Regulatory Analysis

Notice of Intended Action to be published: 641—Chapter 76
"Maternal and Child Health Program"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 217.6
State or federal law(s) implemented by the rulemaking: Iowa Code section 135.11

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

November 6, 2024 2 to 3 p.m.	Microsoft Teams Meeting ID: 238 807 808 374 Passcode: sCAuM5

Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

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Purpose and Summary

This proposed chapter outlines the eligibility criteria and application procedures for Maternal and Child Health programs.

Analysis of Impact

1. Persons affected by the proposed rulemaking:

- Classes of persons that will bear the costs of the proposed rulemaking:

No costs were identified.

- Classes of persons that will benefit from the proposed rulemaking:

Clients seeking assistance from Maternal and Child Health programs will benefit.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

- Quantitative description of impact:

These rules facilitate Iowa's Title V program. For FFY 22, Iowa's Title V program served:

- 3,707 pregnant women
- 1,111 infants < 1 year of age
- 74,304 children aged 1 through 21 years of age
- 8,006 children and youth with special health care needs (Child Health Specialty Clinics)

- Qualitative description of impact:

These rules will benefit clients seeking assistance by providing structure, clarity and information.

3. Costs to the State:

- Implementation and enforcement costs borne by the agency or any other agency:

There are no additional costs beyond those already appropriated.

- Anticipated effect on state revenues:

There is no impact.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

Eliminating these rules entirely could lead to confusion, lack of clarity and lack of available information for clients.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

None were identified.

6. Alternative methods considered by the agency:

- Description of any alternative methods that were seriously considered by the agency:

None.

- Reasons why alternative methods were rejected in favor of the proposed rulemaking:

Much of the benefit can be achieved through contracts and forms prescribed by the department. However, an additional framework is needed to provide clarity, consistency and an appeals process.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
- Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

None were identified.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 76 and adopt the following **new** chapter in lieu thereof:

CHAPTER 76
MATERNAL AND CHILD HEALTH PROGRAM

641—76.1(135) Definitions.

"Care/service coordination" or *"care coordination"* means a comprehensive, family-centered approach that proactively engages and links clients and families to needed health care services, including medical, dental, emotional, behavioral, and health education services. Care coordination encompasses a specific set of activities that promote a client's potential for optimal health and facilitate quality outcomes. By working with the client, family, and other involved disciplines, a care coordinator can promote seamless access and a holistic approach to service provision. Care coordination incorporates the following:

1. Meaningful assessment of needs and concerns.

2. Shared development of care plans.
3. Mobilization of agency and community resources.
4. Continued monitoring and follow-up.
5. Clear and transparent communication.
6. Complete documentation.

"Children and youth with special health care needs" or *"CYSHCN"* means children and youth with chronic physical, developmental, behavioral, or emotional conditions that require health and related services of a type or amount beyond that required by children and youth generally.

"CHSC" means child health specialty clinics, a statewide program for children and youth with special health care needs authorized under Title V of the Social Security Act.

"Client" means an individual who receives MCH services through a contract agency.

"Contract agency" means a private nonprofit or public agency that has a contract with the department to provide MCH services and receives funds from the department for that purpose.

"DHHS" means the United States Department of Health and Human Services.

"Family," for the purpose of establishing eligibility, means a group of two or more persons related by birth, marriage or adoption or residing together and functioning as one socioeconomic unit. For the purpose of these rules, a pregnant woman is considered as two individuals when calculating the number of individuals in the family. If a pregnant woman is expecting multiple births, the family size is thereby increased by the number expected in the multiple birth.

"Family planning" means the promotion of reproductive and family health by the prevention of and planning for pregnancy, and reproductive health education.

"Gap filling" means direct health care services supported by Title V staff or resources that are not otherwise accessible in the community.

"Hawki" means healthy and well kids in Iowa and is the child health insurance program in Iowa as authorized in Title XXI of the Social Security Act.

"Health care services" means services provided through MCH contract agencies.

"Health professional" means an individual who possesses specialized knowledge in a health or social science field or is licensed to provide health care.

