Number: 601
Title: Managed Care Organizations and Prepaid Ambulatory Health Plans
Effective Date: 10/01/2022
Revision Date: 08/28/2025
Date of Last Review: 08/28/2025
Authority: Iowa HHS Omnibus Agreement

Overview

In 2016, Iowa Medicaid went through a modernization process that enrolled the majority of clients enrolled in Medicaid into Medicaid Managed Care Organizations (MCOs). Clients enrolled in MCOs must access medical care from providers enrolled in their chosen or assigned MCO to ensure full coverage of services. The MCO is responsible for providing medical care coordination to their clients.

In 2021, Iowa Medicaid enrolled the majority of clients into Prepaid Ambulatory Health Plans (PAHPs) to pay for clients' dental services. Clients must access dental care from dentists enrolled with their chosen or assigned PAHP to ensure full coverage of dental services. Title V contractors remain responsible for dental care coordination for clients.

Policy

Contractors shall maintain credentialing/provider status with all Medicaid MCOs in Iowa to seek reimbursement for Medicaid EPSDT and Maternal Health (MH) services. Contractors shall maintain credentialing/provider status with all Medicaid PAHPs in Iowa to seek reimbursement for Medicaid EPSDT and MH preventive dental services. Contractors must also attempt to credential with private health insurance companies (third party payers) for MH clients. If unable to credential, the contractor shall request a letter from the insurance company stating they cannot credential Maternal Health Centers.

Procedure

1. Contractors shall:
    a. Follow the enrollment and credentialing process outlined by each MCO.
        i. Wellpoint
        ii. Iowa Total Care
        iii. Molina Healthcare
    b. Follow the enrollment and credentialing process outlined in each PAHP.
        i. Delta Dental of Iowa
        ii. Managed Care of North America (MCNA) Dental
    c. Negotiate a contract for service provision.
    d. Follow the terms of the contract for payment and service provision.
2. Contractors are encouraged to partner with MCOs/PAHPs in serving clients enrolled in managed care.

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3. Contractors shall bill third party payers for MH clients or submit a denial or letter stating they cannot be credentialed with claims for clients with third party payers.
    a. Contractors may obtain letters that cover the state from the MCAH Portal.

Resources

Wellpoint
Iowa Total Care
Molina Healthcare
Delta Dental of Iowa
Managed Care of North America (MCNA)
MCAH Project Management Portal – Maternal Health

Number: 602
Title: CAH Immunization Access and Promotion
Effective Date: 10/01/2016
Revision Date: 08/28/2025
Date of Last Review: 08/28/2025
Authority: Iowa Code § 139A.8, Iowa Administrative Code 641-7; Iowa Administrative Code 641-76.11; Social Security Act Section 506

Overview

Increasing the number of children and adolescents appropriately immunized is a core function of the Title V Block Grant legislation. For the policy and procedure on the administration of vaccines, see Immunization & Vaccine Administration.

Policy

Contractors shall assist clients in accessing immunization through enabling services and public health services and systems of community and family outreach, education, and immunization promotion.

Procedure

1. Contractors shall:
    a. Advance initiatives to assure clients receive the full schedule of age-appropriate immunizations per the Advisory Committee for Immunization Practices (ACIP).
    b. Coordinate the provision of immunizations in the service area through assessing needs and assuring access through outreach, education, and immunization promotion.
        i. Disseminate public education materials and information that promotes immunizations throughout the service area.
        ii. Engage at the Building Relationships level or higher (see Policy 605 Community Partnerships) with community organizations, groups, and families to promote and provide education about the importance of recommended childhood vaccines.
        iii. Partner at the Common Goal level or higher (See Policy 605 Community Partnerships) with organizations serving populations with limited access to healthcare services, groups, and families to promote and provide education about the importance of recommended childhood vaccines.
    c. At each contact, assess the client's immunization status through one of the following: Iowa Immunization Registry System (IRIS), the IRIS feed of recommended vaccinations in the Maternal Health (MH) and Child Adolescent Health (CAH) data system, or the client’s medical records. Once immunizations are assessed, make appropriate referrals and utilize enabling

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services to the client's medical home. If immunizations were assessed by a contractor in the past 30 days, immunizations do not have to be re-assessed. Enabling services shall continue to be provided.

i. If the client's immunization history is not in IRIS, and client medical records are not available, parent/caregiver recollection may be used to assist the family in accessing immunizations; however, every effort will be made to obtain immunization records to complete a full assessment. Additionally, contractors shall implement the best practice of updating the client's IRIS record by documenting vaccines in IRIS that were administered at another location in accordance with IRIS requirements. When a parent report is used, document the reason in the MH and CAH data system.

d. Promote initiation and completion of HPV vaccine for age-appropriate clients due to the low completion rate of the HPV vaccine in Iowa. At a minimum, this is accomplished by including information on the importance of the HPV vaccine in the initial Inform packet for clients aged 11 years and older.

