

FFY2021
Title V State Plan
National Performance Measures (NPMs)

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What are National Performance Measures (NPMs)?

Iowa's application for Title V funding reflects national efforts toward measurement system this shift is intended to show Title V's impact on health outcomes. In the revised national performance measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data from national data sources and for which state Title V programs will track and work towards impacting. The NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting/Systems Building. Because Iowa chose eight NPMs from a list of 18, you will notice the numbering of the NPMs is not consecutive.

What are Evidence-based/Evidence-informed Strategy Measures (ESMs)?

Within this document, each National Performance Measure includes at least one Evidence-based or Evidence-informed Strategy Measure.

State-specific and actionable, the ESMs seek to track a state Title V program's strategies and activities and to measure evidenced-based or evidenced-informed practices that will impact individual population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended.

NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

ESM

Number of businesses or organizations who were provided education by Title V agencies in the past year about the importance of strong policies to support breastfeeding through or beyond 6 months of age.

Number of women who receive education about breastfeeding through 6 months and pumping at work.

Percentage of women enrolled in the Title V maternal health program who receive culturally and linguistically competent, breastfeeding health education and support based on their individualized needs and concerns.

Plan for the Coming Year (FFY2021)

IDPH will work with the 23 maternal health agencies in Iowa to ensure women in their service receive the support they need to continue breastfeeding their infants through 6 months. This will be done through successful collaborations and referrals to lactation consultants both in hospitals where available and within the community when not, through mutually supportive collaborations with WIC agencies in the area, and individual, community and group breastfeeding

education opportunities.

Women will be connected to lactation consultants in a variety of ways, one of which is through the collaboration between the Title V agencies and the birthing hospitals, and the Title V agency and the local WIC and breastfeeding coalitions. The intention of these collaborations is to ensure that the hospital staff, WIC staff and peer counselors, and any other breastfeeding support service providers in the service area are aware of the services Title V agencies are able to provide. These collaborations will help to meet women where they are at and when they need the support.

The Title V agencies across the state will also be working with one business per year in their service area to educate them on breastfeeding laws and policies, and how to create a supportive environment for women who choose to breastfeed. This will build a stronger relationship for the Title V agency and the business community which could lead to productive relationships in the future.

All Title V agencies working with women in a direct service capacity, or one on one educational opportunity, will provide culturally and linguistically competent educational information or teaching on breastfeeding. For women receiving direct services, specific health education will be provided to meet her individual needs. Additionally, some Title V agencies may provide group breastfeeding classes to women they provide services to, if other opportunities are not available in their service area.

Comments for NPM 4

NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

ESM

Number of community education opportunities Title V agencies provide education about safe sleep environments each year.

Percent of women enrolled in Title V Maternal Health Services in a Tier 2 County, who receive individualized, and culturally appropriate, direct service health education about safe sleep practices each year.

Plan for the Coming Year (FFY2021)

IDPH will work with the 23 Title V agencies across the state to reach women in Iowa in a variety of ways to educate them about the importance of safe sleep practices and refer them to resources for safe sleep options if necessary.

The Title V agencies in Iowa will each reach out to at least community organization

per year who work with anyone who puts a baby down to sleep to provide education about safe sleep environments. This education will cover topics such as: back to sleep, safe sleep environment, no co-sleeping, no extra items in the crib and any other recommendations from the Child Death Review team. Additionally, this can potentially open a line of communication between the agency and retailer for future collaborative purposes.

Each Title V agency will develop a list of safe sleep resources to distribute to women and families they reach through an enabling service, or community outreach capacity. Additionally, women will be referred to resources to obtain a free or low cost crib if needed, if that resource is available in the area.

Women who are receiving Title V direct care services will receive safe sleep education based on the mother's needs, taking into account any personal or cultural beliefs the mom or family express, on the following topics: back to sleep, safe sleep environment (crib), no co-sleeping, no extra items in the crib and other recommendations from the AAP and the report from the Child Death review team as applicable. MH agency staff will receive education and specific TA on addressing cultural beliefs related to safe sleep practices.

**Comments for
NPM 5**

NPM 6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool

ESM

Percent of children with Medicaid coverage receiving a brief emotional behavioral assessment using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.

