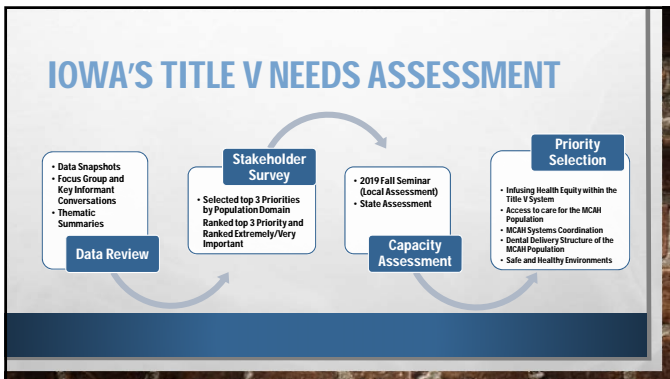




IOWA'S TITLE V NEEDS ASSESSMENT

- **VISION:** families in Iowa are safe, healthy, and connected.
- **OVERALL MISSION:** to ensure that mothers, infants, children and youth in Iowa, including children and youth with special health care needs, and their families have access to the resources needed to thrive in their communities.
- **HEALTH EQUITY MISSION:** to work to eliminate differences in health among ethnic, racial and other population groups who have low income or have historically had less access, power or privilege.



WE'RE ALL IN THIS TOGETHER!

Federal	<ul style="list-style-type: none"> • Sets programmatic requirements for the State Title V Program • 5-Year Needs Assessment Requirements • Provides formula based funding to states and territories
State	<ul style="list-style-type: none"> • 5-Year Needs Assessment • Sets programmatic requirement for Local Title V Program and other contractors • Provides formula based funding to local Title V Programs
Local	<ul style="list-style-type: none"> • Provides Title V Public Health and Population-based Services • Conducts local gap analysis and provides gap-filling direct health care services

POPULATION DOMAINS

- WOMEN'S/MATERNAL HEALTH
- PERINATAL/INFANT HEALTH
- CHILD HEALTH
- ADOLESCENT HEALTH
- CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS
- CROSS-CUTTING

WOMEN'S/ MATERNAL HEALTH

- NPM 13.1: Percent of women who had a preventive dental visit during pregnancy
- NPM 14A: Percent of women who smoke during pregnancy
- SPM 1: Maternal Mortality Rate

LOCAL LEVEL ACTIVITIES:

- BUILD PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND HEALTH CARE PROVIDERS
- SCREEN FOR TOBACCO USE
- POSTPARTUM HOME VISITS
- GAP-FILLING SERVICES

STATE LEVEL ACTIVITIES:

- SYSTEM AWARENESS OF IMPORTANCE OF ORAL HEALTH SERVICES
- DEVELOPMENT AND ACCESS TO TRAINING FOR LOCAL AGENCIES
- COLLABORATION WITH OTHER DIVISIONS AND STATE DEPARTMENTS
- MATERNAL MORTALITY REVIEW COMMITTEE/IMCC/AIM
- REGIONAL LEVELS OF PERINATAL CARE

PERINATAL/INFANT HEALTH

- NPM 4B: Percent of infants' breastfed exclusively through 6 months (work/school/child care focus)
- 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

LOCAL LEVEL ACTIVITIES:

- LINKAGES TO BREASTFEEDING COALITIONS/LACTATION CONSULTANTS/WIC PEER COUNSELORS
- HEALTH EDUCATION ON BREASTFEEDING
- SAFE SLEEP EDUCATION
- REFERRALS TO COMMUNITY RESOURCES

STATE LEVEL ACTIVITIES:

- SYSTEM AWARENESS OF IMPORTANCE AND BENEFITS OF BREASTFEEDING
- DEVELOPMENT AND ACCESS TO TRAINING FOR LOCAL AGENCIES
- COLLABORATION WITH WIC AND OTHER PROGRAMS PROMOTING BREASTFEEDING
- COLLABORATION WITH BIRTHING HOSPITALS TO INCREASE AWARENESS OF SAFE SLEEP ENVIRONMENTS

CHILD HEALTH

- 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
- NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
- SPM 2: Percent of children ages 1 and 2, with a blood lead test in the past year.
- SPM 3: Percent of early care and education programs that receive Child Care Nurse Consultant services
- SPM 5: Percent of children 0-35 Months who have had fluoride varnish during a well visit with Physician/health care provider

LOCAL LEVEL ACTIVITIES:

