IOWA | Health and Human Services

Number: 101
Title: Purpose and Framework of the Maternal Health Program & Child and Adolescent Health Program Administrative Manual
Effective Date: 10/01/2016
Revision Date: 8/18/2025
Date of Last Review: 8/18/2025
Authority: Iowa Code § 135.11(17), Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V §§701-710, subchapter V, Chapter 7, Title 42.

Overview

The Maternal Health (MH) Program and Child & Adolescent Health (CAH) Program Administrative Manual is used by the Iowa Department of Health and Human Services (Iowa HHS) staff and contractors. Whenever possible, hyperlinks to primary references have been included in this manual. Please note that website addresses are subject to change without notice.

Policy

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

Procedure

1. The following terms will be used throughout the manual:
    a. **Contractor** - defined as the local agency contracted for Maternal Health and/or Child & Adolescent Health programs and services.
    b. **Client** - for MH: a pregnant or postpartum mother receiving services from a contractor; for CAH: an infant, child, adolescent, primary caregiver of a client, or other individual receiving services from a contractor.
    c. **Iowa HHS MCAH Data System** – refers to the integrated data system that supports the MCAH programs.
2. The MH and CAH Program Administrative Manual delineates the MH/CAH core services and reflects changes in program funding. The manual is a dynamic document that may be continuously edited and updated. Each year, an evaluation to assess whether manual revisions are necessary shall be completed. The annual review and/or revision process does not preclude revisions that might be needed at other times of the year.
3. Each policy shall indicate the date it was updated or revised. Project Directors will be notified by Iowa HHS when a new version of a policy is available. It is the responsibility of the manual user to ensure they are using the most up-to-date policy as posted on the Iowa HHS website.
4. The entire manual with revisions is located on the Iowa HHS website at MCAH Portal Title V Tools.

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Resources

§§701-710, subchapter V, chapter 7, Title 42.
Iowa Administrative Code 641 IAC 76 (135)
Iowa Code § 135.11(17)

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Authority: Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V Sec. 501. [42 U.S.C. 701]

Overview

The Child & Adolescent Health (CAH) program promotes the development of systems of care for children and adolescents from birth through age 21 years and their families to provide quality medical and dental homes providing services that are family-centered, community-based, collaborative, comprehensive, coordinated, competent, and developmentally appropriate.

The 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:

1. Promote the health of women, pregnant women, and their infants by ensuring access to quality preventive health services, especially for populations with less access to health care.
2. Increase health assessments, health screening and follow-up diagnostic and treatment services.
3. Increase the number of women who are provided health education and psychosocial support.
4. 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 developmentally appropriate.

The purpose of the federal Maternal and Child Health (MCH) Block Grants to states is to create a federal-state partnership to develop service systems in our nation's communities to meet critical challenges in maternal and child health, including:

1. To provide and assure mothers and children (in particular those with limited availability of health services) access to quality MCH services.
2. To reduce infant mortality and the incidence of preventable diseases and disabling conditions among children.
3. To reduce the need for inpatient and long-term care services.
4. To increase the number of children (especially preschool children) appropriately immunized against disease and the number of children less likely to access healthcare receiving health assessments, follow-up diagnostics, and treatment services.
5. To promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for populations less likely to access healthcare services, and to promote the health of children by providing preventive and primary care services for children with limited access to healthcare.
6. To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX.
7. To provide and promote family-centered, community-based, coordinated care for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

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Vision of Title V

Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.

