

October 5, 2020

Dear Council Member:

The following amendments to the administrative rules are presented for adoption at the October 8, 2020, Council on Human Services meeting.

R-1. Amendments to Chapters 80, “Procedure and Method of Payment,” Chapter 133, “IV-A. Emergency Assistance Program,” Chapter 172, “Family-Centered Child Welfare Services,” Chapter 175, “Abuse Of Children,” and Chapter 186, “Community Care,” Iowa Administrative Code. (Contracting Rules for Family First Providers) The Family First Act reforms the federal child welfare financing streams. Title IV-E and Tile IV-B of the Social Security Act provide services to families who are at risk of entering the child welfare system. A core expectation under the Family First Act is states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their family. The primary focus of these services is to prevent removal of a child and placement into foster care. These changes will positively affect the child welfare contractors who successfully bid on contracts as the evidence-based interventions provide clear expectations to fidelity of models used in service provisions.

R-2. Amendments to Chapter 202, “Foster Care Placement and Services, “Iowa Administrative Code. (Foster Care Placement Services). The Family First Act and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

The following amendments to the administrative rules are presented as Noticed rules.

N-1. Amendments to Chapters 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 108, “Licensing and Regulation of Child-Placing Agencies,” Chapter 109, “Child Care Centers,” Chapter 113, “Licensing

and Regulation of Foster Family Homes,” and Chapter 117, “Foster Parent Training,” Iowa Administrative Code. (Mandatory Abuse Reporter Training) House File 731 from 2019 requires mandatory child abuse and dependent adult abuse reporter training be completed every three years. Previously training needed to be completed every five years.

N-2 Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code. (Automatic Refill Policies for Prescriptions). The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program. Some pharmacies may currently offer this type of program and Medicaid proposes to standardize the requirements to ensure medical necessity and prevent waste.

N-3 Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care.” Iowa Administrative Code. (Policies for Uniform Prior Authorization Process for Medicaid). House File 766 in 2019 required implementation of a uniform prior authorization process. As a result of implementing the uniform process there has been a change in forms and form numbers used to request a prior authorization. The proposed amendments align the rules with the new forms and processing time frames. The rules are also revised to update current practices and processes.

N-4 Amendments to Chapter 155, “Child Abuse Prevention Program,” Iowa Administrative Code. (Family Support Statewide Database). The proposed rule is to modify language around the Department’s use of the Family Support Statewide Database maintained by the Department of Public Health. The current rule requires the Department grantees to input participant date into the system. However, it does not authorize the Department to release the data to other state agencies, including the Iowa Department of Public Health. Proposed rules are necessary given the Department’s roles as a covered entity under the Health Insurance Portability and Accountability Act (HIPPA). There will continue to be a memorandum of understanding with Public Health to address the privacy and security of the Department’s data and to outline the expectations of both parties. The proposed rule will prevent the need for individual patient authorization.

Sincerely,

Nancy Freudenberg

Nancy Freudenberg
Bureau Chief
Policy Coordination

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

Rule making related to contracts under the Family First Act.

The Human Services Department hereby amends Chapter 80, "Procedure and Method Of Payment," Chapter 133, "IV-A Emergency Assistance Program," Chapter 172, "Family-Centered Child Welfare Services," Chapter 175, "Abuse Of Children," and Chapter 186, "Community Care," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code chapter 234.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 234.

Purpose and Summary

The amendments implement the federal Family First Prevention Services Act. The Family First Prevention Services Act reforms the federal child welfare financing streams. Title IV-E and Title IV-B of the Social Security Act provide for services to families that are at risk of entering the child welfare system. A core expectation under the Family First Prevention Services Act is that states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their families. The primary focus of these services is to prevent removal of children and placement into foster care. These changes will positively affect the child welfare contractors that successfully bid on contracts as the evidence-based interventions provide clear expectations of fidelity to models used in service provisions.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on August 12, 2020, as **ARC 5131C**.

No public comments were received.

The Department made one change to rule 80.2(2)"g" to remove directions on filing claims which contained a confusing date. Directions on filing claims are considered procedures and information on filing claims is sent to providers through instructional letters.

Adoption of Rule Making

This rule making was adopted by the DHS Council on October 8, 2020.

Fiscal Impact

There will be a cost associated with the implementation of Family First prevention services. Costs include DHS and provider implementation activities; accreditation and licensing of providers and increased costs for services above what the department is currently paying. The costs of these items is uncertain given that implementation is still in process and the new services have not yet started. In addition, the Family First provision provided for 50% federal IV-E match for eligible services, but federal guidance has not been given on which services meet this claiming criteria. As a result, the amount of the

federal match and resulting state cost is also not known. In addition, access to high quality prevention services should ultimately reduce the need for foster care services, but the timing and degree of those services is not yet known.

Jobs Impact

The current procurement for family-centered services allows more flexibility on staff qualifications based upon selected evidence-based interventions rather than specific education and experience requirements. The flexibility in staff qualifications for the identified evidence based interventions will most likely increase the pool of candidates for employment statewide based upon skill set, rather than a set standard of education and experience. The services will now be provided statewide, with a maximum of two contracts per each of the five agency service areas.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to rule 1.8(17A, 217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on January 1, 2021.

The following rule-making action is adopted:

See attached.

The following rules are adopted:

ITEM 1. Amend paragraph **80.2(2)“g”** as follows:

g. Case management providers ~~shall submit claims on Form 470-2486, Claim for Targeted Medical Care, for services~~ billing services provided pursuant to 441—Chapter 90 ~~and on FACS generated claims for services provided pursuant to 441—Chapter 186 to fee-for-service members shall submit claims using a HIPAA-compliant electronic claim.~~ Paper claims are no longer accepted effective August 1, 2019.

ITEM 2. Amend rule **441—133.1(235)**, definition of “Emergency assistance,” as follows:

“*Emergency assistance*” means any one or more of the following services provided in response to a IV-A emergency assistance application:

1. Family-centered ~~child welfare~~ services as set forth in 441—Chapter 172.
2. to 4. No change.

ITEM 3. Amend paragraph **133.3(4)“a”** as follows:

a. Family-centered ~~child welfare~~ services as established ~~at rule 441—172.12(234) or 441—172.22(234) in 441—Chapter 172.~~

ITEM 4. Amend **441—Chapter 172**, title, as follows:

FAMILY-CENTERED CHILD WELFARE SERVICES

ITEM 5. Amend **441—Chapter 172**, chapter preamble, as follows:

PREAMBLE

These rules define and describe procedures for delivery of family-centered ~~child welfare~~ services. The rules describe the service definitions, and eligibility criteria, ~~contractor selection and contracting processes, performance measures, billing and payment methods,~~ and procedures for client appeals, ~~and service review and audit procedures.~~

ITEM 6. Rescind **441—Chapter 172, Division I**, heading.

ITEM 7. Amend rule 441—172.1(234) as follows:

441—172.1(234) Definitions.

“*Agency*” means the Iowa department of human services.

“*Agency child welfare service case*” means at least one child in a household is involved in agency services with an agency-assigned social work case manager.

“*Agency worker*” means the agency child welfare worker who has been assigned responsibility for a child and family’s case, either to perform a child abuse assessment, family assessment, or child in need of assistance (CINA) assessment or assume case management responsibility for ongoing agency child welfare service cases.

“*Candidate for foster care*” means a child who is identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child’s home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. “Candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

“*Child,*” “*children,*” or “*youth*” means a person or persons who ~~meets~~ meet the definition of a child in Iowa Code section 234.1(2).

“*Child abuse*” means one or more of the categories of child abuse defined in Iowa Code section 232.68.

“*Child abuse assessment*” means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2)“a”(1) through (3) and (5) through (11); or that allege child abuse as defined in Iowa Code section 232.68(2)“a”(4) that also allege imminent danger, death, or injury to a child. A child abuse assessment results in a disposition and a determination of whether a case meets the definition of child

abuse and a determination of whether criteria for placement on the registry are met.

“Child in need of assistance” or “CINA” means a child adjudicated by juvenile court to be a child in need of assistance pursuant to Iowa Code section 232.2.

“Child vulnerability” means the degree that a child cannot on the child’s own avoid, negate, or minimize the impact of present or impending danger.

“Conditionally safe” means that one or more signs of present or impending danger to a child that are identified on the safety assessment form are not offset by the child’s degree of vulnerability or the caretaker’s protective capacity. A safety plan is required.

“Contractor” means a private organization authorized to do business in Iowa that has entered into a contract with the agency to provide one or more of the services defined in this chapter. “Contractor” refers to the organization that is named as the responsible party in the contract and whose authorized representative has signed the contract.

“Family assessment” means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2)“a”(4), but do not allege imminent danger, death, or injury to a child. A family assessment does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the registry are met.

“Family-centered services” means the services provided by contract pursuant to this chapter.

“Family preservation services” or “FPS” means short-term, intensive, home-based crisis interventions targeted to families that have children at imminent risk of removal and placement in foster care. Family preservation services combine skill-based interventions and flexibility so that services are available to families according to their individual needs.

“Family safety, risk, and permanency service” means a service that uses strategies and interventions designed to achieve safety and permanency for a child with an open agency child welfare case, regardless of the setting in which the child resides.

“Fictive kin” means a person who is unrelated to a child by blood, adoption, or marriage, but who has an emotionally significant relationship with the child or the child’s family.

“Household” means the place where a child resides.

“Kinship caregiver” means a relative or fictive kin providing care for a child.

“Non-agency-involved case” means a case in which no one in the household is involved with an agency-assigned social work case manager.

“Permanency” means a child has a safe, stable, custodial environment in which to grow up and a lifelong relationship with a nurturing caregiver.

“Protective capacities” means the family strengths or resources that reduce, control, or prevent risks from arising or from having an unsafe impact on a child.

“Risk” means the probability or likelihood that a child will experience maltreatment.

“Safe” means that no signs of present or impending danger to a child are identified or that one or more signs of present or impending danger are identified but the child’s degree of vulnerability or the caregiver’s protective capacities offset the current threat. The child is not likely to be in imminent danger of maltreatment.

“SafeCare®” means an evidence-based training curriculum for parents who are at risk or have been reported for child abuse. Through SafeCare®, parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.

“Safety plan service” means a service that is designed to monitor the safety of a child during the agency’s child protective assessment or child in need of assistance assessment process.

“Service area manager” means the agency official responsible for managing the agency’s programs, operations, and budget within one of the agency service areas.

“Solution Based Casework®” or “SBC” means an evidence-based, family-centered model of child welfare assessment, case planning, and ongoing casework. The goal of SBC is to work in partnership with the family to help identify the family’s strengths, to focus on everyday life events, and to help the family build the skills necessary to manage difficult situations.

ITEM 8. Amend rule 441—172.2(234) as follows:

441—172.2(234) Purpose and scope. Family-centered ~~child welfare~~ services are designed to achieve for the child, parent, or kinship caregiver of the child when the needs of the child, parent, or kinship caregiver for the services are directly related to the safety, permanency, and or well-being for children of the child, or to preventing the child from entering foster care. The outcome of the services may be to maintain the child with a parent or in the home of the kinship caregiver, to reunify the child safely with a parent or kinship caregiver, or to achieve permanent family connections for the child.

172.2(1) Family-centered ~~child welfare~~ services provide interventions and supports ~~for~~ based on identified needs of children who and families that have come to the agency's attention because of:

a. ~~Allegations of child abuse~~ Evaluation of the findings of a child abuse assessment report and the family's risk assessment score; or

b. ~~Juvenile court action to adjudicate the child as a child in need of assistance. The child's adjudication as a child in need of assistance pursuant to Iowa Code section 232.2; or~~

c. The child's placement out of home under the agency's care and supervision.

