641—76.4(135) Definitions.

"Applicant" means a private nonprofit or public agency that seeks a contract with the department to provide MCH services.

"BFH" means the bureau of family health.

"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.

"Chairperson" means the chairperson of the MCH advisory council, who has been elected by the majority of the council's members.

"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.

"CMS" means the DHHS Centers for Medicare and Medicaid Services.

"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.

"Core public health functions" means the functions of community health assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.
2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and is in accordance with state public health policy.
3. Assurance: ensuring, by encouragement, regulation, or direct action, that programs and interventions that maintain and improve health are carried out.

"Council" or *"MCH advisory council"* means the maternal and child health advisory council.

"Dental home" means a network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services.

"Department" means the Iowa department of public health.

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

"DIA" means the Iowa department of inspections and appeals.

"Direct health services" means those services generally delivered one-on-one between a health professional and a client in an office or clinic.

"Director" means the director of the Iowa department of public health.

"Enabling services" means services that are designed to help families gain access to health care. Enabling services include but are not limited to outreach, informing/reinforming, and care coordination services to link women, children, and families to needed health care services.

"EPSDT" means the Early and Periodic Screening, Diagnosis, and Treatment program which provides for regular preventive health care services for children aged 0 to 21 as authorized by Title XIX of the Social Security Act.

"Essential public health services" means those activities carried out by public health entities and their contractors that fulfill the core public health functions in the promotion of maternal and child health.

"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.

"HAWK-I" 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.

"HRSA" means the Health Resources and Services Administration with the United States Department of Health and Human Services.

"Infrastructure building" means activities that support developing and maintaining comprehensive health care service systems. These activities include but are not limited to needs assessment, data collection, strategic planning, working with community partners, developing protocols, quality assurance, and training.

"I-Smile™ program" means the department program implemented through public and private nonprofit agencies and private health care providers to increase access to dental care for children and to ensure a dental home.

"Maternal and child health services" means services provided through local contract agencies to meet the needs of the client. The types of services provided include infrastructure building, population-based services, enabling services, and direct health care services.

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

"Medical home" means a team approach to providing health care that originates in a primary care setting; fosters a partnership among the client, the personal provider, and other health care professionals, and where appropriate, the client's family; utilizes the partnership to access all medical and nonmedical health-related services needed by the client and the client's family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the characteristics specified in Iowa Code section 135.158.

"MIECHV" means the Maternal, Infant and Early Childhood Home Visiting program.

"OHDS" means the bureau of oral and health delivery systems.

"OMB" means the United States Department of the Treasury, Office of Management and Budget.

"Performance measures" means National Performance Measures (NPM) and State Performance Measures (SPM) required through the HRSA, Maternal and Child Health Bureau (MCHB), Title V MCH Block Grant.

"Physician" means a person currently licensed to practice under Iowa Code chapter 148.

"Population-based services" means services that include preventive personal health care services for groups of individuals (rather than one-on-one). Payer status of the individuals is not assessed, and services are not billed. Population-based services may be provided to an entire community, county, or region. Examples include but are not limited to mass immunizations, classroom oral health education, and the use of media for health promotion and education.

"Prenatal and postpartum care" means those types of services as recognized by the American College of Obstetricians and Gynecologists.

"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 human services. Presumptive eligibility is available for children, youth, and pregnant women.

"Program income" means gross income earned by the MCH contract agency resulting from activities related to fulfilling the terms of the contract. "Program income" includes but is not limited to such income as fees for services, third-party reimbursements, and proceeds from sales of tangible, personal or real property.

"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) which 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 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 HAWK-I program as administered by the Iowa department of 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.

[**ARC 0364C**, IAB 10/3/12, effective 11/7/12; **ARC 4075C**, IAB 10/10/18, effective 11/14/18]