IOWA | Health and Human Services

Number: 300-CAH
Title: Criteria for Becoming an EPSDT Medicaid Screening Center
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Medicaid Screening Center Provider Manual, Iowa HHS Omnibus Agreement

Overview

Medicaid Screening Centers (also called Screening Centers) are a type of designated service provider through the Iowa Department of Health and Human Services (HHS) and Iowa Medicaid Enterprise (IME). Screening Centers provide select Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services to Medicaid-eligible clients and can bill for these services in compliance with the Iowa HHS Medicaid Screening Center Provider Manual, Medicaid policies, and the Title V Child and Adolescent Health (CAH) program policies/procedures/guidance.

Policy

Contractors are required to meet and maintain the qualifications necessary for designation as a Medicaid Screening Center. Contractors must comply with quality standards and provide services consistent with guidelines established by Iowa HHS, IME, and the Title V Program. See the Medicaid Screening Center Provider Manual for more information.

Procedure

1. Contractors must maintain Medicaid Screening Center Provider status to bill Medicaid EPSDT Services. The application process and necessary documentation are located on the HHS website: Enrolling as a Medicaid Provider.
2. Only Contractors are eligible to be Screening Centers, subcontractors are not eligible. Services provided by the subcontractor must be processed through the Contractor as the Screening Center.
   a. Contractors (acting as subcontractors) providing services via agreement with another Contractor shall work with the Contractor holding the contract for the service area to determine billing.
   b. This shall be outlined in the written agreement to provide services.
3. A letter authorizing the contractor as a contractor in good standing with the Title V Program will be required by IME to become a Medicaid Screening Center. The Title V Program will provide this letter upon request.

Sources

Medicaid Screening Center Provider Manual

Number: 301
Title: Required Policies and Procedures
Effective Date: 10/01/2022
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76, Iowa HHS General Conditions for Service Contracts; OCIO Information Technology Standards

Overview

A policy should state the course of action an organization wants to pursue. Procedures describe actions or tasks necessary to meet a specific policy. Policies and procedures must be made available and accessible to all staff and must be maintained with current information.

Policy

Contractors and subcontractors shall have written policies and procedures that guide the administration and operations of the Maternal Health (MH) and Child and Adolescent Health (CAH) programs. These policies and procedures shall comply with federal and state law, Iowa HHS General and Special Contract conditions, Office of Chief Information Officer Standards, the CAH program, and this manual. Additionally, Contractors shall have an individual order or written standing orders for the provision of any gap-filling direct health care service.

Procedure

Policies and procedures should be reviewed and revised annually and no less frequently than every three years.

1. Contractors reviewing policies less than annually shall specify the frequency in a contractor's policy.
2. An effective date, revision effective date, and revision history shall be clearly indicated.
3. The following policies and procedures are required:
    a. Personnel (see Policy 201 Required Personnel Policies)
        i. Staff representation of the client population
        ii. Responsibility and review of subcontractor policies and procedures
        iii. Medical director supervision
        iv. Minimum staffing and credentialing requirements
        v. Excluded providers
    b. Emergency (see Policy 830 Medical and Non-Medical Emergencies)
    c. Fiscal Policies (see Section 400)
        i. Accounting Standards
        ii. Approval authorities
        iii. Bad debt write-off
        iv. Billing procedures
        v. Continuous daily time studies
        vi. Expenditure reports
        vii. Inventory management

Number: 301
Title: Required Policies and Procedures
Effective Date: 10/01/2022
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76, Iowa HHS General Conditions for Service Contracts; OCIO Information Technology Standards

viii. Lines of responsibility
ix. Method for determining administrative and indirect costs
x. Payment schedule-client fees
xi. Sliding fee scale
xii. Purchasing procedures
xiii. Record-keeping requirements
xiv. Segregation of duties

d. Medical record policies (see Sections 300 and 500)
   i. Limited acceptable abbreviations in client records
   ii. Record security, maintenance, retention, and storage
   iii. Client consent
   iv. Release of information
e. Program policies (see Sections 200, 300, 500, 600, 700, and 900)
   i. Appointment system
   ii. Client eligibility
   iii. Referrals and follow up
   iv. Integration of CAH program and services with other Iowa HHS programs and services
   v. Quality assurance/quality improvement
   vi. Confidentiality
   vii. Review and approval of informational and educational materials
   viii. Client and family input
   ix. Limited English proficiency
   x. Interpretation and use of interpreters
   xi. Confidential, secure, and appropriate guidelines for telework sites
   xii. Certification of Compliance with the Pro-Children Act of 1994. The Contractor must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act).
f. Gap-Filling Direct Health Care Clinical policies (see Section 800)
g. Contractors must maintain policies and procedures for all direct care clinical services provided. If direct care services are provided at multiple sites, there must be policies specific to the services provided at those locations.
h. Contractors must have individual or written standing orders for all gap-filling direct health care services prior to the provision of a gap-filling direct health care service.
i. Contractors must have individual or written standing orders for all oral health direct care services provided by a nurse prior to the provision of oral health direct care services by a nurse.

Number: 301
Title: Required Policies and Procedures
Effective Date: 10/01/2022
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76, Iowa HHS General Conditions for Service Contracts; OCIO Information Technology Standards

j. Standing orders must be reviewed and signed off on by the contractor's medical director at least annually and must be accessible to staff providing gap-filling direct health care at all times.

Resources
Iowa HHS General Conditions for Service Contracts
Iowa Administrative Code 641-76
OCIO Information Technology Standards

IOWA | Health and Human Services

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

Overview

Client records support delivery of services, continuity of care, and are important risk management and quality improvement tools.

Policy

Client records shall be specific, factual, relevant, and legible. Client records shall be kept up to date, completed, signed, and dated by the person who provided the service. Contractors must establish a medical record for every client who obtains direct health care services. These records must be maintained and retained in accordance with accepted medical standards, the Maternal Health (MH) and Child & Adolescent Health (CAH) program, Department General and Special Conditions, Iowa HHS Terms for Service Contracts, MED-23-015 IDPH Omnibus Intergovernmental Agreement, and state and federal laws.

Contractors must comply with all state and federal laws, standards, and guidelines regarding documentation in client records, storage, handling, security, retention, access, release, and disclosure of patient health information and client records. All MH and CAH client records (hard copy and/or electronic) are the property of the Department.

Procedure

1. For Healthy Child Care Iowa (HCCI), Early Care and Education (ECE) provider records are required to be kept (electronically or paper) with documentation of the Child Care Nurse Consultant (CCNC) services provided. Refer to the CCNC Role Guidance (on the Iowa HHS CCNC web page) for what shall be contained in the ECE provider record.
2. Contractors shall establish a medical record for every client created for clients obtaining MH services or a CAH gap-filling direct health care service. These records shall be maintained in accordance with accepted medical standards and state and federal laws with regard to record retention. Records must be:
    a. Complete, legible, accurate, and include documentation of all encounters of a clinical nature;
    b. Readily accessible to authorized MH or CAH staff;
    c. Systematically organized to facilitate prompt retrieval and compilation of information;
    d. Secure;

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

e. Confidential; and
f. Available upon request to the client.

3. The client's medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results. The required content of the medical record includes:
   a. Demographic information including sex, race, ethnicity, primary language, and if a translator is needed
   b. First and last name on each page
   c. Date of birth and Medicaid MH or CAH data system identification number
   d. Pertinent medical history
   e. Problem list with identified problems to facilitate continuing evaluation and follow-up
   f. Entries must be signed by the service provider, including name, credentials, and date
   g. Location where service was provided
   h. Necessary follow-up and scheduled revisits
   i. Consent for services – initial and annual updates
   j. Release of information, if applicable
   k. Refusal of services, if applicable
   l. HIPAA Notice of Privacy Policy acknowledgment or declination
   m. List of current medications
   n. Allergies and untoward reactions to drug(s) recorded in a prominent and specific location
   o. Assessment of medical and dental insurance
   p. Name of primary care provider and dentist
   q. If direct health care service, the chart must include or indicate the need for the following:
      i. Physical exam, laboratory test orders, and results, if conducted;
      ii. Reports of clinical findings, diagnostic and therapeutic orders, diagnoses and documentation of continuing care, referral, and follow-up;

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

iii. Entries by counseling and social service staff. Contractors must maintain a list of identified problems to facilitate continuing evaluation and follow-up.
iv. Treatment provided, education, and special instructions

4. Client financial information should be kept separate from the client's medical record. If included in the medical record, client financial information should not be a barrier to client services.
5. Documentation of all MH and CAH services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established in Iowa Administrative Code [441] Chapter 79.3.
6. Contractors are responsible for the accuracy and compliance of their records, including those of all subcontractors.
7. Contractors must comply with Department contract requirements for timely data entry. Documentation of services must be made at the time of service and be available to Iowa HHS by the 15th of the following month. The end of the state or federal fiscal year may shorten the timeframe for documentation to be available for payment.

Electronic Health Records

Contractors transitioning to electronic health records will be held to the requirements of this policy. Every effort must be made to maintain confidentiality in the electronic health record system. Clients should be informed if the agency uses an electronic health record system that can be accessed by other providers and acknowledge that they received that information.