- BUILD PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND HEALTH CARE PROVIDERS
- PROMOTE SCREENING IN ECE PROGRAMS
- DEVELOPMENTAL MONITORING (EARLY ACCESS)
- EDUCATE FAMILIES ON BLOOD LEAD TESTING
- ENVIRONMENTAL SCAN FOR LEAD SERVICES
- I-SMILE AND I-SMILE @ SCHOOL
- GAP FILLING SERVICES

STATE LEVEL ACTIVITIES:

- SYSTEM COORDINATION FOR DEVELOPMENTAL SCREENING (EFT FIVE, CHILD CARE, ETC.)
- ENVIRONMENTAL SCAN FOR DEVELOPMENTAL SCREENING
- COLLABORATE WITH CLPPP TO REDUCE DUPLICATION
- PRIORITIZE SUSTAINABLE FUNDING SOURCES FOR LEAD SCREENING
- INCREASE ACCESS TO DATA ON LEAD TESTING
- COLLABORATE WITH OTHER STATE AGENCIES WHO FUND CCNC SERVICES
- EVALUATE FOR PROGRAM FIDELITY FOR CCNC SERVICES
- CAVITY FREE IOWA INITIATIVE
- WORK WITH IOWA DENTAL BOARD FOR EXPANDED SERVICES FOR HYGIENISTS

ADOLESCENT HEALTH

- NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
- SPM 4: Percent of high school students who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities.

LOCAL LEVEL ACTIVITIES:

- BUILD PARTNERSHIPS WITH LOCAL ORGANIZATIONS AND HEALTH CARE PROVIDERS
- PROMOTION OF IMPORTANCE OF ADOLESCENT WELL VISITS
- GAP FILLING SERVICES

STATE LEVEL ACTIVITIES:

- PROMOTION OF EVERY AGE EVEN TEENAGE
- ENVIRONMENTAL SCANS FOR WELL VISIT AND MENTAL HEALTH
- EXPLORE COLLABORATIONS WITH STATE LEVEL ORGANIZATIONS
- PROVIDE ADOLESCENT MENTAL HEALTH TRAINING
- COLLABORATE WITH DOE AND SCHOOLS IN ASSESSING GAPS
- IOWA'S CHILDREN'S BEHAVIORAL HEALTH SYSTEM STATE BOARD
 - IDPH DIRECTOR ON STATE BOARD
 - TITLE V DIRECTOR SERVES ON UNIVERSAL SCREENING AND METRICS COMMITTEES
 - STATE DENTAL DIRECTOR SERVES ON WORKFORCE COMMITTEE

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

- NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
- NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
- SPM 7: Percent of caregivers of CYSHCN who report overall satisfaction with support services received through Title V

CHSC (STATE AND REGIONAL CENTER) ACTIVITIES:

- ACCESS TO SPECIALTY CARE THROUGH REGIONAL CENTERS
- INCREASE TELEHEALTH CAPACITY
- ASSIST PRIMARY CARE PRACTICES WITH TREATING CHILDREN WITH COMPLEX NEEDS
- ASSURE APPROPRIATE TRANSITION RESOURCES FOR FAMILIES
- PROVIDE FAMILY SUPPORT SERVICES TO FAMILIES (ETHNICALLY DIVERSE STAFF INCLUDING CULTURAL LIAISONS)
- ASSURE CAREGIVER CONFIDENCE AND CAPACITY TO ADVOCATE AT ALL LEVELS (PERSONAL/FAMILY, COMMUNITY, AND POLICY)

CROSS-CUTTING

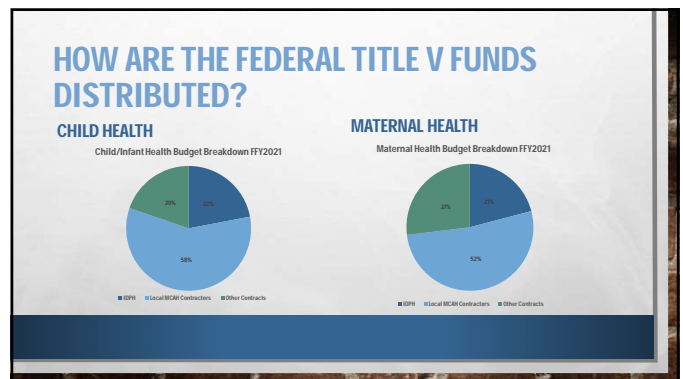
- SPM 6: Percent of Title V contractors with a plan to identify and address health equity in the populations they serve

LOCAL LEVEL ACTIVITIES:

