practitioners. Programs follow the guidelines for childhood immunizations established by the CDC's Advisory Committee on Immunization Practices (ACIP) at http://www.cdc.gov/vaccines/schedules/index.html.

CAH contract agencies are expected to support the goals of the IDPH Immunization Program to protect children and adolescents from vaccine preventable diseases. Program emphasis is placed on the following activities:

- Making vaccines easily accessible
- Effectively communicating vaccination information
- Implementing strategies to improve vaccination rates
- Developing community partnerships to reach target patient populations

Enrollment in VFC

If administering immunizations to children, CAH contract agencies are required to participate in the IDPH Vaccine for Children (VFC) program. This program supplies federally purchased vaccine at no cost to public and private health care providers throughout the state.

The VFC Program was created to meet the vaccination needs of children from birth through 18 years of age. Children eligible to receive VFC provided vaccines include:

- Children enrolled in Medicaid
- Children who do not have health insurance
- Children who are American Indian or Alaskan Native

In addition, children who have health insurance that does not cover the cost of vaccines are considered to be 'underinsured' and are eligible to receive VFC vaccines at FQHCs, RHCs, and public health facilities.

For more information, see the IDPH Immunization Program website http://idph.iowa.gov/immtb/immunization and information specific to the VFC program http://idph.iowa.gov/immtb/immunization/vfc.

Enrollment in IRIS

CAH contract agencies must enroll in Iowa's Immunization Registry Information System (IRIS). Participation in IRIS allows computerized tracking of immunizations for children, adolescents, and adults who are seen in a variety of public and private health care settings. It allows for documentation of individual immunizations administered and tracks vaccine usage and distribution. It also allows care coordinators to monitor children's immunization status. For more information, see the IDPH Immunization Program's IRIS website http://idph.iowa.gov/immtb/immunization/iris.

Childhood Lead Poisoning Prevention Program

CAH contract agencies are required to develop or maintain linkages with established Childhood Lead Poisoning Prevention Programs (CLPPP) within their service area. CAH programs may choose to explore the development of a CLPPP in areas of the state where they *do not* exist. Note that the IDPH Bureau of Lead Poisoning Prevention provides follow-up services in areas of the state where there is no CLPPP.

See the Blood Lead Poisoning Risk Questionnaire, Blood Lead Testing Guidelines, and Childhood Lead Poisoning Prevention Program map at http://idph.iowa.gov/epsdt/epsdt-providers.

Additional information about the Healthy Homes and Lead Poisoning Prevention Program is found in Policy 611 of this manual.

hawk-i Outreach

CAH contract agencies are responsible for conducting outreach for Medicaid and the Healthy and Well Kids in Iowa (***hawk-i****)* programs in their service area. Each CAH contract agency designates a local ***hawk-i*** Outreach Coordinator. The ***hawk-i*** Outreach Coordinator is the single point of contact for ongoing outreach activities. They complete quarterly reports on outreach activities and attend required ***hawk-i*** Outreach Taskforce meetings. Each CAH contract agency is responsible to assure that ***hawk-i*** Outreach activities, including informational materials, are consistent those approved by the state. Locally developed informational materials must be approved in advance of use.

hawk-i Outreach programs facilitate the provision of presumptive eligibility determination services for children. They also promote collaboration with stakeholders by focusing outreach efforts in four specific areas:

- Schools
- Faith-based organizations
- Health care/medical providers
- Special populations, including racial and ethnic minority groups

For more information on ***hawk-i*** Outreach, see Policy 614 of this manual.

Early ACCESS

Early ACCESS (IDEA Part C), Iowa's system of early intervention services, is an interagency partnership at the state and regional levels between the Iowa Department of Education, Iowa Department of Public Health, Iowa Department of Human Services, and Child Health Specialty Clinics. The IDEA Part C Infants and Toddlers Program is a Federal initiative that is administered in Iowa by the Iowa Department of Education, which serves as the state's lead agency.

Early ACCESS is a collaboration between Iowa families with young children, and providers from local agencies and other community programs. It involves a system of services that helps infants and toddlers with or at risk for developmental delays or disabilities. Early intervention focuses on helping the caregivers of eligible infants and toddlers learn how to support their child learn the basic and new skills that typically develop during the first three years of life. Key domains of developmental focus include physical, cognitive, communication, social/emotional, and self-help.

To be eligible for Early ACCESS services, an infant or toddler must be from birth to age three years and experience a 25 percent or more delay in one or more areas of growth or development; OR have a condition or disability known to have a high probability of later delay if early intervention services are not provided. Early ACCESS services are provided at no cost to the family.

Title V CAH agencies contribute to the Early ACCESS system by:

- Offering developmental testing (e.g. ASQ) and emotional/behavioral assessment (e.g. ASQ:SE) for infants and toddlers ages 0 to 3 years.
- Assuring that children with ASQ and ASQ-SE scores indicating further evaluation is needed are referred to the AEA.
- Providing developmental monitoring to those infants and toddlers found not eligible for Early ACCESS services.

Additional information about Early ACCESS is located in Policy 612 of this manual.

Healthy Child Care Iowa

The goals of Healthy Child Care Iowa (HCCI) are to improve the quality of health and safety in Iowa's early care and education settings and protect and promote the growth and development of children enrolled in child care. CAH contract agencies are encouraged to employ or contract with a child Care Nurse Consultant(s) (CCNC) to carry out this role in each county within the service area.

CAH agencies are expected to:

- Incorporate public health principles and practices into child care policy and practice.
- Provide leadership for developing and implementing the role of public health registered nurses with specialized training as CCNCs to improve the health and safety components of child care.

CAH contract agencies are required to provide leadership for development of health and safety in child care. Key activities include securing funding and providing structure for the CCNC services to early care and education providers at the local level.

As defined in Iowa Administrative Code 441 IAC 118, a child health nurse consultant is "a registered nurse licensed in the state of Iowa who has completed training using a nationally approved curriculum for health and safety in child care and early education. The child care nurse consultant provides on-site consultation, technical assistance and training to child care and early education providers regarding health and safety. The child care nurse consultant is employed by or has a written agreement with the local MCH contract agency or contracts for service delivery directly through the state-level Title V maternal and child health program administered by the Iowa Department of Public Health, Bureau of Family Health."

Activities include developing local CAH contract agency capacity for CCNC services (including assessment of who is providing CCNC services throughout the proposed service area). When not directly providing CCNC services, the CAH contract agency is expected to sign a MOU with other local entities providing CCNC services within the CAH contract agency's service area.

CAH contract agencies are expected to develop professional relationships with child care businesses in all counties within their service delivery area. They are also required to develop professional relationships and establish written agreements with the CCR&R agency(s) for all counties in the service

delivery area. The map of current CCR&R regions is located on the CCR &R website at www.iowaccrr.org/.

Training and technical assistance for CCNC is available from the Healthy Child Care Iowa coordinator at the IDPH Bureau of Family Health.

For additional detail on the HCCI program, agency responsibilities, and the role of the CCNC, see Policy 613 of this manual.

I-Smile™ program

A key objective of the I-Smile™ program is to strengthen the oral health infrastructure of local public health to improve the dental support system for families. Each CAH contract agency is responsible for developing an integrated, coordinated local service delivery system that includes multiple providers to maximize efficiency of the available workforce.

See Section 700 of this manual for information on the I- Smile™ program.

1st Five Healthy Mental Development

The 1st Five Healthy Mental Development Initiative is made available to selected CAH agencies under a separate RFP/RFA process. The purpose of the 1st Five is to support and enhance models of service delivery that promote high quality well child care, by supporting healthy mental development for all children ages birth to five years. The primary focus of 1st Five is on children with less intense needs (e.g. those who may only need preventive care or those who are identified as at-risk or in need of 'low-level' interventions) to assure that appropriate referrals, interventions, and follow-up occur. CAH contract agencies that are 1st Five grantees are expected to advance the following in all counties within their service delivery area:

- Support implementation of 1st Five activities through developing and building partnerships with local primary care providers and other community partners within the following four project priority areas:
    - Provider relationships
    - Knowledge promotion/Outreach
    - Other administrative activities
    - Care coordination
- Increase the number of primary care providers who are using a standardized developmental screening tool to identify children who are at-risk or need low level interventions
- Educate EPSDT providers and other community providers to increase the knowledge of the importance of developmental screening and social determinants of health
- Participate in quality assurance and improvement strategies related to care coordination, referral, and follow-up

- Review, monitor, and share 1st Five data with community partners, primary care providers, and others
- Provide care coordination services to families and provide feedback on referrals to primary care providers

Tools

- Bright Futures is a surveillance tool that was developed by experts in pediatrics, mental health, nutrition, oral health, family medicine, nursing, and education. It is supported by the American Academy of Pediatrics and incorporates mental, physical, and emotional aspects of well-being for comprehensive surveillance during a well child exam.
- The Iowa Child Health Development Record (CHDR) is a standardized universal tool that includes components for surveillance on family history, social history, family risk factors, and anticipatory guidance.
- The Ages and Stages Questionnaire Third Edition (ASQ-3) is a highly valid and reliable family-friendly parent completed screening tool which identifies developmental delays between 1 month and 5 ½ years.
- The Ages and Stages Questionnaire for Social and Emotional Development Second Edition (ASQ:SE-2) is a first-level research based screening tool that identifies children at risk for social and emotional difficulties (but does *not* diagnose serious social and emotional disorders).
- The Modified Checklist for Autism in Toddlers (M-CHAT) is a validated developmental screening tool that identifies children who may benefit from a more thorough autism evaluation.
- The Edinburgh Postnatal Depression Scale (EPDS) is a self-reported tool developed for postpartum women to screen for (but not diagnose) depression. It may be a helpful tool in the event that a mother's depression may be impacting a young child's development.
- The Patient Health Questionnaire (PHQ-9) is an instrument that can be used to screen, diagnose, monitor, and measure depression severity in males and females 18 years and older. This is an additional tool that can be used when caregiver depression may be impacting a young child's development.

For more information on children's healthy mental development, see www.IowaEPSDT.org.

Intimate Partner Violence and Reproductive Coercion

CAH contract agencies are encouraged to adopt the ' Reproductive Health and Partner Violence Guidelines: An Integrated Response to Intimate Partner Violence and Reproductive Coercion' as best practice for education, referral, and training for caregivers of children and also for adolescents. These guidelines were produced by Futures without Violence and were funded through the Administration for Children and Families and the Office on Women's Health, U.S. Department of Health and Human Services. This document is available on the federal website at www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro_Guide.pdf.

Intimate partner violence is a pattern of assaultive and coercive behaviors in same sex or heterosexual relationships, that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats.

These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and are aimed at establishing control by one partner over the other.

Reproductive coercion involves behaviors that a partner uses to maintain power and control in a relationship related to reproductive health. Examples of reproductive coercion include:

- Explicit attempts to impregnate a female partner against her will
- Controlling the outcomes of a pregnancy
- Coercing a partner to engage in unwanted sexual acts
- Forced omission of condom use during intercourse
- Threats or acts of violence if a person doesn't agree to have sex
- Intentionally exposing a partner to a sexually-transmitted illness

CAH contract agencies should have written protocols in place in the event that intimate partner violence or reproductive coercion is suspected or divulged when serving children, adolescents, or their caregivers. The protocols should include the following:

- Discuss the suspicion with the provider's supervisor.
- Call the Human Trafficking Hotline at 1-888-373-7888.
- Follow mandatory reporting protocols for victims of child abuse.
- Follow existing protocols for victims of domestic violence or crime.
- Provide options for the victim.
- Explain the reporting obligations.

Authorities may only be notified with permission from the victim. To ensure permission is given, the call should be made in the presence of the victim.

See the Domestic Violence Screening Training and Resources found at http://idph.iowa.gov/family-health/resources.

Human Trafficking

Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others. Human trafficking occurs in two forms:

- Sex trafficking which involves the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person forced to perform such an act is under the age of 18 years.

- Labor trafficking which involves the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Victims of human trafficking are not limited by age, gender, race, or nationality. Victims include adults and minors, males and females, individuals of all races, and citizens of all countries.

CAH contract agencies are encouraged to utilize the resources available at the Polaris Project for a World without Slavery regarding the identification of human trafficking victims. The resources are available on the Polaris Project website at www.polarisproject.org/index.php.

Documentation of Services

All services provided under the CAH program must be entered into the Child and Adolescent Reporting System (CAReS). This web-based record system allows for collection of the child's demographic information, identification of needs, and documentation of services. The CAReS User Manual is found on the IDPH website at http://idph.iowa.gov/family-health/resources.

The Iowa Department of Public Health has established documentation criteria that comply with DHS requirements for the following services:

- presumptive eligibility,
- informing (including the initial inform, inform follow-ups, and inform completion), and
- care coordination, including care coordination for transportation services.

You will find the documentation criteria for each of these services specifically outlined in the 'Service Note Review Guidance' and tools found on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal.

For direct care services provided, a clinical record (chart) must also be maintained for the complete clinical documentation. Documentation must comply with generally accepted principles for maintaining health records and with requirements established by DHS in Iowa Administrative Code 441 Chapter 79.3 found at https://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/4-6-2011.Rule.441.79.3.pdf.

All CAH client records (hard copy and/or electronic) are the property of IDPH.

See the Child and Adolescent Health Services Summary on the MCAH Project Management Portal at http://idph.iowa.gov/family-health/mchportal that provides a summary of child and adolescent health services, documentation requirements, cautions, and billing codes.

603 – EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

Authority: Iowa Administrative Code 441 IAC 84; 42CFR 441.B Effective Date: October 1, 2016

Overview

Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is authorized by Title XIX of the Social Security Act and is designed to increase the number of Medicaid enrolled children and adolescents, birth to age 21 years, who achieve and maintain optimal health and development. The EPSDT *Care for Kids* program emphasizes a periodic schedule of services including comprehensive preventive health screening, diagnosis, and treatment of disease or developmental delay.

Medicaid's EPSDT program provides the best practice continuum of services for all children served through child and adolescent health programs, regardless of payer source.

Child and adolescent health (CAH) contract agencies must apply to the Iowa Medicaid Enterprise (IME) and receive approval as a Medicaid Screening Center. IDPH has a contract to provide informing, care coordination, and medical and oral health screening services on behalf of the IME. Under this contract, CAH contract agencies are required to maintain quality standards for services as outlined in the Medicaid Screening Center Provider Manual.

See the IDPH EPSDT website, the Iowa EPSDT website, and the MCAH Project Management Portal for numerous program resources.

Eligibility for the EPSDT program

All Medicaid enrolled children are automatically enrolled in the EPSDT *Care for Kids* program. All EPSDT services are provided at no cost to the family. Under Medicaid, children may be classified as fee-for-service or managed care.

- Fee for service (FFS): Clients not enrolled in a Medicaid managed care organization may receive health care services from any practitioner approved by Medicaid. All Medicaid oral health services are fee for service.
- Medicaid Managed Care: Clients enrolled in a Medicaid managed care organization (MCO) must access services from a medical provider within their selected MCO. Direct care services provided by a health care provider outside of the member's Medicaid MCO are not covered by Medicaid.
    - Payment
    - Medicaid clients not enrolled in a MCO are classified as fee-for-service and may receive presumptive eligibility, informing, medical care coordination, and dental care coordination services from an MCAH contract agency. The MCAH contract agency may bill IDPH for these services.
    - All dental services are fee-for-service. Dental services are not impacted by a client's Medicaid MCO status.

  - Medical direct care services are billed to Iowa Medicaid for Medicaid fee-for-service clients and are billed to the Medicaid MCO for MCO enrolled clients.

Child and Adolescent Health Program Responsibilities

CAH contract agencies are responsible for developing and maintaining local capacity for informing, care coordination, and comprehensive preventive medical screenings and oral health services.

Comprehensive preventive medical screenings (well child examinations) and oral health services must meet one of the following:

- Be assured for all children served in the service area by referral to local practitioners or
- Provided directly by the Child & Adolescent Health contract agency as defined in the agency's approved MCAH application.

Whether providing the full well child screen or selected gap-filling direct care services, CAH contract agencies help to assure that the children they serve receive regular well child health care. Providing selected gap-filling services does not exempt the CAH from helping to assure that children they serve receive comprehensive well child health care through a medical home and dental home.

Effective April 1, 2016, Medicaid MCOs assumed the responsibility for medical well child exam reminders for Medicaid MCO clients. Well child exam reminders for Medicaid fee-for-service clients remain the responsibility of the CAH contract agency.

Each CAH program is responsible for developing, implementing, and maintaining written protocols for informing and care coordination services consistent with the guidelines in the EPSDT *Care for Kids* Informing and Care Coordination Handbook found at http://idph.iowa.gov/epsdt/epsdt-providers.

Protocols for direct care services must be consistent with the Medicaid Screening Center Provider Manual found at http://dhs.iowa.gov/policy-manuals/medicaid-provider.