Maintenance, Retention, Security and Property Rights of Client Records

1. See Iowa HHS General Conditions Sections 3, 5, 8, 9, 10, 15, and 28 for additional requirements related to client records. Iowa HHS General Terms for Service Contract requirements are longer for record retention than the Departments. Therefore, contractors are required to follow the HHS record retention requirement for retaining records found in the Iowa HHS General Terms for Service Contracts, Section 2.
2. MH and CAH records will be maintained on the department-approved MH and CAH data system(s).

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

3. In the event that a contract is terminated, the Department will provide directions for the transfer of client records. Electronic health records will be transferred in a manner deemed appropriate by the Department.
4. Agencies must have the capability to separate Title V MH and CAH records from other services provided (i.e., WIC, home visiting, and broader medical care) for the purpose of audits and record transfers.
5. Records that are integrated with larger health systems or multiple program data systems (Electronic Health Records, etc.) must be able to be set up and maintained so that Title V services can be extracted from the system without compromising the client's confidentiality related to non-Title V services in the event of an audit or record transfer.
6. Contractors shall provide facilities and equipment that ensure the protection of confidential information at all sites (office, clinics, mobile/satellite, approved telework, etc.) where MH and CAH programs or services are conducted.
7. Contractors and subcontractors are prohibited from using personally owned electronic equipment (cell phones, tablets, computers, etc.), removable media, and other devices to store, view, receive, or send records (medical, accounting, financial, programmatic, statistical, supporting documentation and other MH or CAH program records).
8. Contractors and subcontractors are prohibited from accessing client records in a location that does not protect the confidentiality of the record. Contractors shall not connect to unauthenticated public Wi-Fi networks (free public Wi-Fi typically available in coffee shops, libraries, rest stops, airports, and other public venues) or networks using WEP and WPA to access client records or confidential information. Devices shall not connect to public charging stations\kiosks.
9. Client records shall be physically stored in areas and in such a way as to protect them from moisture and flooding. Contractors are discouraged from storing client records in basements and areas at increased risk for flooding/water damage.
10. Client records must be maintained in a secure manner that prevents unauthorized access.

Release of Records

1. Contractors are required to comply with all applicable regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent amendments, including Subtitle D of the Health Information Technology for

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

Economic and Clinical Health Act, Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (HITECH) and the federal regulations published at 45 CFR parts 160 and 164.

2. The written consent of the client is required for the release of personally identifiable information, except as may be necessary for treatment services, payment, or health care operation activities or as required or authorized by law, with appropriate safeguards for confidentiality.
3. HIV, substance use, and mental health information shall be handled according to the laws regarding these special classifications of information.
4. A release of information is not required for entering data into the MCAH data system or sharing charts with the Department for audit and quality improvement purposes, or for the performance of other public health activities.
5. When information is requested, agencies should release only the specific information requested. Information collected for reporting purposes may be disclosed only in summary, statistical, or other form, which does not identify particular individuals. Any release of statistical or aggregate data must comply with the Department's Disclosure of Confidential Public Health Information, Records, or Data Policy and all relevant federal and state laws.
6. Upon request, clients transferring to other providers must be given a copy or summary of their record to expedite continuity of care.
7. Contractors shall comply with federal and state laws regarding release for records and charges for release of records. Charges for records released directly to the client must be placed on the appropriate sliding fee scale.
8. Contractors and subcontractors are prohibited from accessing client records, including data entry outside work sites (which includes offices, clinics, and approved telework sites).

Iowa HHS General Conditions, Information Technology Standards and HIPAA

1. Contractors shall follow and comply with all Iowa HHS General Conditions.
2. Contractors shall follow and comply with all State of Iowa Office of the Chief Information Officer Information Technology standards.
3. Contractors are required to comply with all applicable federal and state laws that govern the use, maintenance, privacy, security, and disclosure of client records, including but not limited to HIPAA and subsequent amendments, including Subtitle D of the Health Information Technology for Economic and Clinical Health

Number: 302
Title: Client Records
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; 441 Iowa Administrative Code 79.3; 641 IAC 76.11

Act, Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (HITECH) and the federal regulations published at 45 CFR parts 160 and 164.

4. Iowa Code Chapter 228
5. 42 CFR Part 2
6. Iowa Code sections 125.37, 125.93
7. Iowa Code sections 141A.6, 141A.9

Resources

Iowa HHS HIPAA Statement
Iowa HHS General Conditions for Service Contracts
OCIO Technology Standards
Medicaid Screening Center Manual
Iowa Administrative Code [441] Chapter 79.3
Iowa Administrative Code [641] Chapter 76.11

IOWA | Health and Human Services

Number: 304
Title: Client Consent for Services
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; Iowa Administrative Code [441] Chapter 79.3; Iowa Administrative Code [641] Chapter 76

Overview

General consent for direct care services must be provided by every client. General consent is required before the patient can be examined or treated or before minor testing (such as lab work or routine imaging studies) can be done.

Policy

All Clients must consent for direct care services. Consent forms must be signed annually or more often if circumstances change who the signatory authority is (i.e., if a parent/guardian provided consent for a minor who has now reached the age of majority, the newly eligible adult must sign their own consent).

Procedure

1. Annually, Contractors must obtain, prior to the provision of any services, written consent for services from the client to indicate voluntary acceptance of MH and CAH direct care services.
2. All consents must be maintained in the client's record.
3. The consent for services must be communicated in a manner the client understands. If translation or interpretation services are needed, they should be documented. If a telephone interpreter is used, the company name, name and ID number of the interpreter, and date/time must be documented on the consent.
4. Consent for services must include the date the client was offered or received the organization's Notice of Privacy Practices (NPP).
5. The consent for services must include notification that the MH and CAH client records created and maintained are the property of Iowa HHS and, therefore may be shared with Iowa HHS and its agents, Title V contractors, Iowa Medicaid Enterprise, or designee for audit, preventive health services, quality improvement, and other legally authorized purposes.
6. The consent for services must include authorization from the client (or parent/guardian as applicable) to receive information via text or email.
7. If clients choose to delay or defer a service, counseling must be provided about the risks associated with such a delay and documented in the record.

Number: 304
Title: Client Consent for Services
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; Iowa Administrative Code [441] Chapter 79.3; Iowa Administrative Code [641] Chapter 76

Minor Consent

The following is a summary of Iowa laws that govern the ability of a minor to independently consent to medical care, treatment, and services. If MCAH Contractors 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 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).

Emancipated Minors: Iowa Statutory and common law also recognize the majority for 'emancipated' minors, defined 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 chapter 232C; Vaupel v. Bellach, 154 N.W.2d 149 (Iowa 1967).

1. 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).
2. Minors who have been adjudicated as emancipated do not need parental consent to receive medical, dental, or psychiatric care. Iowa Code § 232C.4.

Exemptions to Parent/Guardian Consent for Minors

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.

IOWA | Health and Human Services

Number: 304
Title: Client Consent for Services
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; Iowa Administrative Code [441] Chapter 79.3; Iowa Administrative Code [641] Chapter 76

Courts have recognized limited exceptions to the general rule of parental consent. In addition, the Iowa legislature has enacted several statutory provisions that 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.

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

1. **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.
2. **Contraceptive Services:** A person may request contraceptive services directly from a licensed physician or a family planning clinic. A minor may give written consent to receive the services, and such consent is not subject to later disaffirmance by reason of minority. Iowa Code § 141A.7(3). Carey v. Population Services, International 431 U.S. 678 (1977)
3. **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).
4. **Sexually Transmitted Diseases:** "A minor shall have the legal capacity to act and give consent to the 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." Prevention, Diagnosis, and Treatment Iowa Code § 139A.35

5. **Tobacco Cessation Services:** Minors twelve years of age or older may consent to receive tobacco cessation services from Iowa HHS'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 give 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.
6. **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); HIV/AIDS Care Iowa Code § 141A.7(3).
7. **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 are not required to obtain consent from a parent or guardian prior to providing these services to a minor. Iowa Code § 125.33(1).

Number: 304
Title: Client Consent for Services
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa HHS General Conditions for Service Contracts; Medicaid Screening Center Manual; Iowa Administrative Code [441] Chapter 79.3; Iowa Administrative Code [641] Chapter 76

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.

Resources

MCAH Project Management Portal.
Iowa HHS General Conditions for Service Contracts
Medicaid Screening Center Manual
Iowa Administrative Code [441] Chapter 79.3
Iowa Administrative Code [641] Chapter 76

IOWA | Health and Human Services

Number: 305
Title: Confidentiality
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Code Chapters 22, 125, 135, 139A, 141A, 144; Iowa HHS General Conditions for Service Contracts; 45 CFR parts 160 and 164

Overview

Every effort is made to ensure client confidentiality and provide safeguards for individuals against the invasion of their privacy. Information about clients that receive services may not be disclosed without the individual's written consent, except as deemed necessary for treatment services, payment, or health care operation activities or as required or authorized by law, with appropriate safeguards for confidentiality. Concern with respect to the confidentiality of information, however, may not be used as a rationale for noncompliance with laws requiring notification. Information may be disclosed in summary, statistical, or other form that does not identify the individual, with written authorization from Iowa HHS and in conformance with the Department's Disclosure of Confidential Public Health Information, Records, or Data Policy and all relevant federal and state laws.

