Informing and Care Coordination Services
IDPH continues to have conversations about how the Title V MCH programs will interface with Medicaid after the implementation of the MCEs. It is clear that services provided prior to enrollment into a Managed Care Entity, such as outreach, presumptive eligibility and informing, will continue to be provided by Title V MCH agencies. IDPH continues to negotiate other services, such as care coordination and direct health care.

Title V Maternal and Child Health Initiatives
The Title V Needs Assessment Report will be completed by May 13, 2015. The information from the report has been used to choose the National and State Performance Measures for the next five years of the Title V Block Grant.

HRSA provided a list of 15 National Performance Measures to choose from; states were tasked with choosing eight out of the 15. States were required to choose at least one from each identified population domain: Women/Maternal, Perinatal/Infant, Child Health, Adolescent Health, Children with Special Health Care Needs, and Cross-cutting.

Plans for the performance measures are being completed and will be submitted in July with the 2016 Title V application. (Selected measures were presented in January Report). There will be a public comment period where individuals/stakeholders will have an opportunity to provide input on the activities and strategies outlined to address these performance measures. The public comment survey will be posted around the middle of May and will be open for three weeks.

State Performance Measures will be developed over the next fiscal year and will be submitted in the FY2017 Title V application. Below is a list of the State Priority Areas that will be addressed in the form of State Performance Measures.

More information about the Needs Assessment process can be found at http://www.idph.state.ia.us/TitleVNeedsAssessment/. The full Needs Assessment Report will be posted at the link as soon as it is available.

Cribs for Kids is a pilot project sponsored by the Iowa Department of Public Health, Iowa birthing hospitals, Title V Maternal Health Screening Centers, Iowa SIDS Alliance, and Meridian Health Plan, as well as additional community and national organizations. Select Maternal Health (MH) agencies are receiving funding to provide free cribs (Pack ’n Play) to individuals who deliver within designated counties’ birthing centers. Education will be provided to the family. It is the role of the MH agency to purchase and deliver the cribs to the birthing centers. Data collection is being handled by the Maternal Infant Early Child Home Visiting Program. They will be tracking the following measure: The number of infants sleeping in safe environments.
The 1st Five Evaluation Summary developed by the Child and Family Policy Center has been completed and distributed. Here are some highlights from the report:

- 1st Five is helping more children. In 2014, 1st Five supported the healthy mental development of over 1,000 young children. Nearly 8,000 children and families have been referred to 1st Five since 2007. The top reasons for referral are hearing/speech concerns (2,165), followed closely by parent/family stress (2,164).
- 1st Five is connecting more families to community resources to address family stress, caregiver depression and other environmental factors that can create toxic stress. Since 2007, over 19,000 connections to local resources have been made for families across 1st Five sites, up from 16,654 in 2013.

Here is a breakdown of the needs identified and referrals made by 1st Five:

- Of 9,359 needs identified among 7,588 families, 46 percent were for health or developmental concerns, including speech and hearing. Another 37 percent of referrals were connected to family stress and day-to-day resource needs. The final 17 percent ranged from caregiver depression and social and behavioral worries to language barriers and parent education needs.
- After a referral, 1st Five coordinators work with the family to identify resources addressing the family’s needs. Of 19,223 connections, 29 percent were for resource needs, 20 percent for family-support services, 18 percent for health-related needs and 14 percent for early-intervention services. The remaining 20 percent were for oral- and mental-health care and other family needs.

The FFY 2015 Maternal and Child Health Grant
FFY2016 Applications are due May 8th. This is a non-competitive year.

Regional Autism Assistance Program Advisory Council
Council met on April 8th.
Magellan Report:
- From April 2014 – To End of March 2015
- 33 applied – 20 denied due to eligibility. Many already had Medicaid.
- 13 were approved, five accessing services currently.
  - Three have become Medicaid eligible.
  - Three on a specific provider’s waiting list.
  - Three have yet to select a provider.
  - Two have yet to receive an assessment (may be lost to follow-up).
Recommendations to Representative Heaton: Attached

Maternal Infant Early Childhood Home Visiting Update
IDPH was not awarded MIECHV Expansion funding for the new funding period beginning March 1st. With this loss of funding for the MIECHV program, there are potential for changes to contracts and collaborations. After many conversations with HRSA, IDPH is in the process of working through our “Plan B”, which includes utilizing unobligated funds and
decreasing/terminating non-home visiting contracts and redirecting those funds to home visiting services. With this plan, there would be funding through September. HRSA has released a supplemental funding opportunity that staff are working on. This supplemental funding will provide funding from October to March, when the new MIECHV funding cycle begins.

Before the Easter holiday, the US House of Representatives passed the bill that authorizes CHIP, MIECHV, and PREP. The US Senate did not take up the bill prior to the recess, but will take it up quickly after they resume this week.
AUTISM SUPPORT PROGRAM RECOMMENDATIONS

1. **Expand the age range for eligible participants from birth through age 8 to birth through age 18**

   Comments: ABA works for older children. We originally capped the age at such a young age is to control the potential number of candidates demanding the service. Clearly we are not overwhelmed by numbers of participants so raising the age limit shouldn't dramatically impact the total expense.

2. **Expand the definition of an Autism Service Provider to include the BCaBA performing duties under the supervision of a BCBA as identified by the national certification board (Behavior Analyst Certification Board). Compensate the provider for services rendered by a BCaBA for “oversight” “treatment planning” and “assessment” at a rate between the BCBA and direct service professionals.**

   Comments: The limited number of BCBA’s in Iowa have made it difficult for children to access services. In Iowa as of February, 2015, there are a total of 73 professionals registered for all levels of certification
   - BCBA-D (8)
   - BCBA (52)
   - BCaBA (13).

   BCaBA credentialing requires a four year degree including 135 hours of specific coursework related to applied behavior analysis, 1,000 hours of field work, 100 hours of supervision by a BCBA, and successful completion of a comprehensive examination.

   The national certification board recognizes the value a BCaBA can provide. We recommend following the Behavior Analyst Certification Board’s standards for permitting a BCaBA to conduct specific tasks under the supervision of a BCBA.

   Opening up these additional tasks to a BCaBA will do three things:
   A. It frees up the BCBA to do more
   B. It Increases opportunities for children to access services
   C. It provides an important stepping stone - or career ladder for in state professionals to work toward their BCBA.

3. **Pay higher rates.**

   Comments: There are still very few providers in this market place. Simple economics suggest a better reimbursement rate will make it more attractive.

4. **Modify income guidelines to allow more families to access the ASP service.**

   Comments: This would require legislative action to expand about the 400% of the poverty level.