ISSUE

This Issue Review provides an informational review of the history, funding, services, and issues of Maternal and Child Health Clinics.

AFFECTED AGENCIES

Department of Human Services
Department of Public Health

CODE AUTHORITY

Chapter 135.11, Code of Iowa

BACKGROUND

Maternal and Child Health Clinics are a part of the Maternal and Child Health Program administered by the Iowa Department of Public Health. The Iowa Maternal and Child Health Program was established in 1935 when Title V of the Social Security Act became law, and the Governor directed the Department of Public Health to develop and oversee Maternal and Child Health Programs statewide.

The goal of Maternal and Child Health Programs is to promote health for all Iowa women, infants, children, and adolescents by providing access to quality, comprehensive health care services. Maternal Health Clinics have a team of professionals who provide prenatal, postpartum, and enhanced services to pregnant and postpartum women. Child Health Clinics work to ensure that every child receives the ongoing services needed to support growth and development.

FUNDING

Maternal and Child Health Clinics are funded primarily through the Iowa Title V Maternal and Child Health Block Grant. The Iowa Title V Maternal and Child Health Service Block Grant Program conducts a statewide assessment of needs, develops policies, plans, and programs
to improve the health of women, infants, children, adolescents, and families in Iowa and supports the statewide initiatives described in Attachment A.

Funding sources for the Clinics in addition to the Block Grant include: sliding fees; administrative funds from Women, Infants, and Children grants; Early and Periodic Screening, Diagnosis, and Treatment Medicaid reimbursement; Targeted Case Management; Medicaid service reimbursement; United Way funds; Head Start Program receipts; Early Head Start Program receipts; and other billable services such as Well Child Clinics performed within the community. Attachment B details total funding for Maternal and Child Health Clinics.

SERVICES

Populations Served

Targeted Population - Title V Maternal and Child Health Programs serve pregnant and postpartum Iowa women and children under 21 years of age.

Income Guidelines - Financial guidelines specifying eligibility for the Programs are established by the federal government. Currently, the standard is income of less than 185.0% of federal poverty level for both Programs (185% of the federal poverty level = $25,253 annual income for a family of three). Families whose income is below 185.0% of the federal poverty level receive services at no charge. Families whose income is between 185.0% and 200.0% of the federal poverty level are charged based on their ability to pay.

Client Entry - Clients learn of the Clinics from a variety of different sources. Points of entry include: the Department of Human Services, physicians, schools, student health centers, county public health offices, preschool programs, Headstart Programs, Child Care Resource and Referral agencies, and Healthy Child Care Iowa initiatives. Self-referral, based on articles, brochures, and word-of-mouth, is the most common point of entry in many regions.

Service Areas

For the purpose of Maternal Health Services, the State is divided into 26 regions. For Child and Adolescent Health Services, the State is divided into 25 regions. The Department of Public Health contracts with an entity in each region to deliver maternal and child health services. In 22 instances, a single entity/agency has the contract for both maternal and child health services. Attachments C and D show how the State is divided and the contracting entity for each region.

Services Provided

Maternal and Child Health Programs and Clinics typically serve persons who otherwise would go without medical services. Once they enter the Program(s), clients are provided access to a family doctor. Because clients have a regular physician, Maternal and Child Health Clinics can function as wellness programs and focus on education, prevention, care coordination, and counseling in issues such as nutrition, school readiness and behavioral matters. Contracting agencies report it is not uncommon for a client to visit both a regular physician and a Child Health Clinic for a well baby check, because of the additional developmental screenings and education available at the Clinic.

Maternal Health Clinic services include: medical and dental assessment, health and nutrition education, psychosocial screening and referral, care coordination, assistance with plans for delivery, and postpartum home visiting. Child and Adolescent Health Clinic services include: physical examinations, vision and hearing screening, dental education and referral, health
education, immunizations, developmental assessment, nutrition and psychosocial screening, and laboratory tests including lead screening. **Attachment E** lists the services in more detail.

Although most closely associated with Maternal and Child Health Programs, Maternal and Child Health Clinics may provide a variety of additional services to clients. Maternal and Child Health Clinics function as the service provider for the Women, Infants, and Children (WIC) Program in 14 regions. Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services are provided in 24 regions. These services focus on preventing illness through periodic examinations to identify illnesses early enough to intervene with effective diagnosis and treatment. Services include comprehensive developmental and physical exams, immunizations, laboratory tests including blood lead levels, and health education. Coordinating WIC and EPSDT services at Maternal and Child Health Clinic sites is convenient for the clients and provides a revenue stream to support Clinic functions.