As a general rule, public health and medical records that contain personally identifiable information of a health-related nature are confidential under Iowa law. Public health records include a record, certificate, report, data, dataset or information which is confidential under federal or state law.

Data that can be used to indirectly establish the identity of a person named in a confidential public health record and medical record by the linking of the released information or data with external information, which allows for the identification of such person, is also confidential.
The authorized sharing of confidential information can benefit the client or program for purposes such as coordination of care, facilitation of referrals, sharing of demographic information, and/or program evaluation.

Policy

1. Contractors are required to comply with all applicable federal and state laws to protect client confidentiality and assure the security of client information, including but not limited to regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent amendments, including Subtitle D of the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (HITECH) and the federal regulations published at 45 CFR parts 160 and 164.

Number: 305
Title: Confidentiality
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Code Chapters 22, 125, 135, 139A, 141A, 144; Iowa HHS General Conditions for Service Contracts; 45 CFR parts 160 and 164

2. See Sections 8, 9, 10, 15, 22, and 28 of the Department's General Conditions for Service Contracts for additional specific requirements related to confidentiality.
3. All information as to personal facts and circumstances obtained by Contractors and subcontractors about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required or authorized by law, with appropriate safeguards for confidentiality
4. Confidential information may not be shared without a signed authorization for release of information unless otherwise required or authorized by law. Such records will be disclosed only under circumstances expressly authorized under state or federal confidentiality laws, rules, or regulations. Contractors may be liable civilly, contractually, and criminally for unauthorized release of such information.
5. The Contractor shall immediately report to the Department any unauthorized disclosure of confidential information.
6. In compliance with the General Terms for Service Contracts within the IDPH/DHS Omnibus Agreement, as amended, between the Department and the Iowa Department of Human Services (DHS), all terms of the IDPH/DHS Omnibus Agreement shall also apply to Contractors. Contractors shall ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the applicant agree to the same restrictions, conditions, and requirements that apply to the Contractor with respect to such information. These terms include but are not limited to, the following.
    a. Access to Department or DHS Confidential Information: Contractors may have access to confidential information owned by the Department or DHS that is necessary to carry out the responsibilities of the funding opportunity. Access to such confidential information shall comply with the State, the Department and DHS policies and procedures. In all instances, access to the Department and DHS information from outside the United States and its protectorates, either by the Contractor or its affiliates or associates or any subcontractor, is prohibited.
    b. Breach Notification Obligations: The Contractor agrees to comply with all applicable laws that require the notification of individuals in the event of unauthorized use or disclosure of confidential information or other events requiring notification in accordance with applicable law. In the event of a

Number: 305
Title: Confidentiality
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Code Chapters 22, 125, 135, 139A, 141A, 144; Iowa HHS General Conditions for Service Contracts; 45 CFR parts 160 and 164

breach of the Contractor's security obligations or other event requiring notification under applicable law, the Contractor agrees to follow the Department directives, which may include assuming responsibility for informing all such individuals in accordance with applicable laws and to indemnify, hold harmless, and defend the State of Iowa against any claims, damages, or other harm related to such breach.

c. Business Associate Agreement: When performing certain activities under the Title V, CAH Program, Contractors collect and receive access to certain records and pieces of data that are protected by the Health Insurance Portability and Accountability Act of 1996, as amended, and the federal regulations published at 45 CFR part 160 and 164. When the Contractor performs services on behalf of the Department for which the Department is a business associate of DHS, the Contractor agrees to comply with the business associate agreement addendum (BAA) and any amendments thereof, as posted to the HHS website: https://hhs.iowa.gov/hipaa. This BAA, and any amendments thereof, is incorporated by reference. The Contractor shall ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Contractor agree to the same restrictions, conditions, and requirements that apply to the Contractor with respect to such information.

Resources

Hospital records, medical records, and professional counselor records of the condition, diagnosis, care, or treatment of a patient are confidential. Iowa Code § 22.7(2)
Confidentiality of 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 and § 139A.30 - 32
Personally identifiable information related to HIV/AIDS. These reports are maintained as "strictly confidential medical information," and specific provisions prevent disclosure of this information except under very limited circumstances. Iowa Code §§ 141A.6, 141A.9
Vital statistics records. Iowa Code § 144.43
Substance abuse program patient information and some licensing information. Iowa Code § 125.37; Iowa Code §§ 22.7(2), 22.7(18); 641 IAC 155.16(5)
Iowa HHS HIPAA Statement
DHHS "*The HIPAA Privacy Rule*"

IOWA | Health and Human Services

Number: 306-MH
Title: Client Referral and Follow-Up
Effective Date: 10/01/2022
Revision Date: 08/29/2025
Date of Last Review:08/29/2025
Authority: Iowa Administrative Code 641-76

Overview

Contractors can support clients' social determinants of health, as well as their mental and physical health by asking about their social history, referring them to local support services, facilitating access to these services, and acting as a reliable resource person throughout the process. “Individuals consciously act to protect and promote their own health and that of others, albeit within structural constraints largely outside their individual control. The pathways people follow as they seek help and support to deal with social problems can be expected to be complex.” Social determinants of health often create inaccessible, fragmented care, long-lasting, and inadequate resources for the needs of families. Clients are expected to navigate this complex, fragmented system on their own often without knowing how to find what they need or what is available. (Par8o, 2016)

According to the American College of Obstetrics and Gynecologists, “Social determinants of health have been shown to affect many conditions […] including but not limited to preterm birth, unintended pregnancy, infertility, cervical cancer, breast cancer, and maternal mortality. Obstetrician–gynecologists and other health care providers should seek to understand patients’ health care decision-making not simply as patients’ individual-level behavior, which at times may appear foreign or irrational to health care providers, but rather as the result of larger systems that create and maintain inequalities in health and health care. Recognizing the importance of social determinants of health can help obstetrician-gynecologists, and other health care providers better understand patients, effectively communicate about health-related conditions and behavior, and improve health outcomes.” (ACOG, 2018)

Contractors can play a significant role in aiding clients in finding solutions and resources in their community by assisting in making appointments, providing complete, up-to-date information about services in the community and eligibility criteria, advocating for the family, and making a well-executed, complete referral with follow up to assure the client received what they needed. While most physicians recognize the impact of social determinants of health on outcomes, in one survey, 80% indicated they do not feel confident in their ability to address them (ACOG, 2018). MH agencies are in a unique position to provide support to OB providers in their service area to address social determinants of health.

Policy

Referral for services beyond the scope of the agency is expected. Contractors shall have, by prior arrangement, providers or agencies to which clients may be referred for both social determinants of health and medical homes.

Procedure

Contractors shall:

1. Engage in regular communication with providers and resources within the service area to build strong relationships and facilitate effective referral linkages.
2. Leverage the Maternal Health Coalition(s) in the CSA to continuously build and maintain relationships to ensure successful referrals for MH clients.
3. Maintain a planned mechanism for client follow-up to ensure referral needs were met.
4. Maintain a robust referral linkage with Obstetrical (OB) care providers in order to promote medical homes.
5. Build referral networks with local OB care providers throughout the CSA to increase access to medical homes for pregnant women for the full scope of prenatal care. Contractors must form referral networks with providers that serve all three client populations (Title V, PE and PE only, Medicaid) and must include options for clients enrolled in each Medicaid managed care organization (MCO).
6. Maintain a strong referral network with providers offering services related to the social determinants of health.
7. Provide specialized care coordination to priority populations as they may need additional care coordination to find a provider that meets their needs.
8. Contractor referral protocols shall meet the evidence-based practice for referral systems in that they are safe, effective, efficient, patient-centered, and equitable. Contractors shall have a referral protocol that addresses all of the following:

a. Staff training in making referrals

b. Contractors shall ensure staff are trained to ask about health and social determinants of health in a manner that encourages trust, relationship building, and provides a comfortable environment to disclose needs and sensitive information.

c. Contractors should ensure referrals are made impartially and consistently across all clients. Studies have shown that staff screen patients differently, do not screen patients, and offer different services based on the client's appearance, diagnoses (mental health), insurance status, and perceived or documented income. Emphasis should be on universal screening and the Contractor shall evaluate the process for potential bias.

d. How client needs are determined

i. Staff shall ask clients if they want a referral/assistance

ii. Staff shall use motivational interviewing to assess barriers to readiness for assistance

e. How needs are matched with available services

f. Staff shall ask clients what they are looking for in the referral provider/service - what is important to them (location, race/ethnicity of provider, language spoken, where the client will deliver their baby).

g. How to identify available community services

h. Develop a comprehensive list of resources for each referral type in order to provide clients with specific details about the provider

i. How the client is connected to community services

i. Ask the client how they would like the referral to happen - staff make a connection with the agency on the client's behalf, be introduced to a staff member at the agency, make the appointment for the client, have the agency contact the client to arrange an appointment.

ii. Assess barriers to accessing community services

iii. Provide specific information to the client about the referral, including what to expect, required documents, eligibility guidelines, and other helpful information about accessing services.

