******THIS IS NOT A REQUEST FOR PROPOSAL******

IOWA DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

REQUEST FOR INFORMATION

for

ORGANIZATIONAL PROFILES TO INFORM MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH), I-SMILE™, 1st FIVE HEALTHY MENTAL DEVELOPMENT, AND WIC SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAMS

******THIS IS NOT A REQUEST FOR PROPOSAL******

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SECTION 1: PURPOSE, BACKGROUND, AND ADMINISTRATIVE INFORMATION

1.1 Purpose.

The Iowa Department of Public Health, hereafter known as the Department, is seeking information from interested parties who are interested in providing or partnering with Maternal, Child and Adolescent Health (MCAH); I-Smile™; Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and 1st Five services in Iowa.

The purpose of this Request for Information (RFI) is to allow all interested parties to provide the department with information to assist the department in preparation of Request for Proposals (RFP) for the programs listed above.

The Department is interested in learning more about organization interest and capacity to provide, partner or outreach for the programs listed above. To address equity needs of the diverse populations within the state, the Department is interested in learning more about the statewide provider landscape to meet the needs of various populations with a focus on reducing health disparities within the state.

1.2 Background Information for the Project.

Information on your specific agency or organization is requested. The Department is particularly interested in your organization's current capacity for and interest in providing services or collaborating for the following programs:

- MCAH
- I-Smile™
- 1st Five Healthy Mental Development
- WIC

Appendices B-E provide overviews of the work and services for each program.

Appendix F - RFI Response is provided for each respondent to complete and submit in for this RFI. Respondents may submit their response through the online Google Form at https://forms.gle/MQjYez5djA5biUEcA

1.3 Relevant Dates

Event	Date
Issue RFI	May 18, 2021
RFI Responses Due	June 15, 2021 by 4:00 PM Local Iowa Time
Respondent Conversations	June 21, 2021-July 9, 2021

1.4 Submission of Response

This request requires any interested party wishing to submit information to respond to this Request for Information (RFI) by 4:00 p.m., local Iowa time, on **June 15, 2021.**

The interested party's response may be completed online through the Google Form (preferred), hand-delivered, faxed, e-mailed, or mailed to the Department. Responses will not be accepted over the telephone. However, the Department reserves the right to make telephone contacts or follow up on information submitted in any manner deemed appropriate by the Department.

1.5 Contact Information

The contact at the Department for technical questions and submission of responses will be:

Name of IDPH Contact:	Abby Halderson
Department Address:	Bureau of Family Health IDPH 321 East 12th Street Des Moines, IA 50319
Email Address:	MCH@idph.iowa.gov
Fax Number:	515-725-1760
Google Form Link:	https://forms.gle/MQjYez5djA5biUEcA

1.6 Administrative Matters

1.6.1 This RFI is designed to provide interested parties with the information necessary for the preparation of an appropriate response. It is not intended to be comprehensive, and each interest party is responsible for determining all factors necessary for submission of a comprehensive response.

1.6.2 The Department reserves the right to modify this RFI at any time.

1.6.3 Responses should be based on the material contained in this RFI or any other relevant information the interested party thinks is appropriate.

1.6.4 By submitting a response each interested party agrees that it will not bring any claim or have any cause of action against the Department, the State of Iowa, or any employee of the Department or the State, based on any misunderstanding concerning the information provided or concerning the Department's failure, negligent or otherwise, to provide the interested party with pertinent information as intended by this RFI.

1.7 Review and Rejection of RFI Responses

1.7.1 The Department reserves the right to reject any and all responses, in whole and in part, received in response to this RFI at any time.

1.7.2 An RFI response may be rejected outright and not reviewed for failure of the interested party to deliver the response by the due date. Therefore interested parties are asked to make every effort to meet the RFI timelines and to include the requested information.

1.7.3 An RFI response will not be subject to a RFP type of evaluation but only a review of information in the RFI.

1.8 Public Records and Requests for Confidentiality

1.8.1 The release of information by the Department to the public is subject to Iowa Code Chapter 22 and other applicable provisions of law relating to the release of records in the possession of a State agency. Interested parties are encouraged to familiarize themselves with these provisions prior to submitting a RFI response. All information submitted by an interested party may be treated as public information by the Department unless the interested party properly requests that information be treated as confidential at the time of submitting the response.

1.8.2 Any requests for confidential treatment of information must be included in a cover letter with the interested party's RFI response and must enumerate the specific grounds in Iowa Code Chapter 22 or other legal reasons which support treatment of the material as confidential and must indicate why disclosure is not in the best interests of the public. The request must also include the name, address and telephone number of the person authorized by the interested party to respond to any inquiries by the Department concerning the confidential status of the materials.