**Plan for the
Coming Year
(FFY2021)**

Each of Iowa's 23 Title V Child and Adolescent Health (CAH) contract agencies are approved Medicaid Screening Centers. They are enrolled with the IME and two MCOs operating in Iowa are (Amerigroup and Iowa Total Care -July 2019). Developmental screenings and emotional/behavioral assessments are provided by CAH agencies using the ASQ and ASQ:SE tools. Contract agencies are able to receive payment from the IME for services provided for Medicaid fee-for-service clients and from the Medicaid MCO for children enrolled in an MCO.

The FFY 2021 Request for Application will require all CAH applicants to continue to develop plans to address NPM #6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. Agencies will continue coordinating developmental screening

with local providers such as child care providers, home visiting programs, and primary care practitioners to assess need, assure access, and avoid duplication; collaborating with early care and education providers that encourage developmental screening; and educating families on the importance of developmental screening at recommended age intervals. Moreover, IDPH will contract (with an outside entity) to do a state-wide environmental scan to assure coordination of the provision of developmental screens and social/emotional assessments. It will assist in identifying where screening/assessment occurs and the tools used within the following environments: child care providers, home-visiting programs, primary care providers, CCNC, ECI, MIECHV and Head Start.

Agencies will continue to educate parents on their child's developmental milestones and promote and utilize the toll-free central referral line and/or website for the Iowa Support Network www.iafamilysupportnetwork.org. to provide resources to parents. Promoting developmental screening will continue to be a part of the age-specific informing scripts. Agencies will ensure that age appropriate developmental screening is provided by trained staff, results are communicated with primary care practitioners, and related education and follow-up services are provided.

In 2021, Title V agencies will be asked to engage with the Children's Behavioral Health Coordinator in their Children's Mental Health System Region in system building to advance universal, periodic behavioral health screening and assessments, education, prevention and access to mental health consultation services in collaboration with the Children's Mental Health Systems Region covering all counties their service area. Detecting early signs of mental health conditions in children, will circumvent issues later. If children can be referred to mental health professionals (counselors, therapists, psychologists, etc) earlier in life, long-term benefits will result.

Title V agencies will also be asked to write to one of the priority populations in the FFY 2021 RFA. This includes- African Americans/Black American, Alaska Native/Native Americans, Asian/Pacific Islanders, Fathers, Hispanic/Latinx, Immigrants/Refugees, LGBTQ+ and Persons with Disabilities. Other populations may be addressed in addition to the priority populations, based on the service area (e.g. Amish, families involved with the correctional system, children in foster care). This includes building partnerships with alliances who support one or all of these priority populations. It can include joining the Refugee and Immigrant Alliance in a local community, educating and training local public health staff on annual cultural competency training that serves one of these populations.

Partnerships will continue with 1st Five, early care and education programs, home visiting (MIECHV), Family Support and CHSC to promote developmental screening. BFH monthly meetings with Iowa Medicaid staff provided an avenue to discuss contracting, coding, and billing issues pertaining to developmental services. In the

FFY 2018 RFA, applications included a plan to work with Iowa's Area Education Agencies on referrals to Early ACCESS based upon screening results.

BFH staff continue to meet with MIECHV program staff to discuss opportunities for collaboration including coordination of developmental screening promoted by CAH, 1st Five, and home visiting programs and the need to avoid duplication. Since 2015, BFH staff have participated on a state-wide (stakeholder) Leadership Team coordinated by Iowa Children's Justice to address the impact of substance use/abuse on pregnant women, infants, and children. Promoting children's healthy growth and development is an inherent component of this work. Aggregated data reports of results of ASQ and ASQ:SE screening provided by Title V CAH contract agencies have been of particular interest to this workgroup.

At the state level, IDPH will continue to provide technical assistance where needed particularly to agencies (providing direct services) who will be providing ongoing developing screening (ASQ) and emotional /behavioral assessments (ASQ-SE) to infants and toddlers ages 0-3 years found not be eligible for Early ACCESS services. The state will continue to enhance our partnership with our other Title V partner (CHSC) Child Health Specialty Clinics from the University of Iowa Stead Family Children's Hospital; serving those children with special healthcare needs. IDPH will begin exploring more resources for Title V agencies specifically around culturally appropriate developmental screening tools for parents and children of different cultures and backgrounds. In addition, the state will explore the abundant parental apps to assist parents in their child's development.