EPSDT Coordinator

CAH contract agencies must have a designated EPSDT Coordinator. The Child and Adolescent Health (CAH) Coordinator may serve in a dual role as the EPSDT Coordinator or may delegate the duties to qualified staff. See Section 303 for EPSDT Coordinator required qualifications.

Informing and Care Coordination

Informing and care coordination services are provided by CAH contract agencies to assist clients in accessing EPSDT *Care for Kids* screening services.

Through the informing process, families of newly Medicaid enrolled children and adolescents are advised of the services available through the EPSDT *Care for Kids* program. CAH contract agencies are responsible for informing clients in their service area within 30 calendar days of the beginning of each

month. See the EPSDT Care for Kids Informing and Care Coordination Handbook for the full description of requirements for informing services.

CAH contract agencies are required to provide care coordination services to children and adolescents birth to age 21 in their service area. See the EPSDT Care for Kids Informing and Care Coordination Handbook for the care coordination requirements of the CAH contract agencies.

EPSDT Screening Services

Guidelines for EPSDT screening services are found in the Medicaid Screening Center Provider Manual. Screenings are to be provided according to the Iowa EPSDT Care for Kids Health Maintenance Recommendations (also known as Iowa's EPSDT Periodicity Schedule), which is based upon guidelines established in the latest edition of *Bright Futures*, American Academy of Pediatrics.

Ideally, EPSDT well child screenings are to be completed within the community by a primary health care provider. Title V promotes the concept of medical and dental homes as the best place for clients to receive both well and sick health care. CAH contract agencies are designed to provide gap filling services for clients in their service area. When a client can be assisted in accessing well child screenings at their medical home, that is preferred.

Diagnosis

When the screening indicates a need for further evaluation, the CAH contract agency shall make a referral or assist a requesting client or provider in making a referral to a qualified professional for a complete diagnostic evaluation. Diagnostic services are covered by Medicaid for EPSDT clients.

Treatment

Treatment identified through an EPSDT screen is provided by a qualified Medicaid provider. Treatment is also covered by Medicaid for EPSDT clients.

Documentation

All services provided under the CAH program must be entered into the IDPH integrated data system including those provided under the EPSDT program. This web-based record system allows for collection of the child's demographic information, identification of needs, and documentation of services.

Centers for Medicare and Medicaid Services (CMS) 416 Report

Annually, Iowa DHS sends data to the Centers for Medicare and Medicaid Services (CMS) providing basic information on participation in Medicaid's EPSDT program. Information in this CMS 416 Report is used to assess the effectiveness of state EPSDT programs in providing access to medical screening services, dental services, and referral for corrective treatment. CMS uses the information to measure whether states are meeting the goals set by Congress and to develop trends and projections for the nation and individual states. Information is also used to respond to congressional and public inquiries.

In Iowa, the report is used to assess needs in individual counties and assure that children across the state are accessing services. Overall, Iowa is responsible for maintaining a minimum participation rate of *80 percent* for EPSDT *Care for Kids* screening services as measured by the CMS 416 report. CAH service areas are encouraged to reach this same target for the counties they serve.

Each year IDPH uses the data from the CMS 416 report to compile a state report of participation in EPSDT by county. The CMS 416 report includes services from October 1 through September 30 for all Medicaid eligible children from birth to age 21 years in Iowa. A broad range of preventive codes is used to capture all initial and periodic screening services.

Participation rates on the CMS 416 report represent the percent of Medicaid eligible children who receive at least one initial or periodic screening service during the year. This is determined by a formula that checks for the number of expected visits based upon the period of eligibility and the expected number of screenings during that time period. Note that Iowa Medicaid recommends a 30-month visit and annual visits for older children and adolescents, but does not require them.

As a result:

- The participation rate for children ages two and under only indicates the percent of Medicaid children who received at least one screen per year. It does not demonstrate that these children are up-to-date with *all* recommended screenings per the Iowa EPSDT Care for Kids Health Maintenance Recommendations (also known as Iowa's EPSDT Periodicity Schedule).
- If children over the age of six years receive screens annually, they are counted once for any given year. Because the Iowa EPSDT Care for Kids Health Maintenance Recommendations identify that screens are needed every *other* year for children age six and above, participation rates may reach or exceed 100 percent for older children. If rates reach or exceed 100 percent, it should not be interpreted that all enrolled children have received at least one screen per year.

The CMS 416 Participation Rates are posted on the IDPH EPSDT website.

The CMS 416 Report for dental services measures the percent of all Medicaid children receiving any dental or oral health service, by a dentist and by a non-dentist in the fiscal year. The annual EPSDT Dental Services Reports are posted on the IDPH Bureau of Oral and Health Delivery Systems website.

604 – ESTABLISHING A CHILD & ADOLESCENT HEALTH SCREENING CENTER

Authority: Iowa Administrative Code 641 IAC 76 and 441 IAC 78.18; CFR 42-441.50-441.62
Effective Date: October 1, 2016

Child and Adolescent Health (CAH) contract agencies are required to meet and maintain qualifications necessary for designation as Medicaid Screening Centers. Programs participating as Medicaid Screening Centers must comply with quality standards and provide services consistent with guidelines established by the Iowa Department of Human Services, Iowa Medicaid Enterprise and the Iowa Department of Public Health. See the Medicaid Screening Center Provider Manual found at http://dhs.iowa.gov/sites/default/files/scenter_0.pdf.

Criteria for Providing Direct Care Clinical Services

CAH Screening Centers must meet the following criteria in providing direct care clinical services under the CAH/EPSDT program:

- Develop protocols for CAH/EPSDT services including referral criteria. These must be reviewed and updated on an annual basis or more often if there are Medicaid Screening Center policy changes.
- Provide required components of the CAH/EPSDT screen according to guidelines in the Medicaid Screening Center Provider Manual.
- Provide clinical services that assess the physical and psychosocial needs, health related behaviors, and home environment of the client and family.
- Select a site for service delivery as described in Policy 605 of this manual.
- Provide on-going staff development activities.
- Employ appropriate licensed personnel for service delivery.
- Develop plan for quality assurance/quality improvement.
- Provide equipment suitable for performing the services which may include:
  - Examination table
  - Portable dental equipment (e.g., patient chair, light)
  - Good light source
  - Approved screening tool(s)
  - Oral screening supplies (e.g., mouth mirror, gloves, penlight)
  - Emergency tray or cart
  - Height measuring boards or devices that are age appropriate
    - For infants and children to age two: A horizontal board with fixed headboard and sliding footboard securely attached at right angles to measuring surface
    - For children over two: A standing height board or stadiometer
    - Infant and adult balance beam scale with non-detachable weights
  - Standard objective vision testing tool
  - Pure tone audiometer and tympanometer

- Otoscope
- Stethoscope
- Sphygmomanometer with appropriate cuff sizes
- Ophthalmoscope
- Percussion hammer
- Thermometer
- Penlight
- Consumable supplies such as tongue blades, 2 x 2 gauze, fluoride varnish, alcohol, lancets, syringes, needles, cotton balls, adhesive bandages, and urine specimen collection cups
- Refrigerator used only for vaccines or approved insulated storage chest for vaccine.
- For specifications, contact the IDPH immunization program at 1-800-831-6293.
- Laboratory testing equipment such as
  - Hemoglobinometer
  - Urine dipstick that indicates pH, glucose, protein, blood nitrates
  - Lead testing equipment
  - A Clinical Laboratory Improvement Amendment (CLIA) waiver is required if hemoglobin, dipstick urinalysis, or blood lead analysis is done at the CAH contract agency. (See Policy 607 of this manual for more information.)

- Develop forms for documentation of services that comply with documentation requirements. Include parameters for documenting the following:
  - Subjective data including opinions, perceptions, impressions of health status
  - Objective data (observable and measurable) including physical assessment, relevant laboratory reports, and diagnostic findings
  - Plan for referral based upon results of screenings
- Document services in the IDPH integrated data system. Assure that the clinical direct care record complies with requirements established by Iowa DHS in IAC 441 Chapter 79.3 found at https://www.legis.iowa.gov/DOCS/ACO/IAC/LINC/4-6-2011.Rule.441.79.3.pdf.
- Maintain a system of referral and follow-up
  - Develop a system to assure that client follow-up is completed and documented.
  - Provide follow-up of canceled or missed appointments, and reschedule initial and return appointments.
- Maintain adequate hardware and software to accommodate data entry and clinical record keeping. (See Policy 307 for more information.)
- Provide recommended office and/or reception area equipment including:
  - Office furniture
  - Tables, chairs, wastebaskets, for reception area and exam rooms
  - Racks for display of literature for clients
  - File cabinets with locks
  - Telephones
  - FAX machine
  - Copy machine

- Computer
- Modem
- Printer
- Standard office supplies
- Age-appropriate toys

605 – SITE SELECTION FOR MCAH SERVICE DELIVERY

Authority: Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act 1990, PL 103-227
Effective Date: October 1, 2016

Determination

Careful consideration should be given to the site selection for the location of Maternal and Child & Adolescent Health (MCAH) services. Whenever possible, services should be provided in a location that is easily accessible to target populations and in close proximity to or within other community agencies serving children and their families. Each community has its own unique needs and resources. Decisions need to be made that assure quality of service delivery and client safety. Before beginning a search for a location, needs should be identified and prioritized.

In choosing sites, identify space that:

- Is accessible for clients and staff with disabilities and in compliance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the 1973 Rehabilitation Act or any successor documents and amendments;
- Complies with Title VII of the Civil Rights Act of 1964 prohibiting discrimination based on race, color, or national origin in programs or activities which receive federal financial assistance;
- Meets local fire, building and licensing codes;
- Provides a layout and square footage that facilitates service to families;
- Provides a comfortable waiting room, an adequate reception area, an area appropriate for adolescents, and a play area for young children;
- Is clean and free of clutter;
- Features a comfortable temperature;
- Offers private areas for client interview;
- Includes a sufficient number of enclosed single examination rooms to accommodate service needs, the projected number of clients per hour, and allows for private conversations;
- Provides office space separate from client service areas for staff to make follow-up phone calls and complete documentation; and
- Includes a storage room area for files and supplies.

ADA and Section 504 Compliance Requirements

Compliance with the ADA and Section 504 requirements include:

- Evaluation of the site for accessibility including written documentation of the evaluation and the name of the person doing the evaluation;
- Appointment of an agency coordinator for assurance of ADA and 504 requirements;
- Preparation and willingness to provide "reasonable accommodation" to a disabled applicant or employee who requests it; and
- Orientation of the agency supervisor to ADA and 504 requirements.

The MCAH contract agency's compliance with the ADA and 504 requirements are evaluated during the agency Administrative On-Site Review.

- For more information on the ADA, go to https://www.ada.gov/.
- For more information on Section 504, go to http://www2.ed.gov/about/offices/list/ocr/504faq.html.

Federal Requirements for Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 2001, requires that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted by an organization and used routinely for the provision of health, child care, or early childhood development services, education, or library services to children under age eighteen, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are contracted, operated, or maintained with such federal funds.

The MCAH contract agency must comply with the requirements of the act and not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the act. In addition, subcontractors are also obligated to comply with the tobacco smoke regulations.

For technical assistance related to the implementation of the Pro-Child Act of 2001 contact:
The Office on Smoking and Health, Centers for Disease Control and Prevention, 200 Independence Avenue, SW, Room 317-B, Washington, DC 20201, facsimile: (202) 205-8313, phone: (202) 205-8500.

Signage

The MCAH contract agency shall display safety information signage such as weapon, smoking, and animal restrictions (except service animals), prominently at the entrance to the facility.

606 – NUTRITION COUNSELING SERVICES

Authority: MEDICAID PROVIDER MANUAL 78.1(14), 78.18(7), and 78.3(1) Effective Date: October 1, 2016

Overview

Screening Centers and Maternal Health Centers are eligible for Medicaid reimbursement for nutritional counseling services for children and adolescents age 20 years and under and for high risk pregnant women, when provided by licensed dietitians either employed by or contracted by the Maternal and Child & Adolescent Health (MCAH) contract agency. Services are reimbursed when a nutritional problem or a condition of such severity warrants nutritional counseling beyond that normally expected as part of standard medical management. These services require medical necessity and are above and beyond the standard WIC package of services provided by licensed dietitians.

The following listing provides examples of diagnoses that may be appropriate for therapeutic nutritional counseling. This is not an all-inclusive list. Other diagnoses may be appropriate.

- Chronic gastrointestinal tract problems such as chronic constipation, colitis, liver dysfunction, ulcers, tumors, gastroesophageal reflux, malabsorption disorders or chronic diarrhea associated with nutrient loss, short bowel syndrome, or celiac disease
- Chronic cardiovascular problems and blood and renal diseases such as kidney failure, heart disease, or hypertension
- Metabolic disorders such as diabetes, electrolyte imbalance, or errors of metabolism such as phenylketonuria (PKU)
- Malnutrition problems such as protein, mineral, vitamin, and energy deficiencies; failure to thrive; anorexia nervosa; or bulimia
- Autoimmune diseases
- For pregnant women, nutritional risks based on height, current and pre-pregnancy weight status, laboratory data, clinical data, or self-reported dietary information
- Other problems and conditions such as food allergy or intolerance, anemia, pregnancy, drug-induced dietary problems, nursing-bottle mouth syndrome, obesity, inadequate or inappropriate techniques of feeding, inadequate or excessive weight gain, neoplasms, cleft palate or cleft lip, or feeding problems related to breastfeeding management

Service Providers

Therapeutic nutrition counseling must be provided by a licensed dietitian employed or contracted by a MCAH contract agency, physician, or outpatient hospital. The MCAH agency must have a written contractual agreement, including expectations for documentation, if the dietitian is not an employee of the contract agency.

For pregnant women and children served by the WIC program, Medicaid reimbursed nutrition counseling is only available via MCAH agencies when WIC services cannot meet the medically necessary needs of the client.

607 – CLIA REGULATIONS

Authority: Contract General Conditions 32; Clinical Laboratory Improvement Amendments (CLIA) of 1988
Effective Date: October 1, 2016

Requirements

Any Maternal and Child & Adolescent Health (MCAH) contract agency conducting laboratory testing in the provision of services through a contract with IDPH must be certified and in compliance with the Clinical Laboratory Improvement Amendments (CLIA) as required by the Centers for Medicare and Medicaid Services (CMS).

CLIA requires every facility that tests human specimens for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or the assessment of the health of a human being, to meet certain federal requirements. In addition, the CLIA legislation requires financing of all regulatory costs through fees assessed to laboratories. CLIA applies to any facility performing laboratory testing as outlined above, even if only one or a few basic tests are performed and even if the facility is not charging for testing.

See the CMS CLIA website at https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/CLIA/.

Waivers

CLIA waivers are available for a variety of tests frequently provided in the clinic setting. For a list of the tests granted waivers under CLIA, visit the CMS website at www.cms.hhs.gov/CLIA/downloads/waivetbl.pdf.

For additional information and application for CLIA waiver or certification, see the CLIA website at the State Hygienic Laboratory at the University of Iowa at http://www.shl.uiowa.edu/labcert/clia/index.xml.

You may also contact:

Iowa CLIA Laboratory Program
State Hygienic Laboratory
UI Research Park
2490 Crosspark Road
Coralville, IA 52241-4721
(319) 335-4500

608 – CLIENT RECORDS

Authority: Contract General Conditions | Effective Date: October 1, 2016

Maintenance & Property Rights of All Client Records

Client records will be maintained on the IDPH approved Maternal and Child & Adolescent Health (MCAH) data system(s). Additional information related to direct care services provided and contacts with a client may be kept in hard copy or electronically according to IDPH guidelines and the MCAH contract agency's protocol. MCAH contract agencies will assure that employees are allowed appropriate access to client records (electronic or paper) as necessary for the performance of their duties related to the contract and in accordance with policies and procedures.

All MCAH client records are the property of the Iowa Department of Public Health. In the event that an MCAH contract is terminated IDPH will provide direction for the transfer of client records.

Clinical Record Retention

The IDPH General Conditions outline record retention requirements for clinical records. The document states, "The CONTRACTOR will retain all medical records for a period of six years from the day the CONTRACTOR submits its final expenditure report; or in the case of a minor patient or client, for a period of one year after the patient or client attains the age of majority, whichever is later."

See the U.S. Department of Health and Human Services Health Privacy Information website, and Policy 304 of this manual for more information on protecting client records, HIPAA, and the business associate agreement between the Iowa Department of Public Health and the Iowa Department of Human Services.

Security

MCAH contract agencies must use full disk encryption software to protect against unauthorized users.

MCAH contract agencies must notify IDPH prior to upgrading or transferring computers.

IDPH electronic/computer applications may only be accessed within the offices and clinics of the MCAH contract agency. MCAH contract agencies using wireless connections must ensure that the wireless connections are secure, requiring a password to connect to the wireless network. MCAH contract agencies may not access IDPH applications on an open access wireless network (e.g., Wi-Fi connection at local coffee shops or staff members' homes). See Policy 304 for more information on data entry requirements.