**Staffing**

In most regions, the staff of the contracting agency includes administrative, nursing, and clerical staff. Half of the agencies also maintain social workers and nutrition counselors. For FY 1999, the average number of full-time staff is 8.7 per agency. The total FY 1999 staff reported for all agencies is 259.9 FTE positions. An additional 67.3 FTE contract positions are planned.

**ISSUES**

1. **Dental Health**

Access to regular dental care is limited in some regions due to: 1) low reimbursement from Title XIX, 2) behavioral problems of young children, 3) busy dentists, and 4) a history of Title XIX patients not keeping their appointments. Maternal and Child Health dental hygienists require an exemption from Title XIX regulations to allow them to be reimbursed for screenings provided at Maternal and Child Health Clinics. Should the exemption be denied, many children in the Child Health Program would be without dental care as the only care they receive is at the Clinic.

2. **Empowerment Areas**

Senate File 2406, passed by the 1998 General Assembly, created Community Empowerment Areas for the purpose of allowing local citizens to lead collaborative efforts involving education, health, and human services. Issues related to Empowerment Areas which could have an effect on Maternal and Child Health Clinics include the following:

- **Local politics** - Senate File 2406 requires that Community Empowerment Areas be governed by Community Empowerment Boards. The composition and leadership of each Board will have a large impact on the community focus. If health is not a primary focus, it may affect the area’s Clinics.

- **Blended funding** - As a community pools existing federal, State and other funds, moneys currently funding Maternal and Child Health Clinics may be redirected from the existing Programs into something unknown, with uncertain outcomes for clients.

- **Community readiness** - In regions where collaboration is not currently occurring between various health, human services, and education programs, considerable staff time may need to be invested in developing the communities’ ability to operate as an Empowerment Area.

3. **State Children’s Health Insurance Program (SCHIP)**
The eventual effect of the SCHIP Program on Maternal and Child Health Clinics is uncertain.

- Medicaid expansion component - Managed care is an option to clients for delivery of Medicaid services in 88 counties. Expanding Medicaid will not necessarily benefit Maternal and Child Health Clinics unless the Clinic is assigned/accepted as a provider by the service area managed care organization. However, clients choosing fee-for-service delivery of Medicaid services would continue the process of Maternal and Child Health Clinics receiving reimbursements for services.

- Healthy and Well Kids in Iowa (HAWK-I) Program - Rules will determine who can be a provider for the insurance component of the SCHIP (HAWK-I). If a Maternal and Child Health Clinic is designated as a provider by insurance companies carrying the HAWK-I plan, more persons may be served off of the waiting list.

- At a minimum, if Maternal and Child Health Clinics cannot provide SCHIP Program services due to managed care and/or provider determination issues, the Clinics will provide outreach and referral services.

4. Technology

In many regions, Maternal and Child Health Clinics provide a variety of services which have different computer tracking systems. For example, American Home Finding in Ottumwa provides EPSDT, WIC, Maternal and Child Health, lead screening, and immunization services. Each Program has its own, stand alone computer system, and the agency has its own internal system, for a total of six unique systems. The systems are not linked, so client information must be entered and maintained in multiple systems. Comprehensive technology planning is needed.

STAFF CONTACT: Valerie Thacker (Ext. 15270)
Iowa Title V Maternal and Child Health Block Grant Programs

The Iowa Title V Maternal and Child Health Program supports the following statewide initiatives and partnerships by providing resources and by promoting coordination and collaboration at the State and local levels.

- **Children with Special Health Care Needs (CSHCN):** A statewide network of 16 parent consultants provides resource information, peer support, and problem solving to an estimated 250 families; a Title V CSHCN and Iowa Department of Education partnership supports statewide training of 15 community teams to meet needs of children with autism and their families; and Title V CSHCN partners with a State University of Iowa affiliated program to provide leadership training to providers from ten disciplines.

- **Iowa Healthy Families Program:** Provides support services to families during the prenatal and preschool periods. Services are designed to promote optimal child development, improve family coping skills and functions, and promote positive parenting skills and family interactions. The goal is to prevent child abuse and neglect. The Program’s four components are Healthy Opportunities for Parents to Experience Success (HOPES), Infant Mortality and Morbidity Prevention, increased use of Mid-Level Practitioners, and the Infant Death Research Component, including the Barriers to Prenatal Care project.

- **Healthy Child Care Iowa:** This project establishes a relationship between child health and child care systems. Goals are to 1) link child health and child care programs and services in the context of the family support service system; 2) facilitate the linkage of child health and child care systems through model multidisciplinary collaboration; 3) sustain the linkage of child health and child health care by engaging both the public and private sectors in multidisciplinary collaboration.

- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** The Department of Human Services has primary responsibility for the administration of the EPSDT screening program. The Department of Public Health provides technical assistance to facilitate an increase in the percentage of eligible children receiving EPSDT screens. Activities include: outreach and care coordination for targeted case management; development of criteria for EPSDT screening center; and development of certification standards for nurses providing EPSDT screens.

- **School-Based Youth Services:** The purpose of School-Based Youth Services Programs is to develop centers located in or near schools that will increase the ability of community service providers to deliver services coordinated with children. Goals include: impacting areas with high rates of at-risk teens and youth involved with the courts; improving coordination between schools and other service providers; increasing the utilization of economic resources by schools to improve the employment and productivity of students leaving school; and increasing voluntary use of available services by elementary, middle, and high school students and their families.

In addition to assessing and monitoring the health status of all mothers and children in the State, the Title V Program engages in other population-based activities. Examples include:

- **Childhood Lead Poisoning Prevention Programs:** Maternal and Child Health coordinates all Center for Disease Control (CDC), Title XIX, laboratory services, and local providers in the State’s effort to prevent childhood lead poisoning.

- **Iowa Birth Defects Registry:** The registry has identified several differences in total and categorical birth defect rates between urban and rural residents: northern and southern counties, and Iowa and other U.S. regions. Rates of birth defect occurrence are provided for 163 categories.
## FY 1999 Maternal and Child Health Clinic Funding

<table>
<thead>
<tr>
<th>Contracting Agency</th>
<th>Child Health Grant*</th>
<th>Maternal Health Grant</th>
<th>Women, Infants, and Children Grant</th>
<th>Family Planning Grant</th>
<th>Early and Periodic Screening, Diagnosis, and Treatment</th>
<th>Title XIX Screening</th>
<th>Title XX</th>
<th>Third Party Payors</th>
<th>Patient Fees</th>
<th>Other (Cash)</th>
<th>In-Kind</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Memorial Hospital</td>
<td>117,012</td>
<td>88,964</td>
<td>108,366</td>
<td>170,000</td>
<td>25,000</td>
<td>325,000</td>
<td>250,000</td>
<td>140,102</td>
<td>85,942</td>
<td>1,191,374</td>
<td></td>
<td>1,045,379</td>
</tr>
<tr>
<td>American Home Finding Association</td>
<td>54,323</td>
<td>47,773</td>
<td>359,992</td>
<td>87,920</td>
<td>277,174</td>
<td>67,008</td>
<td>1,500</td>
<td>50,000</td>
<td></td>
<td></td>
<td></td>
<td>105,480</td>
</tr>
<tr>
<td>Anamosa Community Hospital</td>
<td>177,220</td>
<td>54,045</td>
<td>47,700</td>
<td>487</td>
<td>110,145</td>
<td>13,682</td>
<td></td>
<td>483,218</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Hawk Co. Health Department</td>
<td>36,849</td>
<td>133,984</td>
<td>50,453</td>
<td>3,600</td>
<td>1,200</td>
<td>2,500</td>
<td>4,560</td>
<td>102,762</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinton County Board of Health</td>
<td>65,673</td>
<td>65,673</td>
<td>46,445</td>
<td>54,000</td>
<td>23,400</td>
<td>1,920</td>
<td>4,200</td>
<td>26,681</td>
<td></td>
<td></td>
<td></td>
<td>222,319</td>
</tr>
<tr>
<td>Community Health Resources</td>
<td>52,287</td>
<td>20,503</td>
<td>131,887</td>
<td>50,291</td>
<td>7,748</td>
<td>7,877</td>
<td></td>
<td>7,05,019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Resources of Marion County</td>
<td>144,294</td>
<td>47,249</td>
<td>250,537</td>
<td>30,626</td>
<td>91,218</td>
<td>70,812</td>
<td>6,000</td>
<td>30,525</td>
<td></td>
<td></td>
<td></td>
<td>299,191</td>
</tr>
<tr>
<td>Community Opportunities</td>
<td>79,260</td>
<td>30,399</td>
<td>24,943</td>
<td>47,412</td>
<td>23,832</td>
<td>56,835</td>
<td>15,717</td>
<td>9,000</td>
<td></td>
<td></td>
<td></td>
<td>346,763</td>
</tr>
<tr>
<td>Crawford County Home Health</td>
<td>90,471</td>
<td>129,070</td>
<td>21,700</td>
<td>3,950</td>
<td>54,000</td>
<td>54,000</td>
<td></td>
<td>270,573</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crittenton Center</td>
<td>58,958</td>
<td>39,016</td>
<td>5,671</td>
<td>52,799</td>
<td>7,322</td>
<td>163,766</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Des Moines Co. Health Department</td>
<td>67,644</td>
<td>32,265</td>
<td>3,000</td>
<td>53,145</td>
<td>1,000</td>
<td>66,025</td>
<td></td>
<td>250,099</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grinnell Regional Medical Center</td>
<td>89,207</td>
<td>44,140</td>
<td>411,798</td>
<td>102,951</td>
<td>60,591</td>
<td>22,000</td>
<td>500</td>
<td>16,875</td>
<td></td>
<td></td>
<td></td>
<td>778,062</td>
</tr>
<tr>
<td>Hawkeye Area Community Action</td>
<td>151,758</td>
<td>95,531</td>
<td>473,088</td>
<td>772,579</td>
<td>302,318</td>
<td>47,558</td>
<td>146,642</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,991,474</td>
</tr>
<tr>
<td>Johnson Co. Department of Public Health</td>
<td>137,629</td>
<td>50,527</td>
<td>40,285</td>
<td>2,300</td>
<td>161,870</td>
<td>13,434</td>
<td></td>
<td>630,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshalltown Medical &amp; Surgical Center</td>
<td>86,026</td>
<td>22,249</td>
<td>261,202</td>
<td>43,132</td>
<td>40,285</td>
<td>302,318</td>
<td></td>
<td>582,321</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal Health Center</td>
<td>86,026</td>
<td>22,249</td>
<td>261,202</td>
<td>43,132</td>
<td>40,285</td>
<td>302,318</td>
<td></td>
<td>582,321</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LFB: M CH Attachment B.xls</td>
<td>Page 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11/5/98</td>
</tr>
</tbody>
</table>
## FY 1999 Maternal and Child Health Clinic Funding