Title V Child and Adolescent Health (CAH) agencies will continue to reinforce the importance of developmental screening through the informing process for newly enrolled Medicaid families. Bureau of Family Health (BFH) will provide Title V CAH agencies with needed information and resources. Title V CAH agencies will continue to offer gap-filling developmental screenings (Ages and Stages Questionnaire (ASQ)) and emotional-behavioral screenings (Ages and Stages Questionnaire: Social- Emotional (ASQ:SE)). Some local agencies also administer the Modified Checklist for Autism in Toddlers (M-CHAT) for toddlers between 16 and 30 months of age.

Iowa's 1st Five program engages healthcare providers in supporting the use of developmental surveillance and standardized developmental screening tools. A partnership between providers and 1st Five staff is established for developmental support services (an enhanced form of referral and follow up services).

Local 1st Five site coordinators will work on outreach to primary care practices to encourage their consistent and universal use of screening tools. Outreach may include, but is not limited to, newsletters, trainings, and personal contacts through phone, email and meetings. Local 1st Five site coordinators will work with 1st Five Medical Consultants on providing developmental screening trainings to office staff

and engaged healthcare partners.

Contracts with local 1st Five sites will build on the recent performance measure to increase the percentage of referrals that follow results of a standardized developmental screen. The measure will continue to tier the expectations so that lower performing sites will need to make greater progress to achieve the measure.

1st Five's IDPH staffing has increased, adding a staff member with more direct experience working with care coordination and services for families. Through this staffing, technical assistance for local sites will include enhanced assistance with planning, preparation, and skill-building to better prepare local staff for providing developmental support services and documenting services. 1st Five also expects continued improvements and enhancements to training and support for 1st Five site coordinators for their work with primary care practices.

**Comments for
NPM 6**

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive visit in the past year

ESM

Partner with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well visits to parents/guardians.

**Plan for the
Coming Year
(FFY2021)**

Adolescence is a period of major physical, psychological, and social development. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health damaging behaviors, manage chronic conditions, and prevent disease. Assuring that adolescents receive annual well visits will help prepare adolescents to manage their health.

IDPH contracts with 23 CAH agencies with service provision in all of Iowa's 99 counties. Title V Child and Adolescent Health agencies will work with local primary care practitioners and other providers serving adolescents to increase the numbers served and enhance the quality of the visit.

Local CAH agencies will work on partnering with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent well visits to parents/guardians. Agencies will document a description of the groups, organizations or programs

that they will be partnered with, history of prior experience with the organization/program (if any), the goals of the partnership, roles and responsibilities of the applicant and organization/program in the partnership, and timeline for activities.

CAH agencies are encouraged to communicate with and share resources with the school nurse designee from each school district within the applicant's service area to promote adolescent well visits to parents/guardians. They will include narrative describing the school districts they are partnering with, history or prior experience with the nurse (if any), goals of the partnership, roles and responsibilities of the applicant and the nurse activities.

Iowa's Title V RFA has taken a health equity lens in working on eliminating health disparities among ethnic and racial minorities and other population groups with low income or who have historically had less access, power and privilege in Iowa. Priority populations that are known to experience significant levels of health disparity in child and adolescent health and must be addressed are African Americans/Black/African, Alaska Native/Native Americans, Asian/Pacific Islanders, fathers, Hispanic/Latinx, immigrants/refugees, people identifying as Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, plus (LGBTQI+), and persons with disabilities. Other populations may be addressed based on needs in the service area (e.g. Amish, families involved with the correctional system, pregnant women and adolescents experiencing homelessness, etc.) IDPH has maintained that our agencies should partner with specific organizations, programs or groups that address priority populations to increase culturally appropriate access, outreach and education on adolescent well visits.

The Informing Process is the process by which staff at the Title V Child and Adolescent Health agency contact newly eligible clients to explain the EPSDT Care for Kids program and its benefits. The discussion with the family addresses the benefits available, importance of preventive health care services, location of services, support services, and local resources available to help the clients. For FFY21 an emphasis has been placed on the education of parents/guardians of adolescents on the importance of the annual well visit.

Title V Child and Adolescent Health agencies will provide culturally and linguistically appropriate annual well visit reminders for adolescents who are Title V clients and adolescents enrolled in Medicaid Fee For Service. The agencies will describe the activities to assure well visit reminders are linguistically and culturally appropriate, the partners involved, and how the reminders are conducted.

Title V MCAH Agencies may provide gap-filling direct care services for adolescents based upon an assessment of need within the service area. (e.g. nutritional counseling, preventive medicine counseling, nursing assessments).