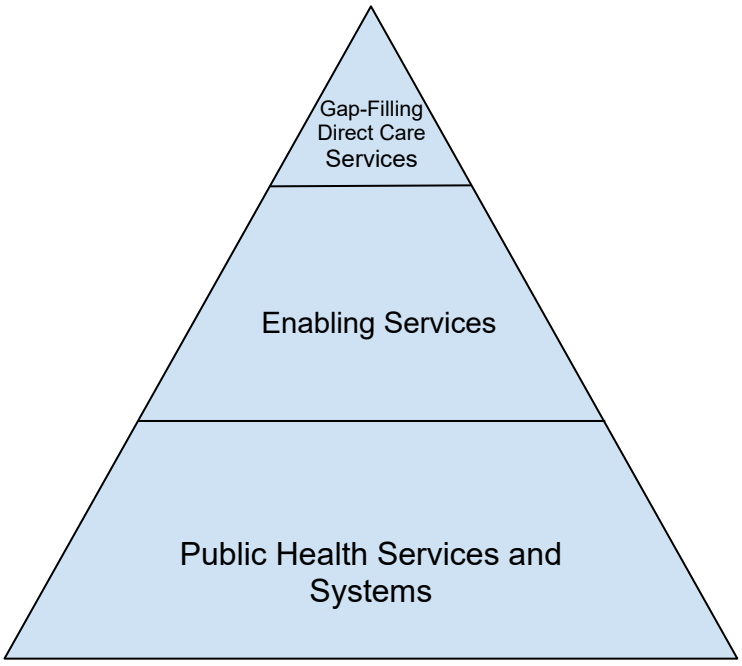
Mission of Title V

The mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

Framework

The purpose and goals of the MH program and CAH program are implemented through the framework of the MCH Pyramid, core public health functions, and ten essential services.

MCH Pyramid



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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:

1. Assessment of community needs and assets (Including the CHNA-HIP)
    a. Organizing open mouth surveys
2. Data collection and analysis
3. Program planning and evaluation
4. Development and monitoring of policies and procedures
5. Establishment of community linkages with primary care providers
    a. Surveying dental offices to identify oral health care accessibility in the service area
    b. Establishing regular, personal contact with dentists to advocate for children, pregnant women, and families
6. Coalition and collaboration building
    a. Conducting strategic planning with local oral health coalitions and other forums to assess community oral health needs
    b. Planning and implementing activities with community partners, such as “Give Kids a Smile Day”
    c. Professional development and training
    d. Educating and training physicians on oral health
    e. Establishing relationships with school health staff to ensure oral health education and prevention services
7. Quality assurance and quality improvement initiatives
    a. Developing referral tracking systems with local medical and dental offices
    b. Conducting in-service staff training to develop oral health education, care coordination, and referral protocols
8. Population-based services that provide preventive personal health services for groups of individuals rather than in one-on-one situations. Examples include:
    a. Oral screenings at a community event (e.g., health fair, open mouth surveys) or for children unable to meet the school dental screening requirement
    b. Breastfeeding promotion and support
    c. Health education for groups
    d. Providing oral health education for Head Start parents or prenatal classes
    e. Sudden Unexpected Infant Death Syndrome (SUIDS) awareness and education
    f. Early care and education (ECE) and school health education
    g. Public health awareness campaigns
    h. Promoting oral health

Enabling services assists families in gaining access to health care services. Examples include:

1. Medicaid and Hawki Outreach

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2. Presumptive Eligibility
3. Care coordination
4. Well visit reminders
5. Assisting with transportation
6. Assisting with interpretation services

Gap-Filling Direct Care Services provided by the MH and CAH programs are available to populations with less access to healthcare services enrolled in the MH/CAH programs based on individual and/or population identified needs**.** See policy 837 Provision of Gap-Filling Direct Care Services.

Core Public Health Services: The core public health functions described in the 1988 Institute of Medicine report, *The Future of Public Health*, provide the framework for the nation's public health system. They include:

1. Assessment
2. Policy Development
3. Assurance

Ten Essential Public Health Services: The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake. They are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables broad access to the individual services and care needed to be healthy.
8. Build and support a skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