2. Contractors receiving funds to provide immunization services, immunization promotion, and outreach or subcontracting with an entity receiving other funds for immunization services, outreach, and promotion such as through the Department's Immunization Bureau, Head Start, Early Childhood Iowa, or other grants/funds, shall delineate in writing the services provided as part of those other funding sources and the services that will be provided as part of the CAH program. Resources and staff may be braided to meet the needs of the community provided that duties, funding, and services for each grant are clearly defined, program requirements of each program are met, and expenses are billed appropriately to each funding source. Target populations for each program, program eligibility, and program goals will be outlined. All funding sources and programs shall be disclosed to Title V. Title V funds, and the CAH program and resources shall not supplant other funding sources.

For information on requirements for contractors opting to provide the gap-filling service of immunization administration, including staffing and contingency plans, training, HPV

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promotion and documentation, standing order, and VFC enrollment, see Policy 827 Immunization & Vaccine Administration.

Resources
Iowa HHS Immunization Program
Center for Disease Control and Prevention Immunization Schedules
Immunization Action Coalition
Iowa Code § 139A.8
Iowa Administrative Code 641-7
Iowa Administrative Code 641-76.11
Social Security Act Section 506

Number: 603
Title: CAH Early ACCESS
Effective Date: 10/01/2016
Revision Date: 08/29/2025
Date of Last Review: 08/29/2025
Authority: Individuals with Disabilities in Education Act

Overview

Early ACCESS is Iowa's early intervention system for infants and toddlers under three years old not developing as expected or who have a medical condition that can delay typical development. Early intervention focuses on helping parents and other caregivers so that they can support their child's growth and development during everyday routines and activities.

Congress passed the Individuals with Disabilities Education Act (IDEA) in 1986. The IDEA created the Infants and Toddlers with Disabilities Early Intervention Program (Part C). The goals of IDEA are to improve the development of infants and toddlers with disabilities and improve outcomes for children before entering school. Each state receives federal Part C funds to establish and implement an early intervention system. Early ACCESS is Iowa's early intervention system (IDEA, Part C).

Early ACCESS is not intended to be a stand-alone program. Therefore, families in Early ACCESS may need additional support or services from other providers. Early ACCESS will work with families to identify additional services or resources that may be needed.

Before a family can participate in Early ACCESS, the child must be determined eligible. In Iowa, children with certain diagnosed conditions are automatically eligible for Early ACCESS. For children with no diagnosed condition, an evaluation will be completed by Early ACCESS staff to determine eligibility. A child is eligible if they are found to have at least a 25% delay in one or more areas of development. The evaluation uses information obtained from many sources, including information from parents or caregivers, the referral source (if applicable), through administration of an evaluation tool, direct observations of the child, and/or a review of medical records (if applicable).

If a child is found eligible for Early ACCESS services, child and family assessments are completed. These assessments provide information about the child, such as interests and abilities and what the families would like the child to be able to do. The family assessment is a way for the Early ACCESS team to learn about family routines, what goals they have for their child, and the supports they may be interested in to help the child develop and grow. Once assessments are completed, an Individualized Family Service Plan (IFSP) is developed by the team, which consists of a service coordinator,

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service provider(s), and the family. The IFSP contains outcomes, what the family wants the child to be able to do within family routines and activities, and identifies what service(s) will be needed to help the family achieve the outcomes.

To learn more about Early ACCESS, visit the Early ACCESS webpage on the Iowa Family Support Network website. The Early ACCESS website can be used to make a referral for a child, learn what families can expect if they enroll in Early ACCESS, and view videos showing what a home visit is like in Early ACCESS.