Agencies are able to provide these services under their Screening Center provider status and are to be reimbursed by both Iowa Medicaid and the Medicaid Managed Care Organizations (MCOs). The Bureau of Family Health staff continues their communication and working relationship between Title V MCAH and Iowa Medicaid Enterprise (IME). BFH monthly meetings with Iowa Medicaid staff provided an avenue to discuss contracting, coding, and billing issues pertaining to these gap filling services.

The Bureau of Family Health staff will develop social media posts during International Adolescent Health Week (IAHW) 2021. IAHW is a grass-roots initiative for young people, their health care providers, their teachers, their parents, their advocates and their communities to come together and celebrate young people and with an ultimate goal of working collectively towards improving.

Continue collaboration with the Department of Education to promote and manage the Iowa Adolescents: Let's Talk Health google site and update content as requested.

The Bureau of Family Health staff will measure NPM10 by utilizing CMS416 Reports for ages 10-14, 15-18, and 19-20 years and signifycommunity™. In addition, MCAH Regional Consultants will analyze Mid-Year and Year End Reports, and review with agencies during their annual Site Visits.

IDPH will subcontract with an outside entity to conduct an environmental scan (e.g. electronic survey, face to face) in the first six months of FFY2021 to identify which providers are conducting adolescent well visits, what hours well visits are available and the ages they are routinely offered. Narrative documentation will detail their work with the providers as well as the staff roles and responsibilities, partnerships and roles/responsibilities of the partners. The documentation of the results of the environmental scan will be shared with the local providers, community stakeholders and the Regional MCAH Consultants.

Comments for NPM 10

NPM 11: Percent of children with and without special health care needs having a medical home

ESMs

Number of primary care practices in Iowa with staff who received at least one continuing education opportunity through the Iowa Title V CYSHCN program.

Plan for the Coming Year (FFY2021)

To address barriers to access to care for Children and Youth with Special Health Care Needs, the University of Iowa Division of Child and Community Health

(DCCH) will focus on 1) providing access to specialty care through Child Health Specialty Clinics (CHSC) Regional Centers, 2) Strengthening infrastructure and increasing opportunities for specialty care through telehealth, and 3) Increasing Primary Care capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities.

DCCH will provide statewide care coordination, family support, systems navigation, and gap-filling clinical services through the existing regional network of CHSC Regional Centers. This will include marketing of services through a collaboration with the University of Iowa Stead Family Children's Hospital Continuity of Care program for children with special health care needs. DCCH staff will also define best practices for care coordination, including for telehealth, for children with medical complexity, mental health diagnoses, developmental and intellectual disabilities. This will include an emphasis on trauma informed and culturally responsive best practices. CHSC Regional Centers are currently equipped to be a hub for telehealth services. In the upcoming fiscal year, DCCH will assure appropriate staffing and updated equipment when appropriate for delivery of all services, including telehealth. DCCH will assess how CHSC Regional Centers can best align with community needs, create succession plans for CHSC Regional Center Nurse Practitioners, and assure appropriate equipment such as additional welcome tablets if a need is identified. DCCH will ensure a linguistically and culturally appropriate approach to care by evaluating which linguistically appropriate forms should be included on welcome tablets, and working with staff to build relationships with diverse populations in CHSC Regional Center Communities.

In order to strengthen infrastructure and increase opportunities for pediatric specialty care through telehealth, DCCH will build partnerships with specialty providers including those from other states and institutions, investigate mechanism for funding and reimbursement of facility and staff time for telehealth, and evaluate staffing needs to prepare for increasing telehealth opportunities. Appropriate staffing needs for telehealth will be identified, and enhanced training to CHSC Regional Center Registered Nurses for physical assessment under guidance of telehealth provider will be provided. DCCH is also committed to ensuring access to interpretation services to support telehealth visits. DCCH is also currently adjusting approaches to telehealth to better accommodate changes to practice patterns related to the healthcare environment changes associated with COVID-19. This includes at-home vs. in Regional Center telehealth visits, and family-to-family support provided through video and telephone visits.