609 – REPORTABLE DISEASES & INFECTIONS CONDITIONS

Authority: Iowa Administrative Code 641 IAC 1 Effective Date: October 1, 2016

Center for Acute Disease Epidemiology

The Iowa Department of Public Health's Center for Acute Disease Epidemiology (CADE) routinely monitors over 45 diseases as well as unusual occurrences of disease (outbreaks). See this website for information on specific diseases: http://idph.iowa.gov/CADE/Disease-Information.

Outbreak Reporting

IMMEDIATELY report to the department outbreaks of any kind, diseases that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental, or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, anhydrous ammonia).

Bioterrorism Reporting

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism. Examples include (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia, and smallpox.

Reportable Diseases

To report diseases immediately, use the 24/7 disease reporting telephone hotline: 1-800-362-2736.

For the list of reportable diseases required by Iowa Law (Iowa Administrative Code [641] Chapter 1), see the IDPH CADE website at http://idph.iowa.gov/CADE/reportable-diseases. At this site you will find:

- A reporting table identifies each disease that requires reporting to IDPH, the timeframe in which to report, and the method by which to report
- Various methods of reporting (Iowa Disease Surveillance System, secure FAX, phone, and mail)
- A downloadable Disease Reporting Form
- A form for ordering the 'Disease Reporting Poster' (at no cost)

Infectious Disease Surveillance System

The Iowa Disease Surveillance System (IDSS) enables local public health, hospitals, laboratories, and IDPH to collaborate electronically as they perform disease reporting and surveillance activities across the state. IDSS was first implemented CADE in October 2008 and is now widely used by hospitals, laboratories, and public health agencies statewide. For more information, go to http://idph.iowa.gov/cade/idss.

Foodborne Illnesses

The Iowa Department of Public Health and the Iowa Department of Inspections and Appeals have set up a hotline for people who want to report foodborne illnesses. Individuals who believe they may have a foodborne illness may call the IowaSic Hotline at 844-469-2742. Once a call is made, trained specialists will begin an investigation. The specialists will ask the caller about the illness, symptoms, onset and duration, and also complete a history of all foods the caller has consumed in the past several days.

610 – IMMUNIZATION PROGRAM

Authority: Iowa Administrative Code 641 IAC 7.1-7.10; IAC 641 IAC 76.11(135); Federal Register Vol. 53 No.102, May 26, 1988, PP 19044 – 19045; 42CFR Part 110 Effective Date: October 1, 2016

Overview

Clients are to be screened for their immunization status at each health visit. Clients whose immunizations are not up-to-date according to the most current CDC Recommended Immunization Schedules (approved by the Advisory Committee on Immunization Practices (ACIP)) should receive the necessary vaccines as soon as possible. Maternal and Child & Adolescent Health (MCAH) contract agencies not directly administering immunizations should screen clients for their immunization status at each contact and provide referrals to the client's medical home. If the medical home and MCAH contract agency do not provide immunizations, or the client cannot be seen soon, the client shall be referred to another Vaccines for Children (VFC) provider.

Program Emphasis

Program emphasis is placed on the following:

- Advancing initiatives to assure clients receive the full schedule of age appropriate immunizations per the Advisory Committee for Immunization Practices (ACIP) Childhood Immunization Schedule.
- Coordinating the provision of immunization services with local practitioners to assess need, assure access, and avoid duplication.
- Promoting the use of Immunization Registry Information System (IRIS) among immunization providers and staff.
- Assessing a client's immunization status at each visit or contact and assuring that they are up-to-date. Incorporate the use of IRIS to assess immunization status.
- Disseminating public education materials/information that promotes immunizations.

MCAH agencies may also administer immunizations and provide related assessment, education, anticipatory guidance, and follow-up.

Maternal and Child & Adolescent Health Contract Agency Responsibility

MCAH contract agencies providing immunizations are required to maintain enrollment in the Vaccines for Children program and to input all immunizations administered into the Iowa Immunization Registry System (IRIS).

MCAH contract agencies providing immunization services must meet the requirements of both the MCAH and Immunization Programs. MCAH contract agency policies must specify the business relationship between the MCAH and Immunization Programs.

MCAH contract agencies subcontracting with public health agencies that provide VFC and related immunization services must specify in the written contractual agreement whether or not the public health immunization services are included in the MCAH program. Refer to Policy 202 of this manual for more information on subcontracts.

Resources

Resources for further information include:

- IDPH Immunization Program at 1-800-831-6293
- IDPH Immunization Program website: http://idph.iowa.gov/immtb/immunization
- Centers for Disease Control and Prevention website: www.cdc.gov/vaccines
- Immunization Action Coalition website: www.immunize.org

611 – LEAD POISONING PREVENTION PROGRAM

Authority: Iowa Administrative Code EPSDT 441.84, IDPH Statewide Plan For Childhood Blood Lead Testing, January 2004 Effective Date: October 1, 2016

Blood Lead Testing and Analysis

Child and Adolescent Health (CAH) contract agencies are responsible for assuring access to blood lead testing for clients 12 months to six years of age. Beginning in the fall of 2008, all children must show proof of a blood lead test when entering kindergarten. The IDPH Lead Poisoning Prevention Program has business arrangements with laboratories in Iowa including the State Hygienic Laboratory and Linn County Laboratory to cover the cost of lead analysis for non-Medicaid enrolled children. The labs bill Medicaid for the lead analysis for Medicaid enrolled children.

CAH contract agencies may purchase a CLIA waived blood analyzer (Lead Care II). Use of the Lead Care II allows the CAH health program to perform blood lead analyses for blood draws. Any CAH program using blood analyzer must have a CLIA certificate of waiver and is required to report the results of all blood lead tests to the IDPH Lead Poisoning Prevention Program at least weekly in an electronic format. Blood lead tests with results of 15 µg/dL or higher require that a venous sample be drawn and sent to a reference lab as a confirmatory test. Testing a venous sample with a Lead Care II machine under these circumstances is ***not*** considered to be a 'confirmatory' test

All blood lead test results greater than or equal to 20 µg/dL must be reported immediately by calling the IDPH Lead Poisoning Prevention Program in addition to being included in the weekly report. All blood draws and blood lead tests done for Medicaid enrolled children must be billed to Medicaid/Medicaid MCOs. The IDPH Lead Poisoning Prevention Program has developed a procedure to reimburse CAH contract agencies for blood draws and blood lead analyses done for children who are not covered by Medicaid. This is available only to CAH contract agencies that are part of a local Childhood Lead Poisoning Prevention Program.

The state or local lead program will refer children with blood lead test results greater than or equal to 20 µg/dL directly to the CAH contract agency for Early ACCESS developmental evaluation and assessment. They will recommend that an Early ACCESS professional evaluate the development of the child.

CAH contract agencies planning to use a blood analyzer must contact the Lead Poisoning Prevention Program at 800-972-2026 prior to use, so that staff can work with the agency on the required reporting of all blood lead test results.

Lead Testing Required for School Entry

Beginning in the fall of 2008, all children must show proof of a blood lead test when entering kindergarten. The purpose of the blood lead testing requirement is to improve the health of Iowa's children.

Blood lead testing will:

- Facilitate early detection and referral for treatment of lead poisoning
- Reduce the incidence, impact, and cost of lead poisoning
- Inform parents and guardians of their children's exposure to lead
- Promote the importance of reducing exposure to lead as an integral component of preparation for school and learning
- Contribute to statewide surveillance of childhood lead poisoning

The administrative rules require all schools to send IDPH an electronic list of the children enrolled in kindergarten no later than 60 days after the beginning of the school year. IDPH will match the list of children with the blood lead test database maintained by IDPH. IDPH will then notify the schools of any children that have not received a blood lead test. IDPH will work with the schools, CAH contract agencies, local lead programs, and local public health agencies to assure that these children receive blood lead tests.

The law provides for a religious exemption and an exemption for children that are at very low risk for lead poisoning. Due to the number of new sources of lead that are continually being identified, IDPH finds that very few children meet the requirements for the exemption for very low risk of lead poisoning.

Additional information and numerous resources are available on the IDPH Lead Poisoning Prevention website at http://idph.iowa.gov/lpp.

CAH Contract Agency Responsibilities

CAH contract agencies are responsible for

- Assuring access to blood lead testing and follow-up services for all clients under the age of six years.
- Building partnerships within the community for identifying children with elevated blood lead levels and preventing childhood lead poisoning. This may be accomplished through such activities as working with Childhood Lead Poisoning Prevention Program (CLPPP), primary care providers, and other community-based child serving entities to assure a seamless system of care for children.

Assuring Access to Blood Lead Testing and Follow Up Services

Every child ages 12 months to six years enrolled in the CAH program should be tested for lead poisoning. Blood lead testing and follow-up services are part of the Iowa EPSDT Care for Kids Health Maintenance Recommendations (also known as Iowa's EPSDT Periodicity Schedule). The EPSDT *Care for Kids* schedule is used by CAH contract agencies as the best practice guide for preventive services. Blood lead testing shall follow current recommendations of the Iowa Department of Public Health Statewide Plan for Childhood Blood Lead Testing. Iowa guidelines recommend high-risk children have the initial test at 12 months of age, additional tests at 18 months and 24 months, and annual testing to age six years. Low-

risk children are to be tested at 12 and 24 months or at older ages if they have not been previously tested.

The first step in testing is completion of the IDPH Blood Lead Poisoning Risk Questionnaire, which determines the child's risk classification. Next, a blood lead test is completed based on the testing schedule. The child's blood lead level will determine what follow-up services are provided. The continuum of follow-up services varies from care coordination to remind families of the need for annual testing to the most intensive level of in-patient medical services with environmental referral for intervention.

Find the Lead Risk Questionnaire, Blood Lead Testing Charts, Physician Guidelines and other resources on the IDPH Lead Poisoning website at http://www.idph.iowa.gov/lpp/resources.

Establishing a Local Childhood Lead Poisoning Prevention Program

CAH contract agencies that choose to use Title V funds to establish a local Childhood Lead Poisoning Prevention Program (CLPPP) may become eligible for additional funds through IDPH. Before a community can apply for these additional funds, the community must develop an approved plan for implementing a Child Lead Poisoning Prevention. CAH contract agencies that choose to explore the development of a Healthy Homes/Lead program may submit a future application to the IDPH Childhood Lead Poisoning Prevention Program for funding. The amount of funding is dependent upon availability at the time of the application. For more information on how to access local CLPPP funding, please call the IDPH Childhood Lead Poisoning Prevention Program at 1-800-972- 2026.

Major Activities of a Local CLPPP

The local CLPPP is responsible for:

- Ensuring that primary care providers conduct blood lead testing as recommended by IDPH and AAP and required by Medicaid.
- Providing medical case management of lead-poisoned children. This includes ensuring that lead-poisoned children receive medical evaluations, treatment for iron deficiency, chelation and follow-up blood lead testing. This also includes providing home nursing visits to families of lead-poisoned children. This also includes referring children to the local CAH contract agency (if 0-3 years old) or AEA (if over 3 years old) for developmental evaluations under the Early ACCESS program.
- Providing environmental case management of lead-poisoned children. This includes conducting environmental investigations for all lead-poisoned children to identify lead hazards, to require the control of these hazards, and to follow-up to ensure that the measures needed to control hazards are completed. The local board of health must agree to enforce the requirement that lead hazards be controlled in the homes of lead-poisoned children. In addition, CLPPPs may be involved in looking for other healthy homes issues such as asthma, mold, radon, smoke alarms, fire hazards, tripping and falling hazards, and other hazards.

- Coordinating the medical and environmental case management of lead-poisoned children. This includes cooperation between medical and environmental program staff and the interaction with private physicians and local public housing authorities or housing rehabilitation agencies. In difficult cases, this may include working with other community agencies such as the Iowa Department of Human Services. Programs will also start to make referrals to other agencies for assistance with other healthy homes issues.
- Conducting data management of blood lead test results, case management data, and data regarding other housing hazards. This includes using the web-based Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPSS) as a means of managing surveillance and case management data according to IDPH guidelines and providing required reports to IDPH.
- Providing education and outreach to the community. This includes providing information on healthy homes and childhood lead poisoning to the community through one-on-one visits, informational presentations, interviews with the media, and distribution of printed materials.
- Involving the community in solving healthy housing and lead poisoning problems. This includes establishing a coalition for the program. The coalition should be composed of physicians, nurses, housing officials, parents, contractors and representatives of neighborhoods where homes are being renovated. The coalition may be a subgroup/work group of a larger coalition or group such as Safe Kids, Early Childhood Iowa, or Decategorization.

Example 0f Five-Year Plan for Local CLPPP Development

For a county that is not currently part of a local CLPPP, the following is an example of a five-year plan to start a program.

YEAR	ACTIVITY
Year 1	Work with primary care providers to assure that blood lead testing is available in the community and that all children under the age of six years are tested for lead poisoning.
Year 2	Convene a community group to discuss the healthy homes/lead problems and to determine which community organizations are interested in participating in a program.
Year 3	Determine which community organizations and staff will conduct medical case management for lead-poisoned children. Determine which community organizations and staff will conduct environmental case management for homes with lead problems. Determine the lead organization for data management. Develop plan for coordination among organizations.
Year 4	Work with local boards of health to develop regulations or to use the general authority of the board of health to require hazards to be repaired in the homes of lead-poisoned children. Send inspectors to six days of training needed to become certified as elevated blood lead (EBL) inspectors and complete EBL agency certifications. Complete training on medical case management of lead-poisoned children. Develop plan for education and outreach. Obtain healthy homes training. Develop a network of referral for healthy homes issues.
Year 5	Receive funds from IDPH Healthy Homes/Lead program for start-up of program. Purchase equipment. Complete training in HHLPSS and implement HHLPSS for data management.

612 – EARLY ACCESS

Authority: Public Law 105-17; Idea '97: Part C; Iowa Administrative Code 281 IAC 120.4-120.8
Effective Date: October 1, 2016

The Individuals with Disabilities Education Act (IDEA)

Federal Context

Congress created Part C of IDEA to assist states to design and implement systems of early intervention services for infants and toddlers with disabilities and their families. Statewide early intervention systems differ from state to state in areas such as setting the criteria and definitions for child eligibility and identifying which state agency has been designated 'lead agency' for the Part C program.

Congress established this program in 1986 in recognition of "an urgent and substantial need" to enhance the development of infants and toddlers with disabilities; reduce educational costs by minimizing the need for special education through early intervention, minimizing the likelihood of institutionalization and maximizing independent living; and enhance the capacity of families to meet their child's needs.

The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, from birth through age 2 years and their families.

Early ACCESS

Iowa Context

Iowa's program, called Early ACCESS, is a partnership between families with young children, birth to age three years, and providers from the state departments of education, public health, and human services and 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.

Eligibility and Cost

An infant or toddler under the age of three years (birth to age three) who has a condition or disability that is known to have a high probability of later delays if early intervention services were not provided, or is already experiencing a 25 percent delay in one or more areas of growth or development is eligible for Iowa's Early ACCESS program.

There are no costs to families for the following:

- Evaluation and assessment activities to determine eligibility or identify the concerns, priorities, and resources of the family
- Activities related to development and reviews of the Individualized Family Service Plan
- Service coordination activities

Contact information for Iowa's Early ACCESS program includes the following:

Monday through Friday, 8:00 a.m. to 6:00 p.m.
1-888-IAKIDS1 (1-888-425-4371)
Website: www.iafamilysupportnetwork.org

Memorandum of Agreement

System Commitment

The commitments of the four signatory agencies (Iowa Department of Education, Iowa Department of Public Health, Iowa Department of Human Services, and Child Health Specialty Clinics) provide the vision, leadership and resources needed to have a coordinated, interagency, family-centered system of services, consistent with Individuals with Disabilities Education Act, Part C [20 U.S.C. 631].

The agreement addresses federal interagency agreement requirements and describes the commitments of the signatory agencies for the Early ACCESS system, consistent with the provisions of the Individuals with Disabilities Education Act / Part C, regarding:

- Financial responsibility
- Dispute resolution of child, family and system issues
- Administration support and leadership
- System requirements and improvements
- Resource commitments

These signatory agencies are committed to sustaining and continually improving the Early ACCESS system in Iowa, which is a comprehensive, coordinated, multi-disciplinary, resource-based, interagency system of services for infants, toddlers and their families. The agreement encourages a balance between flexibility of services and resources, while maintaining quality and uniformity throughout the state.

