

Number: 201

Title: Required Personnel Policies

Effective Date: 10/01/2022

Revision Date: 08/19/2025

Date of Last Review: 08/19/2025

Authority: [Iowa Administrative Code 641-76](#); [Iowa HHS General Conditions for Service Contracts](#)

Policy

The Maternal Health (MH) Program and Child & Adolescent Health (CAH) Program Administrative Manual provides the basis for the development of policies, practices, and programming for MH and CAH services made available through Iowa HHS. Policies, procedures, and guidance provided in this manual shall be adhered to by contractors.

Procedure

1. Contractors and subcontractors must establish and maintain personnel policies that comply with all applicable Federal, State, and local laws and requirements, including but not limited to [Title VI of the Civil Rights Act of 1964](#) (PL 88-352), [45 CFR Part 80](#), [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 the [OWBPA of 1990](#), [7 CFR Part 15](#), [OSHA](#), the [Drug Free Workplace Act of 1988](#), the [Family and Medical Leave Act \(FMLA\)](#), Certification of Compliance with [Pro-Children Act of 1994](#), the [Patient Protection and Affordable Care Act \(ACA\)](#) and the [Iowa Smokefree Air Act at Iowa Code chapter 142D](#). Contractors and subcontractors should consult with the agency or organization's legal counsel to ensure compliance with all relevant federal, state, and local laws.
2. Contractors are responsible for ensuring that subcontractors have the required personnel policies and procedures that comply with all applicable Federal, State and local requirements. Contractors shall document the review of subcontractor personnel policies and procedures.
3. Each Contractor and subcontractor providing gap-filling direct health care services shall perform those services under the direction of the Medical Director (See Policy 204 Medical Director).
4. Contractors shall verify licenses of applicants for positions requiring licensure **prior** to employment, and documentation of licenses must be kept current. The Contractor is responsible for assuring all persons, whether employees, contractors, subcontractors, or anyone acting on behalf of the Contractor, are properly licensed, certified, or accredited as required under applicable state law and the requirements of the CAH program.
5. Contractors shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under [48 CFR part 9, subpart 9 .4](#), debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by IME and Iowa HHS.

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6. Contractors must provide standards of practice for service providers, including staff, contractors, and subcontractors, who are not otherwise licensed, certified, or accredited under state law or administrative code.
7. Contractors shall provide and ensure completion of an orientation to CAH program requirements for all CAH program personnel, including staff, contractors, and subcontractors prior to providing services.
8. Contractors shall ensure all CAH program personnel, including staff, contractors, and subcontractors demonstrate proficiency in providing CAH program services prior to providing services.
9. The Department reserves the right to inquire at any time about the staffing assignments, training, and credentials of any staff member with direct responsibilities in the CAH program.
10. All orientation, training, and continuing education shall be documented in the personnel file.
11. Contractors shall ensure policies and procedures are in place that direct how all programs and services are to be administered.
12. Contractors are required to satisfy the minimum staffing and credentialing requirements of the CAH program.
13. Contractors and subcontractors shall maintain documentation of staffing in the form of CAH program continuous time studies, direct hours billed, and/or staff timesheets and supply them upon request.
14. Contractors shall ensure confidential, secure, and appropriate guidelines for teleworking.
15. Contractors shall ensure that if telework is used, health care services are provided from an approved telework site.
16. Contractors shall conduct an evaluation and review of job performance of all CAH program personnel annually.
 - a. All CAH program personnel shall have an annual review of competency and performance in the provision of family-centered services.
 - b. All CAH personnel providing clinical care shall have an annual review of competency in the skills required for each clinical service offered by the contractor as appropriate for their role.
17. Contractors shall have a written policy on the provision of continuing education, including attendance at professional development activities. It is suggested that all personnel have the option to attend continuing education based on an assessment of training needs, quality assurance indicators, and changing regulations/requirements. Relevant training must be documented.
18. Contractors shall have a Child and Dependent Abuse Reporting policy that covers all staff in the CAH program (See Policy 205 Child and Dependent Abuse Reporting).