Early ACCESS is administered by three state agencies: the Iowa Department of Education (IDOE), the Iowa Department of Health and Human Services (Iowa HHS), and Child Health Specialty Clinics (CHSC). Below are the contributions of each agency to Early ACCESS:

1. IDOE is the lead agency for Early ACCESS. As the lead, they coordinate the fiscal resources available for early intervention and are responsible for the development of policies/procedures to meet federal requirements for the implementation of IDEA Part C. IDOE is responsible for providing education programs and services for preschool and school-age students, including children with disabilities, from birth through 21 years of age. IDOE utilizes the Area Education Agencies (AEAs) to provide early intervention services in Iowa.
2. Iowa HHS, through Title V CAH Contractors, provides developmental and emotional-behavioral screenings (as needed) and screening follow-up to children ages 0-3 years who were referred to Early ACCESS and found not eligible.
3. Iowa HHS assures that children in foster care and children who have a founded or confirmed case of abuse or neglect are provided information about and referred to Early ACCESS.
4. CHSC, through Regional CHSC Centers, provides service coordination for infants and toddlers who are medically complex or were drug-exposed. CHSC also provides nutrition services and medical record reviews/health assessments for children enrolled in Early ACCESS.

Policy
Contractors shall provide developmental screening follow-ups to infants and toddlers ages 0 to 3 years who are not eligible for Early ACCESS services.

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Authority: Individuals with Disabilities in Education Act

Procedure

1. **AEA Partnership:** In partnership with the Early ACCESS liaison from each AEA serving the CSA, Contractors shall develop a referral process for the AEA to refer infants and toddlers, ages 0-3 years, found not eligible for Early ACCESS to the CAH program for developmental screening follow-up. The referral process shall include:
    a. Name and contact information of Contractor staff whom Early ACCESS will contact to make a referral for developmental screening follow-up;
    b. Child and family information the AEA will share with the Contractor so that Contractor staff can contact families to offer developmental screening follow-up; and
    c. Develop a plan with the Early ACCESS liaison at each AEA serving the CSA to assure Early ACCESS and Contractor staff are informed of the referral process.
2. **Early ACCESS Developmental Screening Follow-up:** Provide support for the developmental needs of children who were found not eligible for Early ACCESS. When the Contractor receives a referral from AEA for developmental screening follow-up, they shall do the following:
    a. Enter referrals received from the AEA for developmental screening follow-up in the Maternal Health (MH) and Child and Adolescent Health (CAH) data system. Document the outcome of the contact in the MH and CAH data system.
    b. Contact families whose child was referred to the CAH program for developmental screening follow-up and request information about developmental and emotional/behavioral screening that has been administered for their child.
    c. Offer to administer gap-filling developmental and emotional/behavioral screening if screenings are not going to be administered by the child's medical home or other provider or if the family doesn't know.
    d. Provide all results of developmental screens and emotional-behavioral screens to the medical home, regardless of the result.
    e. Provide related anticipatory guidance and follow-up services if developmental and/or emotional-behavioral screens are administered and results do not indicate a need for a referral to Early ACCESS. Resources CAH programs can use for education include:

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i. Child development page on the Iowa Family Support Network website
ii. CDC Learn the Signs Act Early website and materials and CDC's free Milestone Tracker app

f. Refer children 0-3 years old to Early ACCESS if developmental and/or emotional-behavioral screens are administered and results indicate a need for a referral to Early ACCESS and provide referral education. Educate families on what they can expect when their child is referred. A resource CAH programs can use is the Early ACCESS referral postcard, which can be ordered at no cost on the Iowa Family Support Network website.
g. Title V refers to the medical home, the AEA, or the Iowa Family Support Network. Title V informs 1st Five regarding patterns in lack of available medical homes or lack of screening in medical homes.
h. Refer to Policy 816 Developmental & Behavioral Health Surveillance & Screenings for documentation and billing of developmental and emotional/behavioral screenings

Resources

Iowa Family Support Network
Administrative Rules for Early ACCESS
Memorandum of Agreement for Early ACCESS, Iowa's Part C of IDEA
Learn the Signs Act Early website
CDC Milestone Tracker app

Number: 604
Title: CAH Prevention and Early Intervention for Lead Poisoning
Effective Date: 10/01/2016
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025
Authority: Iowa's EPSDT Periodicity Schedule

Overview

Blood lead testing and follow-up services are part of Iowa's EPSDT Periodicity Schedule. Due primarily to the low testing rates, especially between the ages of 24 through 35 months, the CAH program has chosen the prevention and early intervention of blood lead poisoning through testing of 12 through 35-month-olds as a Title V State Performance Measure.

Policy

Contractors are responsible for assuring access to blood lead testing for children 12 through 35 months in their service area.