1.8.3 Any documents submitted which contain confidential information must be marked on the outside as containing confidential information, and each page upon which confidential information appears must be marked as containing confidential information. The confidential information must be clearly identifiable to the reader wherever it appears. All copies of the proposal submitted, as well as the original proposal, must be marked in this manner.

1.8.4 In addition to marking the material as confidential material where it appears, the interested party must submit one copy of the RFI response from which the confidential information has been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the document as

possible. These pages must be submitted with the cover letter and will be made available for public inspection.

1.8.5 The interested party's failure to request in the RFI response confidential treatment of material pursuant to this Section and the relevant laws and administrative rules will be deemed by the Department as a waiver of any right to confidentiality which the interested party may have had.

1.9 Copyrights

By submitting a response the interested party agrees that the Department may copy the response for purposes of facilitating the internal review of the information or to respond to requests for public records. The interested party represents that such copying will not violate any copyrights in the materials submitted.

1.10 Restrictions on Gifts and Activities

Iowa Code chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Interested parties are responsible for determining the applicability of this chapter to their activities and for complying with these requirements. In addition, Iowa Code chapter 722.1 provides that it is a felony offense to bribe a public official.

1.11 Cost to Interested Party

The Department is not responsible for any costs incurred by an interested party which are related to the preparation or delivery of the response, any on-site inspection that may be required, or any other activities related to this RFI.

1.12 Responses / Property of Department

All printed information used in the interested party's response becomes the property of the Department. The Department will have the right to use ideas or adaptations of ideas that are presented in the responses.

1.13 Sources of Information Used by the Department in Addition to the Responses

The Department reserves the right to contact interested parties after the submission of responses for the purpose of clarification and to ensure mutual understanding.

1.14 No Obligation to Issue Request for Proposal (RFP) or Request for Bid (RFB)

The issuance of this RFI in no way constitutes a commitment by the Department to issue a RFP, RFB or contract for the project described in this RFI.

1.15 Interested Party Responses Identifying Information

1.15.1 State the name and principal place of business or residence of the interested party.

1.15.2 Identify the interested party's type of business organization/entity such as a corporation, partnership or educational institution.

1.15.3 State the interested party's state of incorporation, if applicable

1.15.4 State the name, address, email address, telephone number and FAX number of the interested party representative to contact regarding all technical matters concerning this RFI.

SECTION 2: INFORMATION SOUGHT

As mentioned above, the Department is interested in learning more about organization interest and capacity to provide, partner or outreach for the MCAH, I-Smile, 1st Five and WIC programs. To address equity needs of the diverse populations within the state, the Department is interested in learning more about the statewide provider landscape to meet the needs of various populations with a focus on reducing health disparities within the state.

The preferred response manner is via the Google Form at https://forms.gle/MQjYez5djA5biUEcA. If submitting your response to this RFI in another manner, please utilize Appendix F - RFI Response as an attachment for your response.

The appendices include additional information regarding program implementation expectations and requirements. Please refer to these documents prior to responding.

The agency/organization's response is divided into two sections: Agency Profile and Organizational Areas of Interest.

Agency Profile

- Agency/Organization Name:
- Address:
- Contact Information (Phone/Email) of Lead Official/Executive Director:
- Counties Served: [select from list of counties]
- Agency type:
    - Public agency (government)
    - Private/non-profit

    - For profit
    - Other group type - please list (e.g. church group, fraternal organization, etc.)
- Total number of staff or volunteers that work for the agency (please include an Organizational Chart with your submission):
- We are interested in learning about the clients you serve and any specific populations you may specialize in serving. Please indicate each of the populations in which you specialize serving in your client population:
    - White, not Hispanic
    - Black, African American or African
    - Latino or Hispanic
    - Native American or Alaska Native
    - Asian or Pacific Islander
    - Multiracial
    - Refugee or Immigrant
        - Please specify specific populations:
    - Lesbian, gay, bisexual, transgender, queer, intersex plus (LGBTQI+)
    - Fathers or male guardians of children less than 18 years of age
    - People with disabilities
    - Low income
    - Urban families
    - Rural families
        - See Appendix A for list of Urban and Rural County Designations
    - Migrant workers
    - People experiencing homelessness
    - Other(s) – please specify:
- Is there anything else you would like to share with us regarding your specialization in service populations?
- Approximate # of clients/families served per year:
- In what ways do you provide services in languages other than English, including for Deaf or Hard of Hearing, (e.g. staff who speak additional languages, access to a language line, etc.):
- Please explain the type of services or work performed by your agency:
- Do you subcontract for any of the services you provide, and if so, please list the services:

Organizational Areas of Interest

For each program, indicate your organization/agency's interest in providing those services. Following your selection, respondents will be asked to provide a rationale for your selection and your interest in providing services beyond your current service area (if applicable).