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Resources

[Iowa Administrative Code 641-76](#)

[Iowa HHS Contract General Conditions for Service Contracts](#)

Number: 202-MH

Title: Maternal Health Required Personnel

Effective Date: 10/01/2022

Revision Date: 10/27/2025

Date of Last Review: 10/27/2025

Authority: [Iowa Administrative Code 641-76](#), [Iowa HHS Contract General and Special Conditions](#)

Overview

A broad range of competencies are required of personnel to carry out MH public health services and systems, enabling services, and direct health care services. Contractors must secure and retain personnel or subcontractors with expertise in public health, business administration, quality assurance and improvement, policy development, information systems, community systems building, health equity, care coordination, and maternal and reproductive health.

Policy

Contractors are required to satisfy the minimum staffing and credentialing requirements of IOWA HHS.

Procedure

The following positions, credentials, and competencies are required:

Medical Director: See Medical Director Policy 204

Executive Director: The executive director is responsible for supervisory and contract management tasks related to the programs included in the application. Communications regarding the CAH contract shall be sent to the executive director. It is the responsibility of the executive director to appropriately disseminate information to the contractor's board of directors, project director, and program coordinators. Information related to the contract may be sent to the board of directors, program director, and program coordinators at the discretion of IOWA HHS. The executive director's responsibilities include, but are not limited to:

1. Serving as contract administrator
2. Supervising the project director and program coordinator
3. Providing overall supervision of the MCAH programming (planning, development, and evaluation)

Maternal Health Director: The MH Director serves as a local expert and point of contact in maternal health within the service area. The MH Director is responsible for oversight and support of direct service provision and ensuring all program requirements for services and documentation are met by direct service MH direct service providers.

Minimum FTE requirements for the MH Director are outlined in the Request for Proposal or Request for Application. If the MH Director is not a full FTE in the MH program, any remaining time paid for by other sources or programs must be dedicated to programming or work that aligns with and complements the MH program.

The MH Director's responsibilities include, but are not limited to:

1. Serving as the primary point of contact for the Department for program implementation details and requirements.
2. Overseeing application development and budget.
3. Developing and managing subcontracts.
4. Assuring that written policies, procedures, and accounting meet state and federal regulations.
5. Monitoring budgets and expenditures.
6. Coordinating program activities with other agency programs.
7. Managing the contract.
8. Attending required meetings and training.
9. Ensuring compliance with state and federal guidelines.
10. Overseeing contractual relationships with health providers and subcontractors.
11. Providing written notice of contract changes.
12. Supervising professional and non-professional agency staff (recruits, trains, and monitors program personnel, oversees organization and management of all clinic sites).
13. Reporting to the agency board of directors or local Board of Health.
14. Attending required meetings and training.
15. Developing and coordinating the program.
16. Ensuring progress on program activities.
17. Monitoring compliance with grant activities.
18. Overseeing completion of agency reports.
19. Providing or arranging training.
20. Ensuring timely submission of program and data reports.
21. Representing the program to the public (provides program information to interested professionals, outside agencies, organizations, and individuals, directs and assures an effective referral system).

Below are examples of additional tasks and responsibilities that may be included in the MH Director role:

1. Collaboration, Community Engagement, and infrastructure-building activities which include:
 - a. Providing outreach and education to the broad community about maternal health, maternal mortality, and the Community Pregnancy Support Program.
 - b. Developing and supporting a regional and/or local level maternal health coalition.
 - c. Supporting partnerships and acting as a liaison in their service area between hospitals, local public health & boards of health, Iowa HHS, and other agencies and community coalitions.
 - d. Facilitating ongoing community engagement through key informant interviews, focus groups, and community coalitions to capture feedback on plans.
 - e. Collaborating with the Title X agency/ies in their service area.
 - f. Participating in the community health needs assessments and health improvement plans (CHNA-HIPs) within the service area.
2. Referral Network Building and Enabling Services
 - a. Collaborates with the I-Smile™ coordinator to ensure maternal dental services are available
 - b. Provides outreach to OBs and dental offices on the importance of dental care during pregnancy and availability

- c. Oversees provision of, or provides enabling services, including Dental Care Coordination, Medical Care Coordination for Medicaid Fee For Service clients, and Presumptive Eligibility
- d. Ensures an effective client referrals system with follow up for each client
- 3. Planning and Oversight of MH Direct Services:
 - a. Collects and monitors quantitative and qualitative data to determine program needs for the entire service area
 - b. Ensures provision and coordination of direct services
 - c. Ensures provision of Maternal Health Dental services (via subcontract if needed)