172.2(2) Family-centered ~~child welfare~~ services shall be designed to:

a. Identify and build on the family's strengths and enhance the family's protective capacities;

b. Address the risk factors that affect the child's safety, permanency, and well-being; and

c. ~~Help the~~ Strengthen family ~~become connected with~~ connections to community resources and informal support systems in order to promote greater self-reliance; and

d. Remain culturally competent and respectful of the family's cultural, ethnic, and racial identity and values.

172.2(3) Family-centered ~~child welfare~~ services shall utilize evidence-based interventions to the greatest possible extent.

172.2(4) Family-centered services shall include the following persons:

a. A child eligible for services under this rule, as defined by the agency;

b. Any sibling of that child who resides in the same household at the time of service referral or moves into the household during the service delivery period; and

c. A parent, stepparent, or kinship caregiver of the child.

172.2(5) Family-centered services shall include SBC for agency child welfare service cases and non-agency-involved cases when criteria in subrule 172.2(1) are met.

172.2(6) Based on child and family needs, a child and family with an open agency child welfare service case that are receiving SBC may also be approved to receive the following additional services, which are referred separately:

a. SafeCare®.

b. Family preservation services.

c. Family team decision-making (FTDM) and youth transition decision-making (YTDM) meeting facilitation.

172.2(7) Case management. During the time that a child and the child's family are approved to receive family-centered services on an open agency child welfare service case, the agency worker shall be responsible for maintaining contact with the child and family to ensure that:

a. The factors that present risks of harm to the safety and well-being of all children in the family are being adequately addressed; and

b. Services and supports are in place to achieve the child's permanency goal.

ITEM 9. Amend rule 441—172.3(234) as follows:

441—172.3(234) Authorization. When the agency has approved provision of family-centered ~~child welfare~~ services for a child and family, the agency worker shall notify the contractor by issuing the referral and authorization for child welfare services form. This ~~referral~~ authorization form shall indicate:

1. The specific service category authorized (~~safety plan; family safety, risk, and permanency~~);

and

2. The duration of the authorization.

ITEM 10. Rescind and reserve rule **441—172.4(234)**.

ITEM 11. Rescind and reserve rule **441—172.6(234)**.

ITEM 12. Rescind **441—Chapter 172, Division II**, heading.

ITEM 13. Rescind **441—Chapter 172, Division II**, chapter preamble.

ITEM 14. Rescind rules **441—172.10(234)** to **441—172.15(234)**.

ITEM 15. Rescind **441—Chapter 172, Division III**, heading.

ITEM 16. Rescind **441—Chapter 172, Division III**, chapter preamble.

ITEM 17. Rescind rules **441—172.20(234)** to **441—172.25(234)**.

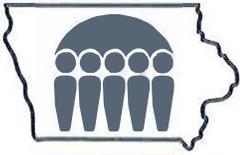
ITEM 18. Rescind **441—Chapter 172, Division IV**, heading.

ITEM 19. Rescind **441—Chapter 172, Division IV**, chapter preamble.

ITEM 20. Rescind rules **441—172.30(234)** to **441—172.34(234)**.

ITEM 21. Rescind the definition of “Community care” in rule **441—175.21(232,235A)**.

ITEM 22. Rescind and reserve **441—Chapter 186**.



Iowa Department of Human Services
Information on Proposed Rules

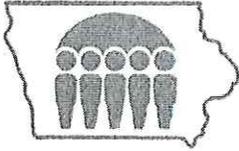
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|---|------------------------------|--|
| Name of Program Specialist Mindy Norwood | Telephone Number 281.4212 | Email Address mnorwoo@dhs.state.ia.us |
|---|------------------------------|--|

1. Give a brief purpose and summary of the rulemaking:
Revisions to Chapter 172 and Chapter 186 are required to align with the Family First Prevention Services Act (Family First). The Agency (DHS) is in the process of procuring contracts for family-centered services, which will replace the current child welfare services of Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services and Community Care.
Due to the changes under Chapter 172 and the rescinding of Chapter 186, other chapters are affected, including: Chapter 175, Chapter 133, and Chapter 80.
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):
The Family First Prevention Services Act (Family First) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act to provide services to families who are at risk of entering the child welfare system.
3. Describe who this rule making will positively or adversely impact.
A core expectation under Family First is that states must employ evidence-based interventions (EBIs) demonstrated to effectively strengthen and preserve connections between children and their family. The changes to family-centered services will positively affect the children and families in Iowa receiving these services with the use of evidence-based interventions. The primary focus of these services is to prevent removal of a child and placement into foster care.
The changes will also positively affect the child welfare service contractors who successfully bid on contracts as the EBIs provide clear expectations to fidelity of models used in service provision. Unlike FSRP Services, family-centered services encompass different service packages with separate payment for referred services. By including services once provided under one statewide contract for Community Care into the family-centered services procurement/contracts, additional contractors will provide services to the non-Agency involved cases across the service areas as a separate package.
The changes may adversely affect the current contractor providing Community Care as this contract will be terminated and replaced with family-centered services effective January 1, 2021. The current contractor has been the successful bidder for the Community Care contract during all prior rounds of procurement.
4. Does this rule contain a waiver provision? If not, why?
No. One is not required as there is an overall exception rule.
5. What are the likely areas of public comment?
It is a federal requirement that the state of Iowa must implement new services to align with Family First. The new service packages allow for a more focused delivery of services based on need to children and families.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

Yes. The current procurement for family-centered services allows more flexibility on staff qualifications based upon selected EBIs rather than specific education and experience requirements. The flexibility in staff qualifications for the identified EBIs will most likely increase the pool of candidates for employment statewide based upon skill set, rather than a set standard of education and experience.

Beginning January 1, 2021, the services once provided under the Safety Plan Services and FSRP Services contract and the Community Care contract, will now be under one contract of family-centered services. All services will be provided statewide, with a maximum of two contracts per each of the five agency service areas (maximum of 10 statewide contracts).



Administrative Rule Fiscal Impact Statement

Date: January 31, 2020

Agency: Human Services
IAC citation: 441 IAC 172, 186, 175, 133, and 80
Agency contact: Mindy Norwood

Summary of the rule:

Revisions to Chapter 172 and Chapter 186 are required to align with the Family First Prevention Services Act (Family First). The Agency (DHS) is in the process of procuring contracts for family-centered services, which will replace the current child welfare services of Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services and Community Care.

Due to the changes under Chapter 172 and the rescinding of Chapter 186, other chapters are affected, including: Chapter 175, Chapter 133, and Chapter 80.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

There will be a fiscal impact associated with the implementation of Family First prevention services. Costs include:

1. DHS and provider implementation activities
2. Accreditation and licensing of providers
3. Increased cost for services above what the department is currently paying for Safety Plan Services, FSRP, and Community Care.

The cost associated with these items is uncertain given that implementation is still in process and the new services have not yet started. In addition, the Family First provisions provide for 50 percent federal IV-E match for eligible services, but final guidance has not been given on which services meet this claiming criteria. As a result, the amount of federal match, and resulting state cost, is also not known. In addition, access to high quality prevention services should ultimately reduce the need for foster care services, but the timing and degree of these potential savings is not known.

For the above reasons, the department is not able to calculate with certainty the expected cost of these Family First provisions. It is very likely that a portion (if not the majority) of the new service array will qualify for federal match. In addition, the department has other revenue sources available to fund cost increases (federal transition funding, adoption incentives/reinvestment revenue). For these reasons, it is expected that the cost of these new prevention services can be funded within the Governor's SFY21 recommended funding level.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

It is expected that the cost of these new prevention services can be funded within the Governor's SFY21 recommended funding level.

Fiscal impact to persons affected by the rule:

The fiscal impact cannot be determined.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

The fiscal impact cannot be determined.

Agency representative preparing estimate: David Philmon

Telephone number: 515-281-6856

JH
2-3-20

ADD

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

Rule making related to foster care case permanency plans.

The Human Services Department hereby amends Chapter 202, "Foster Care Placement and Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 217.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 217.6.

Purpose and Summary

The federal Family First Prevention Services Act, Section 422(b)(15)(A)(vii), and 2019 Iowa Acts, House File 644, require protocols to ensure children being placed in out-of-home settings are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmental disabilities. This amendment requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on August 12, 2020, as **ARC 5130C**.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the DHS Council on October 8, 2020.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8, (17A, 217).

Review by Administrative Rules Review Committee

09/28/2020 10:59 PM

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on January 1, 2021.

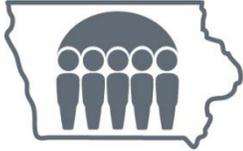
The following rule-making action is adopted:

See Attached

Adopt the following rule.

ITEM 1. Amend rule 441-202.1(234) as follows:

“Case permanency plan” shall mean the plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress. This includes information describing efforts to retain existing medical and mental health care providers for a child entering or in foster care and activities to evaluate service needs to avoid inappropriate diagnoses of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities.



Iowa Department of Human Services
Information on Proposed Rules

| | | |
|---|----------------------------------|--|
| Name of Program Specialist Dawn Kekstadt | Telephone Number 515-281-3012 | Email Address dkeksta@dhs.state.ia.us |
|---|----------------------------------|--|

1. Give a brief purpose and summary of the rulemaking:

The Family First Act (422(b)(15)(A)(vii)) requires protocols to ensure that children being placed in an out-of-home setting are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities. The proposed rule changes require that information in the case permanency plan for children entering or in foster care include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Per IC 217.6, DHS is responsible for to write rules for foster care placement and services.

3. Describe who this rulemaking will positively or adversely impact.

This will help avoid inappropriate diagnosis of mental illness, other emotional or behavioral disorders, medically fragile conditions and developmental disabilities for children entering or in foster care by ensuring that efforts are made to retain existing medical, dental, and/or mental health providers.

4. Does this rule contain a waiver provision? If not, why?

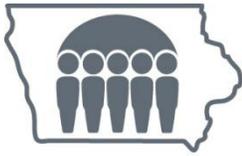
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5. What are the likely areas of public comment?

No resistance is expected.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

These rules do not have an impact on private-sector jobs and employment opportunities in Iowa.



Administrative Rule Fiscal Impact Statement

Date: January 14, 2020

Agency: Human Services
IAC citation: 441 IAC 202.1(234)
Agency contact: Dawn Kekstadt

Summary of the rule:

The proposed rule changes require that information in the case permanency plan for children entering or in foster care include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

These activities are a part of the monitoring and case planning process that our case managers currently engage in. There is no fiscal impact.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

| | <u>Year 1 (FY 2021)</u> | <u>Year 2 (FY 2022)</u> |
|--------------------------------|-------------------------|-------------------------|
| Revenue by each source: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL REVENUE | _____ | _____ |
| Expenditures: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL EXPENDITURES | _____ | _____ |
| NET IMPACT | _____ | _____ |

- This rule is required by state law or federal mandate.
Please identify the state or federal law:
 Identify provided change fiscal persons:

- Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

- Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
 There is no fiscal impact.

Fiscal impact to persons affected by the rule:

None anticipated.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

None anticipated.

Agency representative preparing estimate: David Philmon
 Telephone number: 515-281-6856

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to mandatory reporter training and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 108, “Licensing and Regulation of Child-Placing Agencies,” Chapter 109, “Child Care Centers,” Chapter 113, “Licensing and Regulation of Foster Family Homes,” and Chapter 117, “Foster Parent Training,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapter 232.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 232.