<table>
<thead>
<tr>
<th>Contracting Agency</th>
<th>Child Health Grant</th>
<th>Maternal Health Grant</th>
<th>Women, Infants, and Children Grant</th>
<th>Family Planning Grant</th>
<th>Early and Periodic Screening, Diagnosis, and Treatment</th>
<th>Title XIX Screening</th>
<th>Title XX</th>
<th>Third Party Payors</th>
<th>Patient Fees</th>
<th>Other (Cash)</th>
<th>In-Kind</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATURA Action Corporation</td>
<td>28,823</td>
<td>14,857</td>
<td>229,145</td>
<td>28,190</td>
<td>9,454</td>
<td>5,041</td>
<td></td>
<td></td>
<td></td>
<td>4,151</td>
<td></td>
<td>319,661</td>
</tr>
<tr>
<td>Mid-Iowa Community Action, Inc.</td>
<td>72,825</td>
<td>28,728</td>
<td>607,413</td>
<td>69,148</td>
<td>29,802</td>
<td>500</td>
<td>7,484</td>
<td>16,306</td>
<td></td>
<td></td>
<td></td>
<td>832,208</td>
</tr>
<tr>
<td>Mid-Sioux Opportunity, Inc.</td>
<td>76,257</td>
<td>43,978</td>
<td>215,226</td>
<td>33,800</td>
<td>96,005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>465,266</td>
</tr>
<tr>
<td>North Iowa Community Action Organization</td>
<td>122,395</td>
<td>57,679</td>
<td>361,910</td>
<td>81,524</td>
<td>59,065</td>
<td>67,487</td>
<td>100,107</td>
<td>105,301</td>
<td>411</td>
<td></td>
<td></td>
<td>955,879</td>
</tr>
<tr>
<td>Siouxland Community Health Center</td>
<td>97,995</td>
<td>434,363</td>
<td>425,000</td>
<td>125,000</td>
<td>51,225</td>
<td>26,235</td>
<td>16,777</td>
<td>9,899</td>
<td></td>
<td></td>
<td></td>
<td>1,061,494</td>
</tr>
<tr>
<td>Taylor County Public Health</td>
<td>53,326</td>
<td>22,701</td>
<td>37,500</td>
<td>26,000</td>
<td>22,730</td>
<td>32,000</td>
<td></td>
<td>6,260</td>
<td></td>
<td></td>
<td></td>
<td>200,517</td>
</tr>
<tr>
<td>Upper Des Moines Opportunity, Inc.</td>
<td>66,575</td>
<td>64,446</td>
<td>294,551</td>
<td>59,503</td>
<td>37,269</td>
<td>1,301</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>523,645</td>
</tr>
<tr>
<td>Visiting Nurse Association - Dubuque</td>
<td>173,218</td>
<td>36,299</td>
<td>80,000</td>
<td>56,540</td>
<td>1,134</td>
<td>200</td>
<td>35,000</td>
<td>67,917</td>
<td></td>
<td></td>
<td></td>
<td>450,308</td>
</tr>
<tr>
<td>Visiting Nurse Services</td>
<td>119,950</td>
<td>92,353</td>
<td>219,710</td>
<td>113,826</td>
<td>25,071</td>
<td>97,886</td>
<td></td>
<td>880,384</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VNA of Pottawattamie Co.</td>
<td>59,626</td>
<td>30,483</td>
<td>59,000</td>
<td>9,857</td>
<td>239,559</td>
<td>28,126</td>
<td>25,702</td>
<td>452,393</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington Co. Public Health &amp; Home Care</td>
<td>36,477</td>
<td>16,225</td>
<td>10,000</td>
<td>7,445</td>
<td>300</td>
<td>8,682</td>
<td></td>
<td>79,129</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Webster Co. Public Health</td>
<td>70,558</td>
<td>28,710</td>
<td>244,776</td>
<td>70,176</td>
<td>44,098</td>
<td></td>
<td></td>
<td>626,802</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women's Health Services</td>
<td>52,748</td>
<td></td>
<td>76,790</td>
<td>15,000</td>
<td>600</td>
<td>9,000</td>
<td>87,800</td>
<td>241,938</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