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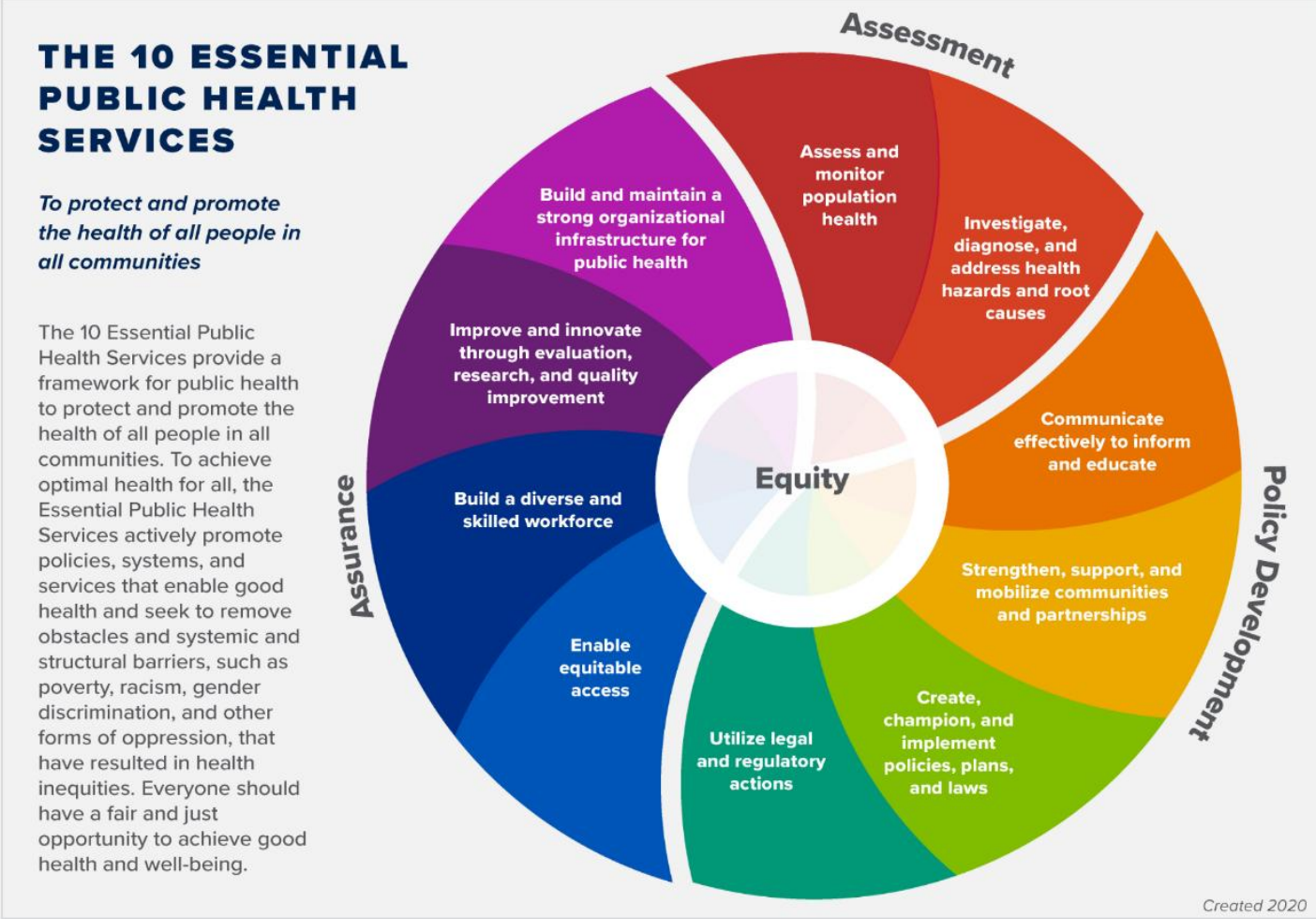

A crosswalk of the 10 Essential Public Health Services with the purpose of the State MCH Block Grants, as defined in Section 501(a)(1) of Title V of the Social Security Act, yielded the following strategies for states to use in their program planning:

1. Conduct ongoing assessment of the changing health needs of the MCH population to drive priorities for improving access and health outcomes.
2. Expand surveillance and other data systems capacity to support rapid investigation of emerging health issues that affect the MCAH population (e.g., Zika and Neonatal Abstinence Syndrome).
3. Inform and educate the public and families about the unique needs of the MCH population.