Purpose and Summary

House File 731, an act relating to mandatory child abuse and dependent adult abuse reporter training was approved and signed into law by Governor Reynolds on May 8, 2019, stating that mandatory reporter training must be completed every three years. Previously training needed to be completed every five years.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8(17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on November 10, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

See Attached

PROPOSED RULE CHANGES

ITEM 1. Amend subparagraph **77.37(23) “b” (3) “1”** as follows:

1. The agency must provide orientation training on the agency’s purpose, policies, and procedures within one month of hire or contracting for all employed and contracted treatment staff and must provide 24 hours of training during the first year of employment or contracting. The agency must also provide at least 12 hours of training per year after the first year of employment for all employed and contracted treatment staff. Annual training shall include, at a minimum, training on children’s mental retardation and developmental disabilities services and children’s mental health issues. Identification and reporting of child abuse shall be covered in training at least every ~~five~~ three years, in accordance with Iowa Code section 232.69.

ITEM 2. Amend paragraph **441-108.2(9) “f”** as follows:

- f. The agency refuses to cooperate with child protective ~~investigations~~ assessments involving children placed by the agency.

ITEM 3. Amend subrule **441-108.6 (3)** as follows:

Staff training. An agency shall provide orientation training on the agency’s purpose, policies and procedures within one month of hire and 24 hours of training in the first year of employment for all employed and contracted casework staff. The 24 hours of training shall include: training on family foster care services, adoption services, supervised apartment living services, or children and families’ mental health topics, and 2 hours of training related to the identification and reporting of child abuse for all employed or contracted casework staff in accordance with Iowa Code section 232.69. An agency shall provide 12 hours of training per year after the first year of

employment for all employed or contracted casework staff. The 12 hours of training shall include: training on family foster care services, adoption services, supervised apartment living services, or children and families' mental health topics and child abuse training every ~~five~~three years in accordance with Iowa Code section 232.69

ITEM 4. Amend subrule **441-108.8(5)** as follows:

Complaints. When an agency receives a complaint which may indicate possible violation of the foster care licensing rules, the agency shall, within five working days of receiving the complaint, either conduct an investigation to assess compliance with applicable rules or refer the complaint to the department for ~~investigation~~assessment. If the agency conducts the investigation, the agency shall submit a written report of the investigation to the department within ten working days of receiving the complaint with a statement of rule violation and a recommendation regarding the license of the foster family home. The written report shall be filed in the foster parents' file.

ITEM 5. Amend subrule **441-108.8 “(6)”** as follows:

Foster family training. The agency shall ensure that each foster home recommended for foster family license has complied with the training requirements in 441-113.8(237).

Within six months of licensure and every ~~five~~three years thereafter, each foster parent shall obtain mandatory reporter training relating to identification and reporting of child abuse.

ITEM 6. Amend subparagraph **441-109.7(2) “a” (2)** as follows:

(2) Training received for cardiopulmonary resuscitation (CPR), first aid, mandatory reporting of child abuse, and universal precautions shall not count toward the ten contact hours. A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every ~~five~~three years.

ITEM 7. Amend subparagraph **441—109.14(3) “b” (2)** as follows:

Six hours’ training in care of ill children, and two hours’ training in child abuse identification and reporting as required by Iowa Code section 232.69 within the first six months of employment and maintain valid certificate indicating expiration date every ~~five~~ three years thereafter.

ITEM 8. Amend paragraph **441-113.8(1) “d”** as follows:

d. Mandatory reporter training on child abuse identification and reporting before initial licensure and every ~~five~~three years thereafter as required by rule 441-112.10(232) and 441-subrule 117.8(3).

ITEM 9 Amend paragraph **441-117.2(3) “d”** as follows:

d. Child abuse law and child abuse ~~investigation~~ assessment procedures.

ITEM 10. Amend subrule **441-117.8 “(3)”** as follows:

Child abuse reporting. Each foster parent shall complete an approved mandatory child abuse reporter training every ~~five~~three years after the foster parent’s initial preservice mandatory child abuse reporter training relating to the identification of child abuse and the requirements and procedures for the reporting of child abuse pursuant to Iowa Code section 232.68.

- a. Training provider. The foster parent shall be responsible for ~~obtaining~~ completing the required two-hour mandatory reporter training on child abuse identification and reporting ~~as approved by the Iowa department of public health~~ in accordance with Iowa Code section 232.69. A list of approved training opportunities is available on the Iowa department of public health Web site by searching “mandatory reporter training.” Foster parents are eligible to take the one-hour recertification mandatory reporter training on child abuse identification and reporting within the six months prior to the expiration of their previous certification, if they have already completed the two-hour training at least once.



Iowa Department of Human Services
Information on Proposed Rules

| | | |
|---|----------------------------------|--|
| Name of Program Specialist Nancy Swanson | Telephone Number 515-281-6379 | Email Address nswanso@dhs.state.ia.us |
|---|----------------------------------|--|

1. Give a brief purpose and summary of the rulemaking:
House File 731, an Act relating to mandatory child abuse and dependent abuse reporter training, was approved and signed by Governor Reynolds on May 8, 2019, stating that mandatory training must be completed every three years which is a change from the original five years.
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):
House File 731
3. Describe who this rulemaking will positively or adversely impact.
Correcting the Iowa Rules to align with House File 731 signed by Governor Reynolds on May 8, 2019.
4. Does this rule contain a waiver provision? If not, why?
No
5. What are the likely areas of public comment?
The public may have questions as to why the mandatory training requirements changed from every five years to three years.
6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)
No impact is expected to private sector jobs or employment opportunities in Iowa.



Administrative Rule Fiscal Impact Statement

Date: March 30, 2020

Agency: Human Services
IAC citation: 441 IAC -117;108; 113; 109; 77.37
Agency contact: Nancy Swanson, Foster Care Program Manager

Summary of the rule:

House File 731, an Act relating to mandatory child abuse and dependent abuse reporter training, was approved and signed by Governor Reynolds on May 8, 2019, stating that mandatory training must be completed every three years which is a change from the original five years.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

The cost of training is already paid by DHS through a contract and this change will be covered by the existing contract. There is no fiscal impact to DHS.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

| | <u>Year 1 (FY 2021)</u> | <u>Year 2 (FY 2022)</u> |
|--------------------------------|-------------------------|-------------------------|
| Revenue by each source: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL REVENUE | _____ | _____ |
| Expenditures: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL EXPENDITURES | _____ | _____ |
| NET IMPACT | _____ | _____ |

This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

2019 House File 731

Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

There is no fiscal impact.

Fiscal impact to persons affected by the rule:

No fiscal impact expected.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

No fiscal impact expected.

Agency representative preparing estimate: David Philmon (JH 3/30/20; J. Slaybaugh 3/31/20)

Telephone number: 515-281-6856

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program. This may improve medication adherence for chronic medical conditions. Some pharmacies may currently offer this type of program and Medicaid proposes to standardize the requirements to ensure medical necessity and prevent waste.

The United States Government Accountability Office (GAO) recommended in their July 2015 report, “Medicaid-Additional Reporting May Help CMS Oversee Prescription -Drug Fraud Controls”, Medicaid programs review pharmacy automatic refill programs as a potential concern for waste and unnecessary costs. The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program, rather than prohibiting such a program.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8 (17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on November 20, 2020. Comments should be directed to:

09/29/2020 10:33 AM

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

See attached

PROPOSED RULE CHANGES

ITEM 1. Amend rule **441—78.2(6)** *Quantity prescribed* as follows:

a. No change.

b. *Prescription refills.*

(1) No change.

(2) Automatic refills.

~~1. Automatic refills are not allowed. A request specific to each medication is required.~~

~~2. All prescription refills shall be initiated by a request at the time of each fill by the prescriber, Medicaid member or person acting as an agent of the member, based on continued medical necessity.~~

1. Automatic refills are allowed. Participation in an automatic refill program is voluntary and opt-in only, on a drug-by-drug basis.

2. The program must have:

a). Easy to locate contact information through telephone and/or on the website,

b). Easy to understand patient materials on how to select or unselect drug(s) for inclusion and how to disenroll,

c). Confirmation the member wants to continue in the automatic refill program at least annually,

d). Confirmation of continued medical necessity by the Medicaid member or person acting as an authorized representative of the member, prior to receiving the medication at the pharmacy or prior to the medication being mailed or delivered to the member, or the drug(s) must be credited back to the Medicaid program, and

e). Documentation of all consents which must be available for review by auditors at the pharmacy.



Iowa Department of Human Services
Information on Proposed Rules

| | | |
|--|------------------------------|---|
| Name of Program Specialist Susan Parker | Telephone Number 256-4634 | Email Address sparker2@dhs.state.ia.us |
|--|------------------------------|---|

1. Give a brief purpose and summary of the rulemaking:

The United States Government Accountability Office (GAO) recommended in their July 2015 report, Medicaid - Additional Reporting May Help CMS Oversee Prescription- Drug Fraud Controls, that Medicaid programs review pharmacy automatic refill programs as a potential concern for waste and unnecessary costs. The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program, rather than prohibiting such a program. The process was developed in coordination with the pharmacy groups to ensure Medicaid members have access to the program, which may beneficially improve medication adherence while ensuring continued medical necessity for each drug to limit waste. By establishing program standards through Medicaid, automatic refill program requirements will be consistent and apply equally to all pharmacies.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

42 U.S.C.1396r-8 (Payment for covered outpatient drugs) and 42 CFR § 495.368 (Combating fraud and abuse).

3. Describe who this rulemaking will positively or adversely impact.

The rulemaking will positively affect both Medicaid members and pharmacies. Medicaid members will have the ability to utilize a pharmacies' automatic refill program if they choose to participate, which could improve adherence to their medication and result in better control of chronic medical conditions. Pharmacies may offer automatic refill programs consistent with Medicaid policies and procedures. These programs could assist their enrolled patients with medication adherence. Additionally the pharmacies indicate having this type of program will allow them to maintain the efficiencies and economies that central fill locations can provide.

4. Does this rule contain a waiver provision? If not, why?

This amendment does not provide for waiver in specified situations because the policies addressed should apply in all cases and because a waiver can be requested under the Department's general rule on exceptions at Iowa Admin. Code r. 441--1.8.