Skills and/or demonstrated experience required for the MH Coordinator include:

- 1. Ability to synthesize quantitative and qualitative data to make decisions for program implementation;
- 2. Strong interpersonal skills and experience building and maintaining relationships with a variety of partners;
- 3. Communication skills, including experience with marketing and outreach to increase awareness about programs and services;
- 4. Experience working with communities in the service area that experience high levels of health disparities or lived experience as a member of the community;
- 5. Experience convening and facilitating large groups, such as coalitions or committees, with a focus on a specific topic, health outcome, or population and
- 6. Understanding the needs of Maternal Health clients.

Fiscal Officer: The fiscal officer is responsible to carry out activities 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 Data Administrator: The responsibilities of the MH Data Administrator include, but are not limited to:

- 1. Sharing announcements, updates, and information with all MH program staff about the Iowa HHS MCAH data system.
- 2. Monitoring MH quality assurance reports and implementing quality improvement plans to improve data entry.
- 3. Ensuring new MH staff receive training on the Iowa HHS MCAH data system.
- 4. Assisting MH program staff in troubleshooting data entry and workflow issues.
- 5. Attending required training.
- 6. Monitoring addition and deletion of users.
- 7. Performing editing functions in the IOWA HHS MCAH data system client records.
- 8. Notifying Iowa HHS of any security breaches and cooperating with investigations.

Maternal Health Billing Specialist:

- 1. Oversight of all billing practices for the Healthy Pregnancy Program.

2. Prepare and submit claims to Medicaid Managed Care Organizations OR manage contracts with third party entities for billing if applicable.
3. Participate in meetings related to billing for Maternal Health.
4. Maintain knowledge of maternal health billing practices, guidelines, and requirements.

Maternal Health Registered Nurse*:

Minimum credentials and/or experience: Registered Nurse with current Iowa license; Bachelor of Science in Nursing or related degree, or a minimum of two years' experience as an RN in community health, public health, or maternal-child health.

1. Provide direct care services to clients seeking maternal health services.
2. Provide oral screens and fluoride varnish to clients seeking maternal health services.
3. Provide dental care coordination.
4. Attends required meetings and training.

Maternal Health Social Worker (optional role)*:

Minimum credentials and/or experience: Bachelors in social work, counseling, sociology, psychology, family counseling, health or human development, health education, or individual and family studies.

1. Provide psychosocial services, including anticipatory guidance, follow-up, and referrals as appropriate.
2. Provide depression and substance use disorder screenings to clients seeking maternal health services.
3. Provide dental care coordination.
4. Attends required meetings and training.

Number: 202-CAH

Title: Required Personnel

Effective Date: 10/01/2016

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Date of Last Review: 08/19/2025

Authority: [Iowa Administrative Code 641-76](#), HHS General Conditions for Service Contracts

Overview

A broad range of competencies are required of personnel to carry out Child and Adolescent Health (CAH) public health services and systems, enabling services, and direct health care services. Contractors must secure and retain personnel or subcontractors with expertise in public health, business administration, quality assurance and improvement, policy development, information systems, community systems building, health equity, care coordination, child and adolescent health, and child and adolescent clinical care.

Policy

Contractors are required to satisfy the minimum staffing and credentialing requirements of Iowa HHS and the CAH program.

Procedure

The following positions, credentials, and competencies are required:

Medical Director: See Policy 204 Medical Director

Executive Director: The executive director is responsible for supervisory and contract management tasks related to the CAH program as outlined in the agency application. Communications regarding the CAH contract shall be sent to the executive director. It is the responsibility of the executive director to appropriately disseminate information to the contractor's board of directors, project director, and program coordinators. Information related to the contract may be sent to the board of directors, program director, and program coordinators at the discretion of Iowa HHS. The executive director's responsibilities include, but are not limited to:

1. Serving as contract administrator
2. Supervising the project director and program coordinator(s)
3. Providing overall supervision of CAH programming (planning, development, and evaluation)
4. Overseeing the annual program and budget application
5. Developing and managing subcontracts
6. Assuring that written policies, procedures, and accounting comply with state and federal laws
7. Monitoring budgets and expenditures