DCCH is committed to increasing access for Children and Youth with Special Health Care Needs to medical home approaches to care. To this end DCCH will work with primary care practices to increase Primary Care capacity to treat children with complex and/or mental health needs, and developmental and intellectual disabilities. This will be accomplished through enhanced workforce

development initiatives for Primary Care Providers (PCPs) in Iowa. DCCH will streamline existing communication and marketing approaches to outreach and engaging PCPs, create working relationships with professional organizations; enhance resources for provider access to information about treating CYSHCN, including medical home approaches, family partnerships, culturally and linguistically appropriate care; and providing primary care focused regional and state-wide conferences and webinar trainings. DCCH will educate on and market the 24/7 Psychiatry Consultation line to PCPs utilizing resources enabled through the Health Resources Services Administration (HRSA) funded Pediatric Mental Health Care Access Program. DCCH will also work to integrate Family Peer/Family-to-Family Support within primary care settings for systems navigation/care coordination.

**Comments for
NPM 11**

NPM 12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care

ESM

Percent of CHSC Clinical Services patients over age 12 years who had an initiated plan for transition to adulthood documented in the electronic medical record.

Percent of CHSC Clinical Services patients over age 12 years with an initiated transition plan who had at least one annual review of the plan.

**Plan for the
Coming Year
(FFY2021)**

During the upcoming and subsequent fiscal years, the University of Iowa Division of Child and Community Health (DCCH) plans to continue existing initiatives and implement new strategies to address needs for youth ages 12 - 21 years who are in the process of transitioning to adulthood and adult health care. A 3-pronged approach will assure that goals are met: 1) Continuing direct services to youth with special health care needs and their families; 2) updating transition-to-adulthood resources for youth, families and those who work with them, 3) special attention to creation and implementation of transition-to-adulthood resources that directly address issues for youth with special health care needs from underrepresented backgrounds.

To assure high quality direct services to transition age youth, DCCH staff will receive enhanced training for working with families of transition-age youth. Plans are underway to implement new trainings for staff, assure that staff are properly trained to utilize resources that have already been developed, and review processes for delivering care. Additionally, DCCH staff will assess feasibility and create a plan to implement a Youth Advisory Council.

DCCH currently utilizes a number of resources to assist youth and families through

the process of transition to adulthood. A review of these resources will take place in order to assure appropriate literacy levels and accessibility. An evaluation of these resources from the family and youth perspectives will be conducted. Additionally, DCCH staff utilize the University of Iowa Health Care System Electronic Medical Record, EPIC in order to document health care utilization, diagnoses, and treatment. The current system for documenting activities related to transition to adulthood will be reviewed and streamlined in order to assure that all providers including nurse practitioners, family navigators, registered nurses, and social workers have access to the existing documentation resources. DCCH staff recognize that there are many youth with special health care needs who do not receive direct services from the organization. In the upcoming fiscal year, DCCH will create a plan for making transition to adulthood resources to broader audiences.

There is limited information regarding specific issues and best practices associated with transition to adulthood for youth with special health care needs from underrepresented backgrounds. Research from a student trainee in 2019 highlighted some of the issues related to transition to adulthood for families who may get left out of policy and planning conversations. In the upcoming fiscal year, special attention will focus on youth with complex health needs, mental health challenges, and intellectual and developmental disabilities from underrepresented backgrounds and their families. DCCH will examine workflows to assure a streamlined process for all families, including those for whom providers will need additional support for addressing cultural or linguistic needs. DCCH will also investigate the utilization of cultural brokers in reviewing resources and approaches to care. DCCH will share findings and resources stemming from these efforts to providers and organizations statewide.

**Comments for
NPM 12**

NPM 13: A) Percent of women who had a dental visit during pregnancy; B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year

ESM

Number of medical practices receiving an outreach visit from an I-Smile coordinator.

**Plan for the
Coming Year
(FFY2021)**

I-Smile™ is the oral health component of Iowa's Title V Maternal, Child, and Adolescent Health (MCAH) program. Staff with the Iowa Department of Public Health's Bureau of Oral and Health Delivery Systems (OHDS) manages I-Smile™,

which includes I-Smile™ @ School (school-based sealant program). I-Smile™ connects children, pregnant women, and families with dental, medical, and community resources to ensure a lifetime of health and wellness. OHDS staff provide oversight and technical assistance for I-Smile™. Each Child and Adolescent Health contractor is required to have a dental hygienist who serves as the local I-Smile™ Coordinator. OHDS and I-Smile™ Coordinators have a strong relationship and strive to improve the oral health of Iowans. I-Smile™ Coordinators must spend at least 20 hours a week on public health services and systems-building and enabling services.