5. What are the likely areas of public comment?

Pharmacies will be supportive.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



Administrative Rule Fiscal Impact Statement

Date: 6/4/2020

Agency: Human Services

IAC citation: 441 IAC – 78

Agency contact: Susan Parker

Summary of the rule:

The proposed rule establishes pharmacy policies and procedures for Medicaid coverage and reimbursement of prescription drug refills through an automatic refill program. This may improve medication adherence for chronic medical conditions. Some pharmacies may currently offer this type of program and Medicaid proposes to standardize the requirements to ensure medical necessity and prevent waste.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

| | Year 1 (FY 21) | Year 2 (FY 22) |
|--|----------------|----------------|
| Revenue by each source: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL REVENUE | _____ | _____ |
| Expenditures: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL EXPENDITURES | _____ | _____ |
| NET IMPACT | _____ | _____ |
| <p><input type="checkbox"/> This rule is required by state law or federal mandate. <i>Please identify the state or federal law:</i> Identify provided change fiscal persons:</p> | | |
| <p><input type="checkbox"/> Funding has been provided for the rule change. <i>Please identify the amount provided and the funding source:</i></p> | | |
| <p><input checked="" type="checkbox"/> Funding has not been provided for the rule. <i>Please explain how the agency will pay for the rule change:</i> There is no anticipated measurable fiscal impact to the agency. The proposed rule implements policies and procedures to ensure medically necessity and prevent waste, which results in cost-avoidance. Additionally if the program improves medication adherence for chronic conditions, there is a potential for better health outcomes and lower overall healthcare costs.</p> | | |
| <p><i>Fiscal impact to persons affected by the rule:</i> None anticipated.</p> | | |
| <p><i>Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):</i> None anticipated.</p> | | |
| <p>Agency representative preparing estimate:</p> <p>Telephone number:</p> | | |

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to uniform prior authorization process and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

House Fill 766, required implementation of a uniform prior authorization process. As a result of implementing the uniform prior authorization process there has been a change in forms and form numbers used to request a prior authorization. The proposed amendments align the rules with the new forms and processing time frames. The rules are also revised to update outdated sections with current practices and processes.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8(17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on November 10, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

See Attached

Proposed Rule Changes

Item 1. Amend 78.10(1)c as follows:

78.10(1)c. A physician's (doctor of medicine, osteopathy, or podiatry), physician assistant's, or advanced registered nurse practitioner's prescription is required to establish medical necessity. The prescription shall state the member's name, diagnosis, prognosis, item(s) to be dispensed, quantity, and length of time the item is to be required and shall include the signature of the prescriber and the date of signature. For items requiring prior authorization, a request shall include a physician's, physician assistant's, or advanced registered nurse practitioner's written order or prescription and sufficient medical documentation to permit an independent conclusion that the requirements for the equipment or device are met and the item is medically necessary and reasonable. A request for prior authorization is made on ~~Form 470-0829, Request for Prior Authorization~~ using Form 470-5595 Outpatient Prior Authorization Request. See rule 441—78.28(249A) for prior authorization requirements.

Item 2. Amend 78.10(2)b as follows:

78.10(2) Durable medical equipment.

b. The types of durable medical equipment covered through the Medicaid program include, but are not limited to:

Automated medication dispenser. ~~See 78.10(5)“d” for prior authorization requirements~~

Item 3. Rescind and reserve 78.10(5)d

78.10(5) Prior authorization requirements.

~~d. Automated medication dispenser. Payment will be approved for an automated medication dispenser when prescribed for a member who meets all of the following conditions: (1) The member has a diagnosis indicative of cognitive impairment or age-related factors that affect the member's ability to remember to take medications. (2) The member is on two or more medications prescribed to be administered more than one time per day. (3) The availability of a caregiver to administer the medications or perform setup is limited or nonexistent. (4) Less costly alternatives, such as medisets or telephone reminders, have failed.~~

Item 4. Amend 78.10(5)e as follows:

78.10(5) Prior authorization requirements.

Proposed Rule Changes

e. ~~Diabetic equipment and supplies.~~ DME Rebate agreements. If the department has a current agreement for a rebate with at least one manufacturer of a particular category of ~~diabetic~~ equipment or supplies (by healthcare common procedure coding system (HCPCS) code), prior authorization is required for any equipment or supplies in that category produced by a manufacturer that does not have a current agreement to provide a rebate to the department (other than supplies for members receiving care in a nursing facility or an intermediate care facility for persons with an intellectual disability). Prior approval shall be granted when the member's medical condition necessitates use of equipment or supplies produced by a manufacturer that does not have a current rebate agreement with the department.

Item 5. rescind and reserve 78.28(1)b.

78.28(1) Services, procedures, and medications

~~b. Automated medication dispenser. Payment shall be approved pursuant to the criteria at 78.10(5)“d.~~

Item 6. Amend 78.28(1)k as follows:

78.28(1) Services, procedures, and medications

k. ~~Diabetic equipment and supplies.~~ DME Rebate agreements. Payment will be approved pursuant to the criteria at 78.10(5)“e.”

Item 7. Amend 78.28(7)b as follows:

78.28(7) Ambulatory surgical centers are subject to prior approval and preprocedure review as follows:

b. Preprocedure review ~~by the IFMC~~ is required if ambulatory surgical centers are to be reimbursed for surgical procedures as set forth in subrule 78.1(19). Approval ~~by the IFMC~~ will be granted only if the procedures are determined to be necessary based on the condition of the patient and criteria established by ~~the IFMC and~~ the department. ~~The criteria are available from IFMC, 6000 Westown Parkway, Suite 350E, West Des Moines, Iowa 50265-7771, or in local hospital utilization review offices.~~

Proposed Rule Changes

Item 8. Amend 78.28(12) as follows:

78.28(12) High-technology radiology procedures.

b. Notwithstanding paragraph 78.28(12)“a,” prior authorization is not required when any of the following applies:

- (1) Radiology procedures are billed on a CMS 1500 claim for places of service “hospital inpatient” (POS 21) or “hospital emergency room” (POS 23), or on a UB04 claim with revenue code 45X;
- (2) The member has Medicare coverage; or
- ~~(3) The member received notice of retroactive Medicaid eligibility after receiving a radiology procedure at a time prior to the member’s receipt of such notice (see paragraph 78.28(12)“e”); or~~ (4) (3) A radiology procedure is ordered or requested by the department of human services, a state district court, law enforcement, or other similar entity for the purposes of a child abuse/neglect investigation, as documented by the provider.

d. Required requests for prior approval of radiology procedures must be submitted to the department of human services. ~~through the online system operated by the department’s contractor for prior approval of high technology radiology procedures.~~

e. ~~Services are billed for members with retroactive eligibility. IAC~~

(4) e. When a member has received notice of retroactive Medicaid eligibility after receiving a radiology procedure for a date of service prior to the member’s receipt of such notice and otherwise requiring prior approval pursuant to this rule, a retroactive authorization request must be submitted on Form ~~470-0829, Request for Prior Authorization~~, 470-5595 Outpatient Prior Authorization Request and approved before any claim for payment is submitted.

(2) ~~Payment will be authorized only if the prior approval criteria were met and the service was provided to the member prior to the retroactive eligibility notification, as documented by the provider requesting retroactive authorization.~~

(3) ~~Retroactive authorizations will not be granted when sought for reasons other than a member’s retroactive Medicaid eligibility. Examples of such reasons include, but are not limited to, the following:~~

- ~~1. The provider was unaware of the high technology radiology prior authorization requirement.~~
- ~~2. The provider was unaware that the member had current Medicaid eligibility or coverage.~~
- ~~3. The provider forgot to complete the required prior authorization process.~~

Proposed Rule Changes

Item 9. Amend 79.8(1)a as follows:

79.8(1) Making the request.

a. Providers may submit requests for prior authorization for any items or procedures, other than prescription drugs, by mail or by facsimile transmission (fax) using Form ~~470-0829, Request for Prior Authorization~~ 470-5595 Outpatient Prior Authorization Request, or electronically using the Accredited Standards Committee (ASC) X12N 278 transaction, Health Care Services Request for Review and Response.-Requests for prior authorization for drugs must be submitted on any Request for Prior Authorization form designated for the drug being requested in the preferred drug list published pursuant to Iowa Code chapter 249A.

Item 10. Amend 79.8(3) as follows:

79.8(3) The provider shall receive a notice of approval or denial for all requests.

- a. In the case of prescription drugs, notices of approval or denial will be faxed to the prescriber and pharmacy.
- b. Decisions regarding approval or denial of prescription drugs will be made within 24 hours from the receipt of the prior authorization request. In cases where the request is received during nonworking hours, the time limit will be construed to start with the first hour of the normal working day following the receipt of the request.
- c. Decisions regarding approval or denial for items or procedures other than prescription drugs will be made according to the time frames set forth in 42 CFR 438.210(d).



Iowa Department of Human Services
Information on Proposed Rules

| | | |
|---|----------------------------------|--|
| Name of Program Specialist Leann Howland | Telephone Number 515-256-4642 | Email Address lhowlan@dhs.state.ia.us |
|---|----------------------------------|--|

1. Give a brief purpose and summary of the rulemaking:
 - HF 766 required implementation of a Uniform Prior Authorization (PA) process. This project resulted in a change in forms/form numbers used to request a PA from the IME and MCOs. This rules package aligns rules with the new form numbers and processing timeframes.
 - Rules are also revised to align outdated sections with current practices and processes.
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):
 - HF766 mandated a uniform prior authorization process, including forms and timeframes.
 - 42 CFR 438.210(d) proscribes the timeframes for processing requests for MCOs. IME will follow those same timeframes for FFS PA requests.
3. Describe who this rulemaking will positively or adversely impact.
 - These changes are needed to align rules with new forms and processes. All providers will benefit because the MCOs and IME will now be using the same forms and the same processing timeframes.
 - There is no anticipated adverse impact from these rules.
4. Does this rule contain a waiver provision? If not, why?
 - These amendments do not contain waiver provisions because Medicaid has determined that the same rules should be applicable to all members and providers who are eligible and because individual members or providers may request a waiver under the Department's general rule on exceptions at IAC 441--1.8.
5. What are the likely areas of public comment?
 - Some providers may comment that these rules are not as far reaching as they wanted or expected, but these rules are aligned with HF 766.
6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)
 - No, these changes should not cause any impact on jobs or employment opportunities.



Administrative Rule Fiscal Impact Statement

Date: March 17, 2020

Agency: Human Services
IAC citation: 441 IAC Chapters 78 & 79
Agency contact: Leann Howland

Summary of the rule:

Changes needed to align with Uniform PA process as required in HF766, including form numbers. Incidental to changes to remove services no longer requiring PA. Rules also revised to align outdated sections with current practices and processes.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

These changes align rules with new forms and processes. MCOs and IME will now be using the same forms and the same processing timeframes. There is no anticipated adverse impact from these rules.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

| | <u>Year 1 (FY 2020)</u> | <u>Year 2 (FY 2021)</u> |
|--------------------------------|-------------------------|-------------------------|
| Revenue by each source: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL REVENUE | _____ | _____ |
| Expenditures: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL EXPENDITURES | _____ | _____ |
| NET IMPACT | _____ | _____ |

This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

HF766 mandated a uniform prior authorization process, including forms and timeframes. 42 CFR 438.210(d) proscribes the timeframes for processing requests for MCOs. IME will follow those same timeframes for FFS PA requests.

Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

These changes should not cause any impact on jobs or employment opportunities. Providers will benefit because the MCOs and IME will now be using the same forms and the same processing timeframes.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

No impact.

Agency representative preparing estimate: Jason Buls

Telephone number: 515-281-5764

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to the department's use of the Family Support Statewide Database maintained by the Iowa Department of Public Health and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 155, "Child Abuse Prevention Program," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 235A.1.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 235A.1.

Purpose and Summary

The proposed rule change is to modify language around the department's use of the Family Support Statewide Database maintained by the Iowa Department of Public Health. The current rule requires the department grantees to input participant data into the system. However, it does not authorize the department to release the data to other state agencies, including the Iowa Department of Public Health.

Proposed rules are necessary given the department's role as a covered entity under the Health Insurance Portability and Accountability Act (HIPPA), a law designed to protect patients medical and other health information records provided to health plans, doctors, hospitals and other health care providers. There will continue to be a memorandum of understanding with the Iowa Department of Public Health to address the privacy and security of the department's data and to outline the expectations of both parties, but this proposed rule will prevent the need for individual patient authorization. These services are not intended to be medical treatment. However, case records may include participant self-reported data about the family that could be classified as protected health information. For example, information about a child's developmental screening results are often a part of a home visiting programs record.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to rule 441-1.8(17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on November 10, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

See Attached.