Number: 202-CAH

Title: Required Personnel

Effective Date: 10/01/2016

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Authority: [Iowa Administrative Code 641-76](#), HHS General Conditions for Service Contracts

8. Coordinating CAH program activities with other agency programs
9. Reporting to the agency board of directors and/or the local Boards of Health

Project Director: The project director is required to have a bachelor's degree in a health or human services field or current license as a registered nurse (RN) with a bachelor's degree in any field; a minimum of six months experience in health or human services; and demonstration of the following skills and experience:

1. Ability to synthesize quantitative and qualitative data to make decisions for program implementation;
2. Strong interpersonal skills and experience building and maintaining relationships with a variety of partners;
3. Strong positive conflict resolution skills;
4. Communication skills, including the ability to communicate with individuals and groups, both small and large, about programs and services;
5. Lived experience as a member of a population with limited access to healthcare or experience working with populations with limited access to healthcare;
6. Experience convening and facilitating groups, such as coalitions or committees, with a focus on a specific topic, health outcome, or population and
7. Understanding of child and adolescent health needs.

The project director's responsibilities include, but are not limited to:

1. Communicate information to staff, contractors, and subcontractors
2. Manage the CAH contract by:
 - a. Ensuring completion of activity work plans and other required forms
 - b. Ensuring budgets are in compliance with guidance and state and federal laws
 - c. Ensuring completion of contractor reports
 - d. Overseeing contractual relationships with subcontractors
 - e. Providing written notice of key personnel changes
 - f. Ensuring progress on program activities
 - g. Monitoring compliance with grant activities and submitting changes to HHS as necessary
 - h. Overseeing and coordinating CAH programming
 - i. Ensuring provision and coordination of CAH services
 - j. Ensuring documentation requirements are met

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Authority: [Iowa Administrative Code 641-76](#), HHS General Conditions for Service Contracts

- k. Providing leadership for quality assurance activities including, but not limited to, chart audits and service note reviews.
- 3. Ensure the provision of high-quality enabling services to clients by:
 - a. Ensuring a robust referral network is maintained to meet the needs of all clients by building a referral network throughout the CSA of primary care providers to serve as medical homes; provide comprehensive well child visits to Title V clients, clients during the Presumptive Eligibility period, and clients enrolled in Medicaid Fee-For-Service. These networks shall include:
 - i. Providers in all counties of the CSA.
 - ii. Providers with lived experience and/or special training in the needs of populations with limited access to healthcare and who provide culturally and linguistically appropriate care for populations with limited access to healthcare.
 - iii. Providers outside the contractor's organization/system to ensure client choice.
 - b. Ensuring equal opportunity, support, and assistance to clients regardless of the provider chosen.
 - c. Collaborating with the I-Smile coordinator to ensure child and adolescent dental services are available.
 - d. Ensuring the provision of enabling services to clients.
 - e. Ensuring effective, client-centered referrals with follow-up for each client.
- 4. Planning and oversight of CAH services:
 - a. Collect and monitor quantitative and qualitative data to determine program needs for the entire CSA.
 - b. Ensure implementation of quality improvement initiatives.
 - c. Attend meetings and training relevant to CAH Program operations.
 - d. Ensure compliance with state and federal laws and guidelines.
 - e. Ensure training for staff and subcontractors.
 - f. Ensure participation in the community health needs assessments and health improvement plans (CHNA-HIPs) within the CSA.
 - g. Ensure collaboration and community engagement throughout the CSA.
 - h. Assist the local boards of health in the performance of the core public health functions of assessment, assurance, and policy development.

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- i. Ensure development and implementation of high-quality public health services and systems-level activities.
- j. Foster coordination among local programs serving families (Title X, home visiting, WIC, MH, CAH, I-Smile, HCCI, Hawki, etc.) and subcontractors.
- k. Provide outreach and education in the community about child and adolescent health.
- l. Act as a liaison in the CSA between local public health/boards of health, Iowa HHS, and other agencies and community coalitions.
- m. Ensure outreach, engagement, and education with families about CAH programs and services.
- n. Engage families to provide direction and feedback for program planning, implementation, and evaluation.
- o. Engage the community in communicating and developing solutions to child and adolescent health needs, issues, and concerns.
- p. Engage families from populations with limited access to healthcare and community agencies serving populations with limited access to healthcare.