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4. Mobilize partners, including families and individuals, at the federal, state, and community levels in promoting a shared vision for leveraging resources, integrating and improving MCH systems of care, promoting quality public health services, and developing supportive policies.
5. Provide expertise and support for the formation and implementation of state laws, regulations, and other policies pertaining to the health of the MCH population (e.g., perinatal regionalization/risk-appropriate care and suicide prevention).
6. Integrate systems of public health, health care, and related community services to ensure greater access and coordination to achieve maximum impact.
7. Promote the effective and efficient organization and utilization of resources to ensure access to necessary comprehensive services for CSHCN and families through public health services, systems, and population health efforts.
8. Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and the efficient and effective use of resources.
9. Support or conduct applied research resulting in evidence-based policies and programs.
10. Facilitate rapid innovation and dissemination of effective practices through quality improvement and other emerging methods.
11. Provide services to address unmet needs in health care and public health systems for the MCH population.

Resources
§§701-710, subchapter V, chapter 7, Title 42.
Iowa Administrative Code 641 IAC 76 (135)
Iowa Code § 135.11(17)

Sources
Title V MCH Pyramid
Ten Essential Services
Institute of Medicine. (1988). *The Future of Public Health.* Washington, DC: National Academy Press

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Number: 103
Title: Federal and State Legislative Authority
Effective Date: 10/01/2016
Revision Date: 08/18/2025
Date of Last Review: 08/18/2025
Authority: Iowa Code § 135.11(17); Iowa Administrative Code 641 IAC 76; 641 IAC 50; Public Law 105-17: IDEA '97: PART C; HRSA 42 USC Section 705(A)(5)(F)

Overview

Federal authority for the Maternal Health (MH) and Child & Adolescent Health (CAH) 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 Child Health (MCH) 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 MCH services, 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 changing public health needs. A major change to Title V MCH was the creation of the MCH 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. Based on these changes, 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. In 2015, an updated performance measure framework was introduced to reflect more clearly the contributions of Title V in improving health outcomes among the MCH population.

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.

Each year, Congress sets aside funding for the MCH Block Grant. Individual state allotments are determined by a formula that considers the proportion of low-income children in a particular state compared to the total number of low-income children in the entire U.S. States and jurisdictions must match every $4 of federal Title V money that they receive by at least $3 of state and/or local money (i.e., non-federal dollars). Additional information about the block grant can be found on the HRSA MCHB website.

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Iowa Administrative Code

The Iowa General Assembly has directed Iowa HHS to administer the statewide Maternal and Child Health Program in accordance with the requirements of Title V for the purpose of improving the health of women and children less likely to access healthcare. Iowa Code § 135.11(17). Iowa HHS has adopted administrative rules to implement the program: Iowa Administrative Code 641 IAC 76 provides the authority for Iowa's MCH Program and adopts the Omnibus Reconciliation Act of 1989 (OBRA 89, PL 101-239) requirements. The code gives Iowa HHS responsibility for the operation of the Maternal and Child Health Block Grant (Title V MCH). The Iowa Administrative Code at 641IAC 50 describes the purpose and responsibilities of the state oral health program and dental director.

Grant Application

Iowa HHS periodically solicits proposals to select the most qualified applicants to provide public health services at the community level for the MH and CAH Program. 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 for 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. Contractors are required to comply with both the general and special conditions of the contract, this Manual, and all relevant laws. This application process complies with Iowa HHS Service Contracting Policy (#FS 07-03-014), as well as 641 Iowa Administrative Code chapters 76 and 176.