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
WIC Services					
Breastfeeding Peer Counseling					
Maternal Health Services					
Child and Adolescent Health Services					
Oral Health Services					
I-Smile™ Services					
1st Five Healthy Mental					

Development Services					

Department staff may contact respondents to discuss responses to this RFI, ask clarifying questions, or request additional information. Department staff will contact the respondent between June 21, 2021 and July 9, 2021 to set up conversations if necessary.

APPENDIX A. Urban/Rural County Designations

FIPS code	County Name	Urban-Rural Designation
19001	Adair	Rural
19003	Adams	Rural
19005	Allamakee	Rural
19007	Appanoose	Rural
19009	Audubon	Rural
19011	Benton	Urban
19013	Black Hawk	Urban
19015	Boone	Rural
19017	Bremer	Urban
19019	Buchanan	Rural
19021	Buena Vista	Rural
19023	Butler	Rural
19025	Calhoun	Rural
19027	Carroll	Rural
19029	Cass	Rural
19031	Cedar	Rural
19033	Cerro Gordo	Rural
19035	Cherokee	Rural
19037	Chickasaw	Rural
19039	Clarke	Rural
19041	Clay	Rural
19043	Clayton	Rural
19045	Clinton	Rural
19047	Crawford	Rural
19049	Dallas	Urban
19051	Davis	Rural
19053	Decatur	Rural
19055	Delaware	Rural
19057	Des Moines	Rural
19059	Dickinson	Rural
19061	Dubuque	Urban
19063	Emmet	Rural
19065	Fayette	Rural
19067	Floyd	Rural
19069	Franklin	Rural
19071	Fremont	Rural
19073	Greene	Rural
19075	Grundy	Urban
19077	Guthrie	Urban

19079	Hamilton	Rural
19081	Hancock	Rural
19083	Hardin	Rural
19085	Harrison	Urban
19087	Henry	Rural
19089	Howard	Rural
19091	Humboldt	Rural
19093	Ida	Rural
19095	Iowa	Rural
19097	Jackson	Rural
19099	Jasper	Rural
19101	Jefferson	Rural
19103	Johnson	Urban
19105	Jones	Urban
19107	Keokuk	Rural
19109	Kossuth	Rural
19111	Lee	Rural
19113	Linn	Urban
19115	Louisa	Rural
19117	Lucas	Rural
19119	Lyon	Rural
19121	Madison	Urban
19123	Mahaska	Rural
19125	Marion	Rural
19127	Marshall	Rural
19129	Mills	Urban
19131	Mitchell	Rural
19133	Monona	Rural
19135	Monroe	Rural
19137	Montgomery	Rural
19139	Muscatine	Rural
19141	O’Brien	Rural
19143	Osceola	Rural
19145	Page	Rural
19147	Palo Alto	Rural
19149	Plymouth	Urban
19151	Pocahontas	Rural
19153	Polk	Urban
19155	Pottawattamie	Urban
19157	Poweshiek	Rural
19159	Ringgold	Rural
19161	Sac	Rural
19163	Scott	Urban

19165	Shelby	Rural
19167	Sioux	Rural
19169	Story	Urban
19171	Tama	Rural
19173	Taylor	Rural
19175	Union	Rural
19177	Van Buren	Rural
19179	Wapello	Rural
19181	Warren	Urban
19183	Washington	Urban
19185	Wayne	Rural
19187	Webster	Rural
19189	Winnebago	Rural
19191	Winneshiek	Rural
19193	Woodbury	Urban
19195	Worth	Rural
19197	Wright	Rural