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

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

1. Bachelor of Science in Nursing, or
2. Minimum of two years of experience as a registered nurse in community health, public health, pediatric practice, or other pediatric setting.

The CCNC must complete the Iowa Training Project for Child Care Nurse Consultants (ITPCCNC) course supported by Iowa HHS. A minimum of 4-20 hours of work time per unit is expected to complete the 12 units of ITPCCNC training. The training series must

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be completed within three months from the time of enrollment into the course. See the Child Care Nurse Consultant Role Guidance for additional requirements and responsibilities.

Hawki Outreach Coordinator: Contractors are encouraged to hire individuals with recent lived experience. This may include people who:

1. Self-identify as belonging to a population with limited access to healthcare;
2. Have been enrolled in Medicaid or Hawki in the 2 years preceding hire; or
3. Are the parent(s) of a child enrolled in Medicaid or Hawki in the 2 years preceding hire

The responsibilities of the Hawki Outreach coordinator include, but are not limited to:

1. Promoting the implementation of best practice outreach strategies to encourage enrollment in Hawki and Medicaid programs.
2. Ensuring dissemination of approved and up-to-date program information.
3. Completing required reports and attending required meetings.
4. Be a qualified entity to conduct Presumptive Eligibility throughout the CSA.
5. Conducting Hawki and Medicaid Outreach to businesses and organizations in the community, providing onsite Presumptive Eligibility throughout the CSA.
6. Conducting Hawki and Medicaid Outreach outside traditional business hours (8 am to 4:30 pm Monday through Friday) and on weekends to provide education and assistance with Presumptive Eligibility to individuals with a variety of work schedules.

CAH Data Administrator: The responsibilities of the CAH Data Administrator include, but are not limited to:

1. Sharing announcements, updates, and information with all CAH program staff about the HHS Maternal Health (MH)/Child and Adolescent Health (CAH) Data System.
2. Monitoring CAH quality assurance reports and implementing quality improvement plans to improve data entry.
3. Ensuring new CAH staff receive training on the HHS MH/CAH Data System.
4. Assisting CAH program staff in troubleshooting data entry and workflow issues.
5. Attending required training.
6. Monitoring addition and deletion of users.
7. Performing editing functions in the HHS MH/CAH Data System client records.

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8. Notifying HHS of any security breaches and cooperating with investigations.

I-Smile™ Coordinator: Each CAH Contractor must have an Iowa-licensed dental hygienist serving as the I-Smile™ Coordinator. The I-Smile™ Coordinator must work at least 32 hours a week on activities to build local public health system capacity and to ensure the provision of enabling and population-based oral health services. The I-Smile™ Coordinator is the single point of contact for oral health activities in each CSA and is included on the Key Personnel Form for CAH Contractors. The I-Smile™ Coordinator is also required to collaborate with the MH Contractor for the CSA (See Policy 902 The I-Smile™ Program).

Direct Dental Services Planner (DDSP): Each CAH Contractor must have an Iowa-licensed registered dental hygienist (RDH) or registered dental assistant (RDA) to serve as the Direct Dental Service Planner (DDSP). The DDSP assists the I-Smile™ Coordinator by planning and coordinating direct dental services provided by the Contractor. The DDSP may provide direct dental services (See Policy 902 The I-Smile™ Program and 903 The I-Smile™ @ School Program).

Resources

[Iowa Administrative Code 641-76](#)

[HHS General Conditions for Service Contracts](#)

Number: 203

Title: Excluded Providers

Effective Date: 10/01/2016

Revision Date: 08/20/2025

Date of Last Review: 08/20/2025

Authority: [Section 1903\(i\)\(2\) of the Social Security Act](#) (the Act); [42 CFR section 1001.1901\(b\)](#); [section 1128B based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156](#). [Iowa Administrative Code 441-79.2](#).