Procedure

1. Contractors shall assure every child 12 through 35 months enrolled in the CAH program receives a blood lead test if the child has not been tested in the previous 12 months. Contractors shall utilize enabling services to assist the family in obtaining blood lead testing through their medical home. If enabling services fail, Contractors shall administer blood lead testing (see Policies 805 Blood Draws – Venipuncture and Capillary; 806 Blood Lead Evaluation and Management; 807 Blood Lead Screening, Analysis and Handling/Conveyance Policy).
2. Contractors shall assure blood lead testing is accessible and utilized by building partnerships with community groups and stakeholders to conduct outreach and education with families of young children. Contractors shall:
    a. Engage at the Building Relationships level (see Policy 605 Community Partnerships Policy) or higher with local Childhood Lead Poisoning Prevention Programs (CLPPPs).
    b. Engage at the Building Relationships level or higher with community organizations, groups, and families to provide education about the importance of blood lead testing and blood lead poisoning prevention.
    c. Partner at the Common Goal level or higher with populations with limited access to healthcare services serving organizations, groups, and families.
3. Contractors that are also CLPPP grantees (or subcontracting with CLPPP grantees) or receive other funds (Head Start, HUD, etc.) for providing or promoting blood lead poisoning prevention and/or testing shall delineate in

Number: 604
Title: CAH Prevention and Early Intervention for Lead Poisoning
Effective Date: 10/01/2016
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025
Authority: Iowa's EPSDT Periodicity Schedule

writing the services provided as part of those funds and the services that will be provided as part of the CAH program. Resources and staff may be braided to meet the needs of the community provided that duties, funding, and services for each grant are clearly defined, program requirements of each program are met, and expenses are billed appropriately to each funding source. Target populations for each program, program eligibility and program goals shall be outlined. All funding sources and programs shall be disclosed to Title V. Title V funds, and the CAH program and resources shall not supplant other funding sources.

Local Childhood Blood Lead Poisoning Prevention Programs: Iowa HHS contracts with local health departments to serve as local CLPPPs. Contractors with a CLPPP covering a county in their service area shall work collaboratively with the CLPPP in promoting blood lead testing and blood lead poisoning prevention for children.

Responsibilities of a local CLPPP

1. Assuring that primary care providers conduct blood lead testing.
2. Providing medical case management of children with blood lead poisoning, including referring children to CAH program Contractors (nutrition counseling, nursing home visits) or AEA (developmental testing and educational services) for additional services.
3. Providing environmental case management of children with blood lead poisoning.
4. Conducting data management of blood lead test results, case management data and data regarding other housing hazards.
5. Providing education and outreach to the community, including involving the community in solving healthy housing and lead poisoning problems and the establishment of a coalition for the program.

Resources

Childhood Lead Poisoning Prevention Program

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Number: 605
Title: Community Partnerships
Effective Date: 10/01/2022
Revision Date: 08/29/2025
Date of Last Review: 08/29/2025
Authority: Contract Special Conditions and Iowa HHS General Conditions for Service Contracts

Overview

Contractors engage in community partnerships, including partnerships with local health care providers, to advance the goals of Title V and engage in the framework of the Maternal Health (MH) and Child Adolescent Health (CAH) Program. Local practitioners and MH/CAH staff need to work cooperatively to best meet the needs of Iowa's pregnant individuals, children, adolescents, and families. The Department and its contractors advocate for a system that minimizes barriers to care, focuses on providing quality, comprehensive care to medical homes, prevents duplication and fragmentation of services, and coordinates resources. The strategies used to achieve this system of care are built on the MH CAH Pyramid and the Ten Essential Services of Public Health, and they utilize best and promising practices relevant to the community.

Building Effective Community Partnerships

Contractors shall develop partnerships with organizations, individuals, and groups that work with various community members to support the goals of the Maternal Health (MH) and Child and Adolescent Health (CAH) programs. Successful partnerships rely on collaboration, mutual respect, and shared goals.

In the past, some partnerships models have been transactional rather than collaborative, where data and information were gathered from the community without meaningful ongoing engagement. This approach can create challenges in establishing trust and cooperation between organizations and the communities they serve.

Authentic community engagement is key to producing change. This often requires doing work differently by understanding community needs through direct engagement. It is:

1. not a one-and-done approach;
2. building trust and relationships with community members;
3. listening to lived experience and expressed needs;
4. closing the communication and feedback loop by ensuring program activities align with identified community needs;
5. the foundation of the public health services and systems level of the pyramid; and
6. likely the most challenging and engaging work of Title V.