The signatory agencies agree to commit to administrative support and leadership of the Early ACCESS system. Signatory agencies agree to recommend management level representatives to the governor for appointment to the Iowa Council for Early ACCESS. Signatory agency appointees agree to fully participate on the council, the executive committee of the council, and other committees as appropriate for the following purposes:

- To build dynamic relationships that constitute the comprehensive system of services known as Early ACCESS
- To promote standardization and uniformity of Early ACCESS services statewide
- To develop and promote linking with other public and private partners
- To maintain and improve the infrastructure for Early ACCESS
- To ensure equitable distribution of resources based on the mission, vision and capacity of each partner and other available resources within the state
- To promote a comprehensive child find system
- To ensure and promote a central point of contact and directory
- To continually monitor Early ACCESS services and implementation of IDEA throughout Iowa including identification and correction of barriers to an effective system of services
- To meet and communicate regularly for the purpose of carrying out the above responsibilities

Each signatory agency commits to implementing state Early ACCESS policies and Iowa Administrative Rules for Early ACCESS for the following infrastructure system components:

- Central directory
- Public awareness/child find system
- Evaluation and assessment
- Service coordination
- Individualized Family Service Plan
- Early intervention services in natural environments
- Procedural safeguards
- Funding and financial matters
- Sharing of information and data management
- Personnel standards
- Comprehensive system of personnel development
- Continuous improvement and monitoring
- Identification and coordination of available resources
- Interagency agreements
- Resolution of child, family, and system issues
- State interagency coordinating council

The signatory agencies agree to revise state policies and administrative rules for the purposes of improving the system and aligning with federal requirements and state laws.

The signatory agencies are committed to move toward:

- Building true collaboration
- Blending services
- Building trust at the service level
- Engaging the services and resources from the signatory agencies more broadly
- Strengthening relationships with the private sector
- Creating an environment for sustainability

Furthermore, the signatory agencies commit to champion the principles of the Early ACCESS system within their own programs and internal environments.

The signatory agencies will engage in activities to build stronger linkages to health providers as a whole, link data, strengthen the governance model and structures to be more system oriented, and support a "sustainable communities" concept in the context of the macro level trends of the future. Activities will be directed by a five- year work plan of action including:

- A review of administrative rules to reaffirm and revise the current document with emphasis on interpretations in the current environment and watchful of future trends
- Reaffirmation and clarification of staff liaison positions
- Implementation and assessment of new and ongoing initiatives
- Design of an effective, flexible financial system
- Discussion of policy changes as appropriate

Iowa Department of Public Health Commitment

The Iowa Department of Public Health is a signatory partner in the statewide Early ACCESS system. As a signatory partner of the Early ACCESS system, the Iowa Department of Public Health's Child & Adolescent Health (CAH) contract agencies will commit resources to improve the health, well-being, and early learning of infants and toddlers in partnership with families. CAH contract agencies will participate in the Early ACCESS system in an effort to find children who may need early intervention and help meet the child and family's needs. (Iowa Administrative Code 281 IAC 120.4-120.8)

Iowa Department of Public Health commits to:

- Assist regions in child find efforts.
- Provide developmental screenings to children who receive EPSDT services.
- Refer children to Early ACCESS for full evaluation when indicated by results of a developmental screen.
- Develop and implement a post evaluation screening system for infants and toddlers determined to be not eligible for Early ACCESS after a full evaluation.

Early ACCESS is required to have a comprehensive child find system that ensures all infants and toddlers with disabilities in Iowa who are eligible for early intervention services are identified, located, and

evaluated. CAH contract agencies will strengthen child find efforts for Early ACCESS in their service area through education and promotion activities. Activities to promote Early ACCESS include:

- Distributing Early ACCESS materials
- Promoting the Early ACCESS website
- Educating community partners (display at community events)
- Advancing public–private partnerships with local medical practitioners

CAH contract agencies will implement strategies within their service area to identify children potentially eligible for Early ACCESS and make timely referrals to the Early ACCESS system.

CAH contract agencies will assure developmental testing is provided for infants and toddlers age 0 to 3 years served by the CAH agency.

CAH contract agencies are expected to collaborate with Early ACCESS partners in their service area to obtain referrals to provide developmental monitoring to infants and toddlers (age 0 to 3 years) who after full evaluation by Area Education Agency (AEA) were found not eligible for Early ACCESS. Contractors will provide developmental monitoring of infants and toddlers (age 0 to 3 years) deemed not eligible for Early ACCESS after a full evaluation by the AEA. CAH contract agencies will use the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE) on children when providing developmental testing.

Iowa Department of Public Health

Service Delivery System

The Iowa Department of Public Health will:

- Identify staff to serve as the Early ACCESS state contact for CAH contract agencies;
- Provide technical assistance to CAH agencies on implementation of ASQ and ASQ:SE in their agencies to provide developmental monitoring for infants and toddlers 0-3 years old who are not receiving developmental screening by another provider;
- Provide technical assistance to CAH agencies on implementation of ASQ and ASQ:SE in their agencies to provide developmental monitoring for infants and toddlers 0-3 years old who were referred to Early ACCESS and found not eligible for Early ACCESS;
- Assist CAH agencies in communicating and working with Early ACCESS regional areas;
- Provide contract management for the Early ACCESS central directory; and
- Provide information, training, and guidance about Early ACCESS.

CAH Contract Agency Expectations

The CAH contract agency will:

- Identify staff member(s) who will receive referrals from AEA for infants and toddlers not eligible for Early ACCESS and staff who will complete developmental monitoring and follow up on these children.
- Provide developmental monitoring of infants and toddlers (age 0 to 3 years) deemed not eligible for Early ACCESS after a full evaluation by the Area Education Agency has been conducted. CAH agencies will use the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE) on children when providing developmental testing and monitoring.
- Identify staff member(s) who will work towards identifying children that may potentially be eligible for early intervention services.
- Provide developmental testing is provided for infants and toddlers age 0 to 3 years served by the CAH agency.
- Provide information to families and colleagues about Early ACCESS/ IDEA Part C.
- Refer children to Early ACCESS within two days of identification.
- Utilize Early ACCESS statewide public awareness materials.
- Promote and utilize the toll-free central referral line (Iowa Family Support Network at 1-888-IAKIDS1 or www.iafamilysupportnetwork.org).
- Upon referring to Early ACCESS, provide all screening documentation as soon as possible, consistent with appropriate policies on release of health care information covered under confidentiality for patient medical records. If child is found not eligible for Early ACCESS, follow-up with the family to determine if advocacy and/or an appeal is necessary on the child's behalf or if the family/child should be linked to other services and provide developmental monitoring to the child.
- Develop recognition of the two options of eligibility for Early ACCESS services:
  - Experiencing a 25 percent or more delay in one or more areas of development, or
  - Having a high probability of later delay due to a known or other condition based on informed clinical opinion
- Maintain an updated listing of community resources.
- Assure public health is represented in Early ACCESS regional level planning activities, including the interagency regional council, if one exists in the service area.
- Participate with the regional Early ACCESS grantee in developing strategies for educating hospital pediatric and birthing center staff about the Early ACCESS system and referral process.
- Provide updated information on CAH services through direct communication to providers and consumers.
- Contribute information to the Individualized Family Service Plan (IFSP) consistent with appropriate policies on release of health care information covered under confidentiality for patient medical records.

- Establish a communication link, with the family's permission, with other providers working with the family.
- Offer to attend IFSP meetings with the family as their advocate.
- Assist and give information to Early ACCESS service coordinators in applying for Medicaid, ***hawk-i***, or other funding streams appropriate for children from birth to three years old.
- Participate in Early ACCESS regional activities that are collaborative, interagency service systems based upon state policy and procedures.

Area Education Area Expectations

The Area Education Agency (AEA) will work with CAH agencies to develop a protocol to refer infants and toddlers ages 0-3 years found not eligible for Early ACCESS to the CAH agency for developmental monitoring.

The AEA will communicate with the Iowa Department of Public Health Early ACCESS liaison to resolve system barriers to successful implementation.

CAH Agencies

Annual Reporting Requirements

CAH contract agencies will be required to report each year on key Early ACCESS data elements as a part of the MCAH year-end report.

These reporting requirements will include:

- The total number of infants and toddlers who received developmental testing (e.g. ASQ) by the CAH contract agency
- The total number of infants and toddlers who received emotional/behavioral assessments (e.g. ASQ:SE) by the CAH contact agency
- The total number of developmental tests (e.g. ASQs) provided by the CAH contract agency
- The total number of emotional/behavioral assessments (e.g. ASQ:SEs) provided by the CAH contract agency
- The total number of infants and toddlers referred to the AEA for developmental evaluation to determine need for early intervention services by the CAH contract agency
- The total number of infants and toddlers (who did not qualify for Early ACCESS) that were referred to the CAH contract agency from the AEA to receive developmental monitoring
- The percent of infants and toddlers referred to the CAH contract agency who received developmental monitoring from the CAH contract agency
- The total number of infants and toddlers who were referred for developmental monitoring to the CAH contract agency from the AEA and the family declined developmental testing
- The total number of infants and toddlers that were referred to the CAH contract agency for developmental monitoring from the AEA who were unreachable

Iowa Department of Public Health

The Iowa Department of Public Health will be prepared to report each year on Early ACCESS data elements. These reporting elements will include:

- The total number of infants and toddlers who received developmental testing (e.g. ASQ) by CAH contract agencies
- The total number of infants and toddlers who received emotional/behavioral assessments (e.g. ASQ:SE) by CAH contract agencies
- The total number of developmental tests (e.g. ASQs) provided by CAH contract agencies
- The total number of emotional/behavioral assessments (e.g. ASQ:SEs) provided by CAH contract agencies
- The total number of infants and toddlers referred to the AEA for developmental evaluation to determine need for early intervention services by CAH contract agencies
- The total number of infants and toddlers (who did not qualify for Early ACCESS) that were referred to CAH contract agencies from the AEA to receive developmental monitoring
- The percent of infants and toddlers referred to CAH contract agencies who received developmental monitoring from CAH contract agencies
- The total number of infants and toddlers who were referred for developmental monitoring to CAH contract agencies from the AEA and the family declined developmental testing
- The total number of infants and toddlers that were referred to CAH contract agencies for developmental monitoring from the AEA who were unreachable

613 – HEALTHY CHILD CARE IOWA

Authority: Healthy Child Care America – Blueprint for Action, MCHB,; 1996; revised 6/2001 IDPH/DHS Written Agreement, SFY1998-Current year Effective Date: October 1, 2016

Background

Healthy Child Care Iowa (HCCI) is a public health services and systems building initiative of the Title V Child & Adolescent Health (CAH) program administered through the IDPH Bureau of Family Health. CAH programs are able to ensure early care and education businesses have access to child health and safety expertise by employing or contracting with a Child Care Nurse Consultant (CCNC). The CCNC supports child care businesses in meeting the health and safety needs of children in their care by providing outreach, on-site assessment, education, training, referral, special health care needs planning, and QRS assessments. The CCNC is a vital resource for child care providers at the local level. The HCCI program includes performance measures and standards to guide the nursing practice of the CCNC in the unique public health setting of early care and education businesses.

Responsibilities of the Child and Adolescent Health Contract Agency

The IDPH seeks to improve the overall health status of children in early care and education settings by increasing the availability of the evidence-based practice of child care nurse consultation. CAH contract agencies are strongly encouraged to provide at least one half-time individual (0.5 FTE) Child Care Nurse Consultant dedicated to HCCI services. Title V Child & Adolescent Health funds may be used to directly pay for CCNCs or support the work of CCNCs paid by other resources. Funding for CCNCs may be accessed through resources other than Title V (e.g. Early Childhood Iowa (ECI), local public health, United Way, Head Start/Early Head Start, schools, Community Health Centers, or other local community grants, etc.). CCNCs attend regional and statewide meetings convened by IDPH. These meetings serve as a venue for assuring competent and consistent practice among CCNCs across the state. CAH contract agencies ensure that CCNCs attend HCCI professional development opportunities.

Special Condition of the MCAH Contract: Activities of HCCI

The CAH special conditions of the MCAH contract states, "The Contractor employing or contracting with a CCNC shall provide leadership for the development of health and safety in child care." This is accomplished through the following activities:

- Securing funding for CCNC services in counties to be served.
- Assessing the provision of CCNC services throughout the service area.
- Developing local agency capacity to meet CCNC requirements. This includes:
  - Promoting health and safety in early care and education businesses.
  - Including HCCI activities in the CAH contract agency's business plan.
  - Incorporating public health principles and practices into child care policy and procedure.
  - Attending HCCI informational meetings.
  - Providing Medicaid or ***hawk-i*** information to early care and education businesses.

  - Providing or ensuring access to health care services for children attending early care and education that need well child health care through a medical or dental home and providing care coordination services to families.
  - Developing a contingency plan for future vacancies to ensure continuity and access to CCNC services.
  - If the CAH agency is not directly providing CCNC services, funding is secured, and another local entity hires a CCNC or subcontracts for CCNC services for counties within the CAH service area, the CAH contract agency is expected to sign a MOU with that entity (e.g. local public health, hospital, home health).
- Developing a plan to support CCNC staff. This includes:
  - Supervising and monitoring progress on CCNC activities and service priorities, regardless of who is funding the CCNC position in your service area.
  - Prioritizing CCNC services based on community needs assessment.
  - Developing a plan for full integration of the CCNC as a member of the child health team.
  - Defining goals and outcomes for the health and safety of the children in early care and education settings in the service area.
- Establishing written agreements with Child Care Resource & Referral. This includes:
  - Developing professional relationships with child care businesses and with regional CCR&R agencies within the service delivery area.
  - Signing a written agreement with the regional CCR&R agency(s) the service delivery area for the purposes of collaboration and sharing information.
- Providing leadership for developing and implementing the role of professional registered nurses with specialized CCNC training to improve the health and safety components of child care. This includes:
  - Pre-service/orientation health and safety trainings for providers.
  - Improving access to care for underserved populations including children with special health needs.
  - Improving the quality of care with an emphasis on infant and toddlers.

Special Condition of the MCAH Contract: The Role of the CCNC

The CAH special conditions of the MCAH contract states, "The Contractor may employ or contract with a CCNC to improve the overall health status of children enrolled in child care." When employing or contracting with a CCNC, the CAH contract agency will:

- Ensure the registered nurse hired for the position has a current Iowa license in good standing, and is a Bachelor of Science in Nursing (or higher) or has a minimum of two years of recent experience as a Registered Nurse in community health or pediatric practice.
- Ensure the registered nurse is proficient at operating computer hardware and software including Microsoft Office applications, browsing and researching information on the Internet, taking online courses, attending webinars, uploading and attaching documents to email, and other mainstream technology.

- Ensure the registered nurse completes the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) within 3 months of enrollment.
- Participate in the periodic regional and/or statewide child care nurse consultant meetings and continuing education opportunities convened by IDPH.
- Provide health and safety education based on the needs of early care and education providers. When providing group health and safety education, the CCNC will use approved training curricula and/or approved training organizations for early care and education providers and follow the guidelines for training credit outlined by the Iowa Administrative Code.
- Provide technical assistance and onsite consultation.
- Conduct assessments, planning, interventions, and evaluation with early care and education businesses through nurse consultation.
- Provide peer mentoring and preceptorship to new CCNCs to support the infrastructure of HCCI when requested and as resources allow.
- Maintain a client record for each early care and education business and document nursing assessments, planning, interventions, evaluation, and consultation activities.
- Provide the full array of assessments, professional development opportunities, nursing interventions, and evaluation activities available from HCCI, based on the needs of early care and education providers in the service delivery area.
- Adhere to the CCNC Role Guidance from the IDPH HCCI program.

614 – *hawk-i* CHILDREN'S HEALTH CARE COVERAGE

Authority: See Authority Reference In Text	Effective Date: October 1, 2016

Overview

Healthy and Well Kids in Iowa ***(hawk-i)*** is a program for uninsured children that provides no-cost or low-cost health care coverage to children in working families. The ***hawk-i*** program is financed by federal and state funds and is administered by the Iowa Department of Human Services. ***hawk-i*** was implemented in 1999 as part of Title XXI of the Social Security Act.

Children enrolled in ***hawk-i*** receive health insurance through the Managed Care Organizations (MCO's): Amerigroup Iowa, Inc.; AmeriHealth Caritas Iowa, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. The health plan options are available in all of Iowa's 99 counties. An up-to-date document comparing each of the health plan benefits is maintained on the ***hawk-i*** website at www.hawk-i.org.

Eligibility (must meet all criteria)

- Be under 19 years old
- Be uninsured
- Be ineligible for Medicaid
- Be a citizen or lawful permanent resident alien
- Meet the income guidelines of the federal poverty level (under 302%)

Covered services

The following services are covered under ***hawk-i***:

- Chiropractic care
- Dental care and exams
- Doctor visits
- Emergency care
- Hearing exams
- Mental health/ substance abuse services
- Prescription medicines
- Speech therapy and physical therapy
- Surgery
- Vaccines / immunizations
- Eye glasses and vision exams
- Well child visits
- Inpatient hospital services
- Outpatient hospital services
- Nursing care services
- Durable medical equipment

- Mental health and substance abuse care
- Home health care
- Hospice care
- Prescription medicines
- Ambulance services

Determining Eligibility and Cost

hawk-i covers children in families with incomes above that required for Medicaid and up to 302 percent of the federal poverty level (FPL). Income guidelines are available on the ***hawk-i*** website at www.hawk-i.org.