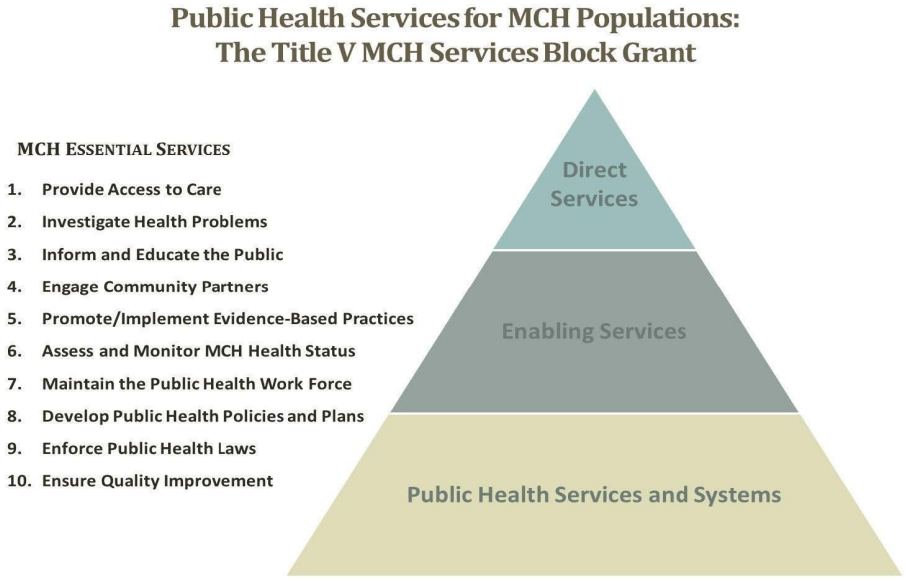
Urban-Rural designations are based on the National Center for Health Statistics designations of Metropolitan vs Non-Metropolitan. These designations focus on access to services for the county population, as opposed to only the number of people residing in the county. More information can be found at: https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf .

Appendix B – Title V Maternal and Child & Adolescent Health Program

Title V Maternal and Child & Adolescent Health (MCAH) programs are authorized under Title V of the Social Security Act. The Bureau of Family Health (BFH) administers the Title V Maternal Health (MH) and Child and Adolescent Health (CAH) programs, pursuant to an agreement with the United States Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). BFH works with the Bureau of Oral and Health Delivery Systems, who manages the oral health components of the MCAH program.

MCAH Pyramid of Services

Fundamental to MH and CAH programs are services that are family-centered, community-based, collaborative, comprehensive, accessible, flexible, coordinated, culturally appropriate, and developmentally appropriate. MH and CAH programs provide public health services and systems, enabling services, and access to direct health care services. These services are illustrated in the federal 'MCH Pyramid of Core Public Health Services' found below.



1. Overview of the Title V Maternal Health (MH) Program

Iowa's Maternal Health Programs work to make sure more babies can celebrate their first birthday (prevent infant mortality) and improve birth outcomes. This is done through family centered, community based services. IDPH Title V maternal health agencies provide preventive health services to Medicaid eligible and other low income women. The MH Programs focus on:

- Health promotion, quality care for all women and infants, promote social equity and provide preventive health care services.

- Health benefits of breastfeeding for both infants and mothers.

- Improving access to health care for women before, during and after pregnancy through presumptive eligibility determination, care coordination and referral.

MH agencies will address the National Performance Measures (NPM) and State Performance Measures (SPM) that were identified in the FFY2021 Title V Needs Assessment. Key activities for MH program include:

- NPM #4: A) Percent of infants ever breastfed; B) Percent of infants breastfed exclusively through 6 months
- NPM #5: Safe Sleep
- NPM #14: Women who smoke during pregnancy
- NPM # 13 A) Percent of women who had a dental visit during pregnancy
- SPM: Maternal Mortality

For the FFY2021-2025 project period, MH client services will be required based on a two-tiered system.

Tier 1:
All service areas will be required to provide all Tier 1 services in every county in the service area. Core Tier 1 services that will be required for all counties for the MH program include:

- Presumptive eligibility determination
- Care coordination, including dental care coordination
- Transportation
- Interpretation
- Linking to medical and dental homes
- Promoting access to prenatal care beginning in the first trimester

Tier 2:
Identified high-risk counties, based on the number of Medicaid births, will be required to provide Tier 2 services within the identified high-risk county. Tier 2 counties will be pre-determined in the FY2021 MCAH RFP and will require the services of a Registered Nurse. Upon award of a Title V contract, MH agencies applying for a Tier 2 county must enroll with Iowa Medicaid as a Medicaid Maternal Health Center (if not already currently enrolled). With the Maternal Health Center provider designation, MH agencies are able to seek reimbursement for providing prenatal and postpartum services for pregnant women enrolled in Medicaid. Tier 1 only applicants may also enroll as a Medicaid Maternal Health Center and provide Tier 2 services, if they choose to provide these services.