Policy

Contractors shall engage in partnerships and community engagement throughout their collaborative service area (CSA) to ensure programs and services are accessible, meet the needs of the community, and engage the community in providing solutions to needs and concerns.

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Authority: Contract Special Conditions and Iowa HHS General Conditions for Service Contracts

Procedure

Building community partnerships that lead to policy and practice changes affecting the health of the community typically follows a pattern of deepening engagement, trust, and shared resources. The table below outlines these levels of engagement and partnership.

Levels of Community Engagement		
Increasing levels of community involvement, impact, trust, and communication		
Category 1: Building Relationships		
Common terms associated with this level		**Typical activities at this level**
Outreach	• Communication flows from the Contractor to inform the community organization or from the community organization to the Contractor. No commitment • Partner has been introduced to the identified health-related topic/issue. Interest level in addressing the health issue may be unknown • Communication initiated	• Meet and greet • Introductions • Dropping off materials (brochures, flyers • Open house
Speaker	• Contractor invites community organizations to speak at a conference or meeting (or vice versa).	• Presentations • One-sided reporting or round-robin sharing of events, services, projects
Referrals	• Contractor provides referrals to the community organization, and/or community organization provides referrals to the Contractor • Referrals are given to the patient without coordination or written agreement between the Contractor and the community organization	Resource Directory • Provider list • Recommended organization or service provider
Category 2: Common Goal		

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Feedback Needs Assessment	• Community organization provides one-time or periodic feedback (or vice versa with Contractor providing feedback)	• Surveys, interviews,
Engage Meet Plan Discuss	• Community organization reciprocates communication and agrees to discuss partnership development. • Discussion includes opportunities for activities that can be accomplished together or ways each partner can benefit the other, working toward a similar/same goal • Contractor and community organization partner on short-term or easily implemented activities • Partners build their existing organizational capacity (e.g., staff, service, technological, network, financial) and/or establish new capacities. • Contractors or community organizations are seen as the lead or accountable entities.	• Meetings • Working on own initiatives that are not coordinated • Getting approvals/buy in • Reporting information, updates with shared interests and shared goals
Increasing ownership, empowerment, opportunities and supports for both staff and community		
Category 3: Supportive Roles		
Shared Space	• Contractor and community organization provide services in the same location or adjacent locations with the intent of supporting each other's programs and clients.	• MCH services provided at WIC sites
Collaboration Collaborative Partnership	• Contractor and community organization have shown ongoing support in addressing the identified issue. A common goal has been defined and both entities provide a supportive role in addressing the issue • Utilize networks, members, staff, volunteers to recruit new members, expand partnerships, serve on coalition	• Coalitions
Service contracts	• Contractor utilizes community partner to provide services	• Provide funding, in-kind

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Coordinated Intake and Referrals	• Some data is shared across programs • Written agreements outline each entity's role and responsibility in referrals	• HHLPPSS data input monthly into Iowa Connected • Active referrals with feedback loop
Involve	• Community organization has ongoing or periodic contact with the project, • The partnership develops new ways of working across and within the community, strengthening connections among service providers, with funders, between social service agencies and health systems, with academic research centers, and/or with government agencies.	• Reviewing survey questions, • Wording of documents, transcribing or translating documents, • Conducting key information interviews, • Participating in periodic advisory committee • Joint enrollment paperwork
Category 4 Strategic Implementation		
Risk-Sharing or Outcomes- Based Resource Sharing	• Contractor and community organization share the risk and responsibilities for outcomes	• ACOs • Dual grantees/Joint applications
	• Coordinated, scheduled communication takes place between partners. Routine communication is reciprocated between partners to accomplish activities or goals that meet/address the issue. • Community organization is a leader in the population or on the issue. Community organization views the partnership as benefiting their organization/population • Clients & families act as facilitators or co-facilitators of a focus group.	• Coalition chair/president • Program consultant • Input on strategic planning • Input on evaluation • Engaging the community
Shared Power/Shared Decision Making	• Collaborative decision-making and funding arrangements support shared program goals and are invested in the outcomes, strategies, risk, and benefit	• Joint strategic planning • Joint program implementation

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	• One agency is no longer viewed as the lead	• Joint evaluations
Policy and/or Systems-Level Change	• The partnership advances policy changes, influences payment and financing models, and/or contributes to the evidence base of integrated approaches to inform research and practice.	
Data Integration	• Partners can view and input patient data in real-time through joint/compatible data systems • Partners regularly review program-level and/or outcome data to inform decision-making	Medicaid and MCAH data system

Resources

Iowa HHS General Conditions for Service Contracts

Sources

Iowa HHS 2020 IDPH Partnership Assessment Tool
Nonprofit Finance Fund and Center for Health Care Strategies. (2018) Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations.