Depending on income, some families pay nothing while others may pay $10.00-$20.00 per child per month. However, no family pays more than $40.00 per month regardless of the number of children in the family who are enrolled. Those assisting families should not try to screen a family for eligibility. It is best to have the family apply and let the ***hawk-i*** program determine eligibility. If a family's income is below the amounts listed in the charts on the website, their children may qualify for Medicaid. The Medicaid and ***hawk-i*** application became a single streamlined process in 2014.

Additional information about the ***hawk-i*** application process can be found in Policy 311 of this manual.

How Long Can Children Get hawk-i?

There is no time limit as long as children are eligible. When an application is approved, the child will be enrolled for 12 months. If the child turns 19, or is no longer eligible for another reason, ***hawk-i*** will end before the 12 months have passed. ***hawk-i*** coverage must be renewed every year. Families will get a renewal form before the 12 months have passed. Families need to make sure to send the renewal form back to see if ***hawk-i*** coverage can continue.

For other questions concerning the ***hawk-i*** program, call ***hawk-i*** customer service at 1-800-257-8563 or visit the website at www.hawk-i.org.

hawk-i Outreach

All Child and Adolescent Health (CAH) contract agencies must designate an outreach coordinator for ***hawk-i*** to provide grassroots outreach to their local communities. The ***hawk-i*** Outreach Coordinator serves as the single point of contact for ongoing outreach and enrollment activities. The ***hawk-i*** Outreach Coordinator is responsible for communication with the Statewide ***hawk-i*** Outreach Coordinator located at the Iowa Department of Public Health.

Outreach efforts must focus on potential partnerships in four key areas: schools, health care providers, faith-based organizations, and special/vulnerable populations. CAH contract agencies with a population of Native American families in their service delivery area are encouraged to address specific outreach activities for this population. Each CAH contract agency is responsible to assure that ***hawk-i*** outreach activities, including informational and promotional materials, are consistent with the Iowa

Department of Human Services' approved activities and materials. All CAH contract agencies are encouraged to collaborate with and seek cooperation between community stakeholders.

Participation in the statewide Outreach Task Force and attendance at meetings is required for all designated ***hawk-i*** Outreach Coordinators. Outreach Task Force meetings are held two times per contract year in the fall and spring.

615 – HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

Authority: Iowa Administrative Code 441 IAC 75.21(249a) Effective Date: October 1, 2016

The Health Insurance Premium Payment (HIPP) Program

The Health Insurance Premium Payment (HIPP) program is a Medicaid savings program. The HIPP program helps people get insurance or keep insurance they already have by reimbursing the cost of premiums.

To be eligible for the HIPP program, the following must apply:

- An individual in the home must be active on Medicaid.
- They must have health insurance or be able to get health insurance coverage through their employer or have an individual health insurance policy. (The HIPP program does not find health insurance for individuals.)
- The health plan must save the state money.

The HIPP program will pay premiums for health insurance when the recipients are eligible for Medicaid and when the health insurance saves the state money. The HIPP unit will regularly review case specific changes, which may include the cost of the health insurance, Medicaid coverage, or change in insurance carrier.

For more information on the HIPP Program, see http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp.

AIDS/HIV Health Insurance Premium Payment (HIPP) Program

The AIDS/HIV Health Insurance Premium Payment (HIPP) Program's goal is to ensure that persons living with AIDS/HIV-related illness can continue their health insurance coverage even though the person's ability to maintain the coverage is reduced because of their illness.

To qualify for services under the AIDS/HIV HIPP program, the individual must:

- Be ineligible for Medicaid.
- Be a resident of Iowa.
- Provide a doctor's certification that the person's ability to work is impaired due to AIDS or HIV-related illness.
- Be the policyholder of the health insurance plan or be a dependent on their spouse's health plan.
- Have 'liquid' assets (cash, stocks, bank accounts, etc.) of less than $10,000.
- Meet the income limits. Gross income may not exceed 300% of the federal poverty level.

For more information on the AIDS/HIV HIPP Program, see http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp/AIDS-HIV.

Clients may contact the following with questions on the HIPP programs or to apply:

Phone: 1-888-346-9562 or 515-974-3282 in the Des Moines area

Fax: 1-515-725-0725

Email: hipp@dhs.state.ia.us

Mailing address:

Iowa Medicaid Enterprise (IME), HIPP Unit
P.O. Box 36476
Des Moines, IA 50315-9907

616 – MEDICAID HOME & COMMUNITY BASED SERVICES WAIVERS

Authority: IOWA ADMINISTRATIVE CODE 441 IAC 75.22 AND 441 IAC 77.37 and 441 IAC 83
Effective Date: October 1, 2016

Iowa's Home & Community Based Services (HCBS) waivers are Medicaid programs which have federal rules set aside or 'waived'. In order to extend Medicaid eligibility and to expand the range of services available, the federal government must waive certain Title XIX regulations. This gives individuals more choice about how and where they receive services. Waiver programs are available to persons with disabilities, as well as older Iowans who need services and supports to remain in their own homes and avoid placement in a medical institution.

Iowa currently has seven HCBS waivers. Individuals must meet Medicaid's eligibility criteria for each waiver to become enrolled. Individuals enroll through the local office of the Iowa Department of Human Services.

Service Elements

All waivers include the following common service elements:

- Service coordination: Service coordination is provided by a case manager who helps plan for and assists the individual to gain access to needed services and supports.
- Individual Service Plan: The Individual Service Plan includes information about the person, goals, and steps that the person and their support team need to pursue to achieve the goals. The individuals on the support team include the client, the case manager, and others.
- Quality assurance: Quality assurance activities assure that the individual is satisfied with the services and supports and that they are moving toward achieving the goals identified in the Individual Service Plan. Quality assurance activities also assure that HCBS funds are used appropriately and meet federal and state requirements.
- Easy access: Individuals should be able to find and get the supports that they need.
- Flexible supports: Supports should be creative and effective to best meet the individual's needs in the most efficient manner possible.
- Person centered approach: Individuals should feel respected, valued, and an equal partner in the design and delivery of the supports.
- Health and safety: Providers will provide high quality supports. These supports allow individuals to remain healthy and safe while making informed choices, trying new experiences, taking reasonable risks, and assuming new challenges and responsibilities.

Waivers

The following six HCBS waivers could apply to individuals served by MCAH contract agencies. (The HCBS Elderly (E) Waiver is excluded from this list, as this waiver serves elderly individuals at least 65 years of age.)

HCBS AIDS/HIV (AH) Waiver

The AIDS/HIV (AH) waiver provides services for persons who have an Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) diagnosis. The following services are available:

- Adult day care
- Consumer directed attendant care
- Counseling services
- Home delivered meals
- Home health aide
- Homemaker
- Nursing
- Respite

HCBS Brain Injury (BI) Waiver

The HCBS BI waiver provides services for persons who have a brain injury diagnosis due to an accident or illness. An applicant must be at least one month of age. The following services are available:

- Adult day care
- Behavioral programming
- Case management
- Consumer directed attendant care
- Family counseling and training
- Home and vehicle modification
- Interim medical monitoring and treatment
- Personal emergency response
- Prevocational services
- Respite
- Specialized medical equipment
- Supported community living
- Supported employment
- Transportation

HCBS Health and Disability (HD) Waiver

The HCBS HD waiver provides services for persons who are blind or disabled. Applicants must be under age 65 years. The following services are available:

- Adult day care
- Consumer directed attendant care

- Counseling
- Home and vehicle modification
- Home delivered meals
- Home health aide
- Homemaker
- Interim medical monitoring and treatment
- Nursing
- Nutritional counseling
- Personal emergency response
- Respite

HCBS Intellectual Disabilities (ID) Waiver

The HCBS ID waiver provides services for persons with a diagnosis of intellectual disability. The following services are available:

- Adult day care
- Consumer directed attendant care
- Day habilitation
- Home and vehicle modification
- Home health aide
- Interim medical monitoring and treatment
- Nursing
- Personal emergency response
- Prevocational
- Respite
- Supported community living
- Supported community living – residential based
- Supported employment
- Transportation

HCBS Physical Disability (PD) Waiver

The HCBS PD waiver provides services for persons with a physical disability. An applicant must be at least 18 years of age, but less than 65 years of age. The following services are available:

- Consumer directed attendant care
- Home and vehicle modification
- Personal emergency response
- Specialized medical equipment
- Transportation

HCBS Children's Mental Health (CMH) Waiver

The HCBS CMH waiver provides services for children under age 18 who have been diagnosed with a serious emotional disturbance. The following services are available:

- Environmental modifications and adaptive devices
- Family and community support services
- In home family therapy
- Respite

For more information on the HCBS waivers, see http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers and the *Home and Community Based Services Brochure* online at http://dhs.iowa.gov/sites/default/files/HCBSbrochure102606.pdf.

Consumer Choices Option (CCO)

A Consumer Choices Option is an option available under the HCBS waivers, with the exception of the Children's Mental Health Waiver. This option gives individuals control over a targeted amount of Medicaid dollars. These dollars are used in developing an individual budget plan to meet the individual's needs by directly hiring employees and/or purchasing goods and services. The Consumer Choices Option provides more choice, control, flexibility, and responsibility regarding services. Under this option, the individual would become the employer of the people that provide the support. They would be responsible for recruiting, hiring, and firing workers and service providers. They would also be responsible for training, managing, and supervising workers and service providers. This option provides flexibility by allowing individuals to purchase needed goods and services.

If an individual pursues the Consumer Choices Option, they will receive additional help upon selecting an Individual Support Broker. The Individual Support Broker will assist the person in developing the budget and recruiting employees. They will also work with a Financial Management Service for assistance managing a budget. Additional information on the Consumer Choices Option can be found online at http://dhs.iowa.gov/ime/members/medicaid-a-to-z/consumer-choices-option.

Section 700

Oral Health Services

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701 – MATERNAL, CHILD & ADOLESCENT ORAL HEALTH SERVICES

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Sec 506 [42 USC 706]
Effective Date: October 1, 2016

Overview

Maternal and Child & Adolescent Health (MCAH) contract agencies are responsible for ensuring access to oral health services, with an emphasis on early intervention and preventive oral health care beginning at or near the age of 12 months and into adulthood.

Through the core public health functions of assessment, policy development and assurance, contract agencies should work to develop comprehensive oral health service systems by:

- Building public health services and systems
- Providing enabling services to assure access to dental care
- Providing gap-filling direct dental services

A MCAH contract agency is required to provide these services based on the community needs assessment and as specified in the approved application plan on file with the Iowa Department of Public Health (IDPH).

Oral Health Center (OHC) staff within IDPH are available upon request to provide consultation and technical assistance for MCAH contract agencies.

Iowa Administrative Code

The Iowa Administrative Code (IAC) 641 IAC 50 describes the purpose and responsibilities of the state oral health program and dental director. Chapter 641 IAC 50 rules can be found at: https://www.legis.iowa.gov/law/administrativeRules/rules?agency=641&chapter=50&pubDate=04-07-2010

702 – THE I-SMILE™ PROGRAM

Authority: Iowa Administrative Code 441 IAC 84; 42CFR 441.B Effective Date: October 1, 2016

Background

In 2005, the Iowa legislature mandated that all Medicaid-enrolled children age 12 and younger have a designated dental home and be provided with dental screenings and preventive, diagnostic, treatment and emergency services as identified in the oral health standards under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The I-Smile™ program was developed in response to this mandate and serves as the comprehensive program to improve the oral health of Iowa children.

Program Overview

The basis of I-Smile™ is a conceptual dental home, with a focus on prevention and care coordination. The program relies on an integrated health system using different levels of care and different types of providers. Health professionals such as dental hygienists, physicians, advanced registered nurse practitioners, registered nurses, physician assistants and dietitians are part of a network providing oral screenings, education, anticipatory guidance and/or preventive services as needed. Through referrals, dentists provide definitive evaluation and treatment.

Due to their existing network of community partners and health-related services for Medicaid-enrolled, uninsured and underinsured children, CAH agencies are the center of the I-Smile™ dental home network.

Each CAH service area must have one Iowa-licensed dental hygienist as I-Smile™ Coordinator. The I-Smile™ Coordinator, with assistance from the CAH project director and other applicable staff, is responsible for developing and implementing activities within the service region. These activities are included on an activity worksheet, developed each year through the Title V CAH application process.

I-Smile™ activities must be based on the needs and assets of the service area. All counties served must be regularly assessed to determine available oral health resources as well as gaps in oral health services. Each county within the service area must be involved in the planning process and the plan must assure that children in all counties will be served.

Refer to the I-Smile™ Coordinator Handbook, 2nd edition, for additional information.

I-Smile™ Coordinator Requirements

In addition to maintaining an Iowa license to practice dental hygiene, I-Smile™ Coordinators must work a minimum of 20 hours a week to build public health system capacity and assure enabling/population-based oral health services. These activities lead to a strong local oral health infrastructure; availability of dental referral networks; oral health promotion and public awareness about oral health; and help for

families to access oral health care. The I-Smile™ Coordinator is the single point of contact for I-Smile™ activities.

The overall staffing capacity for oral health services must adequately reflect the service area's needs, including the number of at-risk children and the size of the service area (e.g. an I-Smile™ Coordinator working in a heavily populated and/or a large service area would work 4-5 days a week to fulfill I-Smile™ responsibilities, with additional dental hygienists on staff to provide direct dental services).

I-Smile™ Coordinators are required to participate in IDPH trainings and must also successfully complete the IDPH Public Health Training for Oral Health Professionals.

I-Smile™ Strategies

The I-Smile™ Coordinator is responsible for implementing the following I-Smile™ strategies to improve the dental support system for underserved children. Examples of activities are provided for each strategy. More detail may be found in the I-Smile™ Coordinator Handbook, 2nd edition.

1. Develop community partnerships and participate in health promotion and planning to strengthen the dental public health system.
    a. Develop partnerships with local public health, dental and medical providers, local boards of health, schools, WIC, Head Start, migrant and community health centers, businesses, and civic and other community organizations
    b. Establish an I-Smile™ dental referral network
    c. Participate in community health planning and needs assessments
    d. Conduct community oral health promotion (e.g. news articles, flyers, giveaways, social media)
2. Link with the local board(s) of health to assist in assessment, policy development, and assurance of local oral health initiatives.
    a. Provide I-Smile™ program updates to each local board of health
    b. Participate in local Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP) process
    c. Coordinate the school screening audit process and report to the local board(s) of health
3. Provide oral health education and training for health care professionals.
    a. Meet with dental office staff to promote age 1 dental visits, encourage participation in Medicaid and ***hawk-i***, and to offer training on seeing very young children to help ensure that young children have access to a dentist
    b. Train non-dental primary care providers, such as physicians, nurse practitioners, registered nurses and physician's assistants, to provide oral screenings, fluoride varnish applications and education
    c. Provide I-Smile™ referral information and patient education materials to hospitals, free clinics, and medical offices
4. Provide training about oral health for all Title V agency staff and additional ongoing training for staff that provide dental care coordination and/or direct dental services. Education should be

ongoing and may occur through one-on-one sessions, staff meetings, in-service trainings, and written updates.

   a. Provide annual all-staff training, to assure an understanding about the importance of oral health and to review agency oral health protocols
   b. Educate care coordination staff about the importance of early and regular dental care and the need to link families to that care. This would include training on dental insurance options, including ***hawk-i*** dental-only
   c. Train agency staff that provides direct dental services on risk assessment, proper techniques (e.g. screening and fluoride varnish application) and appropriate education topics

5. Develop protocols for Title V agency staff to provide oral health services (dental care coordination and direct dental services).
   a. Work with CAH contract agency staff to develop oral health protocols, including a plan for ongoing community needs assessment and program planning
   b. Review protocols annually, to make adjustments for updated IDPH or agency program policies or for quality improvement, as needed
6. Ensure dental care coordination services are provided.
   a. Establish a dental referral list (e.g. dentists who accept Medicaid, dentists who see young children, dentists who see new patients)
   b. Schedule dental appointments
   c. Remind families when they are due for appointments
   d. Provide anticipatory guidance and oral health education
   e. Assist families with finding payment sources for dental care
   f. Provide follow-up to assure that oral health care was received
   g. Arrange support services such as transportation, child care or translation/interpreter services
7. Ensure completion of risk assessments and provision of periodic screenings and gap-filling preventive services.
   a. Oral screenings and risk assessments
   b. Fluoride varnish applications
   c. Oral hygiene instruction/nutrition and tobacco counseling
   d. Dental sealant applications (only dental hygienists)
   e. Prophylaxes (only dental hygienists)
   f. Radiographs (only dental hygienists)

703 – THE I-SMILE™ @SCHOOL PROGRAM

Authority: Iowa Administrative Code 441 IAC 84; 42CFR 441.B Effective Date: October 1, 2016

Program Overview

I-Smile™ @ School is a school-based dental sealant and education program, providing services to vulnerable children less likely to receive routine dental care, such as children eligible for free or reduced-cost lunch programs. Direct services are conducted in school settings, with teams of dental providers (which may include dentists, dental hygienists, and/or dental assistants) using portable dental equipment. School-based dental sealant and education programs seek to assure that children receive preventive dental services through a community-based approach.