1. A list of possible services/providers with no additional information on qualifications, if they are taking new clients, or if they accept Medicaid given to a client is not a referral

2. Work with providers/community services to determine what is needed to ensure the referral will be beneficial to the client.

3. Contractors are encouraged to work closely with their referral network to set roles and responsibilities for each organization, create tools, forms, and/or protocols/procedures for evidence-based mutual referrals (listed above safe, timely, etc.) to prevent patients from falling through the cracks, getting referred to services that don't meet their needs, or they are ineligible for ("run around") and delays in service.

j. How and when follow-up after the service will be conducted. Contractors are encouraged to close referral loops and request the same from their referral network by communicating the status and result of referrals with appropriate releases of information/client consent.

k. How the referral is documented.

9. Refer to the Interpreter Services policy to ensure individuals receive necessary language access services.

10. Maintain a system of referral and follow-up

a. Develop a system to assure that client follow-up is completed and documented.

b. Provide follow-up of canceled or missed appointments and reschedule initial and return appointments.

11. Provide assistance in rescheduling missed or canceled appointments and working with providers and clients when missed appointments, outstanding balances, and other barriers are preventing access to care.

12. Provide assistance in scheduling initial and return appointments for Medicaid-covered services and social determinants of health.

13. Contractors shall periodically assess the effectiveness of their referral process.

14. Develop and annually review a county-specific resource directory for clients/families. The development and annual review of the resource directory should include clients/families. The resource directory must meet the following criteria:

a. Include county level resources for the county of residence of the client/family. The Contractor may opt to include regional, state, and national resources.

b. Contain medical and dental providers taking Medicaid clients in the client's/family's county of residence.

c. All resources must be verified by the contractor at the time of review. Resources must include pertinent information such as location, hours of operation, and contact information, but should strive to provide more detailed information (e.g., Food Pantry: fresh fruit is available on the first Tuesday of the month, food often runs out by noon; Provider X speaks Spanish, etc.).

d. Contains information relevant to the health and social determinants of health (SDOH) for pregnant women

Resources

- https://innovation.cms.gov/files/x/tcpi-changepkgmod-referrals.pdfhttps://www.ruralhealthinfo.org/toolkits/care-coordination

Sources

- CMS. Managing Referrals – Providing a Patient-Centered Referral Experience https://innovation.cms.gov/files/x/tcpi-changepkgmod-referrals.pdf
- Institute for Healthcare Improvement / National Patient Safety Foundation. Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.
- Par8o. Making referrals work: the 4 pillars of successful referral management. (2016)
- Importance of social determinants of health and cultural awareness in the delivery of reproductive health care. ACOG Committee Opinion No. 729. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e43–8. Retrieved 7-14-22 from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/01/importance-of-social-determinants-of-health-and-cultural-awareness-in-the-delivery-of-reproductive-health-care .
- Senitan, M., Alhaiti, A.H. & Lenon, G.B. Factors contributing to effective referral systems for patients with non-communicable disease: evidence-based practice. Int J Diabetes Dev Ctries 38, 115–123 (2018). https://doi.org/10.1007/s13410-017-0554-5
- Wallace AS, Luther B, Guo J, Wang C, Sisler S, Wong B. Implementing a Social Determinants Screening and Referral Infrastructure During Routine Emergency Department Visits, Utah, 2017–2018. Prev Chronic Dis 2020;17:190339. DOI: http://dx.doi.org/10.5888/pcd17.190339

IOWA | Health and Human Services

Number: 306
Title: Client Referral and Follow-Up
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76

Overview

Contractors can support clients' social determinants of health, as well as their mental and physical health, by asking about their social history, referring them to local support services, facilitating access to these services, and acting as a reliable resource person throughout the process. “Individuals consciously act to protect and promote their own health and that of others, albeit within structural constraints largely outside their individual control. The pathways people follow as they seek help and support to deal with social problems can be expected to be complex.” Social determinants of health often create inaccessible, fragmented care, long-lasting, and inadequate resources for families’ needs. Clients are expected to navigate this complex, fragmented system on their own often without knowing how to find what they need or what is available. (Par8o, 2016)

Families eligible for the CAH program often face precarious living situations, low income from paid work, restricted choices in housing and employment, and difficult social environments. CAH clients demonstrate great resourcefulness and persistence in the face of exhausting, demoralizing, and formidable challenges (Popay et al, 2007). Contractors can play a significant role in aiding clients in finding solutions and resources in their community by assisting in making appointments, providing complete, up-to-date information about services in the community and eligibility criteria, advocating for the family, and making a well-executed, complete referral with follow up to assure the family received what they needed.

Policy

Referral for services beyond the scope of the agency is expected. Contractors shall have, by prior arrangement, providers or agencies to which clients may be referred for both social determinants of health and medical homes.

Procedure

1. Contractors shall engage in regular communication with providers and resources within the service area to build strong relationships and facilitate effective referral linkages.
2. Contractors shall have a planned mechanism for client follow-up to ensure referral needs are met.
3. Contractors shall have a robust referral linkage with primary care providers in order to promote medical homes.

Number: 306
Title: Client Referral and Follow-Up
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76

a. Contractors, particularly those serving as a medical home or are part of a system that serves as a medical home, shall provide equal or more opportunity for clients/families to choose another organization as a medical home, with equal or more support and assistance, in the form of care coordination, provided if a medical home outside the applicant's organization or system is chosen by the client/family, including those that may be a competitor.

4. Contractors shall build referral networks with local primary care providers throughout the CSA to increase access to medical homes for clients by providing comprehensive well visits and screening services for clients enrolled in Title V, clients during the Presumptive Eligibility period, and clients enrolled in Medicaid. Contractors must form referral networks that serve all three client populations (Title V, PE, Medicaid) and must include options for clients enrolled in each Medicaid managed care organization (MCO).
5. Contractors shall have a robust referral linkage with providers of client-centered, culturally and linguistically appropriate services related to the social determinants of health.
6. Contractors shall provide specialized care coordination to populations with limited access to healthcare as they may need additional care coordination to find a provider that meets their needs.
7. Contractors are encouraged to track referrals in the MCAH data system.
8. Contractor referral protocols shall meet the evidence-based practice for referral systems in that they are safe, effective, efficient, patient-centered, and equitable. Contractors shall have a referral protocol that addresses all of the following:
   a. Staff training in making referrals
      i. Contractors shall ensure staff are trained to ask about health and social determinants of health in a manner that encourages trust and relationship building and provides a comfortable environment in which to disclose needs and sensitive information.
      ii. Contractors should ensure referrals are made impartially and consistently across all clients. Studies have shown that staff screen patients differently, do not screen patients, and offer different services based on the client's appearance, diagnoses (mental health), insurance status, and perceived or documented income. Emphasis should be placed on universal screening, and the Contractor shall evaluate the process for potential bias.
   b. How client needs are determined

Number: 306
Title: Client Referral and Follow-Up
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76

i. Staff shall ask clients if they want a referral/assistance
ii. Staff shall use motivational interviewing to assess barriers to readiness for assistance

c. How needs are matched with available services
   i. Staff shall ask clients what they are looking for in the referral provider/service - what is important to them (location, race/ethnicity of provider, language spoken).
d. How to identify available community services
   i. Develop a comprehensive list of resources for each referral type in order to provide clients with specific details about the provider
e. How the client is connected to community services
   i. Ask the client how they would like the referral to happen - staff make a connection with the agency on the client's behalf, be introduced to a staff member at the agency, make the appointment for the client, and have the agency contact the client to arrange an appointment.
   ii. Assess barriers to accessing community services.
   iii. Provide specific information to the client about the referral, including what to expect, required documents, eligibility guidelines, and other helpful information about accessing services.
      1. A list of possible services/providers with no additional information on qualifications, if taking new clients, insurance accepted, etc., given to a client is not a referral (Resource directory, food pantry list, clinics/health care provider list, early care and education (ECE) provider list, etc.)
      2. Work with providers/community services to determine what is needed to ensure the referral will be beneficial to the client.
      3. Contractors are encouraged to work closely with their referral network to set roles and responsibilities for each organization, create tools, forms and/or protocols/procedures for evidence-based mutual referrals (listed above safe, timely, etc.) to prevent patients from falling through the cracks, getting referred to services that don't meet their needs or they are ineligible for ("run around") and delays in service.

f. How and when will follow-up after the service be conducted? Contractors are encouraged to close referral loops and request the same from their referral

Number: 306
Title: Client Referral and Follow-Up
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76

network by communicating the status and result of referrals with appropriate releases of information/client consent.

g. How the referral is documented.