OHDS staff use data to determine focus areas within I-Smile™. Data sources include the MCAH data system, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental Services Reports, and oral health screening surveys. Data is analyzed by the bureau's epidemiology consultant, who also facilitates quarterly quality assurance reviews of MCAH data with OHDS consultants to identify service gaps, data entry errors, and troubleshoot areas of concerns. Similarly, local I-Smile™ activities are determined using a needs assessment, updated each year using community data and information from the MCAH service area.

OHDS staff will hold quarterly I-Smile™ Coordinator trainings, to ensure program consistency, share best practices, develop leadership skills, and promote current standards and procedures. These training often include continuing education on current oral health topics and an open forum for sharing from the I-Smile™ Coordinators. OHDS staff will make a site visit to each contractor to discuss local work plans, review data, and troubleshoot concerns. OHDS staff will also participate in yearly chart audits to ensure documentation of services is accurate and provide technical assistance to each contractor.

Assuring good oral health for underserved children and pregnant women relies upon the strength of partnerships, both at the state and local levels. OHDS staff will maintain important partnerships with entities such as WIC and the 5210 project, Head Start, Healthy Child Care Iowa, Delta Dental of Iowa Foundation, Iowa Primary Care Association, Iowa Medicaid Enterprise, and the University of Iowa College of Dentistry. Partnership activities in FY21 will include training of local WIC staff; networking meetings with Head Start health Coordinators; providing support to sealant programs that are not administered by MCAH contractors, to assure maximum benefit for children statewide; and collaborating on oral health promotion campaigns, such as "Rethink Your Drink". Next year, OHDS plans to work with a new partner, Count the Kicks, to incorporate oral health into its program, which uses best practices and evidence-based strategies to save babies and prevent stillbirths. OHDS staff will provide assistance to Count the Kicks regarding oral health education and resources to keep moms and babies healthy. I-Smile™ Coordinators will work to educate and distribute Count the Kicks educational materials while doing outreach to medical and dental offices.

OHDS staff will maintain strong partnerships with Iowa Medicaid Enterprises (IME) and the Dental Prepaid Pre-Ambulatory Health Plan (PAHP) carriers for Medicaid

in Iowa – Delta Dental of Iowa and Managed Care of North America. Partners are discussing the potential for children to be covered by PAHP in the future and strategizing how to work together for the health of Iowa Medicaid members.

OHDS staff also facilitate advisory workgroups for I-Smile™ @ School and community water fluoridation (CWF). In addition to partners already mentioned, workgroup members include: Iowa State Education Association, Iowa School Nurse Organization, Iowa Department of Education, local MCAH contractor staff, American Water Works Association, Iowa Department of Natural Resources, Iowa Public Health Association, Iowa State Hygienic Lab, and Iowa Association of Water Agencies. Another important collaboration is Cavity Free Iowa, a workgroup focused on increasing training for medical office staff to apply fluoride varnish for children at well-child exams. Trainings are provided by I-Smile™ coordinators.

I-Smile™ Coordinators are also responsible for maintaining local partnerships. In FY21, I-Smile™ Coordinators are required to develop at least one new local partnership as well as improving and expanding partnerships with a minimum of four existing partners to benefit families served through I-Smile™. I-Smile™ Coordinators are holding medical/dental summits and facilitating and creating local coalitions to educate communities about oral health. Next year, I-Smile™ Coordinators will make face-to-face outreach visits with all general and pediatric dental offices within their service areas, outreach visits to family practice medical offices and/or pediatric medical offices, provide trainings for medical office staff as requested, and conduct oral health promotion at community events.

I-Smile™ Coordinators will train MCAH staff about oral health, ensuring staff is competent regarding oral health as it pertains to the informing process and care coordination; about oral health in accordance with the EPSDT periodicity schedule; and about proper techniques for direct preventive dental services (e.g., screenings, fluoride applications) and most current guidance for oral health education and anticipatory guidance. OHDS will maintain its stock of promotional materials that can be used for new moms as part of outreach to hospitals as well as for children and families. The I-Smile™ Facebook page will target parents/guardians with information and education about good oral health for children as well as during pregnancy.