Dental sealants are effective in preventing decay and are particularly beneficial for children from low-income families who may not have access to regular dental care. A sealant is a tooth-colored material that is applied to the pit-and-fissure surface of posterior teeth. Sealants provide a physical barrier that prevents food debris and decay-causing bacteria from collecting in the pits and fissures of vulnerable teeth. Applying dental sealants within schools is an effective way to assure that children at greatest risk for tooth decay in newly erupting permanent molars have access to this low-cost, beneficial prevention.

Strategies

Successful CAH applicants will be responsible for the following I-Smile™ @ School strategies:

1. Serving a minimum of 200 students per contract period in their service area
2. Serving children in grades 2 and 3 (optional: serving grades in 1, 4, 5, 6, 7, and/or 8)
3. Targeting all schools with 40% or greater free/reduced lunch program participation. (Applicants may include schools with free/reduced lunch rates <40% within their sealant program services, but must use other sources of funding for those costs)
4. Providing oral health education for all 2nd and 3rd grade students, at a minimum, in all service area schools with 40% or greater free/reduced lunch programs. (Education is also encouraged in schools below 40% free/reduced lunch program rate.)

Note: To avoid duplication of services, the I-Smile™ @ School program will not be implemented in counties currently served by existing non-IDPH school-based sealant programs.

To meet the I-Smile™ @ School strategies, successful CAH applicants must:

1. Assess all schools within the service area to determine eligibility of schools and/or grades in which services may be provided to reach moderate and high-risk students. Each year of the project period schools must be reassessed to determine eligibility of additional schools and/or grades in which services will be expanded
2. Partner with local schools and dental providers (hygienists, assistants, dentists) to implement the program

3. Offer program services to all students within the intended grades in participating schools, regardless of insurance or payment source
4. Use appropriate equipment, supplies, techniques and procedures according to the I-Smile™ @ School program manual
5. Use IDPH I-Smile™ @ School outreach and promotion materials as directed throughout the project period
6. Use standardized IDPH forms, including materials found in the I-Smile™ @ School Program Manual
7. Provide care coordination for children and adolescents identified with dental treatment needs by referring students to dental offices for care, assisting families in making appointments, assisting families in finding payment sources for care, and educating families about the need for good oral health and regular care
8. Assure collaboration with I-Smile™ objectives and activities to improve the dental support system for families
9. Bill Medicaid for services provided to Medicaid-enrolled students and IDPH for billable care coordination services
10. Use the IowaGrants.gov system to submit monthly service and consent tracking data to IDPH
11. Enter services into the IDPH integrated data system
12. Participate in required meetings

For more information on the I-Smile™ @ School Program see the School-Based Dental Sealant Program Manual.

704 – MCAH ORAL HEALTH FUNDING

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Section 506 [42 USC 706]
Effective Date: October 1, 2016

Overview

Oral health program funding is available for CAH contract agencies to develop oral health service systems and should be allocated according to an agency needs assessment. Limited funding is also available for MH agencies. The types and allowable use of funds are listed below.

CH-Dental Funding (CAH)

CAH contractors may use CH-Dental grant funds for the following:

- Costs for activities to build public health system capacity that provide support for developing and maintaining comprehensive oral health service systems in communities; and/or
- Costs associated with preventive direct dental services provided by approved CAH agency professional staff (dental hygienists, nurses, nurse practitioners, physician assistants) for Title V eligible children and adolescents from birth through age 21; and/or
- Reimbursement, at Title XIX approved rates, to local dentists providing a limited level of preventive and/or restorative dental services for Title V eligible children and adolescents from birth through age 21. (Funding may not be used to support direct dental services provided within federally qualified health center (FQHC) dental clinics.)

I-Smile™ Funding (CAH)

CAH contractors may use I-Smile™ grant funds for the following:

- Costs associated with building public health systems capacity, including assurance of population-based oral health services and non-billable enabling services, to develop local systems to assure a dental home for Medicaid-enrolled children.
- Costs associated with maintaining a dental hygienist as the I-Smile™ Coordinator, responsible for implementing the agency's I-Smile™ project activities and ensuring integration and completion of I-Smile™ strategies within the oral health program plan.

I-Smile™ funds may not be used for any costs for the provision of direct care services, including salaries and supplies.

I-Smile™ @ School Funding (CAH)

Most CAH contractors are eligible for I-Smile™ @ School grant funds to implement school-based sealant and education programs within schools at 40% or greater participation in the free/reduced lunch program (based on Iowa Department of Education data).

CAH contractors may use grant funds for the following:

- Costs associated with implementing a school-based sealant program, including personnel and supplies based on limitations within applicable RFPs, RFAs and contracts.
- Costs associated with providing classroom education on oral health to 2nd and 3rd grade students.

Other funds from local service organizations and/or private foundations may be used to provide services within schools with lower than 40% free/reduced lunch program rates.

No more than 20 percent of I-Smile™ @ School funds may be used for direct care. For the purposes of the I-Smile™ @ School Program, direct service costs only include personnel time spent providing oral screenings and application of sealant and/or fluoride varnish.

Maternal Oral Health Funding (MH)

Although there is no oral health-specific grant funding for MH contract agencies, Title V MH grant funds may be used for oral health-related activities for building public health services and systems, enabling, and direct dental services. In addition, some MH services may be available as part of the CAH contract agency's I-Smile™ program.

Medicaid Revenue (CAH and MH)

MH and CAH agencies must bill Medicaid for allowable direct dental services from a qualified provider to Medicaid-enrolled CAH and MH clients.

When billing for direct dental services, agencies must bill their established costs, which are based on their annual cost analysis report. The MCAH Cost Analysis Report, which includes maternal and child oral health services, must be submitted to IDPH annually.

Care Coordination Funding (fee-for-service)

MH and CAH agencies must bill IDPH for allowable dental care coordination services provided to Medicaid-enrolled clients.

When billing for care coordination, agencies must bill their established costs, which are based on their annual cost analysis report. The MCAH Cost Analysis Report, which includes maternal and child oral health services, must be submitted to IDPH annually.

Other Funding Sources (CAH and MH)

MH and CAH agencies are encouraged to seek other funds (e.g. foundation funding, Early Childhood Iowa (ECI), community grants) to enhance oral health service systems. Possible use of these supplemental funds may include: reimbursing dentists for treatment of eligible clients; contracting with an agency dental hygienist or nurse to provide oral screenings and fluoride varnish for clients not enrolled on Medicaid; oral health promotion; and purchasing oral health supplies for clients.

705 – PUBLIC HEALTH SERVICES AND SYSTEMS – ORAL HEALTH

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Section 506 [42 USC 706]
Effective Date: October 1, 2016

Overview

Public health services and systems focus on infrastructure-building activities to carry out the core public health functions of assessment, assurance, and policy development. This includes quality improvement activities; collecting, monitoring, tracking, and reporting data; engaging the public and seeking input; developing integrated systems of health care services, programs, and supports; workforce development and provider training; policy development; and population-based disease prevention and health promotion campaigns.

A population-based approach identifies groups within the community who share common health needs, especially low-income families or families with limited availability of health services. This approach allows MCAH contract agencies to consider activities for an entire group, rather than one-on-one, benefiting many people. The client's payer source is not assessed and services for individuals are not billed.

Examples

MCAH contract agencies should provide services based on community needs assessments. Examples of building services and systems and population-based activities include:

- Surveying dental offices to identify oral health care accessibility in the service area
- Establishing regular, personal contact with dentists to advocate for children, pregnant women and families
- Developing referral tracking systems with local dental offices
- Educating and training physicians on oral health
- Conducting in-service staff trainings to develop oral health education, care coordination and referral protocols
- Establishing relationships with school health staff to assure oral health education and prevention services
- Developing and presenting oral health information for the board of health
- Participating in the local Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP) process
- Conducting strategic planning with local oral health coalitions and other forums to assess community oral health needs
- Planning and implementing activities with community partners, such as "Give Kids a Smile Day"
- Organizing open mouth surveys
- Providing oral health education classes for Head Start parents
- Providing oral screenings at a community event (e.g. health fair)

- Providing oral screenings for open mouth surveys
- Providing gap-filling screenings for children unable to meet the school dental screening requirement
- Providing education for a prenatal class
- Promoting oral health
- Sharing oral health information with local organizations that have interest in the health of women and children
- Meeting with child care providers to evaluate and implement oral health programs
- Coordinating the school dental screening requirement with local boards of health, schools and providers
- Promoting early oral health care through hospital delivery centers, pediatricians and/or obstetrician/gynecologists

706 – ENABLING SERVICES - ORAL HEALTH

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Section 506 [42 USC 706]
Effective Date: October 1, 2016

Overview

Enabling services include outreach, informing, and care coordination and provide the support families need to access health care, overcome barriers to oral health care and improve health outcomes. MCAH contract agencies are responsible for providing enabling services to all child and maternal health clients regardless of payment source. This includes care coordination, referrals, translation/interpretation, transportation, outreach and enrollment assistance for public or private insurance, health education for individuals or families, health literacy, and outreach.

MH Outreach

MH agencies must assess pregnant women regarding their access to oral health care and methods to pay for dental care. Medicaid presumptive eligibility determinations are provided for pregnant women who have no health insurance.

CAH Informing

Many families may not understand the importance of early and regular oral health care by age 1. As part of informing activities, CAH contract agencies will:

- Promote the benefits of preventive oral health care
- Provide the names and locations of participating dentists
- Encourage families to establish dental homes
- Inform families about available payment sources for oral health care

MCAH Dental Care Coordination

Care coordination links pregnant women, children and families to oral health care. Billable care coordination requires personal contact (face-to-face, email, telephone call or text) with families. Examples of dental care coordination activities include:

- Assisting clients with locating dentists
- Assisting with scheduling dentist appointments
- Reminding clients that periodic oral screenings or exams are due
- Counseling clients about the importance of keeping appointments
- Providing follow-up to assure that oral health care was received
- Arranging support services such as transportation, child care or translation/interpreter services
- Reinforcing anticipatory guidance
- Linking families to other community services (e.g., WIC)

MH "Oral Health Only" Enrollment for Pregnant Women

A woman may choose to opt out of full MH program services, yet need preventive dental services or assistance accessing dental care. In these instances, she can become enrolled in the MH program as an "oral health only" client.

Full enrollment in the MH program should always be encouraged, but in these situations described, it is not required.

"Oral health only" clients must be enrolled and also discharged on the same day, unless follow up services are needed.

707 – DIRECT DENTAL SERVICES PROVIDED BY AGENCY STAFF

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Section 506 [42 USC 706]
Effective Date: October 1, 2016

Description

Based on local needs assessment, MCAH contract agencies may provide direct dental services for families in their service areas. These services must be gap-filling and not duplicative of services provided by dentists or other local initiatives. Examples include:

- Gap-filling oral screening and risk assessment
- Fluoride varnish applications
- Dental sealant applications
- Prophylaxes
- Radiographs
- Oral hygiene instruction
- Nutritional counseling for the control of dental disease
- Tobacco counseling for the control and prevention of oral disease

Note: An oral screening must always be done prior to the provision of fluoride varnish applications, dental sealants, prophylaxes or radiographs. Referrals for regular dental care and dental care coordination services must also be provided for women and children receiving direct dental services by MCAH contract agency staff.

Direct Service Providers

It is recommended that direct dental services be provided by a dental hygienist employed or contracted by the agency. However, based on an agency needs assessment and workforce availability, registered nurses, nurse practitioners and physician assistants who are employed or contracted by the agency may also provide direct dental services, if trained.

Training for non-dental MH and CAH agency health professionals must be provided by the CAH contract agency I-Smile™ Coordinator using IDPH-approved training materials. Documentation of the training, including a list of personnel trained, must be completed on approved forms and submitted to the IDPH Oral Health Center (OHC).

All direct dental services must be provided according to IDPH protocols and scope of practice regulations.

Refer to section 718 of this manual for information on dental hygienist supervision.

Consent for Oral Health Services

MCAH contract agencies must assure that consent is obtained prior to performing oral health services to maternal and child health clients according to the following criteria.

Active Consent

Active consent is required for:

- Fluoride varnish applications
- Dental sealants
- Prophylaxes
- Radiographs

Active consent is recommended for:

- Oral screenings

Active consent means that the client, or parent/guardian of a minor (child under age 18 and unmarried), must indicate consent for each service and must sign and date the form.

Consent forms are valid for one year. Standardized consent forms can be obtained from the OHC or agencies may develop agency-specific consent forms based on the OHC template. Consent forms that are modified must be pre-approved by the IDPH OHC staff.

Combined child health/oral health or maternal health/oral health consent forms may be used. Specific oral health services offered by the agency must be included on the combined consent forms. MCAH contract agencies must assure that all information required on the OHC consent template is captured within the client chart.

Contract agencies may accept a consent form that has been faxed or an electronic signature that has been sent via email. Phone consent is not acceptable.

Passive Consent

Passive (or "opt-out") consent is an acceptable form of permission for oral screenings, but **is not** allowable for fluoride varnish applications, dental sealants, prophylaxes or radiographs. Passive consent is sometimes used (e.g. school settings) and allows a service to be provided, unless the parent has actively declined the service. Providers must assure that a parent or guardian has been notified about the service and did not decline the service in writing before performing an oral screening.

Note: Agencies are responsible for assuring that all required information is obtained for the purposes of data entry into the IDPH integrated data system.

MCAH contract agency staff or providers with questions about the necessity of obtaining consent, who is authorized to provide consent or the adequacy of a consent form, are encouraged to contact their private legal counsel to obtain advice on such issues.

Refer to sections 300 and 600 of this manual for additional detail on direct services and minor consent requirements.

Release of Confidential Information

Confidential information may not be shared without a *signed authorization for release*. All paper and electronic client records that include information on the identity, assessment, diagnosis, prognosis and services provided to specific individuals or families are considered confidential information.

Such records can be disclosed only under the circumstances expressly authorized under state or federal confidentiality laws, rules or regulations. MCAH contract agencies must have policies and procedures that safeguard the confidentiality of records and may be liable civilly, contractually, or criminally for unauthorized release of such information.

The authorized sharing of confidential information benefits the client as well as the MCAH program for purposes such as case management, referral, program evaluation or sharing of demographic information.

A separate release of information form and consent form are required for all oral health services provided. However, when direct dental services are provided in a school setting (parent/guardian not present), a combined consent/release of information form may be used. In this instance, two signatures must be obtained on the form – for consent and authorizing release of information.

Sample forms may be obtained from the IDPH Oral Health Center or agencies may develop agency-specific forms based on the OHC template.

708 – CHILD & ADOLESCENT HEALTH: RISK ASSESSMENT AND ORAL SCREENING

Authority: Medicaid Screening Center Provider Manual	Effective Date: October 1, 2016

Tooth decay is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. I-Smile™ risk assessments and oral screenings determine the level of care a child should receive through the I-Smile™ dental home. The frequency of oral screening should be determined by the client's risk level.

CAH contract agencies that provide complete EPSDT well-child exams are required to do oral screenings and risk assessments for their clients at each well-child appointment.

CAH contract agencies that do not provide complete EPSDT well-child exams may provide oral screenings and risk assessments based on a local and/or state needs assessment. The risk assessment should determine the plan of care for each client.

Oral screenings must occur at WIC clinics in every county. Oral screenings may also occur at Head Start classrooms, schools or in other public health settings.

The I-Smile™ risk assessments and oral screenings help the provider:

- Determine decay risk and prevention needs
- Identify a families' education needs
- Identify dental referral needs
- Inform dental offices of those needs when scheduling appointments for families

I-Smile™ Risk Assessment

As part of an oral screening, a risk assessment must be completed on each child. The I-Smile™ risk assessment establishes a child's level of risk for tooth decay as low, moderate or high. Based on the level of risk, the I-Smile™ Coordinator and/or CAH contract agency staff will determine one of three appropriate care plans for education, preventive services and referrals to a dentist.

Documenting the risk level (low, moderate, or high) must be done in the client paper record and in the IDPH integrated data system. The I-Smile™ Risk Assessment, including the care plan levels, is in the Forms section of the I-Smile™ Coordinator Handbook, 2nd edition.

Oral Screening

The purpose of an oral screening is to identify oral health anomalies or diseases, such as tooth decay, gum disease, soft tissue lesions or developmental problems and to help ensure individualized preventive oral health education. An oral screening includes a medical/dental history and an oral evaluation. Medical or dental history information that cannot be obtained through an interview with the parent or

guardian should be collected through the consent form. Each component of the screening, listed below, must be documented in the client paper record and IDPH integrated data system, as applicable.