- Child Health Grant: $2,296,147
- Maternal Health Grant: $1,236,521
- Women, Infants, and Children Grant: $4,761,445
- Family Planning Grant: $243,459
- Early and Periodic Screening, Diagnosis, and Treatment: $2,014,274
- Title XIX Screening: $2,556,027
- Title XX: $206,942
- Third Party Payors: $1,152,323
- Patient Fees: $499,546
- Other (Cash): $1,099,109
- In-Kind: $938,298
- Total: $17,004,091

*Includes dental and sealant funds*
Child and Adolescent Health Service Regions

1. American Home Finding Association
   Ottumwa
2. Black Hawk County Child Health Center
   Waterloo
3. Community Health of Jones County
   Anamosa
4. Community Health Services of Marion County
   Knoxville
5. Community Health Resources
   Muscatine
6. Community Opportunities, Inc.
   Carroll
7. Crawford County Home Health Agency
   Denison
8. Des Moines County Health Department
   Burlington
9. Grinnell Regional Medical Center
   Grinnell
    Cedar Rapids
11. Johnson County Department of Public Health
    Iowa City
12. Marshalltown Medical and Surgical Center
    Marshalltown
13. Maternal Health Center
    Bettendorf
14. MATURA Action Corporation
    Creston
15. Mid-Iowa Community Action, Inc.
    Marshalltown
16. Mid-Sioux Opportunity, Inc.
    Remsen
17. North Iowa Community Action Organization
    Mason City
18. Siouxland Community Health Center
    Sioux City
19. Taylor County Public Health
    Bedford
20. Upper Des Moines Opportunities, Inc.
    Granger
21. Visiting Nurse Association
    Dubuque
22. VNA of Pottawattamie County
    Council Bluffs
23. Visiting Nurse Services
    Des Moines
24. Washington County PHN Service
    Washington
25. Webster County Public Health
    Fort Dodge

* Child & School based clinics

LFB: Child Health.GSM

July 14, 1998
Maternal and Child Health Services

**Maternal Health Services** follow standards set by the American College of Obstetrics and Gynecology for ambulatory obstetric care. At local agencies, physicians, nurses, nutritionists, dental hygienists, and social workers provide the following health care services:

- Early case finding to assist women in accessing prenatal care
- Prenatal risk assessment upon entry into care and as indicated
- Ongoing prenatal and postpartum care
- Care coordination for pregnant women and additional services for women at high risk
- Health education and preparation for labor, delivery, and infant care
- Help in arranging for delivery
- Nutrition assessment and counseling. Supplemental food services are available for eligible women through the Women, Infants and Children (WIC) Program
- Oral assessment and dental referral
- Social assessment and referral
- Home visits after delivery for high risk women and their infants
- Referral for family planning and child health services
- Statewide 24-hour telephone lines

**Child and Adolescent Health Services** follow the American Academy of Pediatrics guidelines, in collaboration with a local physician advisor. Families receive the following health services:

- Care coordination
- Health assessments through history and physical examinations
- Immunizations
- Developmental screening
- Hearing and speech screening
- Nutrition assessment and counseling. Supplemental food services are available for eligible children through the Women, Infants, and Children (WIC) Program
- Social assessment and referral to community resources
- Oral health assessment and dental referral
- Selected laboratory tests
- Health education
- Selective payment for diagnostic tests and prescriptions
- Referrals to other care providers
- Statewide 24 hour telephone lines