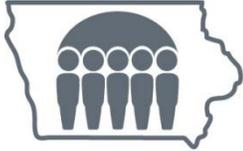
PROPOSED RULE CHANGES

ITEM 1. Amend section ~~441—155.4 (235A)~~ **Grantee Requirements**, as follows:

441-155.4(235A) Grantee requirements. In order to receive funding from the department, community councils must be legal entities or must designate a legal entity to receive the project funds directly (e.g., a local service provider).

155.4(1) Grantees, or the identified service providers, shall participate in program evaluation as required by the contractor and the department.

~~**155.4(2)** Grantees, or the identified service providers, that provide family support services under the program shall enter participant data in~~ The Department shall cause participant data to be entered into the state-administered, Internet-based data collection system identified in Iowa Code section 2561.13(3) and maintained by the Iowa department of public health. This release of information by the Department is required by law and, as such, data entered into the system maintained by the Iowa department of public health will no longer be protected by the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, and associated implementing regulations found at 45 C.F.R. parts 160, 162, and 164. In addition, no information gathered by grantees and disclosed pursuant to this subsection is gathered for purposes of treating individuals for substance abuse. As such, the data disclosed pursuant to this subsection is not protected by 42 U.S.C. § 290dd-2, as well as implementing regulations found at 42 C.F.R. part 2. In addition, the substance abuse treatment information so released is not subject to the confidentiality provisions of Iowa law found at Iowa Code section 125.37 and Iowa Code section 125.93.



Iowa Department of Human Services
Information on Proposed Rules

| | | |
|---|----------------------------------|--|
| Name of Program Specialist Lisa Bender, ACFS | Telephone Number 515-281-8787 | Email Address lbender@dhs.state.ia.us |
|---|----------------------------------|--|

1. Give a brief purpose and summary of the rulemaking:

The proposed rule change is to modify language around DHS use of the Family Support Statewide Database (FSSD) maintained by the Iowa Department of Public Health. The current rule requires DHS grantees to input participant data into the system, but it does not authorize the Department to “release” data to other state agencies, including IDPH.

Proposed rules are necessary given the DHS’s role as a covered entity under HIPAA. There will still be an MOU with IDPH to address the privacy and security of DHS data and to outline the expectations of both parties, but this will prevent the need for individual patient authorization. These services are not intended to be medical treatment. However, case records may include participant self-reported data about the family that could be classified as PHI (private health information). For example, information about a child’s developmental screening results are often a part of home visiting programs.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code Section 235A – Child Abuse Prevention
42 U.S.C. 5166 – Grants to States for child abuse or neglect prevention and treatment programs

3. Describe who this rulemaking will positively or adversely impact.

This will reduce risk and liability for the State of Iowa. The IDPH system requires input of participant names, birthdates, and other demographic information. The current rule requires grantees enter the data into the system, however it does not require or allow DHS to “release” this data to IDPH or system administrators, outside of the provisions identified in an agency MOU between DHS and IDPH.

4. Does this rule contain a waiver provision? If not, why?

No, these services are voluntary community-based family support services and grantees apply for funding with the understanding that conducting program evaluation is a requirement of the program.

5. What are the likely areas of public comment?

Public comment is unlikely, though it is possible someone may interpret this as a privacy concern (data sharing between agencies). However the local family support programs are typically funded through blended/braided funding (from multiple state agencies), so it’s hard to discern which participant data “belongs” to which funder or Agency. In other words, data for a program may involve “shared ownership” by both funders.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



Administrative Rule Fiscal Impact Statement

Date: January 31, 2020

Agency: Human Services

IAC citation: 441 IAC 155

Agency contact: Lisa Bender

Summary of the rule:

The proposed rule change is to modify language around DHS use of the Family Support Statewide Database (FSSD) maintained by the Iowa Department of Public Health (IDPH). This change clarifies that the information entered into this system is not protected under HIPPA. The department will continue to address the privacy and security of DHS data through the MOU with IDPH.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

This rule simply clarifies responsibilities for protecting DHS data. It will reduce risk and potential liabilities for the state. There is no change to any of the programs operated by the department and therefore no fiscal impact.

Fill in the form below if the impact does not fit the criteria above:

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

| | Year 1 (FY) | Year 2 (FY) |
|--------------------------------|--------------|--------------|
| Revenue by each source: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL REVENUE | _____ | _____ |
| Expenditures: | | |
| General fund | _____ | _____ |
| Federal funds | _____ | _____ |
| Other (specify): | _____ | _____ |
| TOTAL EXPENDITURES | _____ | _____ |
| NET IMPACT | _____ | _____ |

This rule is required by state law or federal mandate.
Please identify the state or federal law.
 Identify provided change fiscal persons:

Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

None

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

None

Agency representative preparing estimate: Kathy Blume

Telephone number: 515-281-4196

Handwritten initials and date:
 JH
 1-31-20
 JH

The Iowa Department of Human Services is currently accepting applications from individuals wishing to serve on the Child Abuse Prevention Program Advisory Committee (CAPPAC). This committee is defined in Iowa Code, Chapter 217.3A (See below).

The Department is seeking to fill up to four (4) positions (see attached membership list). The initial 3-year terms will begin on or around July 1, 2020 and will run until June 30, 2023. Individuals interested in serving on the Child Abuse Prevention Program Advisory Committee must submit a completed membership application by Monday **May 18, 2020** to:

via mail: Iowa Department of Human Services
Attn: Lisa Bender- ACFS
Hoover State Office Bldg., 5th Fl. NE
1305 East Walnut St.
Des Moines, IA 50319-0114

via email to: lbender@dhs.state.ia.us

Iowa Code Chapter 217.3A Advisory Committees.

1. *General.* The council on human services shall establish and utilize the advisory committees identified in [this section](#) and may establish and utilize other advisory committees. The council shall establish appointment provisions, membership terms, operating guidelines, and other operational requirements for committees established pursuant to [this section](#).
2. *Child abuse prevention.*

The council shall establish a child abuse prevention program advisory committee to support the child abuse prevention program implemented in accordance with [section 235A.1](#). The duties of the advisory committee shall include all of the following:

 - a. Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.
 - b. Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.
 - c. Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.
 - d. Require reports from state agencies and other entities as necessary to perform its duties.
 - e. Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.
 - f. Approve grant proposals.

**Child Abuse Prevention Advisory Program
Committee Membership as of February 2020**

| Representative | Name | Agency/Email Address | Term Expires |
|-----------------------|-----------------|--|--------------------------------------|
| Member* | Lisa Bellows | Mid-Iowa Family Therapy Clinic lisa.bellows@miftc.com | 12/31/2020 (2 nd Term) |
| Member/Chair* | LaTasha DeLoach | City of Iowa City latasha-deloch@iowa-city.org | 12/31/2020 (2 nd Term) |
| Member | Jill Hesse | Tipton Community Schools jill.hesse18@gmail.com | 12/31/2022 (2 nd Term) |
| Member | Mark Lyman | Mental Health Institute of Independence mlyman@dhs.state.ia.us | 12/31/2022 (2 nd Term) |
| Member | Kim Scorza | Seasons Center kscorza@seasonscenter.org | 12/31/2022 (2 nd Term) |
| Member/Vice-chair* | Nancy Wells | Retired, Iowa Chapter of Children's Advocacy Centers nwellsiccac@gmail.com | 12/31/2020 (2 nd Term) |
| Ex Officio | | | |
| ICAPP Administrator | Greg Bellville | Prevent Child Abuse Iowa gbellville@pcaiowa.org | NA |
| ICAPP Administrator | Abby Patterson | Prevent Child Abuse Iowa apatterson@pcaiowa.org | NA |
| ICAPP Program Manager | Lisa Bender | Iowa Department of Human Services lbender@dhs.state.ia.us | NA |

*Vacancies anticipated – Recruitment midyear 2020 to allow time for 6 months of transition and orientation of new members before these three appointments expire on 12/31/2020.

Note: Applicants with a perceived “conflict of interest” may not be considered for appointment. In this situation, a conflict of interest would be defined as a person who could experience personal benefit (i.e., financial gain) from actions or decisions made by the Child Abuse Prevention Program Advisory Committee. An example of this would be an individual whose salary (or the salary of an immediate family member) is paid in whole or in part by the Iowa Child Abuse Prevention Program.

**Iowa Department of Human Services
Child Abuse Prevention Program Advisory Committee (CAPPAC)
Membership Application**
(Defined in Iowa Code, Chapter 217.3A)

Date: _____

Name: _____

Mailing Address: _____

Current Employer: _____

Telephone Number(s): (H) _____ (W) _____

(C) _____ (ALT) _____

Email 1: _____

Email 2: _____

Position you are eligible to represent (check all that apply):

____ A professional with expertise in child abuse and neglect (prevention or intervention)

____ A current or prior consumer of services (child welfare or prevention/family support)

____ A citizen interested in child abuse prevention services in Iowa

**Child Abuse Prevention Program Advisory Committee (CAPPAC)
Optional Demographic Information**

County (Reside and/or Work): *(optional)** _____

Gender: *(optional)**

Male Female Non-conforming

Consumer: *(optional)**

Have you ever been a consumer of child welfare or child abuse prevention services?

No Yes

Race (check all that apply): *(optional)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Ethnicity: *(optional)**

Hispanic or Latino Not Hispanic or Latino

**Note: While these categories are optional for applicants to be considered for appointment, applicants may receive additional points in application scoring in order to promote a diverse and well represented committee.*

| Service Area | County | updated rank | Risk Assessment Score |
|----------------|-------------|--------------|-----------------------|
| 3-Eastern | Scott | 93 | 9.65 |
| 1-Western | Montgomery | 89 | 7.95 |
| 5-Des Moines | Polk | 81 | 4.05 |
| 2-Northern | Cerro Gordo | 77 | 3.32 |
| 4-Cedar Rapids | Linn | 61 | 0.86 |
| 4-Cedar Rapids | Johnson | 56 | 0.12 |
| 4-Cedar Rapids | Van Buren | 34 | -2.9 |
| 4-Cedar Rapids | Benton | 28 | -3.94 |
| 4-Cedar Rapids | Iowa | 8 | -6.42 |

 Selected applicant



Family Planning Assessment:

State Family Planning Program Medicaid and Title X Clinics that May Provide Family Planning Services

Attested Clinic - Provider Specialty Description of 'Clinic' located within Iowa, with an unduplicated address (1 per building) whom attested to providing family planning services through the State Family Planning Program in accordance with Iowa Code § 217.41B and could regularly provide these services. This includes Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Family Planning, and Screening Centers.

Non-Attested Clinic - Provider Specialty Description of 'Clinic' located within Iowa, with an unduplicated address (1 per building) whom may regularly provide family planning services but have NOT attested to providing family planning services through the State Family Planning Program in accordance with Iowa Code § 217.41B. This includes FQHCs, RHCs, and Screening Centers.