IOWA | Health and Human Services

Number: 606
Title: Public Health Services and Systems Documentation in MCAH Data System
Effective Date: 10/01/2022
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025
Authority: Contract Special Conditions and General Conditions for Service Contracts

Overview

Public Health Services and Systems is the base of the Maternal Health (MH) and Child and Adolescent Health (CAH) Pyramid and, therefore, the majority of the work of CAH Contractors. Documenting this work is critical to measure the progress and outcomes of the CAH program.

Policy

All public health services and systems activities outlined in the RFP, RFA, contract, and the Contractor's approved work plans shall be documented in Community Events in the MH and CAH data system. In addition, Contractors shall document other public health services and systems pyramid-level activities conducted on behalf of the CAH program, including outreach activities, group education, and community partnership activities in the MH and CAH data system following Department guidelines.

Procedure

1. Document public health services and systems activities required by the RFP, RFA, and agency contract, including the Contractor's approved work plans.
2. Document public health services and systems activities conducted on behalf of the CAH program.
3. Activities to be documented in 'Community Events' in the MH and CAH data system go beyond activities typically associated with the term "community events" and include meetings, presentations, collaborations, Family Engagement group related activities, outreach, partnerships, and other meaningful interactions with community partners to advance and build community infrastructure and capacity. Follow each program's guidance for how to use 'Community Events.'
4. Contractors may document brief outreach covering multiple topics (meeting round robin sharing, social media posts, media, email listservs, etc.) not required in the RFP, RFA, contract, or Contractor's activity plan, in the 'Client Overview Episode' in the MH and CAH data system.
5. Complete documentation for the month within 15 days of the end of the month within the MH and CAH data system.
6. Guidance on documenting 'Community Events' in the MH and CAH data system:

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Authority: Contract Special Conditions and General Conditions for Service Contracts

Child and Adolescent Health Quick Guide for Completing Community Events

<table>
<tr><th colspan="2">CAH Community Event</th></tr>
<tr><td colspan="2">Owner: Update with who the MCAH data system owner will be - this does not need to be the specific individual conducting the event.</td></tr>
<tr><td>Date
Update to reflect the actual date of the Event. Option to date the Event in the future and leave as unsuccessful for a reminder to enter data.</td><td>Time/Duration
Enter the duration of the event in minutes, Time is optional

Description
Optional</td></tr>
<tr><td>Outcome
Successful</td><td>Reschedule Reason
Optional</td></tr>
<tr><td>County of Service
Select the County of Service/Event (if virtual, select the county where the provider/program/organization is located)</td><td rowspan="2">Interaction Type
Select the method of communication used for the activity:
□ Email
□ Face to Face
□ Media
□ Phone
□ Virtual</td></tr>
<tr><td rowspan="2">Result
Select the performance measure/topic associated with the activity.
□ Hawki
□ Immunizations
□ Infant/Child Well Visit
□ MAF-Informing, Care Coordination, PE/Insurance
□ Medical/Dental Home
□ NPM10 Adolescent Well Visit
□ NPM6 Developmental Screening
□ NPM13 Oral Health
□ SPM2 Blood Lead Testing
□ SPM3 Child Care Nurse Consultation
□ SPM4 Adolescent Mental Health
□ SPM 6 Health Equity
□ Title V Role & Services
□ Other</td></tr>
<tr><td>Location
Document:
□ Business
□ Children’s Board (Mental Health)
□ Community Organization
□ Dentist/Orthodontist
□ Department of Human Services
□ Early Childhood Education Program
□ Family Planning
□ Hospital/Urgent Care
□ Local Board of Health/Local Public Health Agency</td></tr>
<tr><td>Type of Event</td><td></td></tr>
</table>

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Select from the dropdown: □ *Adolescent Partner Promotion* □ *Collaboration/Partnership Meeting* □ *Community Outreach Activity* □ *Other Event* □ *Drop off/Send promotional items, brochures, outreach items (includes brief education/discussion)* □ *Educational Presentation* □ *Email* □ *Employers/Uninsured Employees* □ *Group Family Education* □ *Health Fair* □ *Immunization Clinics (no client billing)* □ *Introduction to staff and/or services* □ *Media/social media* □ *Lead Testing Clinics (no client billing)* □ *Other Event* □ *Population Participation/Recruitment* □ *Provider/Clinic Education* □ *Requesting Input/Feedback* □ *School/Education System*	□ *Mental Health Care Provider* □ *Parents/Caregivers* □ *Parent/Family Organization* □ *Primary Care Clinic/Provider* □ *School* □ *School Nurse* □ *Substance Abuse Program* □ *University/ Community College* □ *Youth* □ *Youth Serving Organization* □ *Other* **Quantity** *Enter the number of people served or reached through the activity.*
Comment	