9. See Policy 709 Interpreter Services for ensuring individuals have access to culturally and linguistically appropriate referral services.
10. Contractors shall maintain a system of referral and follow-up
    a. Develop a system to ensure that client follow-up is completed and documented.
    b. Provide follow-up of canceled or missed appointments and reschedule initial and return appointments.
11. Contractors shall provide assistance in rescheduling missed or canceled appointments and working with providers and clients when missed appointments, outstanding balances, and other barriers are preventing access to care.
12. Contractors shall provide assistance in scheduling initial and return appointments for Medicaid-covered services and social determinants of health.
13. Contractors shall periodically assess the effectiveness of their referral process.
14. Contractors shall develop and annually review a county-specific resource directory for clients/families. The development and annual review of the resource directory should include clients/families. The resource directory must meet the following criteria:
    a. Include county-level resources for the county of residence of the client/family. The contractor may opt to include regional, state, and national resources.
    b. Contain medical and dental providers taking Medicaid clients in the client's/family's county of residence.
    c. All resources must be verified by the contractor at the time of review. Resources must include pertinent information such as location, hours of operation, and contact information but should strive to provide more detailed information (e.g., Food Pantry: fresh fruit is available on the first Tuesday of the month, food often runs out by noon; Provider X speaks Spanish, etc.).
    d. Contains information relevant to the health and social determinants of health (SDOH) for clients aged birth to 21 years. Do not include a listing of businesses/organizations in the county that do not offer health/SDOH

services to CAH clients, the listings shall be relevant to the clients/families this program serves.

Number: 306
Title: Client Referral and Follow-Up
Effective Date: 10/01/2016
Revision Date: 08/22/2025
Date of Last Review: 08/22/2025
Authority: Iowa Administrative Code 641-76

Resources

https://innovation.cms.gov/files/x/tcpi-changepkgmod-referrals.pdf
Iowa Administrative Code 641-76

Sources

CMS. Managing Referrals – Providing a Patient-Centered Referral Experience
https://innovation.cms.gov/files/x/tcpi-changepkgmod-referrals.pdf

Institute for Healthcare Improvement / National Patient Safety Foundation. Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Par8o. Making referrals work: the 4 pillars of successful referral management. (2016)

Popay J, Kowarzik U, Mallinson S, et al. Social problems, primary care and pathways to help and support: addressing health inequalities at the individual level. Part II: lay perspectives. J Epidemiol Community Health 2007;61:972–7.

Senitan, M., Alhaiti, A.H. & Lenon, G.B. Factors contributing to effective referral systems for patients with non-communicable disease: evidence-based practice. Int J Diabetes Dev Ctries 38, 115–123 (2018). https://doi.org/10.1007/s13410-017-0554-5

Wallace AS, Luther B, Guo J, Wang C, Sisler S, Wong B. Implementing a Social Determinants Screening and Referral Infrastructure During Routine Emergency Department Visits, Utah, 2017–2018. Prev Chronic Dis 2020;17:190339. DOI: http://dx.doi.org/10.5888/pcd17.190339

IOWA | Health and Human Services

Number: 307
Title: Information Technology Requirements
Effective Date: 10/01/2022
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, OCIO Information Technology Standards

Overview

The contractor must meet electronic requirements to maintain secured connectivity to support program activities.

Policy

Contractors must comply with and adhere to the Office of the Chief Information Officer (OCIO) State Information Technology Standards, Iowa HHS General Conditions for Service Contracts, and standards related to information technology.

Procedure

1. Contractors shall comply with the State Information Technology Standards.
2. Contractors shall provide work-owned and maintained electronic devices (phones, computers, etc.), removable media, and other devices needed to complete the work of the CAH program. Contractor staff and subcontractors may not use personal devices for **any** CAH program work.
3. Protected Health Information (PHI) shall not be uploaded into the IowaGrants.gov system.
4. Contractors shall have and maintain the technology to securely and efficiently implement the CAH program.
5. Contractors shall have software that is compatible with Iowa HHS programs, the MCAH data system, and communication methods. The minimum required software also includes:
    1. Anti-virus software with current updates
    2. Latest versions of Adobe Reader and internet browser
    3. Adequate bandwidth for reliable operation at all work sites
6. Contractors shall provide local computer support and maintenance of local hardware, operating software, and networking systems. Contractors must have their service agreement on file if contracting for local computer support.
7. Contractors shall notify Iowa HHS prior to upgrading or transferring computers.
8. Contractors shall maintain individual email addresses and the capacity to send and receive electronic communications (email and attachments) for all required positions listed on the Key Personnel Form.

Number: 307
Title: Information Technology Requirements
Effective Date: 10/01/2022
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, OCIO Information Technology Standards

9. Contractors shall have the ability to generate and receive encrypted emails for sending confidential information and shall encrypt all emails containing confidential information.

Iowa HHS Bureau of Information Management recommends the following minimum Information Technology for both local public health agencies and CAH contractors:

1. Windows 11 Operating System
2. Laptops
    a. Intel Generation 11 (current is 12) or greater CPU. 2.6 or greater clock speed; i5 or i7, quad core CPU. i5
    b. CPUs may provide slightly lower performance to an i7, but adequate while saving money. AMD Ryzen 7 CPU is comparable to an Intel i7 CPU in performance but should save money
    c. 16GB of RAM
    d. 256/512GB SSD hard drive
    e. 802.11ac, 2x2 wireless adapter
    f. 1920 x 1080 (14 or 15”) display
3. Desktops
    a. Intel i7 quad core CPU or comparable AMD Ryzen CPU
    b. 16/32GB RAM
    c. 512GB SSD
    d. Add 1Gb network card (for physical/wired network connectivity); wireless unnecessary
4. Tablets
    a. If tablets are purchased we strongly encourage a Mobile Device Management (MDM) system be implemented to manage these devices. A mobile phone provider may have an MDM system if that is the vendor for your tablets.
5. Physical networking within a building
    a. 1Gb network switches
6. Internet service provider:

Number: 307
Title: Information Technology Requirements
Effective Date: 10/01/2022
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, OCIO Information Technology Standards

   a. Internet service will depend on the number of staff computers and services in the office, but recommend a minimum of 100Mbps to each computer, meeting hosting device, or internet-connected device
7. Telehealth/Virtual meeting room equipment
   a. We encourage partnering with a local audio/video streaming expert

Resources

Iowa HHS General Conditions for Service Contracts
OCIO Information Technology Standards

IOWA | Health and Human Services

Number: 308
Title: Contracts and IowaGrants.gov
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76.9 (135)

Policy

Contractors must execute a signed contract issued by the Department in order to provide MH and CAH services. All contract documents and associated documents shall be maintained in IowaGrants.gov per the provisions of the contract.

Procedure

1. When a contract has been executed (signed by both the Contractor and Iowa HHS), the Contractor adopts the provisions and requirements set forth in the Request for Proposal (RFP) for the project period. The Contractor also adopts the provisions and requirements of each subsequent Request for Application (RFA) and the corresponding contract in the project period.
2. The contract includes both general conditions and special conditions.
   a. The HHS General Conditions for Service Contracts apply to all contracts issued by the Department.
   b. The special conditions are specific to the program covered by the contract. All MH and CAH contract agencies and their subcontractors are required to follow both sets of conditions.
3. The IowaGrants.gov website is used for the RFP/RFA process and execution, management, and monitoring of documents for Department service contracts. After an MH and/or CAH contract is awarded, a specific and unique grant site is established for the contractor on the face page of the contract. Documents maintained within the contractor'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 Contractor has the responsibility to ensure appropriate individual(s) have registered within the IowaGrants.gov system.

Resources

Iowa Administrative Code [641] Chapter 76.9 (135)
HHS General Conditions for Service Contracts

Number: 309
Title: Subcontracting
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76.9 (135); HHS General Conditions for Service Contracts

Policy

The Contractor is permitted to subcontract for the performance of certain services required under the contract. Subcontracts must adhere to the provisions of Section 5(b) of the HHS General Conditions for Service Contracts.

The Contractor is fully responsible for all work performed by subcontractors. No subcontract into which the Contractor enters with respect to performance under the contract will, in any way, relieve the Contractor of any responsibility for the performance of its duties. The Contractor is responsible for communicating program requirements to the subcontractor and is responsible for ensuring the subcontractor is in compliance with program requirements.

Procedure

1. Subcontractors that enter into an agreement with the Contractor must follow the same state and federal laws, regulations, and policies required of the Contractor.
2. Current individual employees of the State of Iowa may not act as subcontractors under this contract.
3. If the subcontract is over $2,000, it must be approved by the Department in writing and in advance of execution of the subcontract.
4. The Contractor 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.
5. If a Contractor 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.
6. The subcontractor must report all program income generated by the subcontract to the Contractor. The Contractor is required to report the program income balance of subcontracts on a monthly basis to the Department.
7. The Contractor and subcontractor must execute a subcontract every year during the project period following review by the Department. The Contractor must

Number: 309
Title: Subcontracting
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76.9 (135); HHS General Conditions for Service Contracts

maintain written documentation regarding the annual subcontract and have the documentation available for Department review.