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). The amendments require that state Title V MCH programs:

1. Assist with coordination of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program;
2. Establish coordination agreements with their state Medicaid program;
3. Provide a toll-free number for families seeking Title V or Medicaid providers;
4. Provide outreach and facilitate enrollment of Medicaid-eligible children and pregnant women;
5. Share data collection responsibilities, particularly related to infant mortality and Medicaid;
6. Provide services to children with special health care needs and disabilities not covered by Medicaid.

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Authority: Iowa Code § 135.11(17); Iowa Administrative Code 641 IAC 76; 641 IAC 50; Public Law 105-17: IDEA '97: PART C; HRSA 42 USC Section 705(A)(5)(F)

In Iowa, Medicaid and Iowa HHS Title V enter into a contractual agreement for the purpose of cooperation, developing and sustaining a collaborative relationship to promote the availability of comprehensive, and to promote cost effective and quality health care services.

I-Smile™

The I-Smile™ program is the outcome of Medicaid reform legislation passed in 2005 by the Iowa Legislature. House File 841 included the following language: "…every recipient of medical assistance who is a child twelve years of age or younger shall have a designated dental home and shall be provided with the dental screenings and preventive care identified in the oral health standards under the Early and Periodic Screening, Diagnostic, and Treatment program."
In response, Iowa HHS partnered with the Iowa Dental Association, the Iowa Dental Hygienists' Association, Delta Dental of Iowa, and the University of Iowa College of Dentistry to develop a plan that would fulfill the dental home mandate. The result is called the I-Smile™ Dental Home Program. The Iowa Administrative Code 641, Chapter 50 outlines the administrative details of the dental programs. See Policy 902, The I-Smile Program, for more information.

Integration with Early ACCESS

Congress created the Individuals with Disabilities Education Act, Part C [20 U.S.C. 631] (IDEA), to assist states in designing and implementing systems of early intervention services for infants and toddlers with disabilities and their families. Iowa's Program, called Early ACCESS, is a partnership between families with young children aged birth to three years and providers from the signatory agencies (Iowa Department of Education (DE), Iowa HHS, and Child Health Specialty Clinics (CHSC)). The purpose of this program is for families and staff to work together to identify, coordinate, and provide needed services and resources that will help the family assist their child in growth and development.

Resources

Iowa Code § 135.11(17)
Iowa Administrative Code 641 IAC 76
Public Law 105-17: IDEA '97: PART C
Individuals with Disabilities Education Act, Part C [20 U.S.C. 631] (IDEA)
Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities
Iowa Administrative Code 641, Chapter 50
HRSA 42 USC Section 705(a)(5)(F)

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Number: 105-MH
Title: Admission to Maternal Health Program
Effective Date: 10/01/2022
Revision Date: 08/29/2025
Date of Last Review: 08/29/2025
Authority: Iowa Code § 135.11(17), Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V §§701-710, subchapter V, Chapter 7, Title 42.

Overview

The purpose of admission into the Maternal Health (MH) program is to assist the client in accessing primary and preventive health care and provide enhanced direct care services to pregnant individuals.

The Maternal Health program aims to ensure access to quality maternal health services for all pregnant individuals in Iowa by addressing barriers to care and enhancing service delivery. Efforts are made to ensure outreach and support are provided to those who may require additional services to access maternal health care.

Policy

Contractors shall admit pregnant and postpartum women into the MH program to assist them in accessing quality primary and preventive health care and provide enhanced direct services. MH clients may be enrolled into a variety of program types. Program enrollment shall be based on client need and preference. All clients must be offered enrollment into the full Maternal Health Program.

Procedure

MH clients shall be enrolled in one of the following programs:

1. Presumptive Eligibility (PE) Only
2. Maternal Health (MH)
3. Oral Health Only
4. Postpartum Only
5. Lactation Class Only

Complete admission into the appropriate program must be implemented as outlined below. For all programs, the client is asked to sign a consent for services form and a release of information (ROI). A ROI must be obtained if any medical record elements or health information will be shared outside the agency (see Client Record Policy). It is best practice to have all clients sign a ROI upon admission so that the contractor can share necessary information for purposes of care coordination and continuum of care with the client's OB provider, however a ROI is not required for admission into the MH program.