Overview

The Department supports efforts to prevent Medicaid fraud by requiring Contractors to check the Medicaid exclusion status of individuals and entities prior to entering into employment or contractual relationships. The effect of an exclusion (not being able to participate) is:

1. No payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. Federal health care programs include Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan). For exclusions implemented prior to August 4, 1997, the exclusion covers the following federal health care programs: Medicare (Title XVIII), Medicaid (Title XIX), Maternal and Child Health Services Block Grant (Title V), Block Grants to States for Social Services (Title XX) and State Children's Health Insurance (Title XXI) programs.
2. No program payment will be made for anything that an excluded person furnishes, orders, or prescribes. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services, and anyone else. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.
3. There is a limited exception to exclusions for the provision of certain emergency items or services not provided in a hospital emergency room.

Policy

Contractors shall check the Medicaid exclusion status of individuals/entities prior to entering into employment or contractual relationships and at least annually thereafter. The Contractor will maintain records of these inquiries.

Procedure

The Contractor shall:

1. Check the [List of Excluded Individuals and Entities](#) (LEIE) site prior to entering into employment or contractual relationships.
2. Check the site at least annually for current employees and contractors. Contractors should search the HHS-OIG website to capture exclusions and reinstatements that have occurred since the last search.
3. Document that the search was complete for all employees, subcontractors, and contractors.

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Authority: [Section 1903\(i\)\(2\) of the Social Security Act](#) (the Act); [42 CFR section 1001.1901\(b\)](#); [section 1128B](#) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156. [Iowa Administrative Code 441-79.2](#).

Resources

[DHHS OIG Exclusions Program Background Information](#)

[DHHS OIG Exclusions Program](#)

[“Special Advisory Bulletin: Outlines Effects of Exclusion from Federal Health Care Programs”](#)

[State Medicaid Director Letter dated January 16, 2009 \(SMDL #09-001\)](#)

[IME Informational Letter #1001 of April 8, 2011](#)

[Section 1903\(i\)\(2\) of the Social Security Act](#) (the Act);

[42 CFR section 1001.1901\(b\)](#); [section 1128B](#) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.

[Iowa Administrative Code 441-79.2](#).

Number: 204- MCAH

Title: Medical Director

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Date of Last Review: 08/21/2025

Authority: [Iowa Administrative Code 641-76](#), Iowa HHS General Conditions for Service Contracts

Policy

Contractors must have a formal agreement with a physician (MD or DO) to serve as a medical director. The responsibilities of the medical director include oversight and consultation for Child and Adolescent Health (CAH) or Maternal Health (MH) programs. All clinical policies shall be reviewed and approved annually by the Medical Director. Each contractor and subcontractor providing gap-filling direct health care services must perform those services under the direction of a physician with special training or experience in Child and Adolescent Health for CAH programs or Maternal Health for MH Programs.

Procedure

One physician may serve as the medical director for multiple programs, provided their medical specialty qualifies them to serve in that capacity.

Only licensed or certified professionals operating at a level and within a scope of practice appropriate for their license or certificate may provide gap-filling direct care health services. Physician assistants and registered nurses perform delegated medical functions under protocols and/or standing orders approved by the medical director. Advanced registered nurse practitioners may provide clinical health services based on their licenses and within the contractor's policies and procedures. A medical director may delegate functions to other health care professionals provided such functions are within the professional's scope of practice and consistent with the contractor's policies and procedures (see Policy 201 Required Personnel Policies). Prior to providing gap-filling direct health care services, staff must be oriented to their respective CAH or MH program, trained in the Contractor's policies and procedures, and demonstrate competence in providing the service.

At a minimum, Contractors must meet with their Medical Director once a year to review policies and procedures, obtain standing orders, and conduct general CAH or MH program planning.

Resources

[Iowa Administrative Code 641-76](#)

[Iowa HHS Contract General Conditions for Service Contracts](#)

Number: 205

Title: Child Abuse Reporting

Effective Date: 10/01/2016

Revision Date: 08/22/2025

Date of Last Review: 08/22/2025

Authority: [Iowa Code § 235B.3\(2\)](#); [Iowa Code § 232.69](#); 441 [Iowa Administrative Code \[441\] Chapter 175](#)

Overview

The child abuse reporting law is to provide protection to children by encouraging the reporting of suspected abuse. Iowa HHS has the legal authority to conduct an assessment of alleged child and dependent adult abuse.