Resources

Iowa Administrative Code [641] Chapter 76.9 (135)
HHS General Conditions for Service Contracts

Number: 310
Title: Contract Revisions and Program Changes
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapters 76, 77, and 80

Overview

All parts of a Contractor's final, approved grant application becomes part of the contract between the Contractor and Iowa HHS. All contract budgets, activity work plans, service delivery forms, and program documents are transferred into the Contractor's grant site as "Components" in IowaGrants.gov. Any program changes require revisions to program components and approval from the Department prior to implementation. Consultants are available to provide technical assistance (TA) and consultation to Contractors. Requests for assistance can be made verbally or in writing. TA can guide contractors in the following areas:

1. Clarifying program requirements and sharing program expertise.
2. Strengthening the ability of Contractors to fulfill the goals of the CAH program by identifying, exploring, or prioritizing issues.
3. Sharing best practices, evidence-based practices, and promising practices
4. Identifying or sharing resources and data
5. Addressing funding or billing issues
6. Addressing quality assurance and/or quality improvement initiatives. Providing advice and independent, objective perspectives to try to resolve problems or facilitate change.

Policy

Contractors shall comply with all requirements and complete all activities outlined in their final, approved grant application. Any necessary changes must be approved by the Department prior to implementation. The last day to submit changes to contract budgets, work plans, and service delivery forms is July 15th.

Procedure

Any program changes require a revision to the corresponding "Component" via the IowaGrants.gov negotiation process. The formal request for approval of program changes must be submitted in writing to IowaGrants.gov, and approval by the Department must be granted prior to changes being implemented. The procedure for requesting a program change is as follows:

1. The Contractor will submit a request through the IowaGrants.gov Correspondence component to the appropriate consultant(s) to negotiate a specific grant component, along with a brief description of the requested program change.

Number: 310
Title: Contract Revisions and Program Changes
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapters 76, 77, and 80

2. The consultant or contract manager will negotiate the grant component with the Contractor.
3. The Contractor will make the proposed changes in the grant component and submit them.
4. The consultant or contract manager will review the proposed changes and accept the changes or provide feedback to the Contractor ('renegotiate' the component back, if necessary).
5. A correspondence may be sent to the Contractor from the consultant or other directed staff to notify the Contractor of the request status and/or to initiate the contract amendment process if necessary.

Resources

Iowa Administrative Code [641] Chapters 76
Iowa Administrative Code [641] Chapters 77
Iowa Administrative Code [641] Chapters 80

Number: 311
Title: Equipment and Inventory
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76.9 (135); HHS General Conditions for Service Contracts

Overview

The HHS General Conditions for Service Contracts define equipment as any item costing $5,000 or more and having an anticipated life of one year or more.

Policy

If a Contractor 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 Department. Grant funds may not be used to purchase motor vehicles.

Procedure

1. The letter requesting permission for the purchase must be sent prior to purchase to the IowaGrants.gov Correspondence component.
2. Upon Department approval of the request to purchase equipment and within one month of purchase, the Contractor must complete and submit an Equipment Acquisition Form through IowaGrants.gov Correspondence.
3. The Equipment Acquisition Form should include the following items:
    a. Description of the equipment to be added
    b. Vendor name
    c. Purchase price
    d. Manufacturer's serial number (if applicable)
    e. State tag number (or contractor inventory number if no state tag has been assigned)
    f. Percentage of the total cost of the item paid for by Department funds and program income
    g. Physical location of item
    h. Date of acquisition
4. The request for reimbursement for the equipment purchased must be included in a monthly claim and supporting documentation in IowaGrants.gov.
5. HHS maintains an inventory of each Contractor's fixed assets (A fixed asset is a long-term tangible asset that a Contractor owns and uses and is not expected to be used or sold within a year).
6. HHS inventory listings are reconciled annually with the Contractor's inventory.

Number: 311
Title: Equipment and Inventory
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76.9 (135); HHS General Conditions for Service Contracts

7. The Bureau of Family Health (BFH) 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 HHS electronic inventory will be required to be accounted for upon request.
8. Disposal of property purchased in whole or in part with grant program funds requires prior written authorization of the BFH. Authorization for disposal must be obtained regardless of the method of disposal (i.e., donated, sold, traded in, and discarded). A written request to dispose of property must be sent through the IowaGrants.gov Correspondence.
9. The Contractor 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 Contractor must send a written request through the IowaGrants.gov Correspondence. The written request must clearly identify the reason for removal.
10. If approved, the Department will send a written approval through the IowaGrants.gov Correspondence component to the Contractor.

Resources
Equipment Acquisition Form
Iowa Administrative Code [641] Chapter 76.9 (135)
HHS General Conditions for Service Contracts

IOWA | Health and Human Services

Number: 312
Title: Request for Exception to Policy
Effective Date: 01/01/2018
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76

Overview

Program requirements and performance standards are in place to maintain the quality of services, protect the public, and assure the proper use of public funds.

Policy

Contractors not in compliance with all MH or CAH program requirements as part of the contract may file a written request for a temporary exception to the policy. An exception to the policy shall not constitute a waiver of any terms and conditions of the contract. It is within the Department's sole discretion whether to grant an exception to the policy. A determination to grant an exception to policy does not affect the rights of the Department to pursue any remedies under the contract or otherwise available under law.

Procedure

1. The request must be sent through the IowaGrants.gov Correspondence component.
2. The Department reserves the right to specify the format for reporting. In the absence of a prescribed format, the Contractor shall include the following components in the request:
    a. The executive director shall submit the request;
    b. Statement of the requirement for which the request for exception is being made;
    c. The rationale for failure to meet the requirement;
    d. The time period for which the exception is requested and
    e. A remediation plan to meet the requirement.
3. The exception to policy may be written for up to one year unless a different time limitation is stated in the requirement and granted by the Department.
4. An extension to an approved exception to policy may be granted only under limited circumstances upon a showing of substantial progress toward compliance. The extension request shall include the rationale for the extension and the progress made to date on the remediation plan.
5. Failure to request an exception to policy to a contract requirement prior to the anticipated noncompliance may result in the reduction or elimination of funding or the enforcement of other remedies authorized by the contract.

Number: 312
Title: Request for Exception to Policy
Effective Date: 01/01/2018
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa Administrative Code [641] Chapter 76

6. Failure to demonstrate satisfactory progress on the remediation plan may result in the reduction or elimination of funding or the enforcement of other remedies authorized by the contract.
7. It will be the decision of the Department whether the exception will be granted. The decision will be entered into IowaGrants.gov within 30 days of the request.
8. To request an exception to policy to reimburse dentists using Title V funds for services not on the preauthorized list of codes, see Policy 919.

Resources

Iowa Administrative Code [641] Chapter 76

IOWA | Health and Human Services

Number: 313
Title: Review and Approval of Informational and Educational Materials
Effective Date: 10/01/2022
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS Contract General Conditions for Service Contracts

Policy

The development and translation of informational and educational materials, marketing materials, advertising, and communications shall be reviewed and approved by Iowa HHS prior to the Contractor's final development or reproduction. This policy applies to the following, including but not limited to presentations, verbal reports (public service announcements), publications (pamphlets, journal articles, reports, books, teaching guides, brochures), press releases, audiovisuals (posters, slides, video clips, film), or other marketing, advertising and informational materials. Any modifications to materials previously approved by Iowa HHS must be re-submitted for approval. Materials developed for the Maternal Health (MH) and Child & Adolescent Health (CAH) program and/or using federal and/or state dollars are generally in the public domain.

Procedure

1. The following are considerations when drafting or reviewing materials:
    a. The educational and cultural backgrounds of the individuals to whom the materials are addressed.
    b. Whether the material is suitable for the population or community to which it is to be made available.
2. All informational and educational materials developed by the program shall cite Title V or Medicaid Administrative Funds (informing, PE, care coordination) as contributing to the development of the materials. Language should include the following: "*This publication was made possible by grant number…*"
3. Contractors must review all print materials to ensure they are inclusive and representative of the populations they serve. Contractors must ensure that printed materials are accessible and understandable to the intended audience.
4. Materials may not be copyrighted, patented, or trademarked by the Contractor. All materials developed using state or federal funds as part of the MH and CAH program are generally public domain and shall be shared free of charge or at the cost of printing/sharing with Iowa HHS, other MH and CAH contractors, and other entities requesting to use the materials to promote the health of families.

Resources

HHS Contract General Conditions for Service Contracts

Number: 314
Title: Access, Use, Release and Data Sharing
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, DHS General Terms for Service Contracts

Overview

This policy lays out the expectations of the Contractors for compliance with accessing, using, releasing, and sharing of data.

Policy

1. Contractors shall ensure that client personally identifiable information remains strictly confidential (see Policy 305 Confidentiality and Policy 307 Information Technology Requirements).
2. Contractors shall ensure that when releasing data from the MCAH data system, all contractors and subcontractors comply with the Iowa HHS data sharing agreement Iowa HHS (DSA) Policy #CO 01-16-001, Iowa HHS Research Agreement and Research and Ethics Review Committee Policy # AD 07-12-004, Iowa HHS Disclosure of Confidential Public Health Information Records or Data Policy #CO 01-16-002, the Release of Information and Confidentiality of Records and Data Section within the Iowa HHS General Conditions for Service Contracts, and any future revisions to any of these.
3. Contractors shall assure that all release and sharing of any data originating from HHS complies with the terms and conditions within the Iowa HHS Omnibus Agreement, as amended, including the Iowa HHS Business Associate Agreement.