Direct services required for Tier 2 counties include:

- Medicaid prenatal risk assessment
- Health education
- Health screening
- Breastfeeding support
- Home visit by a nurse (capacity to provide if need identified during pregnancy or postpartum)
- Postpartum follow-up (required if home visit is refused); offer through clinic visit (nursing assessment) or care coordination call
- Psychosocial services (required if high risk pregnancy)

Applicants applying for a service area with only Tier 1 counties will not require a Registered Nurse (RN). If a Tier 1 service area chooses to provide the services outlined for Tier 2, they would be required to have an RN to provide the direct services outlined above.

For more information about the Title V MH program, see http://www.idph.iowa.gov/family-health/maternal-health. Please note that this site does not reflect the changes being proposed in the FFY2021 Request for Proposal.

2. Overview of Title V Child & Adolescent Health Program (CAH)

Iowa's Child & Adolescent Health (CAH) program incorporates the mission and vision of the Title V program as well as Iowa Medicaid's Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The CAH program's overall vision is to promote healthy outcomes for Iowa's children and adolescents. Title V serves children and adolescents ages 0 to 22 years, and EPSDT serves children and adolescents ages 0 to 21 years.

Through an agreement between the Iowa Department of Public Health and Iowa Medicaid, CAH programs are responsible for implementing selected components of Iowa Medicaid's EPSDT *Care for Kids* program. EPSDT *Care for Kids* is authorized by Title XIX of the Social Security Act and provides health care coverage for Medicaid-enrolled children and adolescents ages 0 to 21 years. The EPSDT program emphasizes an early and regular schedule of preventive health services, including comprehensive screening, diagnosis, and treatment of disease or developmental delay. See Iowa's EPSDT Care for Kids Periodicity Schedule. The EPSDT Care for Kids program serves as the model of services provided for all children served by CAH contractors, regardless of payer source. EPSDT program guidelines are based upon the American Academy of Pediatrics *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*.

Upon award of a Title V contract, CAH providers must enroll with Iowa Medicaid as a Medicaid Screening Center (if not already currently enrolled). With the Screening Center provider designation, CAH agencies are able to seek reimbursement for providing EPSDT services for children ages 0 to 21 enrolled in Medicaid.

Services of the CAH program include the following:

- Informing for new Medicaid enrolled children, birth to age 21 years

- Care coordination
- Direct care services such as developmental screening (ASQ), psychosocial/behavioral assessment (ASQ:SE), blood lead testing, immunization administration, interpretation services, and depression/domestic violence/and drug and alcohol screening for either caregivers or adolescents.

Key CAH activities include:

- Develop quality informing services for newly Medicaid eligible children and adolescents
- Assuring children and adolescents have an established medical home and dental home
- Promoting child and adolescent immunizations
- National Performance Measures (NPM)
    - NPM #6: Percent of children, ages 9 through 35 months, who receive a developmental screening using a parent-completed screening tool in the past year. This includes promoting Early ACCESS developmental screening (ASQ), psychosocial/behavioral assessment (ASQ:SE), and developmental monitoring for children birth to age 3 years
    - NPM #10: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year

- State Performance Measures (SPM)
    - Blood lead testing/childhood blood lead poisoning prevention
    - Early care and education programs receiving child care nurse consultant services through Healthy Child Care Iowa
    - Hawki Outreach to encourage enrollment in Medicaid or Hawki coverage; Activities include providing presumptive eligibility services for children

Key CAH staff positions include a CAH Program Coordinator, an EPSDT Coordinator, a Hawki Outreach Coordinator, and a CAH Data Administrator.

For more information about the Title V CAH program, see http://idph.iowa.gov/family-health/child-health and http://idph.iowa.gov/epsdt.

Appendix C – Oral Health and I-Smile™ Program

I-Smile™ is a program designed to meet a legislative mandate that Medicaid-enrolled children ages 12 and younger have a designated dental home. The Bureau of Oral and Health Delivery Systems manages I-Smile™, which serves as the oral health component of the Title V Maternal and Child & Adolescent Health Program.

I-Smile™ connects children, pregnant women, and families with dental, medical, and community resources to ensure a lifetime of health and wellness. The program focuses on preventing dental disease, identifying ways to help families receive care from dentists, and promotes the importance of oral health within Iowa communities. As part of I-Smile™, I-Smile™ @ School provides dental sealant and education services in schools to vulnerable children less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. They are conducted in school settings, with teams of dental providers (which may include dentists, dental hygienists, and/or dental assistants) using portable dental equipment. School-based dental sealant programs seek to assure that children receive preventive dental services through a community-based approach.

Through an agreement between IDPH and Iowa Medicaid, care coordination and limited direct dental services provided by dental hygienists and/or nurses are reimbursable for MCAH contractors.