It's everyone's responsibility to report suspected abuse. [Iowa Code section 232.69](#) defines certain professionals as mandatory reporters of child abuse, and [Iowa Code section 235B.3\(2\)](#) defines certain professionals as mandatory reporters of dependent adult abuse. Professionals in the fields of health, law enforcement, early care and education (ECE), education, mental health, and social work who have contact with children in the course of their work are considered to be mandatory reporters. Although anyone can report child and dependent adult abuse and is encouraged to do so, mandatory reporters are required by law to make a report of suspected abuse within 24 hours of becoming aware of the concern(s).

HF731, signed into law on May 8, 2019, delegates responsibility for mandatory reporter training to the Iowa Department of Health and Human Services. Mandatory reporters are required to complete the training every three years, as appropriate for their role and position. These are the only approved training allowed in Iowa: [DS 168 Dependent Adult Abuse Mandatory Reporter Training](#) and [DS 169 Child Abuse Mandatory Reporter Training](#).

Policy

Contractors shall ensure all staff who come in contact with children and dependent adults have completed the Iowa HHS Mandatory Reporter Training on recognizing abuse and training on the contractor's policies and procedures about reporting suspected abuse. Contractors shall have policies and procedures that comply with the Iowa Code and Iowa Administrative Code for mandatory and permissive assessment and reporting of child and dependent adult abuse.

Procedure

Contractors shall have policies in place that specify agency compliance with the Iowa Code that addresses child and dependent adult abuse and reporting of abuse. Contractors shall have written policies outlining the following:

1. Every individual required to report suspected abuse as defined in [Iowa Code 232.69\(1\)](#) and [Iowa Code 235B.3\(2\)](#) must complete 2 hours of mandatory reporter training within their first six months of employment or self-employment and one hour of additional training every three years (unless otherwise specified by federal regulations). If employees or contractors qualify as a mandatory reporter for both child abuse and dependent adult abuse, they are required to take both training and maintain certification for both curricula.

Number: 205

Title: Child Abuse Reporting

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Date of Last Review: 08/22/2025

Authority: [Iowa Code § 235B.3\(2\)](#); [Iowa Code § 232.69](#); [441 Iowa Administrative Code \[441\] Chapter 175](#)

2. Maintenance of documentation showing completion of training(s) for each employee or contractor.
3. Job classifications that identify staff or contractor positions that are mandatory assessors and reporters of child abuse.
4. The procedure for filing child abuse reports, both verbal and written.
5. Storage and access to written child abuse reports.
6. Process for consulting with a supervisor or medical director when staff is unsure whether to report or not.
7. Provision and procedure for staff who are permissive reporters to report suspected abuse.
8. Contractors are responsible for contacting the Department of Human Services for guidance and interpretation of the law.

Resources

[Child Abuse: A Guide for Mandatory Reporters, Comm. 164](#)

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)

Abuse Reporting Hotline: 1-800-362-2178

Sources

Title X Family Planning Manual

[Iowa Code § 235B.3\(2\)](#)

[Iowa Code § 232.69](#)

[Child Abuse: A Guide for Mandatory Reporters, Comm. 164](#)

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)

[Form 470-0665](#), Report of Suspected Child Abuse

[Chapter 175](#) Iowa Administrative Code - Child Abuse

Iowa Code:

1. [232.68](#) – Definition of child and child abuse, including child sex trafficking
2. [232.69](#) – Mandatory and Permissive reports---Training required
3. [232.70](#) – Reporting Procedure
4. [232.71B](#) - Duties of Department Upon Receipt of Report
5. [232.73](#) - Medically relevant tests — immunity from liability
6. [232.77](#) Photographs, X-rays, and medically relevant tests.
7. [692A](#) - Sex Offender Registry
8. [702.11](#) Forcible Felony
9. [709.1](#) – Sexual abuse defined
10. [709.2](#) – Sexual abuse in the first degree

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Authority: [Iowa Code § 235B.3\(2\)](#); [Iowa Code § 232.69](#); [441 Iowa Administrative Code \[441\] Chapter 175](#)

11. [709.3](#) – Sexual abuse in the second degree
12. [709.4](#) – Sexual abuse in the third degree
13. [710A.1](#) - Human Trafficking
14. [717C.1](#)- Bestiality
15. [725.1](#) – Prostitution
16. [726.2](#) – Incest
17. [728.1](#)- Obscenity
18. [728.12](#) – Sexual exploitation of a minor