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Number: 105-MH
Title: Admission to Maternal Health Program
Effective Date: 10/01/2022
Revision Date: 08/29/2025
Date of Last Review: 08/29/2025
Authority: Iowa Code § 135.11(17), Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V §§701-710, subchapter V, Chapter 7, Title 42.

Admission to MH Presumptive Eligibility Only

An MH client who is only seeking assistance in obtaining immediate Medicaid coverage may be enrolled into the PE Only program. This program type is appropriate for clients who are receiving support services from another organization or who decline enrollment into the full Maternal Health program. MH clients enrolled in PE Only must also receive care coordination. Refer to Policies 703-MH and 704-MH for Care Coordination and Presumptive Eligibility, respectively.

Admission to Maternal Health

All MH clients should be offered the full MH program. Clients who accept enrollment into the Maternal Health program shall receive services in accordance with the contractor's direct service protocol. The provider enrolling the client into the MH program shall complete the required pregnancy intake form, complete the Prenatal Risk Assessment or obtain the completed assessment from the client's OB provider, and have the client complete the client-directed education worksheet.

Admission to Oral Health Only

MH clients may opt to only receive oral health services in lieu of the full MH program. Refer to policy 905, MH client enrollment as Oral Health Only, and applicable OH direct service policies.

Admission to Postpartum Only

The MH Postpartum Only program is an option for clients identified after the birth of their baby. Clients enrolled into the Postpartum Only program shall receive services in accordance with the contractor's direct service protocol. Clients may be admitted and discharged on the same day or receive multiple postpartum visits.

Admission to Lactation Class Only

Contractors can bill for each Medicaid-enrolled client who participate in a Lactation Class. All class participants must be offered enrollment into the full MH program, or Oral Health or Postpartum Only. For clients who decline enrollment into any other program types, the contractor must complete all required documentation for the Lactation Class.

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Number: 105-MH
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Revision Date: 08/29/2025
Date of Last Review: 08/29/2025
Authority: Iowa Code § 135.11(17), Iowa Administrative Code 641 IAC 76 (135), Social Security Act Title V §§701-710, subchapter V, Chapter 7, Title 42.

Any client admitted to the MH program must be entered in the Iowa HHS MCAH Data System. A ROI is not required for entering data into the MCAH data system.

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Number: 105-CAH
Title: Admission to Child and Adolescent Health Program
Effective Date: 10/01/2016
Revision Date: 08/19/2025
Date of Last Review: 08/19/2025
Authority: 641 Iowa Administrative Code chapters 76 and 77; Social Security Act Title V Section 506

Overview

The purpose of admission into the Child & Adolescent Health (CAH) program is to assist the client in accessing primary and preventive health care. The CAH program utilizes a medical home model to enable children and adolescents to receive quality care from a primary care provider responsible for both sick and well care. Children and adolescents (birth through age 21) are eligible for the program.

"Medical home" means a team approach to providing health care that originates in a primary care setting; fosters a partnership among the client, the personal provider, and other health care professionals and, where appropriate, the client's family; utilizes the partnership to access all medical and nonmedical health-related services needed by the client and the client's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the following characteristics:

1. A personal provider
2. A provider-directed team-based medical practice
3. Whole person orientation
4. Coordination and integration of care
5. Quality and safety
6. Enhanced access to health care
7. A payment system that appropriately recognizes the added value provided to patients who have a patient-centered medical home

Policy

Contractors shall admit children and adolescents to the CAH program to assist them in accessing quality primary and preventive health care primarily through enabling services. Contractors shall provide enabling services to all children and adolescents admitted to the CAH program to access a medical and dental home.

Procedure

A comprehensive assessment of the health status, social determinants of health, and needs of the client and family shall be completed at admission, updated on the date of service or within the 30 days prior, and annually thereafter while the child is enrolled in the program.

