Informing and Care Coordination Services

A change in policy from the Centers for Medicare and Medicaid Services (CMS) resulted in termination of informing and care coordination services under ‘case management’. In response, DHS and IDPH reached an agreement to continue informing and care coordination as ‘administrative services’. Through a DHS – IDPH Administrative Services Agreement, IDPH began reimbursing Title V Maternal and Child Health (MCH) agencies for outreach, informing/re-informing, and care coordination services as of February 1, 2009. This agreement defines the scope of the services that are reimbursed to Title V MCH contract agencies by IDPH. Parameters were developed for IDPH review of claims prior to payment. Tools were created to assist agencies in the new billing processes.

Utilization of EPSDT services is evaluated through the CMS 416 report. Statewide CMS 416 Participation Rates increased from 75 percent in FFY 2009 to 81 percent in FFY 2013.

Upon implementation of the Iowa Health and Wellness Plan (IHAWP), the IDPH Bureau of Family Health (BFH) supported the Iowa Medicaid Enterprise’s (IME) inclusion of the full complement of EPSDT services for 19 and 20 year olds on the IHAWP, including coverage by Medicaid for wrap-around services that an EPSDT member’s plan may not cover.

Title V Maternal and Child Health Initiatives

Several major developments occurred in FFY 2014 within the Title V MCH program which will impact services for the maternal and child populations in coming years. These include the federal Maternal and Child Health Block Grant Transformation, Iowa’s Title V Maternal and Child Health Needs Assessment, and Maternal and Child Health Focus Groups.

Maternal and Child Health Block Grant Transformation

The federal Title V Maternal and Child Health Block Grant is undergoing transformation to reduce burden of reporting, maintain flexibility, and improve accountability. As a result, all states receiving Title V funding will be selecting from a new set of performance measures developed by the federal Health Resources and Services Administration’s Maternal and Child Health Bureau. The
measures address six domains: maternal and women's health, perinatal and infant health, child health, adolescent health, life course, and children with special healthcare needs. The transformation conceptualizes a modified pyramid of Public Health Services for MCH Populations. See Figure 1.

IDPH expects the transformation of the block grant to help achieve the mission of improving the health and well-being of mothers, infants, children, and youth and their families, including children and youth with special healthcare needs.

**Title V Maternal and Child Health Needs Assessment**

Starting in May 2014, staff from the Bureau of Family Health, Oral Health Center, and Child Health Specialty Clinics began preparing to conduct a 5-year needs assessment for the Title V Maternal and Child Health Block Grant. This needs assessment will drive the direction for the Iowa’s Title V Maternal and Child Health program in FFY 2016-2020.

To begin the needs assessment process, the newly proposed federal performance measures were compared to current national and state performance measures and the Life Course Metrics. This crosswalk guided the development of topic areas for Iowa’s Data Detail Sheets. These served as a springboard for stakeholder input and priority setting. Information on the Data Detail Sheets was gathered from a variety of state and national sources, as well as through a series of focus groups conducted with Iowa’s MCH agencies. Information from focus groups was combined with the quantitative data and incorporated into the Data Detail Sheets to provide a client-focused perspective. The Data Detail Sheets were designed to provide a robust view of MCH in Iowa and were used in determining areas for prioritization. Each data detail sheet consists of six sections:

- Background
- Health and/or Cost Impact
- Current Status
- What is Being Done in Iowa
- Related Performance Measures
- Needs Statements

A broad array of providers, constituents, and partners across the state participated in the prioritization process. There were 213 complete responses, with over 44 organizations and 10 parents or clients responding to the prioritization survey. There were 39 focus group participants. IDPH and CHSC criteria selection from the federal list provided and key stakeholder criteria generated. The input from all these groups selected the following priority areas.

- The top 5 Need Statements were ranked highly across almost all groups
  - Access to Specialists for MCH
  - Transportation Resources
  - Transition to Adulthood Planning for CYHSCN
  - Adolescent Health Systems Coordination
  - Developmental Screenings
State Priority Areas:
  • CHSC – improvement to SPM#2
  • Access to care for the MCH population
    • Transportation
    • Specialty providers → dental and mental health providers
    • Insurance
    • Transition between coverage
    • Adequacy
    • Literacy
    • Access to quality child care
  • Physical activity for MCH population

More information about the Needs Assessment process can be found at http://www.idph.state.ia.us/TitleVNeedsAssessment/. Completion of Iowa’s MCH Needs Assessment is anticipated during the second quarter of FFY 2015.
Maternal and Child Health Focus Groups

The Maternal and Child Health program conducted focus groups and individual interviews for the purpose of incorporating client perspectives on MCH activities and services in the Title V Needs Assessment. A random sample of clients was selected from the program databases. The sample included clients who had received services from the agency in the past three months. During June and July of 2014, focus groups were held in eight MCH agencies with a total of 39 clients.