Medical History

The medical history consists of:

- Name of child's primary care provider
- Pertinent medical conditions (e.g. heart murmur, special health needs, prematurity/low birth weight)
- Current medications used (e.g. those with sugar or those that cause dry mouth, enlarged gingiva, or bleeding)
- Allergies

Dental History

The dental history consists of:

- Name of child's dentist
- Current or recent oral health problems or injuries
- Parental concerns related to child's oral health
- Frequency of dental visits
- Home care (frequency of brushing, flossing or other oral hygiene practices)
- Feeding/snacking habits (exposure to sugar/carbohydrates)
- Use of fluoride by child (water source, use of fluoridated toothpaste or other fluoride products)
- Parent or sibling decay history (presence of untreated decay, fillings or crowns)

Soft Tissue Evaluation

The soft tissue evaluation consists of:

- Gum redness or bleeding
- Swelling or lumps
- Trauma or injury

Hard Tissue Evaluation

The hard tissue evaluation consists of:

- Suspected decay
- White spot lesions (demineralized areas) near the gumline
- Visible plaque
- Stained fissures
- Enamel defects

- Decay history (presence of fillings or crowns)
- Trauma or injury

Note: Documenting the risk level (low, moderate, or high) and presence of “decayed”, “filled”, and/or “sealed” teeth must be done in the client paper record and the IDPH integrated data system.

Dental explorers cannot be used for oral screenings. A visual assessment is sufficient. Using a dental explorer may transfer decay-causing bacteria from one tooth to another or cavitate a demineralized area. The only exception to this is within school-based sealant programs; dental explorers are allowed, but not required, for screenings within a sealant program.

Education

An oral screening is an excellent opportunity to provide anticipatory guidance and oral health education to children and parents. If the parent/guardian is present, oral health education should be provided based on the finding of the oral screening and each client’s individual need. If the parent/guardian is not present, education is recommended if a child is age-appropriate. Oral health education must be documented in the client paper chart and the IDPH integrated data system. Refer to the Education section in the I-Smile™ Coordinator Handbook, 2nd edition.

Dental Referrals

All children that receive an oral screening must be referred to a dentist based on the I-Smile™ Risk Assessment and Care Plan. Follow-up should be provided to ensure that the client’s oral health needs have been met.

709 – MATERNAL HEALTH: RISK ASSESSMENT AND ORAL SCREENING

Authority: Medicaid Screening Center Provider Manual Effective Date: October 1, 2016

A healthy mouth is essential for a healthy pregnancy. Diet and hormonal changes that occur during pregnancy may increase a woman's risk for developing tooth decay and gum disease. Oral infections can affect the health of the mother and her baby. Agency staff can have a positive impact on improving the health of maternal health clients and their babies by including risk assessments and oral screening services

MH contract agencies that provide full prenatal care are required to include oral screening for their clients.

- At least one screening must be completed during the prenatal visit schedule.
- If a client has not seen a dentist following the initial screening, a second screening is required and can be completed postpartum, if needed.

MH contract agencies that do not provide full prenatal care must provide oral screenings to pregnant and postpartum women at WIC clinics. They may also be provided in other public health settings.

- Oral screenings should be considered for all pregnant and postpartum women, especially those who have indicated they have problems with their teeth or gums, or if a health history indicates that the woman is at risk for tooth decay or gum disease.

A woman may choose to opt out of full MH program services, yet need preventive dental services or assistance accessing dental care. In these instances, she can become enrolled in the MH program as an "oral health only" client. Full enrollment in the MH program should always be encouraged, but in these situations described, it is not required. "Oral health only" clients must be enrolled and also discharged on the same day, unless follow up services are needed.

Maternal Oral Health Risk Assessment

As part of an oral screening, a risk assessment must be completed on each woman. Completing the Maternal Oral Health Risk Assessment will establish the level of risk for dental disease as low, moderate or high. Based on the level of risk, the I-Smile™ Coordinator and/or MH contract agency staff will determine one of three appropriate care plans for education, preventive services and referrals to a dentist.

The Maternal Oral Health Risk Assessment, including the care plan levels, is in the Forms section of the I-Smile™ Coordinator Handbook, 2nd edition.

Oral Screening

An oral screening includes a medical/dental history and a soft and hard tissue evaluation. The purpose of a screening is to identify dental anomalies or diseases, such as dental caries, gum disease or soft

tissue lesions and to ensure that preventive dental education is provided. The screening service must be documented in the IDPH integrated data system and detailed in the client chart.

Medical History

The medical history consists of:

- Name of primary care provider
- Pertinent medical conditions (e.g. pregnancy due date, prenatal care, nausea/vomiting, gestational diabetes, heart murmur)
- Current medications used (e.g. those with sugar or those known to cause dry mouth, enlarged gingiva, or bleeding)
- Allergies
- Tobacco, alcohol or drug use

Dental History

The dental history consists of:

- Name of dentist
- Current or recent oral health problems or injuries
- Frequency of dental visits
- Home care (frequency of brushing, flossing or other oral hygiene practices)
- Feeding/snacking habits (exposure to sugar/carbohydrates)
- Fluoride use (water source, use of fluoridated toothpaste or other fluoride products)

Soft Tissue Evaluation

The soft tissue evaluation consists of:

- Gum redness, bleeding or exudate
- Swelling or lumps
- Trauma or injury
- Gingival recession

Hard Tissue Evaluation

The hard tissue evaluation consists of:

- Suspected decay
- White spot lesions (demineralized areas) near the gumline
- Visible plaque, calculus (tartar) or stain
- Enamel defects
- Decay history (presence of fillings or crowns)
- Trauma or injury
- Loose or missing teeth

Note: Documenting the risk level (low, moderate, or high) and presence of “decayed”, “filled”, and/or “gingivitis” must be done in the client paper chart and IDPH integrated data system.

Dental explorers cannot be used for oral screenings. Visual assessment is sufficient. Dental explorers may transfer decay-causing bacteria from one tooth to another or cavitate a demineralized area.

Education

Oral health education should be provided and based on the findings of the oral screening and each MH client’s individual need. Education should include infant oral health care. Oral health education must be documented in the client paper chart and the IDPH integrated data system, as applicable.   Refer to the Education section in the I-Smile™ Coordinator Handbook, 2nd edition.

Dental Referrals

Dental referrals for MH clients should be based on the Maternal Oral Health Risk Assessment and Care Plan. At a minimum, a MH client should visit the dentist at least once while pregnant. Follow-up should be provided to ensure completion of the referral.

710 – DENTAL REFERRALS

Authority: Medicaid Provider Manuals (Screening Center & Maternal Health Center)
Effective Date: October 1, 2016

Child Health Referrals

An important goal of the I-Smile™ program is assisting families to obtain necessary oral health care for their children. All children must be referred for a dental exam within 6 months of the eruption of the first tooth, or by age 1, and continue periodically as indicated by the client's I-Smile™ Risk Assessment and Care Plan.

These early and regular visits are important for prevention and early diagnosis of tooth decay and for anticipatory guidance for parents.

Children identified with an oral health problem, such as suspected decay, injury, pain, gum inflammation, or abscess, must be referred to a dentist for treatment.

All CAH clients must be referred to a dentist, at a minimum, for routine and regular care.

Maternal Health Referrals

Dental care is safe and effective during pregnancy. Ensuring that mothers have direct access to preventive care and treatment is significant for improving both the mother's and child's oral health and overall health.

Dental referrals for MH clients should be based on the Maternal Oral Health Risk Assessment and Care Plan. At a minimum, a MH client should visit the dentist at least once while pregnant. A dental visit should be scheduled as soon as possible if the client has any of the following conditions:

- No dental visit within the past year
- Suspected or obvious decay
- Gum inflammation or abscess
- Pain or injury
- Other abnormalities

Needed treatment can be provided throughout pregnancy.

Documenting Referrals

Dental referrals must be documented in the IPDH integrated data system and the client's chart, as applicable. Follow-up should be provided to all clients to ensure completion of the referral.

711 – FLUORIDE VARNISH

Authority: Not Applicable Effective Date: October 1, 2016

Overview

Fluoride varnish is highly effective in preventing decay and re-mineralizing white spot lesions. It is recommended for use on at-risk children as soon as teeth begin to erupt. It can also be highly effective for preventing tooth decay in pregnant women.

The benefits of fluoride varnish make it extremely useful within public health programs. When applied to teeth, fluoride varnish sets upon contact with saliva. The hardened layer of fluoride is then absorbed into enamel. If not brushed off the teeth, it will continue to be absorbed for several hours. The absorption time is much longer than for traditional fluoride gels and foams. Fluoride varnish application is recommended three to four times a year.

Because of the rapid hardening of the varnish and small amount used, the risk of ingestion and toxicity of fluoride varnish is extremely low, making it safe for very young children and pregnant women.

Criteria

The criteria for application of fluoride varnish include:

- Presence of suspected tooth decay
- Presence of white spot lesions
- Presence of visible plaque
- History of decay (fillings or crowns)
- Low socio-economic status

Fluoride varnish application must only be done in conjunction with an oral screening and must be provided according to the IDPH fluoride varnish protocol. Fluoride varnish application must be documented in the IDPH integrated data system and the client record. The client paper record must include the product used and fluoride concentration.

Reference the IDPH website for fluoride varnish protocol: http://idph.iowa.gov/ohds/oral-health-center/fluoride

712 – DENTAL SEALANTS

Authority: Iowa Administrative Code 650 IAC 10	Effective Date: October 1, 2016

Overview

Dental sealants are an important preventive service for low-income, uninsured and/or underinsured children and adolescents, particularly when placed on permanent molar teeth. Most CAH agencies will provide sealants as part of the I-Smile™ @ School program.

The teeth most at risk of decay, and therefore most in need of sealants, are the first and second permanent molars. These teeth should be a priority on all children and adolescents and should be sealed as soon as possible after eruption. This would include children ages 6-8 years and 12-14 years. The permanent premolars may also benefit and sealant application on those teeth can be determined on an individual basis. Although sealing primary molars is a Medicaid-billable service, this should be limited to children whose age and behavior will allow an optimal application procedure to ensure sealant retention.

Clients who receive sealants provided by MCAH contract agencies within direct care clinics and/or school-based settings must be referred for regular dental care and are eligible for dental care coordination services.

Information on school-based sealant programs can be found at: http://idph.iowa.gov/ohds/oral-health-center/school-based

For specific programmatic guidelines, refer to the School-Based Dental Sealant Program Manual at http://idph.iowa.gov/Portals/1/userfiles/34/ohc_school-based-sealants/sealant_manual_20150716.pdf

Provider Qualifications

A client must first have an exam or an oral screening to determine which teeth will benefit from the application of dental sealants. The following professionals are able to do this:

- Exam: Iowa-licensed dentist
- Screening: Iowa-licensed dental hygienist practicing under public health supervision, with a collaborative agreement that includes sealant screenings

Based on the findings from the exam or screening, a dentist or dental hygienist may apply dental sealants. A dental hygienist must practice under public health supervision, with a collaborative agreement that includes sealant application.

Dental assistants are recommended to be used to assist dentists and/or dental hygienists with sealant application. Dental assistants must be registered with the Iowa Dental Board and practice under public health supervision. Other primary care providers (e.g. nurses) or laypersons (e.g. parent volunteer) are not eligible to serve in this role, per Iowa Dental Board rules.

Periodic retention checks are recommended for quality assurance, according to IDPH protocols.

Documenting Services

Sealant application must be documented in the IDPH integrated data system and the client record. The client paper record must include the sealant product used, tooth number and tooth surface.

Services and data for all school-based sealant programs must be submitted to IDPH using the department's Sealant Data Recording System.

713 – PROPHYLAXES AND RADIOGRAPHS

Authority: Iowa Administrative Code 650 IAC 10 Effective Date: October 1, 2016

Prophylaxes

Based on a community needs assessment, MCAH contract agencies may provide prophylaxes (professional cleanings that include scaling and polishing teeth) as a gap-filling service for clients. If a prophylaxis is provided, a periodontal assessment must be part of this service. The documentation for this assessment should include charting that details an evaluation of the teeth, gingiva and periodontium.

A prophylaxis may only be provided by a dentist or a dental hygienist. Dental hygienists must work under public health supervision and the collaborative agreement must include the guidelines for prophylaxis services.

Due to the threat of bleeding associated with prophylaxis, a detailed medical history must be completed to evaluate a client's risk for bacterial endocarditis or other blood-related conditions. This would include, but not be limited to, a client who has a heart murmur, takes anti-coagulant medications, or is immune-suppressed.

Contractors must document provision of prophylaxes in the IDPH integrated data system and the client record.

Radiographs

In partnership with local dentists, MCAH contract agencies may provide radiographs to assist with client referrals for dental treatment.

Radiographs may be provided by dental hygienists working under public health supervision. The public health supervision collaborative agreement must include guidelines for radiograph services.

Standing orders must be in place with a specific dentist who will read the client's radiographs, provide an exam and establish a treatment plan.

Contractors must document radiographs in the IDPH integrated data system and the client record. The client paper record must include the type of radiograph, number taken and tooth number, if applicable.

714 – GUIDELINES FOR CLIENT ORAL HEALTH EDUCATION

Authority: Iowa Administrative Code 650 IAC 10 Effective Date: October 1, 2016

Overview

Oral health education is an integral component of the services provided by MCAH contract agencies. It is important that MCAH clients understand that healthy teeth and gums impact overall health, proper nutrition, appearance and speech for both mother and child.

Child & Adolescent Health Guidelines

Parents/caregivers must be educated about a range of age-appropriate oral health topics such as:

- Importance of baby teeth
- First dental visit by age 1 and periodic visits based on client's risk assessment
- Proper daily cleaning and monthly "Lift the Lip" techniques
- Risks associated with certain foods and beverages, including bottle and sippy cup habits
- Importance of topical fluoride exposure
- Non-nutritive sucking (fingers or pacifier)
- Teething/eruption patterns
- Risks associated with certain medications (e.g. seizure medications, those that cause dry mouth, or sugary cough syrups used for an extended time)
- Oral piercing
- Tobacco use

Maternal Health Guidelines

Comprehensive services provided by a MH contract agency must include oral health education as an essential part of total health maintenance. Specific oral health issues that may require counseling include:

- Home care
- Dietary habits, including inappropriate snacking and soda pop consumption
- Pregnancy gingivitis
- Morning sickness
- Risks of periodontal disease and link to pre-term labor
- Systemic implications of oral diseases
- Fluoride
- Transfer of decay-causing bacteria from mother to child
- Infant oral health care

Educational Resources

MCAH contract agency staff providing oral health education must be trained by the I-Smile™ Coordinator to assure that a consistent message is given to all clients and families.

Agencies should provide anticipatory guidance and oral health education to individuals as well as groups to promote optimal oral health. Client education should be individualized and based on the findings of the oral screening and risk assessment. For child health clients, the parent or caregiver should be included in the education and demonstration of brushing and flossing.

The IDPH Oral Health Center provides educational brochures and the OHC website includes information to guide development of individual education plans, group curriculum or to provide background information.

The publication, *Bright Futures in Practice: Oral Health* also provides the tools and strategies needed to promote a lifelong foundation for oral health. It is published by the National Center for Education in Maternal and Child Health and may be ordered from: *www.brightfutures.org.*

For specific education resources, refer to the Oral Health Center website: http://idph.iowa.gov/ohds/oral-health-center/resources or the I-Smile™ website: *www.ismiledentalhome.iowa.gov/*

715 – DOCUMENTATION OF ORAL HEALTH SERVICES

Authority: Iowa Administrative Code 441 IAC 84; 42CFR 441.B Effective Date: October 1, 2016

Documenting Services

Direct dental services and care coordination must be documented in the client's health record, including the IDPH integrated data system. Service documentation must include:

- Name of client
- Date of birth
- Medicaid number, if applicable
- Date of service
- Place of service
- Medical and dental history
- Findings from the oral screening
- Direct services provided
- Time in/time out for time-sensitive services (e.g. education, care coordination)
- Oral health education provided, including with whom you spoke
- Dental care coordination, including written and verbal dental referrals and referral follow-up
- Products recommended or dispensed
- Client plan of care
- First and last name of provider and credentials
- Signature/signature log

The IDPH integrated data system serves as both permanent dental health record and data system. Information is analyzed and used to meet federal reporting requirements, for program planning and evaluation and quality assurance evaluation.

Additional Records

A paper chart for each client may also be necessary to assure a comprehensive client health record. The IDPH Oral Health Center has developed template oral screening forms for MH and CAH clients which MCAH contract agencies may use as part of a paper chart.

All child health and maternal health records (hard copy and/or electronic) are the property of IDPH. Refer to section 600 of this manual for more information on record maintenance and storage.

For more specific information on CAReS refer to the CAReS User Manual:
www.idph.state.ia.us/hpcdp/common/pdf/CARES_manual.pdf

For more specific information on WHIS, refer to the WHIS User Manual:
www.idph.state.ia.us/hpcdp/common/pdf/family_health/womans_health_system_manual.pdf

716 – MEDICAID BILLABLE ORAL HEALTH SERVICES

Authority: Iowa Administrative Code 441 IAC 84; 42CFR 441.B Effective Date: October 1, 2016

Billing Medicaid

As part of the interagency agreement between IDPH and the Department of Human Services, MCAH agencies are designated as Medicaid Maternal Health and Child Health Screening Centers. Through this collaboration, MCAH agencies coordinate health care and bill Medicaid for certain services provided to women, infants, children and adolescents who are enrolled in the Medicaid program.