Minimum Program Requirements and Expected Outcomes:
Each CAH service area must have one Iowa-licensed dental hygienist serving as the I-Smile™ Coordinator. The coordinator must work a minimum of 32 to 40 hours a week to build public health system capacity and assure enabling/population-based oral health services. These activities lead to a strong local oral health infrastructure; availability of dental referral networks; oral health promotion and public awareness about oral health; and help for families to access oral health care. The I-Smile™ Coordinator is the single point of contact for I-Smile™ activities.

Each I-Smile™ Coordinator is responsible for ensuring I-Smile™ strategies are met.

Key I-Smile™ activities include:

- Strengthening the public health dental system by providing outreach and developing partnerships, participating in health planning and needs assessments, promoting oral health, and addressing health disparities.
- Establishing the I-Smile™ referral network, building relationships with dental offices through regular visits and creating referral tracking systems.
- Linking with local boards of health to assist in assessment, policy development, and assurance of oral health initiatives – including working with the LBOH to assure a local system is in place to meet the school dental screening requirements.
- Providing education and training for health care professionals regarding oral health.

- Promoting oral health through participation at community events, outreach to pediatric, obstetric and family practice medical offices, outreach to pediatric and general practice dental offices, and population-based oral health education.
- Providing training and oversight of Title V agency staff involved in oral health services.
- Working with agency staff to develop oral health protocols.
- Providing dental care coordination services for children and pregnant women to facilitate dental visits for regular preventive care and restorative care when needed.
- Ensuring completion of risk assessments, oral screenings, and gap filling preventive services such as fluoride varnish applications, and/or prophylaxes.
- Managing the I-Smile™@School program within the service area through identifying eligible schools, providing education and preventive services to a minimum number of students annually.
- National Performance Measure (NPM):
    - NPM #13A: Percent of women who had a dental visit during pregnancy, and;
    - NPM #13B: Percent of infants and children, ages 1-17 years, who had a preventive dental visit in the last year
- State Performance Measure (SPM):
    - SPM #3: Percent of children with a payment source for dental care

The full program overview for the I-Smile™ Program can be found at http://idph.iowa.gov/ohds

Appendix D – 1st Five Healthy Mental Development Initiative

The purpose of the 1st Five Healthy Mental Development Initiative (1st Five) is to increase primary care providers' *utilization rates of developmental surveillance and standardized developmental screening tools* for children ages birth to 5 years old. Successful applicants will employ effective strategies and maintain relationships with primary care providers practicing within the service delivery area to achieve this goal. Through these efforts, successful applicants support and enhance models of service delivery that promote high quality well-child care, protecting and improving healthy mental development for all children ages birth to five years regardless of income or resources. 1st Five is an evidence-informed initiative, operating based on the results of the Assuring Better Child Health and Development (ABCD II) project and recommendations of the American Academy of Pediatrics. 1st Five has been recognized by the Association of Maternal and Child Health Programs (AMCHP) as a Promising Practice within AMCHP's Innovation Station.

1st Five includes infrastructure development to support Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for the Medicaid program. Required infrastructure building services, conducted by one 1st Five Site Coordinator in each service delivery area, include:

1. Reach out to primary care practices located within the service delivery area, including clinic staff and primary care providers, to provide education about the 1st Five program, consultation toward the incorporation of standardized developmental surveillance and screening tools into the primary care practice, and information about related early childhood development topics and resources.
2. Build relationships with community partners including health care providers and human service leaders to improve the health care system for children.
3. Convene community partners and provide educational services specific to the 1st Five program and related early childhood and family support issues.

1st Five is a public-private partnership which operates within a four-part model of implementation. The steps in the model may be repeated as needed.

1. The primary care provider performs surveillance or standardized screening for social/emotional development, family stress, and caregiver depression using surveillance and screening tools recommended by the American Academy of Pediatrics and Iowa's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.
2. If a need or risk is identified, the child is linked to the 1st Five Developmental Support Specialist through a one-step referral process.
3. The 1st Five Developmental Support Specialist contacts the caregiver, confirms identified needs, links the child with appropriate intervention services, and follows up with the caregiver regarding connection to services. The 1st Five Developmental Support Specialist monitors the caregiver's progress in

connecting to referral resources and follows up with the primary care provider about the child's status.