Procedure

1. Contractors shall use data only for the purposes outlined within the contract and shall ensure that the minimum number of individuals has access to the information, as necessary, to complete program work.
2. All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required or authorized by law, with appropriate safeguards for confidentiality. Contractors are authorized to disclose identifiable data as necessary to comply with reporting laws, including laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking, or similar reporting laws. Unless authorized or required by law to disclose confidential information, Contractors may disclose information only in summary, statistical or other form which does not identify particular individuals and which complies with all applicable laws and policies. See

Number: 314
Title: Access, Use, Release and Data Sharing
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, DHS General Terms for Service Contracts

Iowa HHS Disclosure of Confidential Public Health Information Records or Data Policy #CO 01-16-002.

3. Contractors may only release their own agency MCAH data in aggregate reports. No identifiable data may be released at any time. Identifiable data includes information that can directly or indirectly be used to establish the identity of a person, such as a name, address or other information that can be linked to external information that allows for identification of the person. Aggregate data should generally not be reported if the count size or numerator is fewer than six or if the denominator is fewer than 100. Any release of MCAH data by Contractors shall comply with all relevant federal and state laws and with Iowa HHS Disclosure of Confidential Public Health Information Records or Data Policy #CO 01-16-002.
4. Any subcontracted entity hosting or maintaining clinical records or identifiable data and all IT staff with access to confidential or protected information must attest to the requirement of these safeguards in the contract, Business Associate Agreement, or an attestation document. Copies of the appropriate documentation will be available for HHS staff to review.
5. All other requests received for the MCAH data system will be referred to the Department.
6. Contractors shall immediately report any suspected unauthorized disclosure of confidential information to the Department.

Documentation:

1. Contractors must submit new user forms to request access for new staff members and must submit a deactivation form when a staff member leaves employment.
2. Each user must electronically sign the confidentiality agreement within the MCAH data system before utilizing the system.
3. If data is downloaded from the system, rerelease must follow the guidelines above, the download must be deleted from the download section of the device used to download the data, and if data is transferred for purposes of providing services, such data shall be sent securely/encrypted.
4. Contractors will ensure that a consent and release form is signed and on file at least once per year for each client served.

IOWA | Health and Human Services

Number: 314
Title: Access, Use, Release and Data Sharing
Effective Date: 10/01/2016
Revision Date: 08/25/2025
Date of Last Review: 08/25/2025
Authority: Iowa HHS General Conditions for Service Contracts, DHS General Terms for Service Contracts

Resources

Iowa HHS General Conditions for Service Contracts
Iowa HHS Disclosure of Confidential Public Health Information Records or Data Policy #CO 01-16-002
Iowa HHS Business Associate Agreement
Iowa HHS Data Sharing Agreement (DSA) Policy #CO 01-16-001
Iowa HHS Research Agreement and Research and Ethics Review Committee Policy # AD 07-12-004

Number: 315
Title: Telework
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority: Office of Chief Information Officer (OCIO) information technology standards.

Overview

Telework can be a valuable tool in serving the needs of Maternal Health (MH) and Child & Adolescent Health (CAH) program clients and families. Contractors are to review the appropriateness of telework in their CSA for their employees and clients/families.

Policy

1. The contractor shall have policies and procedures that outline confidential, secure, and appropriate guidelines for telework sites that comply with all state and federal laws, contract special and general conditions, and Office of Chief Information Officer (OCIO) Information Technology Standards.
2. The contractor shall ensure that technology and workspace are confidential, secure, and appropriate for the work being completed at the telework site.
3. The contractor shall have policies and procedures that outline confidential, secure, and appropriate guidelines for teleworking and providing health care services from an approved telework site.

Procedure

Approved Telework Sites

1. Personal electronic equipment, mobile devices, computers, and removable storage devices may not be used. All equipment used to perform MH and CAH program work and services must be work-issued and comply with all OCIO information technology standards, guidelines in this manual, and contract conditions.
2. Contractor staff must use a secure internet connection and/or Virtual Private Network (VPN), hotspot, or other secure internet connection. Staff shall not connect to unauthenticated public Wi-Fi networks or networks using WEP and WPA (e.g., public WI-FI connections at hotels, restaurants, libraries, etc.).

Provision of Work from an Approved Telework Site

1. Contractor staff must have a private space designated for the delivery of services where conversations cannot be overheard or documents/documentation viewed by others not employed by the agency. Common areas of the home or a room shared with someone not employed by the agency would not comply with this policy.
2. Contractor staff cannot provide HIPAA-compliant health care services (including Informing, Care Coordination, Presumptive Eligibility, and gap-filling direct health

Number: 315
Title: Telework
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority: Office of Chief Information Officer (OCIO) information technology standards.

care services) while also actively supervising children or vulnerable adults (e.g., door open to hear/see children play).

3. Contractor policies shall outline any work that may be done while actively supervising children or vulnerable adults.
4. Contractor staff training shall be provided with expectations for providing professional and health care services while teleworking.
5. Contractor policies and procedures for providing services from an approved telework site shall contain information to assure staff have the resources needed to respond to and meet client needs when not present with the client.
6. Contractors shall ensure that all contractor technology meets HIPAA requirements. The Department may request documentation of HIPAA compliance during a site visit, audit, or at any time.

Resources

Office of Chief Information Officer (OCIO) Information Technology Standards.

Number: 316
Title: Child and Adolescent Health Appointments
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority: Iowa HHS Omnibus Agreement

Policy

Maternal Health (MH) and Child & Adolescent Health (CAH) program appointments shall be provided in a manner that meets the needs of all eligible families, including populations with limited access to healthcare services, considers social determinants of health, and promotes health equity.

Procedure

1. Clients or parents/primary caregivers of clients who are MH Program/CAH Program/Medicaid eligible and have used services, and those eligible for MH or CAH Program/Medicaid but have not used services, shall be included in the development of appointment policies and procedures.
2. Clients or parents/primary caregivers of clients with limited access to healthcare services shall be included in the development of appointment policies and procedures.
3. Contractor appointment systems shall be patient-centered.
4. Contractors shall customize appointment systems according to client needs and values. The client should be the source of control, and the client's needs should be anticipated and accommodated.
5. Contractors shall not charge for missed MH and/or CAH services, nor refuse nor restrict MH and/or CAH services to a client due to missed appointments or unpaid bills. Instead, Contractors shall provide enabling and support services to assist clients in accessing MH and CAH services, including but not limited to assistance with accessing health insurance, assistance with transportation, reminder/recalls, and care coordination as part of the MH and/or CAH gap-filling direct health care services.
6. Contractors shall provide MH and/or CAH gap-filling direct health care services outside 8:00-4:30 Monday through Friday.
7. Contractors shall treat clients with compassion, flexibility, and collaboration when a client arrives late or at an incorrect time for an appointment. Every reasonable effort shall be made to provide the service to the client on the day and time they arrive. If the client cannot be accommodated when they arrive, the Contractor shall provide enabling and support services to assist the client in accessing the MH or CAH service at another time convenient to the client.
8. Contractors shall provide a safe, comfortable waiting area for family members, including young children, while waiting for appointments.

Number: 316
Title: Child and Adolescent Health Appointments
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority: Iowa HHS Omnibus Agreement

9. Contractors shall offer adolescents and adults time alone during the appointment with the service provider if accompanied by a parent, guardian, caregiver, spouse, friend or significant other.
10. The presence of individuals accompanying the client in the appointment shall be geared toward the benefit of the client. Contractors should consider the challenges families face in accessing healthcare services and make reasonable accommodations regarding the presence of siblings or other children.
11. Contractors should consider online scheduling, home visits, and other models for scheduling and providing services that meet the needs of clients.

Sources

Committee on the Learning Health Care System in America; Institute of Medicine; Smith M, Saunders R, Stuckhardt L, et al., editors. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington (DC): National Academies Press (US); 2013 May 10. 7, Engaging Patients, Families, and Communities. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207234/

Using Social Determinants of Health in Patient-Centered Care
https://patientengagementhit.com/news/using-social-determinants-of-health-in-patient-centered-care

Number: 317
Title: Family Engagement
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority:

Overview

Efforts to improve health outcomes should be incorporated into the intent, structure, and function of programs and organizations. This deep-level change includes the engagement of populations with limited access to healthcare services, clients, and families in decision-making. In addition, the proactive engagement of and partnership with communities, clients, and families is central to increasing health literacy and health care access.

Policy

Contractors shall partner with clients and their families in programming planning, outreach, implementation, and evaluation.