MCAH contract agencies must bill for oral health services provided to Medicaid-enrolled clients. All services except care coordination must be billed directly to Medicaid. (Dental care coordination services for Medicaid-enrolled clients are billed to IDPH.)

Direct dental services must be gap-filling. MCAH contract agency staff providing direct dental services must assure they are not duplicating services provided by dentists.

Note: For Medicaid clients, the Medicaid Eligibility Verification System (ELVS) is available to verify services and should be used when providing those services (e.g. prophylaxis) that have provider frequency restrictions.

Refer to sections 400 and 600 of this manual for more information on billing and the EPSDT Informing and Care Coordination Handbook for additional care coordination information.

Service Providers

All services listed in the following tables may be provided by dental hygienists. With the exception of radiographs, prophylaxes and sealants, these services may also be provided by registered nurses, advanced registered nurse practitioners or physician assistants. Dietitians are eligible to provide nutritional counseling.

Refer to section 300 of this manual for information about eligible providers of care coordination.

All non-dental personnel must be trained by the I-Smile™ Coordinator in the service area using an IDPH-approved training before providing and billing for the listed direct dental services. Documentation of the training, including courses provided and names of the non-dental providers trained, must be furnished to the OHC before services are provided and/or billed to Medicaid through an MCAH contract agency.

Cost Analysis

MCAH contract agencies must bill their actual cost for providing direct dental services and care coordination, as delineated in the following table. Reimbursement will be paid at the cost for services or at the maximum allowable Medicaid rate, whichever is lower. MCAH cost analysis reports must be completed and provided to IDPH each year.

Questions regarding cost analysis reports, forms needed, or billing Medicaid for direct dental services should be directed to the IDPH Oral Health Center at 1-866-528-4020.

Medicaid-Billable Oral Health Services Table For Medicaid-Enrolled

Code and Service Description	Modifier	Frequency
D0120 Periodic oral evaluation by a dentist.	None	Every 6 months; limited to those patients whose caretaker indicates child has not seen a dentist within previous six months
D0145 Oral evaluation and counseling with primary caregiver for patient younger than 3 years of age. Must include recording of the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver. (CH programs only)	DA Also add TD when provided by RN, ARNP, PA	Every 6 months Do not use for initial screening.
D0150 Initial oral evaluation by a dentist	None	1 time per patient; also allowed when provider has not seen patient within a 3-year period
D0190 (with CC modifier) Initial oral screening by non-dentist	CC Also add TD when provided by RN, ARNP, PA	1 time per patient Also allowed when provider has not seen patient within a 3-year period.
D0190 Periodic oral screening by a non-dentist.	TD when provided by RN, ARNP, PA	Every 6 months; limited to those patients whose caretaker indicates they have not had a screening within the previous 6 months
D0601 Caries risk assessment and documentation, with a finding of low risk by a dentist, dental hygienist or nurse	TD when provided by RN, ARNP, PA	Every 6 months with screening/evaluation
D0602 Caries risk assessment and documentation, with a finding of moderate risk by a dentist, dental hygienist or nurse	TD when provided by RN, ARNP, PA	Every 6 months with screening/evaluation
D0603 Caries risk assessment and documentation, with a finding of high risk by a dentist, dental hygienist or nurse	TD when provided by RN, ARNP, PA	Every 6 months with screening/evaluation
D0270 Bitewing radiograph – single film (RDH only)	none	1 time in 12-month period
D0272 Bitewing radiograph – two films (RDH only)	none	1 time in 12-month period
D0274 Bitewing radiograph – four films (RDH only)	none	1 time in a 12-month period

Code and Service Description	Modifier	Frequency
D1110 Prophylaxis – adult (age 13 and older) (RDH only)	none	Every 6 months
D1120 Prophylaxis – child (age 12 and younger) (RDH only)	none	Every 6 months
D1206 Topical fluoride varnish – therapeutic application for moderate to high caries risk patients. Risk determined using I-Smile™ Risk Assessment.	TD when provided by RN, ARNP, PA	4 times a year, at least 90 days apart
D1310 Nutritional counseling for the control and prevention of oral disease	TD when provided by RN, ARNP, PA	Every 6 months per 15 minutes, minimum of 8 minutes
D1320 Tobacco counseling for the control and prevention of oral disease (MH programs only)	TD when provided by RN, ARNP, PA	Every 6 months per 15 minutes, minimum of 8 minutes
D1330 Oral hygiene instruction. Hands-on demonstration of individualized home care techniques to age-appropriate client or parent/guardian.	TD when provided by RN, ARNP, PA	Every 6 months per 15 minutes, minimum of 8 minutes
D1351 Sealant - per tooth (RDH only)	None	1 time per tooth; (Replacement sealants may be covered when the patient record documents medical necessity); permanent premolars, molars, and primary molars; children through 18 years of age or those with a physical or mental disability

IDPH-billable oral health services table for Medicaid-enrolled

Code and Service Description	Modifier	Frequency
T1016 Dental are coordination for Medicaid-enrolled clients	none	Based on documented time-in/time-out. Cannot be billed on the same day as a Medicaid-billable direct dental service.

For Medicaid claim forms the following diagnosis codes must be included:

<table>
<tr><th>Procedure Codes</th><th>Result</th><th>Suggested ICD-10</th></tr>
<tr><td rowspan="8">Initial dental exam by a dentist (D0150)

Periodic dental exam by a dentist (D0120)

Initial dental screening by a non-dentist (D0190 + CC modifier)

Recall dental screening by a non-dentist (D0190)

Oral evaluation and counseling provided by a dentist, dental hygienist or nurse (D0145 + DA modifier)

(TD modifier is used with any service provided by a nurse)</td><td>No abnormality</td><td>Z01.20 – dental exam, no abnormal findings</td></tr>
<tr><td>Decay</td><td>Z01.21 – dental exam, with abnormal findings

K02.9 Dental Caries</td></tr>
<tr><td>Demineralization</td><td>Z01.21 – dental exam, with abnormal findings

• K02.61 Smooth surface limited to enamel</td></tr>
<tr><td>Trauma to tooth</td><td>Z01.21 – dental exam, with abnormal findings

• K03.9 Diseases of hard tissue of teeth, unspecified</td></tr>
<tr><td>Apical abscess</td><td>Z01.21 – dental exam, with abnormal findings

• K04.90 Other and unspecified disease of pulp and periapical tissue</td></tr>
<tr><td>Gingivitis</td><td>Z01.21 – dental exam, with abnormal findings

• K05.10 chronic gingivitis (desquamative, hyperplastic, simple marginal, ulcerative)</td></tr>
<tr><td>Periodontal disease</td><td>Z01.21 – dental exam, with abnormal findings

• K05.6 Periodontal disease, unspecified</td></tr>
<tr><td>Trauma to gingiva</td><td>Z01.21 – dental exam, with abnormal findings

• K06.2 Trauma to gingival tissue</td></tr>
</table>

Procedure Codes	Result	Suggested ICD-10
Caries risk assessment • low risk (D0601) • moderate risk (D0602) • high risk (D0603) (TD modifier is used with any service provided by a nurse)	NA	Use the original diagnosis code (above) Add procedure code
Singe bitewing (D0270), Two bitewing (D0272), Four bitewing (D0274) radiographs	NA	Use the original diagnosis code (above) Add procedure code
Adult prophylaxis (D1110), Child prophylaxis (D1120)	NA	Use the original diagnosis code (above) Add procedure code
Fluoride varnish (D1206) (TD modifier is used with any service provided by a nurse)	NA	Use the original diagnosis code (above) Add procedure code
Nutritional counseling (D1310) (TD modifier is used with any service provided by a nurse)	NA	Use the original diagnosis code (above) but if no screening occurred: Z71 - Persons encountering health services for other counseling and medical advice, not elsewhere classified Add procedure code
Tobacco counseling (D1320) (TD modifier is used with any service provided by a nurse)	NA	Use the original diagnosis code (above) but if no screening occurred: Z71 - Persons encountering health services for other counseling and medical advice, not elsewhere classified Add procedure code

Procedure Codes	Result	Suggested ICD-10
Oral hygiene instruction (D1330) (TD modifier is used with any service provided by a nurse)	NA	Use the original diagnosis code (above) but if no screening occurred: Z71 - Persons encountering health services for other counseling and medical advice, not elsewhere classified Add procedure code
Maternal Health Clients Only – receiving any dental service	First pregnancy; must specify the trimester	Z34.00 encounter for supervision of normal first pregnancy, unspecified trimester Z34.01 – 1st Trimester Z34.02 – 2nd Trimester Z34.03 – 3rd Trimester
Maternal Health Clients Only – receiving any dental service	Subsequent pregnancy; must specify the trimester	Z34.80 encounter for supervision of other normal pregnancy, unspecified trimester Z34.81 – 1st Trimester Z34.82 – 2nd Trimester Z34.83 – 3rd Trimester

717 – SCHOOL DENTAL SCREENING REQUIREMENT

Authority: Iowa Administrative Code 641 IAC 51(135)	Effective Date: October 1, 2016

Overview

All children newly enrolling in an Iowa public or accredited non-public elementary or high school must show provide the school with proof of a dental screening using IDPH-approved forms. This includes students entering kindergarten and ninth grade.

The purpose of the dental screening requirement is to improve the oral health of Iowa's children. The dental screenings:

- Facilitate early detection and referral for treatment of dental disease
- Reduce the incidence, impact and cost of dental disease
- Inform parents and guardians of their children's dental problems
- Encourage the establishment of effective oral health practices early in life
- Promote the importance of oral health as an integral component of preparation for school and learning
- Contribute to statewide surveillance of oral health

The dental screenings enhance the I-Smile™ dental home concepts of prevention, education, care coordination and treatment and provide a critical step in closing the gap in access to dental care for underserved children.

CAH Contract Agency Responsibility

I-Smile™ Coordinators within each CAH contract agency must assist schools, families and local boards of health to assure compliance with the dental screening requirement. Activities include:

- Distributing forms and dental screening information to schools and dental offices and at community outreach events
- Building partnerships with area dentists and providing care coordination to help children who do not have a dentist
- Training non-dental health care professionals how to provide screenings
- Ensuring provision of dental screenings in schools and other public health settings as a gap-filling service for children who are unable to receive a screening from a dentist
- Working with schools and local board(s) of health to audit dental screening records

Additional information about the school dental screening requirement is available at http://idph.iowa.gov/ohds/oral-health-center/school-screenings

718 – SUPERVISION OF DENTAL HYGIENISTS WORKING IN PUBLIC HEALTH

Authority: Iowa Administrative Code 650 IAC 10	Effective Date: October 1, 2016

Overview

Dental hygienists providing direct dental services in Iowa must work under the supervision of a dentist.

Public Health Supervision

All dental hygienists providing direct dental services through MCAH contract agencies must use public health supervision. This allows hygienists to provide services in designated public health settings without the patient first being examined by a dentist.

A hygienist must have an Iowa license and a minimum of three years of clinical experience to work under public health supervision. A collaborative agreement between a dentist and a hygienist is required. The agreement delegates what services can be provided, where services will be provided and standing orders for the services. Dentists providing public health supervision are not required to provide future dental treatment to patients served by the hygienist.

While the collaborative agreement allows the supervising dentist and hygienist to list the location of dental records, it is expected that all dental hygienists (employed or contracted) providing services through MCAH contract agencies will maintain clinical records within the agency and not at a separate location. All records of patients receiving services associated with a MCAH contract agency are the property of IDPH. Refer to section 600 of this manual for additional detail about client records.

Detailed rules about dental hygiene services and supervision requirements may be found on the Iowa Dental Board website:

http://www.dentalboard.iowa.gov/practitioners/hygienists/public-health-supervision.html.

A current template for public health supervision agreements may be found on the IDPH/OHC website:

http://idph.iowa.gov/ohds/oral-health-center/resources.

A copy of the collaborative agreement must be on file with the IDPH Oral Health Center (OHC). Each dental hygienist and dentist is responsible for reviewing the agreement biennially to assure that information is current. If updates are needed, a revised agreement must be sent to the OHC. An addendum may be requested to add sites to the agreement on file.

A report of services provided under public health supervision for the calendar year must be filed annually with the IDPH Oral Health Center. OHC staff will provide instructions and a report form to be used each year.

719 – SUPERVISION OF DENTAL ASSISTANTS WORKING IN PUBLIC HEALTH

Authority: Iowa Administrative Code 650 IAC 10 Effective Date: October 1, 2016

Dental assistants working in public health in Iowa must work under the supervision of a dentist.

IDPH requires that all dental assistants employed or contracted by Title V MCAH agencies have public health supervision. This allows assistants to provide services in designated public health settings.

An assistant must be registered in Iowa and have a minimum of one year of clinical practice experience to work under public health supervision. A collaborative agreement between a dentist and assistant is required. The agreement must detail what services can be provided, where services will be provided, and standing orders for the services.

A copy of the collaborative agreement must be on file with the IDPH Oral Health Center (OHC) and the Iowa Dental Board. Each dental assistant and dentist is responsible for reviewing the agreement biennially to assure that information is current. If updates are needed, a revised agreement must be sent to the OHC and the Iowa Dental Board. An addendum may be requested to add sites to the agreement on file.

A report of services provided under public health supervision for the calendar year must be filed at least annually with the IDPH Oral Health Center. OHC staff will provide instructions and a report form to be used each year.

Detailed rules about public health supervision for dental assistants can be found in Iowa Administrative code:

https://www.legis.iowa.gov/law/administrativeRules/rules?agency=650&chapter=20&pubDate=08-03-2016.

A current template for public health supervision agreements may be found on the IDPH/OHC website:

http://idph.iowa.gov/ohds/oral-health-center/resources.

720 – CHILD HEALTH: DENTAL TREATMENT PROVIDED BY DENTISTS

Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Sec 506 [42 USC 706]
Effective Date: October 1, 2016

Reimbursing Dentists

CH-Dental funds may be used to reimburse dentists for a limited number of basic preventive and restorative dental services, at Title XIX approved rates, for CAH clients. CH-Dental funding may not be used to support direct care services provided within FQHC dental clinics.

Client Eligibility

Criteria for eligibility are that a child:

- is age 0 – 21 years,
- is not eligible for the Title XIX Program,
- is uninsured or underinsured for dental coverage, and
- has a family income that meets guidelines as established by Iowa's Title XXI program

Dental Provider Agreements

CAH contract agencies that use CH-Dental funds to reimburse dentists for services are required to have a written agreement with those providers.

Recommended information to include in the agreement includes:

- List of the reimbursable dental procedures and the reimbursement amounts for those procedures
- Maximum amount allowed per child without prior authorization
- Information on how a dental office may request an “exception” to pay for procedures not currently on the list
- Clarification that reimbursement from Title V is accepted as payment in full and the family is not responsible for additional costs
- I-Smile™ Coordinator contact information

Dental Vouchers

CAH contract agencies may create a “dental voucher” system for eligible clients. The family can be given a voucher to provide to a participating dental office, indicating that the CAH contract agency will reimburse the dental office for allowable treatment costs (using CH-Dental funds).

Dental vouchers may not be used to pay for direct care services provided within FQHC dental clinics.

For any client receiving care from a dentist reimbursed with CH-Dental funds, “dental voucher” must be indicated as a service in the IDPH integrated data system

Dental Treatment Coverage

The IDPH Oral Health Center (OHC) annually provides CAH contract agencies an updated list of pre-authorized codes and reimbursement levels. Reimbursement for services is based on the most current Title XIX fee schedule.

Payment frequency for examinations, prophylaxes, fluoride varnish applications, and sealants should be made according to Medicaid guidelines and agency protocol. Refer to Section 716 for details about Medicaid billable oral health services.

Exceptions to use CH-Dental funds for dental services that are not on the pre-authorized list of codes must be requested in writing. The written request must be sent to the IDPH Oral Health Consultant and contain the following components:

- Reason for requesting the exception to policy
- Age of child
- Details relating to the case requiring additional treatment
- Dental code and Medicaid reimbursement rate for requested procedure

The State Dental Director will make the final decision on the request. The Oral Health Consultant will notify the I-Smile™ Coordinator of the decision. Each request for an exception to policy is handled on a case by case basis.

Quarterly Reporting

CAH contract agencies are required to submit quarterly Dental Data Reports to the Oral Health Center the 30th of the month following the end of each fiscal quarter (January 30, April 30, July 30 and October 30). Information collected includes the number of children who saw a dentist using CH-Dental funds, the number of dental procedures provided and the total amount of treatment dollars reimbursed to dentists per quarter. The Dental Data Report is completed through iowagrants.gov.