1st Five includes developmental support services to connect children to local community resources to address a variety of needs related to healthy development and the social determinants of health including, but not limited to, food, transportation, housing, childcare/preschool, energy assistance, and infant supplies. Developmental support services reduce barriers to follow-through with developmental intervention recommendations. 1st Five developmental support services focus on *children with less intense needs*, for example, those who may only need preventive care; those who are *identified as at-risk or in need of "low-level" interventions*; and to assure that appropriate referrals, interventions, and follow-up will occur. If children or families need more intensive case management, they should be referred to another agency or program (such as Child Health Specialty Clinics) for those services. Developmental support services are short-term in nature (not case management) and include:

1. Receiving referral information about children ages birth to five years from primary care practices located within the 1st Five service delivery area.
2. Contacting the child's caregiver to review and assess identified needs.
3. Providing information about community resources available to address identified needs.
4. Assisting the caregiver with accessing community resources.
5. Following up with the caregiver to assure that connections with community resources were made.
6. Providing feedback to the referring primary care provider regarding follow-up that took place and results.

1st Five staffing requirements include employment of one 1st Five Site Coordinator who spends the time necessary for the service delivery area performing the infrastructure development portion of the work, utilizing the remaining portion of the FTE, if any to provide 1st Five Developmental Support Services. The employment of an adequate number of Developmental Support Specialists to address referrals is also an expectation. Staff in both roles are required to have specific educational and professional background, along with attending training on specified topics within the first six months of employment.

The full program overview for the 1st Five Program can be found at http://idph.iowa.gov/1stfive

Appendix E – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The IDPH, Bureau of Nutrition and Physical Activity is the administrator of the Iowa WIC Program. The Department receives funding from the United States Department of Agriculture. IDPH monitors compliance of local programs per 641 Iowa Administrative Code Chapter 73 found at https://www.legis.iowa.gov/docs/iac/chapter/09-11-2019.641.73.pdf, WIC Federal Regulations in 7 CFR Part 246 found at https://www.govinfo.gov/content/pkg/CFR-2018-title7-vol4/pdf/CFR-2018-title7-vol4-part246.pdf, and the Iowa WIC Program Policy and Procedure Manuals. The mission of the Iowa WIC Program is to provide and maintain the health and well-being of nutritionally at-risk women, infants and young children. The program provides nutritious food, nutrition and health education, breastfeeding promotion and support and access to health care for eligible individuals found to be at nutritional and/or medical risk. Women who are pregnant, breastfeeding and postpartum, infants and children up to age five who reside in Iowa and meet income guidelines are eligible for WIC services. The WIC program is designed to help assure normal growth, increase immunization rates, and improve access to health care.

Currently, WIC services are provided to approximately 58,000 participants per month through a network of contract agencies and clinic sites statewide. Supplemental foods are provided to participants in the form of WIC food instruments issued by the local agency. WIC participants redeem food instruments through approximately 570 retail food and special purpose vendors under contract with the Iowa WIC program.

The WIC Program requires various professional staff dependent on the tasks assigned to the position. Staff working in WIC must have appropriate credentials and license requirements when required and be adequately trained in order to perform specific WIC functions as required by WIC policy.

WIC agency must have staff that can create and schedule appointments, collect eligibility requirements from WIC applicants, determine a WIC applicant's eligibility, complete blood work (hemoglobin screenings), complete anthropometric measurements, complete a nutrition/health assessment, create food packages, issue benefits, provide referrals, complete quality improvement and assurance activities, complete outreach activities, complete nutrition and breastfeeding action plans, complete all personnel functions as described in WIC Policy, and complete any other activities as required by IDPH.

Personnel with specific qualifications or credentials must perform tasks required for certifying participants and providing program benefits. These requirements may be due to:

- Scopes of practice that set limits,
- Mandatory licensing acts; or
- Policy decisions made by the Iowa WIC Program.

WIC agencies are obligated to provide all peer services and perform all WIC breastfeeding peer counselor program tasks. This includes meeting the minimum qualifications and requirements for WIC Breastfeeding Peer Counselor and WIC Breastfeeding Peer Counselor Coordinator. The Breastfeeding Peer Counselor Coordinator must be a registered nurse or a licensed dietitian. The required time devoted to Peer Counseling supervision activities by the breastfeeding peer counselor coordinator position is 0.05 FTE per each peer counselor supervised.

Participants who are high-risk must be scheduled for at least one individual education contact by a licensed dietitian during a certification period and must have a nutrition care plan. If the licensed dietitian certifies the high-risk participant and writes the nutrition care plan, the dietitian should determine the appropriate level of service for the second education contact (licensed dietitian or another Competent Professional Authority (CPA).

Per WIC Policy, the overall needs of the nutrition component of the Iowa WIC Program are best served by licensed dietitians. It is imperative that adequate licensed dietitian personnel are available to maintain the nutrition integrity of the program.