"Medicaid" means the Medicaid program authorized by Title XIX of the Social Security Act and funded through the Iowa department of health and human services from the DHHS.

"Presumptive eligibility determination" means temporary Medicaid eligibility that pays for medical services while a formal Medicaid decision is being made by the Iowa department of health and human services. Presumptive eligibility is available for children, youth, and pregnant women.

"Title V" means Title V of the Social Security Act and the federal requirements contained in the Omnibus Reconciliation Act of 1989 (Public Law 101-239) that address the MCH and CYSHCN programs.

"Title X" means the program authorized in the federal regulations found in 42 CFR Subpart A, Part 59, published in the Federal Register on June 3, 1980, and the Program Guidelines for Project Grants for Family Planning Services.

"Title XIX" means the Medicaid program authorized in the Social Security Act and funded through the Iowa department of health and human services from the DHHS.

"Title XXI" means the child health insurance program authorized in the Social Security Act and implemented in Iowa as the Hawki program as administered by the Iowa department of health and human services.

"WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children, funded through the department from the United States Department of Agriculture.

641—76.2(135) Client eligibility criteria. The certification process to determine eligibility for direct health care under the program shall include the following requirements:

76.2(1) *Age.*

a. Maternal health program—no age restrictions.

b. Child health program—birth through 21 years of age.

c. CYSHCN program—birth through 21 years of age.

76.2(2) *Income.*

a. Income guidelines will be the same as those established for the state's Title XXI program. Guidelines are published annually by DHHS. Department income guidelines will be adjusted following any change in DHHS guidelines.

b. Income information will be provided by the individual.

c. Proof of Title XIX, Title XXI (hawki), or WIC eligibility will automatically serve in lieu of an application.

d. All income of family members as defined by DHHS poverty guidelines will be used in calculating the individual's gross income for purposes of determining initial and continued eligibility.

e. Income will be calculated as follows:

(1) Annual income will be estimated based on the individual's income for the past three months unless the individual's income will be changing or has changed, or

(2) In the case of self-employed families the past year's income tax return (adjusted gross income) will be used in estimating annual income unless a change has occurred,

(3) Terminated income will not be considered.

f. Individuals will be screened for eligibility for Title XIX, Title XXI (hawki), and WIC. If an individual's income falls within the eligibility guidelines for Title XIX, Title XXI (hawki), or WIC, the individual may be referred to the Iowa department of health and human services or other enrollment source to apply for coverage. Children, youth and pregnant women will be considered for Title XIX presumptive eligibility.

g. An individual whose income is above the poverty level established by Title XXI and below 302 percent of the federal poverty guidelines will qualify for services on a sliding fee scale, as determined by the local agency's cost for the service. The department provides annual guidelines based on poverty levels established annually by DHHS. An individual whose income is at or above 302 percent will qualify for services at full fee.

h. Eligibility determinations must be performed at least once annually. Should the individual's circumstances change in a manner that affects third-party coverage or Title XIX/Title XXI eligibility, eligibility determinations will be completed more frequently.

76.2(3) *Residency.* Individuals must be currently residing in Iowa.

76.2(4) *Pregnancy.* An individual applying for the prenatal program shall have verification of pregnancy by an independent health provider, the maternal health contract agency, a family planning (Title X) agency, or a positive home pregnancy test.

76.2(5) *Children and youth with special health care needs.* An individual applying for CHSC services will be determined to have a special health care need as defined by the federal MCHB. Care/service coordination, family support or other non-clinic services are provided at no charge to the family. Clinic services are provided without charge to families with adjusted gross incomes below 185 percent of the federal poverty guidelines. Families above this threshold are responsible for payment according to a sliding fee scale based on tax exemptions, adjusted gross income, and extenuating circumstances.

641—76.3(135) Client application procedures for MCH services. A person or the parent or guardian of a minor desiring direct health services other than those provided to children and youth with special health care needs may apply to a contract agency using a manner prescribed by the department. Individuals requesting presumptive eligibility must complete a form prescribed by the department, or the alternate form authorized by the medical assistance advisory council.

These rules are intended to implement Iowa Code section 135.11.