Number: 606
Title: Public Health Services and Systems Documentation in MCAH Data System
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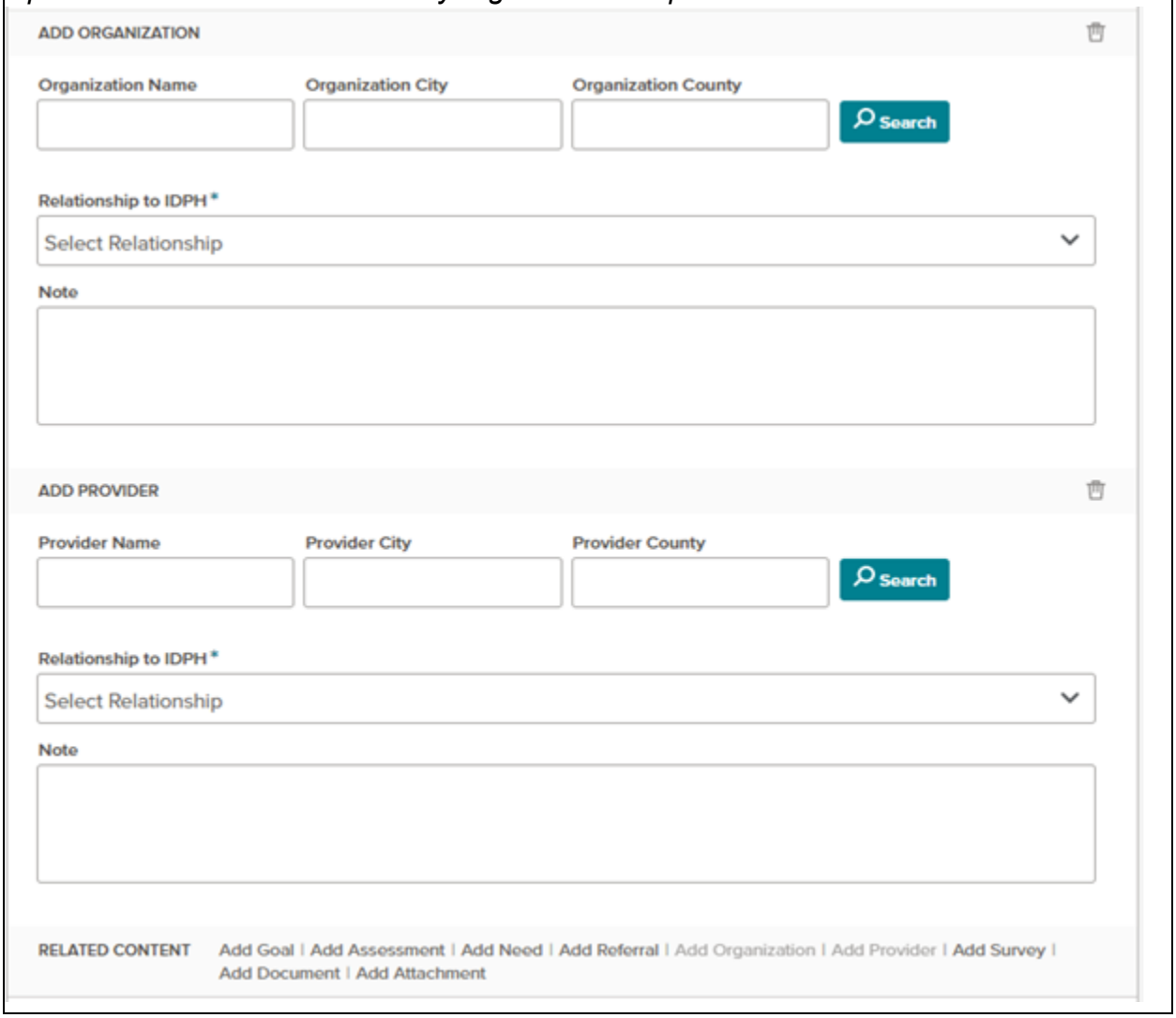
Authority: Contract Special Conditions and General Conditions for Service Contracts