Medicaid & Family Planning Program Clinic Overview

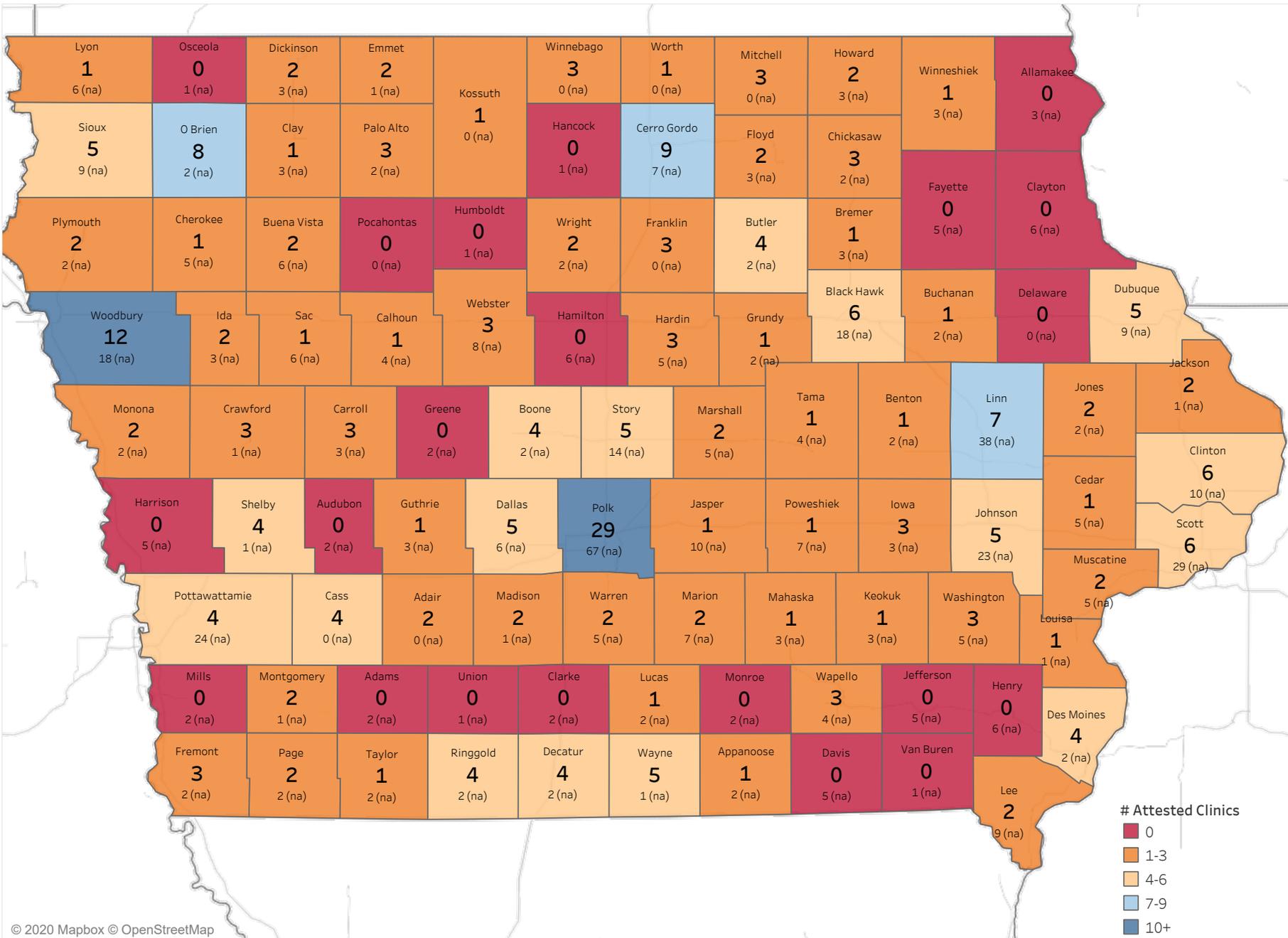
Family Planning Clinic Status

| | |
|--------------|-----|
| Attested | 247 |
| Non-Attested | 520 |
| Grand Total | 767 |

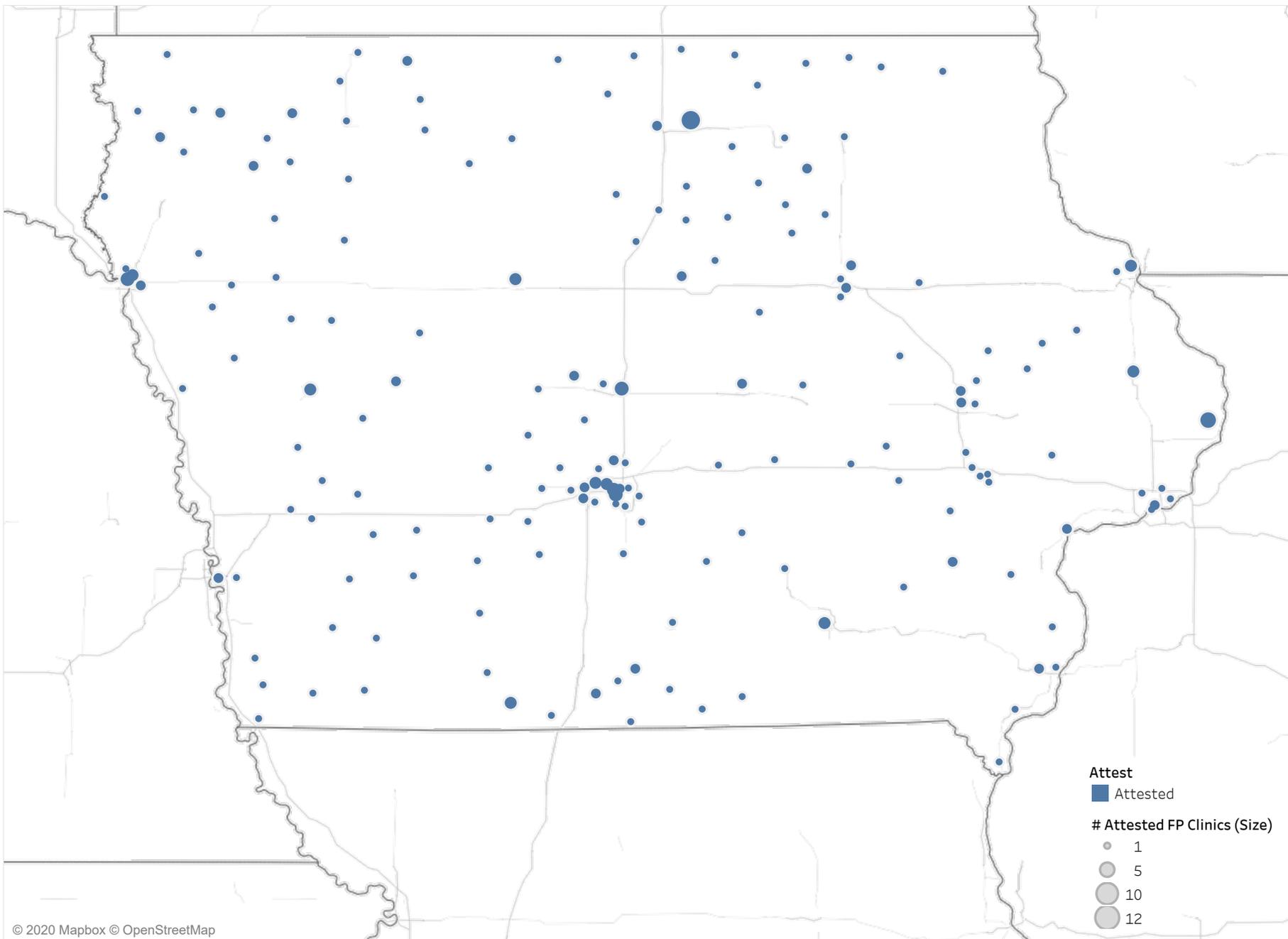
Data Issues to Note:

- (1) Multiple NPI numbers were affiliated with the same address;
- (2) One NPI number was affiliated with multiple addresses;
- (3) Addresses were duplicated across the 'Non-attested' and 'Attested' data files - in this case the clinic was counted as attested;
- (4) The number of family planning services provided is unknown among each clinic, so this data does not depict the extent to which a clinic provides attested family planning services;
- (5) FQHCs, RHCs, Family Planning, and Screening Center provider types were not always coded as 'Clinic' and were added in separately to both files. Because of this, we are uncertain 'Clinic' is coded consistently among providers;
- (6) Clinics whom may provide regular family planning services were considered to be: medical clinics, hospitals, family practice, internal medicine, pediatrics, OB/GYN, and general practice. Any provider distinctly labeled outside of these specialties (labs, pharmacies, anesthesia, oncology, urology, etc.) were excluded from analyses.

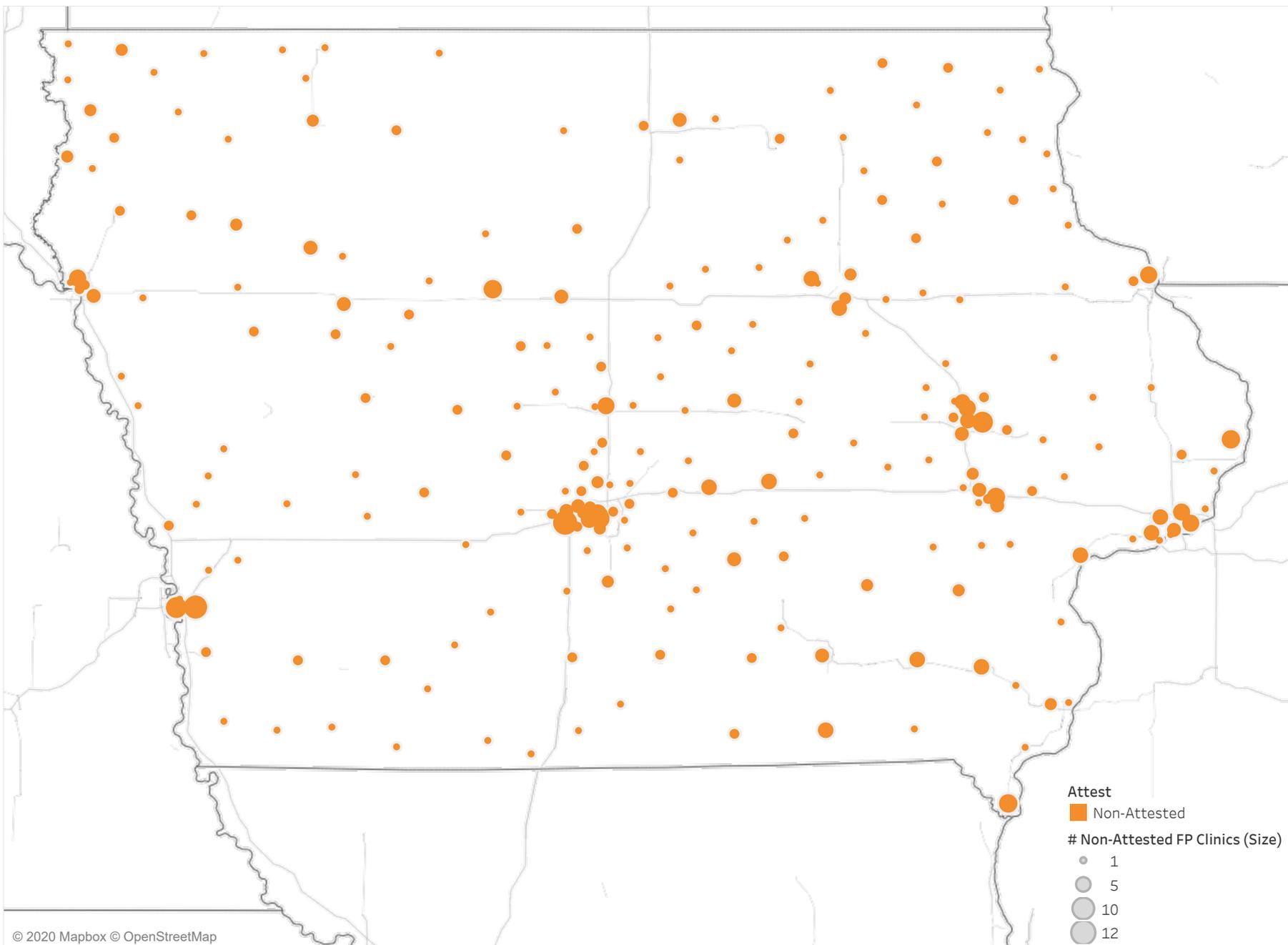
Family Planning Program Clinics, **Attested**, by County ('na' = 'Non-Attested')