Procedure

1. Contractors are encouraged to follow the best practice of developing a contract or scope of work outlining duties and compensation for family members, clients and/or youth providing lived experience and their expertise. In obtaining this expertise, Contractors shall ensure compliance with relevant federal and state laws and shall ensure such activity does not create a conflict of interest.
2. Contractors are encouraged to follow the best practice of compensating clients and families for ongoing work and advisory work. CYSHCNet recommends that payments begin at a rate of $25 per hour with a $100 minimum payment. Title V grant funds and Medicaid Administrative Funds (MAF) may be used for this type of compensation.
3. Contractors shall include both individuals/families utilizing MH and/or CAH program services in the past and those who have been eligible in the past but are not receiving services in providing input.
4. Contractors shall partner with and include populations with limited access to healthcare services in family engagement.
5. Contractors shall work toward Engagement and Partnership levels with clients, families, and clients eligible for service but not engaged in service throughout the CSA.

Number: 317
Title: Family Engagement
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority:

Levels of Engagement		
Category of Engagement	**Expectations**	**Method of Compensation**
Increasing levels of community involvement, impact, trust, and communication		
Participation		
Outreach	• Communication flows from the program to inform community members • Optimally established communication and outreach channels while sharing information with the community	Incentives- a meal, gift cards, contractor provides a service for the community
Speaker	• Clients & families invited to speak at a conference or meeting.	A stipend or honorarium is appropriate
Consultation	• Community members provide one-time or periodic feedback • Develop connections that may be able to grow into deeper levels of participation	A stipend is appropriate
Increasing ownership, empowerment, opportunities, and support for both staff and community		
Engagement		
Involvement	• Clients & families have time-limited contact with the project, for example, reviewing survey questions, reviewing/developing documents, reviewing/developing policies, conducting key information interviews, and participating in one-time or periodic advisory committee meetings. • Clients & families act as facilitators or co-facilitators of a focus group. • Clients & families may be part of a group of individuals serving in similar roles, such as on an advisory committee.	A stipend is appropriate. Compensation should be consistent for all members of the group doing similar work.
Collaborate	• Clients & families have an ongoing relationship with the project but are not employees.	A contract is appropriate,

Number: 317
Title: Family Engagement
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority:

	• Having an ongoing relationship means that s/he is participating on a regular basis, which may include attending regular meetings and engaging in scheduled tasks such as survey development, data collection, participant recruitment, etc. • Clients & families may work on an hourly basis or on contract and may require a 1099 form, scope of work, or other documentation for the organization.	based on an hourly rate or on a per-job basis
Partnership		
Shared Leadership	• Decision-making, power, and responsibility are shared. • Development and structure of agenda, programs, and planning depend on client/family involvement. • Clients & families regularly review outcome data to inform decision-making.	A contract is appropriate, based on an hourly rate or on a per-job basis

Resources
Oregon Center for Children and Youth with Special Health Needs. Worksheet: Planning for Meaningful Family Involvement
Issue Brief: A Framework for Assessing Family Engagement in Systems Change
Using Communications to Advance Equity Office of Health Equity, Colorado Department of Public Health & Environment
Honoring All Languages to Advance Equity Family-to-Family Health Information Center (F2F) and the Family Voices Affiliate Organization (FVAO) in Iowa
ASK Resource Center Karen Thompson 5665 Greendale Road, Suite D Johnston, IA 50131

Sources
CYSHCNet. A Standard of Compensation for Youth and Family Partners. 2019

Colorado's Community Engagement Spectrum, adapted from CDC: McCloskey et al. (2011). Community Engagement: Definitions and Organizing Concepts from the Literature, Principles of Community Engagement: Concepts and Definitions from the Literature (p 8).

Number: 317
Title: Family Engagement
Effective Date: 10/01/2022
Revision Date: 08/26/2025
Date of Last Review: 08/26/2025
Authority:

Simon M, Baur C, Guastello S, Ramiah K, Tufte J, Wisdom K, Johnston-Fleece M, Cupito A, Anise A. Patient and Family Engaged Care: An Essential Element of Health

Equity. NAM Perspect. 2020 Jul 13;2020:10.31478/202007a. doi: 10.31478/202007a. PMID: 35291751; PMCID: PMC8916808.

Number: 318
Title: CAH Child Care Nurse Consultant (CCNC) Services
Effective Date: 10/01/2016
Revision Date: 11/19/2025
Date of Last Review: 11/19/2025
Authority: Child Care Nurse Consultant Role Guidance: To Achieve Performance Measures and Annual Performance Standards, Child Care Health Consultant Competencies

Overview

In May 2019, the National Center on Early Childhood Health and Wellness (NCECHW) released Child Care Health Consultant (CCHC) Competencies. NCECHW is a collaborative effort between the Office of Head Start, the Office of Child Care, and the Maternal and Child Health Bureau. In Iowa, CCHCs are licensed registered nurses with specialized training and are identified as CCNCs. Healthy Child Care Iowa (HCCI) provides structure and fidelity for CCNCs at the local level. CCNCs are part of the CAH team.

Policy

Contractors shall provide CCNC services that adhere to the national Child Care Health Consultant Competencies and CCNC processes for technical assistance (TA), visits, health and safety assessments, training, coaching and care planning for children with special health needs as outlined in the Child Care Nurse Consultant Role Guidance.

Required Resource for Implementation

Child Care Nurse Consultant Role Guidance

Procedure

1. The CCNC collaborates with Early Care and Education (ECE) programs to improve the quality of their health, safety, and wellness practices:
    a. The CCNC reviews the HHS child care database (Kindertrack/C3) to identify ECE programs in the service area and offers CCNC services.
    b. The CCNC reviews HHS compliance reports to aid in providing consultation, technical assistance and visits.
    c. The CCNC conducts and documents health and safety assessments using the HCCI program and HHS Iowa Quality For Kids (IQ4K) approved tools, forms, and reports.
    d. ECE program requests for IQ4K CCNC assessment tools must be scheduled within 3 weeks of the request.
    e. A Business Partnership Agreement is completed, and a copy is placed in the ECE chart along with documentation of services provided for ECE programs participating with the CCNC.
    f. Contractors collect CCNC performance measure data and report it quarterly/annually on IowaGrants.gov.

Number: 318
Title: CAH Child Care Nurse Consultant (CCNC) Services
Effective Date: 10/01/2016
Revision Date: 11/19/2025
Date of Last Review: 11/19/2025
Authority: Child Care Nurse Consultant Role Guidance: To Achieve Performance Measures and Annual Performance Standards, Child Care Health Consultant Competencies

   g. Contractors determine the length of time that records are kept per agency record retention policy and, at minimum per the CAH contract.

2. The CCNC collaborates with ECE programs and families to support the care and inclusion of children with special health care needs for access to child care:
   a. When identified or requested by the ECE program, the CCNC assists in the development of care plans/action plans collaborating with the child's health care provider.
   b. When consulting and care planning, a signed consent is required from the child's parent or guardian.
   c. The child's care plan/action plan is signed by the child's health care provider and parent or guardian.
   e. The CCNC role in assisting with care planning is to provide collaboration, TA, coaching and training for the ECE provider/staff on the specifics of the plan for full and safe inclusion in the ECE program. The CCNC role is <u>not</u> a delegation of duties.
3. The CCNC identifies and implements health education and helps ECE programs safely manage medication administration:
   a. The CCNC provides HCCI HHS-approved training in the CCNC service area.
   b. All HHS-approved trainings provided by the CCNC are to be posted on I-PoWeR (Iowa's Early Childhood and School Age Professional Workforce Registry) coordinated with an approved training entity (CCR&R, ISU Extension and Outreach, Head Start, Iowa AEYC, etc.)
   c. The CCNC provides *Medication Administration Skills Competency* training (when requested) and Skills Competency Evaluations (test-out) in the CCNC service area.
   d. The CCNC provides ongoing Skills Competency re-assessment every 2 years through the course's 5-year approval period for ECE programs/staff.
   e. The CCNC assists programs with policies regarding safe medication administration and storage.
4. The CCNC helps ECE programs prepare for, respond to, and recover from emergencies/disasters, including communicable disease outbreaks:

Number: 318
Title: CAH Child Care Nurse Consultant (CCNC) Services
Effective Date: 10/01/2016
Revision Date: 11/19/2025
Date of Last Review: 11/19/2025
Authority: Child Care Nurse Consultant Role Guidance: To Achieve Performance Measures and Annual Performance Standards, Child Care Health Consultant Competencies

a. Utilize Iowa's specific resources when providing consultation on emergency preparedness planning.
b. The Iowa Statewide Child Care Emergency Preparedness and Response Plan include HCCI responsibilities and lists CCNC services as a referral resource.
c. The CCNC provides consultation and TA to ECE programs on management and response to infectious disease outbreaks.
d. Contractors shall follow guidance documents and instructions by the Department CADE and/or local public health authority pertaining to communicable diseases.

Resources

Child Care Nurse Consultant Role Guidance: To Achieve Performance Measures and Annual Performance Standards
Child Care Health Consultant Competencies
Iowa Quality Rating System - Iowa Administrative Code 441-118
Iowa Statewide Child Care Emergency Preparedness and Response Plan