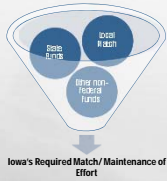
- BEGIN TO ASSESS LOCAL DIVERSE POPULATIONS
- INCREASE STAFF'S KNOWLEDGE OF HEALTH EQUITY
- ATTEND TRAININGS ORGANIZED BY IDPH OR OTHER AGENCIES
- IMPLEMENT CLAS STANDARDS IN SERVICE DELIVERY AND PROGRAM IMPLEMENTATION

STATE LEVEL ACTIVITIES:

- COORDINATE HEALTH EQUITY ADVISORY COMMITTEE
- BUILD CAPACITY OF INTERNAL STAFF ON HEALTH EQUITY
- ORGANIZE TRAINING OPPORTUNITIES FOR LOCAL AGENCIES
- DEVELOP AND IMPLEMENT A DATA ANALYSIS PLAN



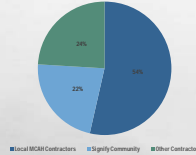
WHY IS MATCH REQUIRED?



- IOWA IS REQUIRED TO MATCH \$3 FOR EVERY \$4 FEDERAL DOLLAR RECEIVED
 - FOR FFY2021: \$4,883,780
- IOWA IS ALSO REQUIRED TO KEEP THE MAINTENANCE OF EFFORT SET IN 1989
 - ANNUALLY: \$5,035,775
- LOCAL MATCH FUNDING HELPS ENSURE THAT IOWA CAN MEET THE MATCH/MOE REQUIREMENTS

HOW ARE THE STATE TITLE V FUNDS DISTRIBUTED?

State Title V Funds Breakdown SFY2021



- ANNUAL APPROPRIATION: \$773,380
- MCAH AGENCY FUNDING INCLUDED IN FORMULA (SEE YOUR CONTRACT FACE SHEET)
- DOES NOT MEET MATCH/MOE
- SIGNIFY AND OTHER CONTRACTS USED TO PULL DOWN MEDICAID FEDERAL MATCH
 - CANNOT BE USED AS TITLE V MATCH

QUESTIONS?

MAF BILLING

- NO LONGER FEE-FOR-SERVICE AND DO NOT NEED THE COST ANALYSIS COMPLETE TO BILL
- SUBMIT ALL MH MEDICAID ADMINISTRATIVE FUNDS (MAF) AND CAH MAF (FORMERLY FFS BILLING FOR MCAH PE, INF, CC, & INTERPRETATION) INTO YOUR LINE ITEM MH AND CAH MONTHLY CLAIMS.
 - THERE WILL BE NEW MAF SECTIONS WITHIN THE SUPPORTING DOCUMENTATION WORKBOOKS.
 - THIS IS TO BE ENTERED INTO IOWAGRANTS.GOV WITHIN 45 DAYS OF THE MONTH OF EXPENDITURES.
- IDPH STAFF WILL STILL CONDUCT QUALITY ASSURANCE REVIEWS, BUT WILL NOT BE PART OF THE CLAIMS SUBMISSION PROCESS

MATERNAL HEALTH TPL

- FEDERAL MEDICAID REQUIREMENT THAT ALL PRIVATE INSURANCE BE BILLED PRIOR TO BILLING MEDICAID FOR MATERNAL HEALTH SERVICES
- LOCAL MH AGENCIES HAVE SHARED CHALLENGES GETTING CREDENTIALLED WITH INSURANCE COMPANIES
- IDPH LEADERSHIP HAS BEEN WORKING WITH IIME/DHS LEADERSHIP TO FIND A SOLUTION
- SUCCESS! IIME WILL BE RELEASING A POLICY CLARIFICATION TO THE MCDS, ACCEPTING A LETTER FROM THE INSURANCE COMPANY STATING MH CENTERS ARE INELIGIBLE TO CREDENTIAL OR SERVICES WOULD NOT BE PAID BY THE COMPANY.
- THANK YOU TO THE AGENCIES THAT SUBMITTED EXAMPLES AND INFORMATION – BECAUSE OF THIS INFORMATION, WE WERE ABLE TO FIND A SOLUTION

21-DAY EQUITY CHALLENGE



- SPONSORED BY THE UNITED WAY OF CENTRAL IOWA
- CHALLENGE RUNS FROM OCTOBER 5 – NOVEMBER 2
- DAILY TOPICS INCLUDE UNDERSTANDING **PRIVILEGE**, HOUSING & **REDLINING**, **JUSTICE SYSTEM** INEQUITIES, **ALLYSHIP**, AND MANY MORE
- YOU CAN STILL SIGN UP! [HTTPS://WWW.UNITEDWAYDM.ORG/EQUITY-CHALLENGE](https://www.unitedwaydm.org/equity-challenge)
- THIS CAN BE USED AS AN APPROVED TRAINING TO MEET RFA REQUIREMENTS!