A WIC Competent Professional Authority (CPA) prescribes a federally defined package of supplemental food that addresses specific health and nutrient needs of an individual. Through a Value Enhanced Nutrition Assessment (VENA), nutrition counseling is provided to address immediate risks as well as long term goals as identified by the CPA and participant. Assessments and education must be completed using the participant centered approach. The participant centered approach involves engaging the participant in the assessment process through talk, information exchange, listening, and feedback. This type of interaction helps build rapport, improves the quality of information the participant is provided, and allows feedback to flow smoothly between the CPA and the participant.

WIC agencies are required to provide, but is not limited to participant eligibility determinations and certifications, nutrition education and counseling, breastfeeding promotion and support, WIC supplemental food instrument distribution, Farmers Market coupon distribution, quality improvement and assurance activities, outreach activities, and referrals to other health and social service programs.

Another component of the WIC program is the WIC Breastfeeding Peer Counseling Program. The intent of the WIC Breastfeeding Peer Counseling Program is to increase breastfeeding initiation and duration rates by providing support to pregnant and breastfeeding WIC participants. Through this program, WIC participants have access to a WIC breastfeeding peer counselor during their pregnancy and throughout their breastfeeding experience and are provided with breastfeeding education and basic breastfeeding support. Among other requirements, agencies administering this program must provide appropriate training and hire and compensate breastfeeding peer counselors.

The full program file for the WIC Program can be found at https://idph.iowa.gov/Portals/1/userfiles/91/Annual%20Reports/IDPH%20Annual%20Report%202020.pdf

Appendix F: RFI Response

Agency Profile

Agency/Organization Name:

Address:

Contact Information (Phone/Email) of Lead Official/Executive Director:

Counties Served:

Agency type:

- Public agency (government)
- Private/non-profit
- For profit
- Other group type - please list (e.g. church group, fraternal organization, etc.)

Total number of staff or volunteers that work for the agency (please include an Organizational Chart with your submission):

We are interested in learning about the clients you serve and any specific populations you may specialize in serving. Please indicate each of the populations in which you specialize serving in your client population:

- White, not Hispanic
- Black, African American or African
- Latino or Hispanic
- Native American or Alaska Native
- Asian or Pacific Islander
- Multiracial
- Refugee or Immigrant
    - Please specify specific populations:
- Lesbian, gay, bisexual, transgender, queer, intersex plus (LGBTQI+)
- Fathers or male guardians of children less than 18 years of age
- People with disabilities
- Low income
- Urban families
- Rural families
    - See Appendix A for list of Urban and Rural County Designations
- Migrant workers
- People experiencing homelessness
- Other(s) – please specify:

Is there anything else you would like to share with us regarding your specialization in service populations?

Approximate # of clients/families served per year:

In what ways do you provide services in languages other than English, including for Deaf or Hard of Hearing, (e.g. staff who speak additional languages, access to a language line, etc.):

Please explain the type of services or work performed by your agency:

Do you subcontract for any of the services you provide, and if so, please list the services:

Organizational Areas of Interest

For each program, indicate your agency's interest in providing those services by placing an "X" in the appropriate column/selection. Following your selection, please provide a rationale for your selection and your interest in providing services beyond your current service area (if applicable).

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
WIC Services See Appendix E for description of work and services					
Describe your rationale for					

your answer above	
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)	

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
Breastfeeding Peer Counseling See Appendix E for description of work and services					
Describe your rationale for					

your answer above	
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)	

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
Maternal Health Services See Appendix B for description of work and services					

Describe your rationale for your answer above	
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)	

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
Child and Adolescent Health Services See Appendix B for description of work and services					

Describe your rationale for your answer above	
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)	
Describe any services that are part of the CAH program you do not have capacity to provide or are not interested in providing	

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping	Interested in co-location of services (providing space for services provided by	Unsure – would like to discuss further	Not interested in providing these services

		families find services in community)	another agency)		
Oral Health Direct Services See Appendix C for description of work and services					
Describe your rationale for your answer above					
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)					

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
I-Smile Services See Appendix C for description of work and services					
Describe your rationale for your answer above					
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)					

	Interested in and have capacity to provide services (contract or subcontract)	Interested in assisting with Outreach and Education (Communicating health messages, helping families find services in community)	Interested in co-location of services (providing space for services provided by another agency)	Unsure – would like to discuss further	Not interested in providing these services
1st Five Healthy Mental Development Services See Appendix D for description of work and services					
Describe your rationale for your answer above					
Interested in and have capacity to serve in additional counties outside of current service area (list additional counties)					