The adolescent (18 to 22 years old), or a family member with decision-making responsibility, is asked to sign a consent for services form and a release of information (ROI). A ROI is obtained if any medical record elements or health information will be shared outside the agency (See Policy 302 Client Records). If information will not be shared outside of the agency, a ROI is not required for admission into the CAH program.

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Number: 105-CAH
Title: Admission to Child and Adolescent Health Program
Effective Date: 10/01/2016
Revision Date: 08/19/2025
Date of Last Review: 08/19/2025
Authority: 641 Iowa Administrative Code chapters 76 and 77; Social Security Act Title V Section 506

Enabling services are provided to assist the family in decreasing barriers to accessing preventive services through their medical and dental home.

Direct care services are offered only after enabling services to assist the family in accessing the service from their medical home has failed. Documentation of the enabling services provided must be included in the client's record.

Any client admitted to the CAH program must be entered in the Iowa HHS Maternal Health (MH) and Child & Adolescent (CAH) Health Data System. A ROI is not required for entering data into the MCAH data system.

Resources
Iowa Administrative Code 641 Chapter 76
Iowa Administrative Code 641 Chapter 77
Social Security Act Title V Section 506

IOWA | Health and Human Services

Number: 106-MH
Title: Maternal Health Program Eligibility & Voluntary Participation
Effective Date: 10/01/2022
Revision Date: 10/27/2025
Date of Last Review: 10/27/2025
Authority: Iowa Administrative Code 641-76; Social Security Act Title V Section 506; Title 42, Chapter 7 Section 712;

Overview

All pregnant and postpartum woman who are residents of Iowa are eligible for Maternal Health (MH) services. Title V provides financial assistance for pregnant and postpartum individuals who qualify based on their insurance status and family income.

Policy

All pregnant and postpartum woman who are residents of Iowa are eligible for Maternal Health (MH) services. Contractors shall determine eligibility for coverage of services and bill accordingly.

Procedure

Assist pregnant women who may be eligible for Medicaid

Pregnant women who are uninsured or underinsured and whose family income falls within income guidelines for Medicaid shall be assisted by the contractor in applying for Medicaid.

Financial Coverage of Services for pregnant women not eligible for Medicaid

1. Pregnant and postpartum women who are uninsured or underinsured and not eligible
2. Medicaid may receive Title V services based on the following conditions:
    a. If family income is below the poverty level established by Medicaid, the client may receive Title V MH services at no charge;
    b. If family income is above the poverty level and below 300% of Federal Poverty Guidelines, the client may receive Title V MH services on a sliding fee scale or;
    c. If family income is at or above 300% of the poverty level, the client may receive Title V MH services at full fee.
3. Pregnant women with private insurance may have services billed to their insurance, be private pay based on a sliding fee scale, or the contractor can use program income or other funds to cover the costs of services. Title V grant funds may not be used for pregnant or postpartum clients who are not uninsured or underinsured and whose income exceeds Title V guidelines.

Assess the income on all MH clients

Contractors shall assess the income of all MH clients based on Federal Poverty Guidelines, family income, and household size. Income information is provided by the individual or family (self-declared).

IOWA | Health and Human Services

Number: 106-MH
Title: Maternal Health Program Eligibility & Voluntary Participation
Effective Date: 10/01/2022
Revision Date: 10/27/2025
Date of Last Review: 10/27/2025
Authority: Iowa Administrative Code 641-76; Social Security Act Title V Section 506; Title 42, Chapter 7 Section 712;

1. Income is calculated as follows:
    a. 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.
    b. 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.
    c. Terminated income is not considered
2. Proof of Title XIX or WIC eligibility serves in lieu of income assessment.
3. Federal Poverty Guidelines are published annually by the U.S. Department of Health and Human Services (DHHS). MH program eligibility guidelines are adjusted following any change in DHHS guidelines.
4. Family is defined as a group of two or more persons related by birth, marriage, adoption, or residing together and which functions as one economic unit. A pregnant woman is considered as two individuals when calculating the number of individuals in the family. If a pregnant woman is expecting multiple births, the family size is increased by the number expected in the multiple births.
5. Eligibility determination 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 eligibility, eligibility determination shall be completed.