Optional: Use this field to add any organization or provider or additional notes



Resources

General Conditions for Service Contracts

IOWA | Health and Human Services

Number: 607
Title: Child Health Specialty Clinics
Effective Date: 10/01/2022
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025

Overview

Child Health Specialty Clinics (CHSC) administers Iowa's Maternal and Child Health Title V Program for children and youth with special health care needs in partnership with the Iowa Department of Public Health and serves children and adolescents (birth through age 21 years) with or at risk of chronic health conditions or disabilities including psychosocial, physical, and health-related educational or behavioral needs. CHSC is overseen by the University of Iowa Division of Child and Community Health and is part of the Carver College of Medicine and the Stead Family Department of Pediatrics.

CHSC operates under a System of Care approach to provide services for children and youth with special healthcare needs that recognizes the importance of family, school, and community and seeks to promote the full potential of all children and youth. CHSC partners with families, service providers, communities, policymakers, and state departments. CHSC has a network of regional centers and satellite locations across Iowa.

Policy

Contractors shall work collaboratively with CHSC to serve children and adolescents with special health care needs who may reside in their collaborative service area (CSA).

Procedure

Refer clients to CHSC.

Documentation:

1. Document public health services and systems-level work with CHSC in ‘Community Events’ in the MCAH data system.
2. Document client-specific enabling services related to CHSC in the client record in the MCAH data system and the client's medical record.

Resources

Child Health Specialty Clinics

IOWA Health and Human Services

Number: 608
Title: Appropriate Use of Gap-Filling Direct Care in Community Partnerships
Effective Date: 10/01/2022
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025

Overview

As CAH Contractors engage in collaboration and partnerships within the community, a tangible good that's easy for partners to understand and value is the provision of direct care services. It can be both easier to explain and sometimes to provide direct care services for a potential or existing partner than explaining the concept of enabling services and assisting in establishing a medical home or partnering to build capacity among primary care providers to provide the services. However, building high-quality systems of care, local community capacity, and strengthening enabling services to assist clients in accessing a medical home is the priority of the Title V program.

Direct care services are to be gap-filling only services, not ways to build relationships with other organizations. Often non-CAH programs within the Contractor's agency or outside community organizations will seek to meet their program or other requirements by requesting the CAH Contractor partner to provide direct services. CAH Contractors also often think of other programs within their agency or community that they know have program requirements similar to CAH requirements as a useful way to address program requirements. Examples of programs/organizations where this has occurred include Head Start/Early Head Start, home visiting programs (HOPES, MIECHV, etc.), and schools. The layering of funds and services on the same sets of families that are already in the system of care leaves fewer resources available for harder-to-reach families and those not already receiving assistance in accessing these services.

When CAH program resources are used to meet existing program requirements or eligibility criteria, this can also lead to the supplanting of funds, which is not allowed. For example, using CAH program resources to meet the Head Start Program Performance Standards 1302.42 Child Health Status and Care. This Head Start standard includes the provision of and payment for enabling services (health care coverage, a medical home, care coordination, etc.) and direct care services (vision and hearing screens, well-child visits, nutrition assessment, blood lead testing, etc.). Another example is using CAH program resources to meet home visiting program, school, AEA, or IQ4K requirements for developmental screening.

Policy

Contractors shall not utilize their CAH program or screening center status to provide direct care services to meet other programs' requirements, eligibility, or enrollment criteria or as an incentive for partnership or program participation. Contractors shall work with the State Title V CAH program for approval of all direct care services in compliance with Policy 800 Provision of Gap-Filling Direct Care Services.

IOWA | Health and Human Services

Number: 608
Title: Appropriate Use of Gap-Filling Direct Care in Community Partnerships
Effective Date: 10/01/2022
Revision Date: 09/02/2025
Date of Last Review: 09/02/2025

Procedure

Contractors may engage in partnerships and collaborations to provide enabling services to assist families in establishing and accessing a medical home unless those services are already a requirement of the partnering program or organization.

Contractors shall engage with other organizations, programs, families, and groups to promote high-quality systems of care, local community capacity, medical homes, and enabling services throughout their CSA. Examples include gathering input and disseminating to stakeholders, coordinating coalitions and groups to assess needs and barriers, centering clients/families at the center of creating solutions, being involved in the programs and solutions of other community organizations and other Public Health Services and Systems, and Enabling Level services.