One focus group was conducted in Karin (spoken by the Burmese refugees). Other clients who did not speak English were given the opportunity to participate in a translated individual interview. Participants were primarily mothers, although three fathers also attended.

Results showed that:
- gap-filling direct care services were helpful to families
- services helped to improve health literacy
- services helped in navigating the health care system
- transportation services are essential but are not always satisfactory in meeting needs
- clients are receiving health education
- MCH programs are collaborating with other programs to assist families with needed services
- non-citizens have greater difficulty accessing services

Results from the focus groups and individual interviews will be used in prioritizing needs and developing activities for the FFY 2016 Title V MCH application to the federal Maternal and Child Health Bureau. For more detail, see the Title V Focus Group Report.

The FFY 2014 Maternal and Child Health Grant

The FFY 2014 Maternal and Child Health Grant RFA described the Child Health program using a Child Health logic model. It summarizes inputs, services/activities, desired outcomes, and related performance measures. Applicants were required to develop activities that focused on program development for informing services, linkage to preventive health services (medical homes), immunizations, blood lead tests, and Early ACCESS developmental testing and monitoring. Key measures included the percent of inform completions, CMS participation rates, percent of children with medical homes, percent of children fully immunized by two years of age, percent of children age 9-35 months receiving blood lead tests, and for Early ACCESS the number of children ages 0-3 years receiving developmental testing with referral to the AEA and the number of children found ineligible for Early ACCESS receiving developmental monitoring by the Screening Center.

Child Health program requirements in the MCH FFY 2014 RFA included responsibility for assuring the following:
- Access to well child screening services, preferably through medical and dental homes
- Access to immunization services. If providing immunizations as a direct care service, Child Health agencies enroll in the Vaccine for Children’s Program (VFC) and in Iowa’s
Immunization Registry Information System (IRIS). All agencies are encouraged to use IRIS for assessing a child’s immunization status.

- **Access to blood lead level testing** for children under the age of 6 years
- **Informing services** for families of newly Medicaid enrolled children
- **Care coordination** to assure access to health care services
- **Interpretation services**
- **Transportation services to medical, dental, and other Medicaid covered services.**
  - As of December, 2014 the Iowa Health and Wellness Plan (IHAWP) EPSDT benefit for 19 and 20 year olds includes transportation. MCH Agencies can now assist all clients ages 0 to 21 years enrolled in Medicaid, including IHAWP with in-town transportation, as well as assist with care coordination to TMS for out of town transportation
- **Developmental testing** using the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire for Social and Emotional Development (ASQ-SE)
- Outreach for Medicaid and **hawk-i**, including presumptive Medicaid eligibility determinations for children
- **Oral health services under the I-Smile™ program**

Utilization of EPSDT services is evaluated through the CMS 416 report. Participation rates for FFY 2013 increased to 81 percent, a 6 percent increase from 2009 rates. These rates are based upon those children continuously enrolled in Medicaid for at least 90 days who received at least one well child screen during the year. A table of participation rates was distributed to the 22 Child Health agencies and is posted on the IDPH EPSDT website (Providers page) at [http://www.idph.state.ia.us/hpcdp/epsdt_providers.asp](http://www.idph.state.ia.us/hpcdp/epsdt_providers.asp).

Additional trainings were provided for Child Health agencies on new services/programs. These include:

- **Alcohol and other Substance Abuse Screening with Brief Intervention and Referral to Treatment (SBIRT)** – MCH Agencies can screen children, young adults, and maternal health clients on an annual or other routine basis with or without brief intervention for alcohol and other substance abuse. Face-to-face training presented by Michele Tilotta RN, BSN, MPA. Training is also available on the SAMHSA website.
- **Depression Screening for Caregivers of Children enrolled in Medicaid** – MCH Agencies can bill the child’s Medicaid and screen the adult caregiver for depression. – webinar presented by Robin C. Kopelman, MD, MPH
- **Iowa Health and Wellness Plan** – webinar presented by Bryan Dempsey, IME Provider Services, Education & Outreach Supervisor
- **Dental Wellness Plan** – webinar presented by Heather Miller, RDH, Delta Dental
- **Domestic Violence Screening for Adolescents and Caregivers** – MCH Agencies can screen the adult caregiver or adolescent for intimate partner violence and bill it under the child’s Medicaid - webinar presented by Binnie LeHew, MSW, LISW
- **Coventry Marketplace Choice Plan** – Miles Logge, Coventry
**RAP Expert Panel**

Analisa Pearson is now participating in the RAP Expert Panel on behalf of the Iowa Department of Public Health. As of the January 21, 2014 meeting the RAP Expert Panel will expand to include the Iowa Autism Spectrum Disorder and other Developmental Disabilities (IA ASD/DD) Family Advisory Committee members. These members will contribute their personal experiences, involvement, and opinions to help guide current and future efforts to enhance Iowa’s systems of care for children and youth with special health care needs.

**Upcoming Events**