Residency Requirement

Pregnant and postpartum women must currently reside in Iowa to receive Title V MH services.

Voluntary Participation

1. Title V services are provided solely on a voluntary basis. Individuals shall not be subjected to coercion or discrimination in the delivery of services. Acceptance of Title V services is not a prerequisite to eligibility of any other services, assistance or participation in any other program.
2. Clients are encouraged to ask questions and may refuse a service or stop services at any time.

IOWA | Health and Human Services

Number: 106-CAH
Title: Child & Adolescent Health Program Eligibility & Voluntary Participation
Effective Date: 10/01/2016
Revision Date: 08/19/2025
Date of Last Review: 08/19/2025
Authority: Iowa Administrative Code 641-76; Social Security Act Title V Section 506

Overview

All clients under 22 years of age who are residents of Iowa are eligible for Child & Adolescent Health (CAH) services. Title V provides financial assistance for clients who qualify based on their insurance status, residence, and family income.

Policy

All children and adolescents under 22 years of age who are residents of Iowa are eligible for (CAH) services. Contractors shall determine eligibility for coverage of services at least annually and bill accordingly.

Procedure

Assist clients who may be eligible for Medicaid or Hawki

1. Clients who are uninsured or underinsured under the age of 21 years and whose family income falls within income guidelines for Medicaid shall be assisted in applying for Medicaid.
2. Children and adolescents under age 19 years of age who are uninsured or underinsured and whose family income falls within income guidelines for Hawki shall be assisted in applying for Hawki.

Financial coverage of services for children not eligible for Medicaid or Hawki

1. Clients 22 years of age and younger, living in Iowa, who are uninsured or underinsured and not eligible for Medicaid or Hawki are eligible for services covered by Title V grant funds if their family income falls within the income guidelines for the Hawki program. These clients receive services at no charge. Contractors may use Title V grant funds or program income to cover the cost of services.
2. Clients 22 years of age and younger, living in Iowa, with private insurance:
    a. may have services billed to their insurance,
    b. may be private pay based on a sliding fee scale or
    c. The contractor can use program income to cover the costs of services.
3. Title V grant funds and Medicaid Administrative Funds (MAF) may not be used for children with private insurance or who are underinsured but whose income exceeds Title V/Hawki guidelines.
4. Clients whose family income is at or above 302% of the poverty level qualify for Title V CAH services at full fee.

Assess the income on all children and adolescents

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1. Income is assessed on all children and adolescents based on Federal Poverty Guidelines, family income, and household size. Income information is provided by the individual or family (self-declared).
2. Income is calculated as follows:
    a. 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.
    b. 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.
    c. Terminated income is not considered.
3. Proof of Medicaid, Hawki, or WIC eligibility serves in lieu of income assessment.
4. Federal Poverty Guidelines are published annually by the U.S. Department of Health and Human Services (DHHS). CAH program eligibility guidelines are adjusted following any change in DHHS guidelines.
5. Family is defined as a group of two or more persons related by birth, marriage, adoption, or residing together and functioning as one socioeconomic unit.
6. Eligibility determination must be done at least once annually. When an individual and/or family's circumstances change in a manner that affects third-party coverage, Medicaid, or Hawki eligibility, an eligibility determination shall be completed.

Residency Requirement
Clients must currently reside in Iowa to receive Title V CAH services.

Voluntary Participation
1. Title V services are provided solely on a voluntary basis. Individuals shall not be subjected to coercion or discrimination in the delivery of services. Acceptance of Title V services is not a prerequisite to eligibility for any other services, assistance, or participation in any other program.
2. Clients are encouraged to ask questions and may refuse service or stop services at any time.

Resources
Iowa Administrative Code 641 Chapter 76
Social Security Act Title V Section 506
Federal Poverty Guidelines