I-Smile™ Coordinators will work with MCAH staff to continue focus on referrals to dentists and improved access to resources that address social determinants of health through individualized care coordination for those who need it. OHDS staff will offer technical assistance to MCAH contractors regarding best practices for providing care coordination. An online training is available for all local MCAH staff who provide care coordination, including information about proper documentation requirements. OHDS staff will work with Bureau of Family Health staff to assure proper documentation within the MCAH data system by completing service note review and working with Iowa Medicaid Enterprise to assure funding for dental care coordination is continued. In addition, the 2019 oral health survey of children at WIC found that children of minority racial groups are more likely to experience decay but not restorative dental treatment. OHDS staff are identifying

outreach and care coordination plans to use with MCAH contractors that will help ensure minority populations receive the care needed.

Access to dentists for Iowa’s Medicaid-enrolled and under/uninsured families continues to be difficult. In 2019, 1,842 fewer Medicaid-enrolled children received care from a dentist than in 2018, demonstrating the need for MCAH contractors to continue to provide gap-filling preventive services. In FY21, dental hygienists and registered nurses will provide gap filling preventive services, such as dental screenings and fluoride varnish treatments at WIC clinics. Dental hygienists will also provide services as needed at child care centers, Head Start centers, and preschools. Dental hygienists will offer dental screenings, fluoride varnish applications, individual and classroom oral health education, and sealants to children in elementary schools with 40% or greater free/reduced lunch rates through the I-Smile™ @ School program. Oral health screenings are made available to maternal health clients during WIC clinics, and every client receives oral health education. Referrals and care coordination are provided as needed, following provision of all services.

As part of a HRSA oral health workforce grant, OHDS staff will work with I-Smile™ Coordinators to incorporate silver diamine fluoride applications for children within preventive services offered at WIC. When applied to tooth decay, silver diamine fluoride stops the decay process. In addition to reducing bacterial infection, use of silver diamine fluoride stops cavities from getting larger and can sometimes prevent the need for a restoration. Another component of the HRSA workforce grant is to work with I-Smile™ Coordinators to facilitate community-driven approaches to recruit dentists to towns that may be experiencing or will soon experience a shortage of dentists.

The full impact of the COVID-19 pandemic on the I-Smile™ program is not yet known. OHDS staff anticipate changes to infection control requirements for dental services in the future and have also heard that more dental offices have already declined accepting any Medicaid referrals due to upcoming anticipated backlog of dental care.

**Comments for
NPM 13**

NPM 14: A) Percent of women who smoke during pregnancy B) Percent of children, ages 0 through 17, who live in households where someone smokes

ESM

Number of pregnant women served by MH agencies who are screened for tobacco use with Ask, Advise, Refer.

Percent of pregnant women served by MH agencies who report smoking and are referred to Quitline.

Number of pregnant women referred to Iowa's pregnancy Quitline program by Title V MH agencies.

Number of pregnant women on Medicaid who use Iowa's pregnancy Quitline.

**Plan for the
Coming Year
(FFY2021)**

IDPH MH staff will actively collaborate with staff from the Division of Tobacco Use and Prevention. This will include attending regular meetings to discuss collaborative projects, providing Iowa Quitline materials to local MH agencies, inviting subject matter experts to provide training and/or presentations at the MCAH fall conference and other in-person training events. Local MH agencies will be required to collaborate with their local tobacco coalition, funded by the Division of Tobacco Use and Prevention, and technical assistance will be provided by IDPH staff to facilitate collaboration as needed.

IDPH MH staff will also support staff in the Division of Tobacco Use and Prevention in implementing an incentive program for pregnant women who smoke to participate in the Quitline maternal tobacco use program. This will include providing outreach and educational materials to local MH agencies to provide to clients related to the incentive program and educating statewide partners, such as the Iowa Maternal Quality Care Collaborative, the Iowa Neonatal Quality Care Collaborative, and the Iowa Statewide Perinatal Care Program, on the incentive program.

IDPH MH staff will provide training resources to all MH agencies, including online access to the Ask, Advise, Refer training. This is a standardized assessment and referral tool all agencies will be required to use with pregnant women who use tobacco. IDPH staff will share resources and events related to maternal tobacco use to agencies on a regular basis.

All local MH agencies providing direct services to pregnant women in Iowa will provide individualized health education on the importance of tobacco use cessation and refer interested clients to the Quitline. Local MH agencies providing direct services will receive training on providing education in a culturally and linguistically appropriate manner. This will be reviewed by IDPH MH staff during

direct service chart audits.

**Comments for
NPM 14**

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