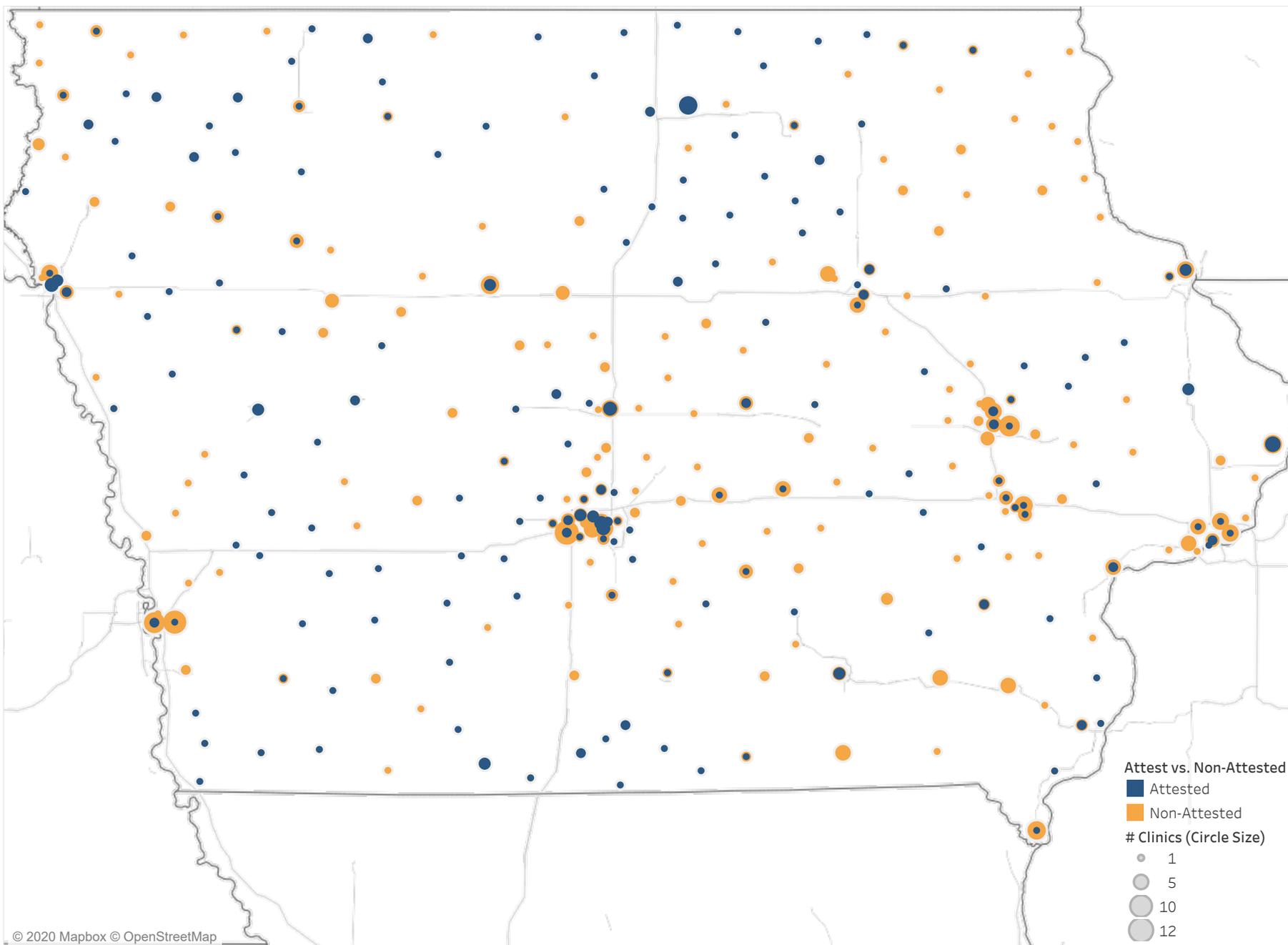
Family Planning Program Clinics, **Attested**, by Zip Code



Medicaid Clinics whom May Provide Family Planning Services, **Non-Attested**, by Zip Code



State Family Planning Program Medicaid & Title X Clinics that may Provide Family Planning Services, by Zip Code



Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|--------------------|---------------|----------|--------------|-------------|
| Adair | Greenfield | 1 | 0 | 1 |
| | Stuart | 1 | 0 | 1 |
| Adams | Corning | 0 | 2 | 2 |
| Allamakee | Lansing | 0 | 1 | 1 |
| | Postville | 0 | 1 | 1 |
| | Waukon | 0 | 1 | 1 |
| Appanoose | Centerville | 1 | 2 | 3 |
| Audubon | Audubon | 0 | 1 | 1 |
| | Exira | 0 | 1 | 1 |
| Benton | Atkins | 0 | 1 | 1 |
| | Shellsburg | 0 | 1 | 1 |
| | Vinton | 1 | 0 | 1 |
| Black Hawk | Cedar Falls | 0 | 6 | 6 |
| | La Porte City | 0 | 1 | 1 |
| | Waterloo | 6 | 11 | 17 |
| Boone | Boone | 2 | 1 | 3 |
| | Madrid | 1 | 0 | 1 |
| | Ogden | 1 | 1 | 2 |
| Bremer | Sumner | 0 | 2 | 2 |
| | Waverly | 1 | 1 | 2 |
| Buchanan | Independence | 1 | 0 | 1 |
| | Jesup | 0 | 1 | 1 |
| | Winthrop | 0 | 1 | 1 |
| Buena Vista | Independence | 0 | 1 | 1 |
| | Newell | 0 | 1 | 1 |
| | Sioux Rapids | 1 | 0 | 1 |
| | Storm Lake | 1 | 4 | 5 |
| Butler | Clarksville | 1 | 0 | 1 |
| | Dumont | 1 | 0 | 1 |
| | Greene | 1 | 0 | 1 |
| | Parkersburg | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|-------------|----------------|----------|--------------|-------------|
| Butler | Shell Rock | 1 | 1 | 2 |
| Calhoun | Lake City | 1 | 1 | 2 |
| | Manson | 0 | 1 | 1 |
| | Rockwell City | 0 | 2 | 2 |
| Carroll | Carroll | 2 | 2 | 4 |
| | Coon Rapids | 0 | 1 | 1 |
| | Manning | 1 | 0 | 1 |
| Cass | Anita | 1 | 0 | 1 |
| | Atlantic | 1 | 0 | 1 |
| | Griswold | 1 | 0 | 1 |
| | Massena | 1 | 0 | 1 |
| Cedar | Lowden | 0 | 1 | 1 |
| | Mechanicsville | 0 | 1 | 1 |
| | Tipton | 1 | 1 | 2 |
| | West Branch | 0 | 2 | 2 |
| Cerro Gordo | Clear Lake | 2 | 2 | 4 |
| | Mason City | 7 | 4 | 11 |
| | Rockwell | 0 | 1 | 1 |
| Cherokee | Cherokee | 1 | 3 | 4 |
| | Marcus | 0 | 2 | 2 |
| Chickasaw | Fredericksburg | 0 | 1 | 1 |
| | Nashua | 2 | 0 | 2 |
| | New Hampton | 1 | 1 | 2 |
| Clarke | Osceola | 0 | 2 | 2 |
| Clay | Spencer | 1 | 3 | 4 |
| Clayton | Elkader | 0 | 2 | 2 |
| | Garnavillo | 0 | 1 | 1 |
| | Guttenberg | 0 | 1 | 1 |
| | Mcgregor | 0 | 1 | 1 |
| | Monona | 0 | 1 | 1 |
| Clinton | Camanche | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|------------|-----------------|----------|--------------|-------------|
| Clinton | Clinton | 5 | 7 | 12 |
| | Dewitt | 0 | 2 | 2 |
| | Maquoketa | 1 | 0 | 1 |
| Crawford | Burlington | 0 | 1 | 1 |
| | Denison | 3 | 0 | 3 |
| Dallas | Adel | 1 | 1 | 2 |
| | Clive | 0 | 1 | 1 |
| | Dallas Center | 1 | 0 | 1 |
| | Perry | 1 | 2 | 3 |
| | Waukee | 1 | 2 | 3 |
| | West Des Moines | 1 | 0 | 1 |
| Davis | Bloomfield | 0 | 5 | 5 |
| Decatur | Garden Grove | 1 | 0 | 1 |
| | Lamoni | 1 | 1 | 2 |
| | Leon | 2 | 1 | 3 |
| Des Moines | Burlington | 1 | 0 | 1 |
| | Meadapolis | 1 | 0 | 1 |
| | West Burlington | 2 | 2 | 4 |
| Dickinson | Lake Park | 0 | 1 | 1 |
| | Milford | 1 | 1 | 2 |
| | Spirit Lake | 1 | 1 | 2 |
| Dubuque | Cascade | 1 | 0 | 1 |
| | Dubuque | 4 | 8 | 12 |
| | Dyersville | 0 | 1 | 1 |
| Emmet | Armstrong | 0 | 1 | 1 |
| | Estherville | 2 | 0 | 2 |
| Fayette | Fayette | 0 | 1 | 1 |
| | Oelwein | 0 | 2 | 2 |
| | West Union | 0 | 2 | 2 |
| Floyd | Charles City | 1 | 2 | 3 |
| | Nora Springs | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|----------|-----------------|----------|--------------|-------------|
| Floyd | Rockford | 1 | 0 | 1 |
| Franklin | Hampton | 1 | 0 | 1 |
| | Latimer | 1 | 0 | 1 |
| | Sheffield | 1 | 0 | 1 |
| Fremont | Hamburg | 1 | 0 | 1 |
| | Red Oak | 0 | 1 | 1 |
| | Sidney | 1 | 1 | 2 |
| | Tabor | 1 | 0 | 1 |
| Greene | Jefferson | 0 | 2 | 2 |
| Grundy | Conrad | 0 | 1 | 1 |
| | Grundy Center | 1 | 1 | 2 |
| Guthrie | Guthrie Center | 0 | 2 | 2 |
| | Panora | 1 | 0 | 1 |
| | Stuart | 0 | 1 | 1 |
| Hamilton | Jewell | 0 | 1 | 1 |
| | Stratford | 0 | 1 | 1 |
| | Webster City | 0 | 4 | 4 |
| Hancock | Britt | 0 | 1 | 1 |
| Hardin | Ackley | 1 | 1 | 2 |
| | Eldora | 0 | 2 | 2 |
| | Hubbard | 0 | 1 | 1 |
| | Iowa Falls | 2 | 1 | 3 |
| Harrison | Dunlap | 0 | 1 | 1 |
| | Logan | 0 | 1 | 1 |
| | Missouri Valley | 0 | 2 | 2 |
| | Woodbine | 0 | 1 | 1 |
| Henry | Mount Pleasant | 0 | 2 | 2 |
| | Mt Pleasant | 0 | 3 | 3 |
| | New London | 0 | 1 | 1 |
| Howard | Cresco | 1 | 2 | 3 |
| | Elma | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|-----------|-----------------|----------|--------------|-------------|
| Howard | Lime Springs | 1 | 0 | 1 |
| Humboldt | Humboldt | 0 | 1 | 1 |
| Ida | Holstein | 1 | 1 | 2 |
| | Ida Grove | 1 | 2 | 3 |
| Iowa | Amana | 0 | 1 | 1 |
| | Belle Plaine | 0 | 1 | 1 |
| | Marengo | 1 | 1 | 2 |
| | Victor | 1 | 0 | 1 |
| | Williamsburg | 1 | 0 | 1 |
| Jackson | Maquoketa | 2 | 1 | 3 |
| Jasper | Baxter | 0 | 1 | 1 |
| | Colfax | 0 | 2 | 2 |
| | Lynnville | 0 | 1 | 1 |
| | Monroe | 0 | 1 | 1 |
| | Newton | 1 | 5 | 6 |
| Jefferson | Fairfield | 0 | 5 | 5 |
| Johnson | Coralville | 1 | 4 | 5 |
| | Iowa City | 3 | 14 | 17 |
| | Lone Tree | 0 | 1 | 1 |
| | North Liberty | 1 | 3 | 4 |
| | Tiffin | 0 | 1 | 1 |
| Jones | Anamosa | 1 | 0 | 1 |
| | Monticello | 1 | 1 | 2 |
| | Wyoming | 0 | 1 | 1 |
| Keokuk | Richland | 1 | 0 | 1 |
| | Sigourney | 0 | 3 | 3 |
| Kossuth | Algona | 1 | 0 | 1 |
| Lee | Fort Madison | 1 | 1 | 2 |
| | Keokuk | 1 | 7 | 8 |
| | West Burlington | 0 | 1 | 1 |
| Linn | Cedar Rapids | 5 | 29 | 34 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|-----------------|---------------|----------|--------------|-------------|
| Linn | Center Point | 0 | 1 | 1 |
| | Central City | 1 | 0 | 1 |
| | Hiawatha | 0 | 4 | 4 |
| | Marion | 1 | 2 | 3 |
| | Mount Vernon | 0 | 1 | 1 |
| | Mt Vernon | 0 | 1 | 1 |
| Louisa | Columbus City | 1 | 0 | 1 |
| | Wapello | 0 | 1 | 1 |
| Lucas | Chariton | 1 | 2 | 3 |
| Lyon | George | 0 | 1 | 1 |
| | Inwood | 0 | 1 | 1 |
| | Larchwood | 0 | 1 | 1 |
| | Rock Rapids | 1 | 3 | 4 |
| Madison | Earlham | 1 | 0 | 1 |
| | St Charles | 0 | 1 | 1 |
| | Winterset | 1 | 0 | 1 |
| Mahaska | New Sharon | 0 | 2 | 2 |
| | Oskaloosa | 1 | 1 | 2 |
| Marion | Knoxville | 1 | 1 | 2 |
| | Melcher | 0 | 1 | 1 |
| | Pella | 1 | 4 | 5 |
| | Pleasantville | 0 | 1 | 1 |
| Marshall | Marshalltown | 2 | 4 | 6 |
| | State Center | 0 | 1 | 1 |
| Mills | Glenwood | 0 | 2 | 2 |
| Mitchell | Osage | 1 | 0 | 1 |
| | Riceville | 1 | 0 | 1 |
| | St Ansgar | 1 | 0 | 1 |
| Monona | Mapleton | 1 | 0 | 1 |
| | Onawa | 1 | 1 | 2 |
| | Whiting | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|------------|-----------------|----------|--------------|-------------|
| Monroe | Albia | 0 | 2 | 2 |
| Montgomery | Red Oak | 1 | 1 | 2 |
| | Villisca | 1 | 0 | 1 |
| Muscatine | Muscatine | 2 | 5 | 7 |
| O'Brien | Hartley | 2 | 0 | 2 |
| | Paullina | 2 | 0 | 2 |
| | Primghar | 1 | 0 | 1 |
| | Pringhar | 0 | 1 | 1 |
| | Sanborn | 1 | 0 | 1 |
| | Sheldon | 1 | 1 | 2 |
| | Sutherland | 1 | 0 | 1 |
| Osceola | Sibley | 0 | 1 | 1 |
| Page | Clarinda | 1 | 1 | 2 |
| | Shenandoah | 1 | 1 | 2 |
| Palo Alto | Emmetsburg | 1 | 2 | 3 |
| | Graettinger | 1 | 0 | 1 |
| | West Bend | 1 | 0 | 1 |
| Plymouth | Akron | 1 | 0 | 1 |
| | Kingsley | 1 | 0 | 1 |
| | Le Mars | 0 | 2 | 2 |
| Polk | Altoona | 0 | 2 | 2 |
| | Ankeny | 3 | 5 | 8 |
| | Bondurant | 0 | 1 | 1 |
| | Clive | 1 | 3 | 4 |
| | Des Moines | 18 | 30 | 48 |
| | Grimes | 0 | 1 | 1 |
| | Johnston | 1 | 2 | 3 |
| | Pleasant Hill | 1 | 1 | 2 |
| | Polk City | 0 | 2 | 2 |
| | Urbandale | 3 | 4 | 7 |
| | West Des Moines | 2 | 14 | 16 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|----------------------|-----------------|----------|--------------|-------------|
| Polk | Windsor Heights | 0 | 2 | 2 |
| Pottawattamie | Avoca | 1 | 0 | 1 |
| | Council Bluffs | 3 | 21 | 24 |
| | Minden | 0 | 1 | 1 |
| | Red Oak | 0 | 1 | 1 |
| | Underwood | 0 | 1 | 1 |
| Poweshiek | Brooklyn | 0 | 1 | 1 |
| | Grinnell | 1 | 5 | 6 |
| | Montezuma | 0 | 1 | 1 |
| Ringgold | Davenport | 0 | 1 | 1 |
| | Diagonal | 1 | 0 | 1 |
| | Mount Ayr | 3 | 1 | 4 |
| Sac | Lake View | 0 | 2 | 2 |
| | Odebolt | 1 | 0 | 1 |
| | Sac City | 0 | 4 | 4 |
| Scott | Bettendorf | 1 | 6 | 7 |
| | Blue Grass | 0 | 1 | 1 |
| | Davenport | 5 | 21 | 26 |
| | LeClaire | 0 | 1 | 1 |
| Shelby | Earling | 1 | 0 | 1 |
| | Elk Horn | 1 | 0 | 1 |
| | Harlan | 1 | 1 | 2 |
| | Shelby | 1 | 0 | 1 |
| Sioux | Boyden | 1 | 0 | 1 |
| | Hawarden | 0 | 3 | 3 |
| | Ireton | 0 | 1 | 1 |
| | Orange City | 1 | 0 | 1 |
| | Rock Valley | 1 | 3 | 4 |
| | Sioux Center | 2 | 2 | 4 |
| Story | Ames | 5 | 7 | 12 |
| | Huxley | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|-------------------|----------------|----------|--------------|-------------|
| Story | Maxwell | 0 | 1 | 1 |
| | Nevada | 0 | 1 | 1 |
| | Slater | 0 | 1 | 1 |
| | Story City | 0 | 2 | 2 |
| | Zearing | 0 | 1 | 1 |
| Tama | Tama | 0 | 2 | 2 |
| | Toledo | 1 | 1 | 2 |
| | Traer | 0 | 1 | 1 |
| Taylor | Bedford | 0 | 1 | 1 |
| | Lenox | 1 | 1 | 2 |
| Union | Creston | 0 | 1 | 1 |
| Van Buren | Keosauqua | 0 | 1 | 1 |
| Wapello | Eddyville | 0 | 1 | 1 |
| | Ottumwa | 3 | 3 | 6 |
| Warren | Carlisle | 1 | 1 | 2 |
| | Indianola | 1 | 3 | 4 |
| | Norwalk | 0 | 1 | 1 |
| Washington | Kalona | 1 | 0 | 1 |
| | Riverside | 0 | 1 | 1 |
| | Washington | 2 | 3 | 5 |
| | Wellman | 0 | 1 | 1 |
| Wayne | Corydon | 1 | 0 | 1 |
| | Humeston | 2 | 1 | 3 |
| | Lineville | 1 | 0 | 1 |
| | Seymour | 1 | 0 | 1 |
| Webster | Dayton | 0 | 2 | 2 |
| | Fort Dodge | 3 | 6 | 9 |
| Winnebago | Buffalo Center | 1 | 0 | 1 |
| | Forest City | 1 | 0 | 1 |
| | Lake Mills | 1 | 0 | 1 |
| Winneshiek | Calmar | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and City

| County | City | Attested | Non-Attested | Grand Total |
|--------------------|-----------------|------------|--------------|-------------|
| Winneshiek | Decorah | 1 | 2 | 3 |
| Woodbury | Anthon | 1 | 0 | 1 |
| | Correctionville | 1 | 0 | 1 |
| | Fort Dodge | 0 | 1 | 1 |
| | Moville | 0 | 1 | 1 |
| | Sioux City | 10 | 15 | 25 |
| | Sloan | 0 | 1 | 1 |
| Worth | Northwood | 1 | 0 | 1 |
| Wright | Belmond | 1 | 0 | 1 |
| | Clarion | 0 | 2 | 2 |
| | Dows | 1 | 0 | 1 |
| Grand Total | | 247 | 520 | 767 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|-------------|-------|----------|--------------|-------------|
| Adair | 50250 | 1 | 0 | 1 |
| | 50849 | 1 | 0 | 1 |
| Adams | 50841 | 0 | 2 | 2 |
| Allamakee | 52151 | 0 | 1 | 1 |
| | 52162 | 0 | 1 | 1 |
| | 52172 | 0 | 1 | 1 |
| Appanoose | 52544 | 1 | 2 | 3 |
| Audubon | 50025 | 0 | 1 | 1 |
| | 50076 | 0 | 1 | 1 |
| Benton | 52206 | 0 | 1 | 1 |
| | 52332 | 0 | 1 | 1 |
| | 52349 | 1 | 0 | 1 |
| Black Hawk | 50613 | 0 | 5 | 5 |
| | 50614 | 0 | 1 | 1 |
| | 50651 | 0 | 1 | 1 |
| | 50701 | 1 | 5 | 6 |
| | 50702 | 2 | 3 | 5 |
| | 50703 | 2 | 3 | 5 |
| | 50704 | 1 | 0 | 1 |
| Boone | 50036 | 2 | 1 | 3 |
| | 50156 | 1 | 0 | 1 |
| | 50212 | 1 | 1 | 2 |
| Bremer | 50674 | 0 | 2 | 2 |
| | 50677 | 1 | 1 | 2 |
| Buchanan | 50644 | 1 | 0 | 1 |
| | 50648 | 0 | 1 | 1 |
| | 50682 | 0 | 1 | 1 |
| Buena Vista | 50568 | 0 | 1 | 1 |
| | 50585 | 1 | 0 | 1 |
| | 50588 | 1 | 4 | 5 |
| | 50644 | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|-------------|-------|----------|--------------|-------------|
| Butler | 50619 | 1 | 0 | 1 |
| | 50625 | 1 | 0 | 1 |
| | 50636 | 1 | 0 | 1 |
| | 50665 | 0 | 1 | 1 |
| | 50670 | 1 | 1 | 2 |
| Calhoun | 50563 | 0 | 1 | 1 |
| | 50579 | 0 | 2 | 2 |
| | 51449 | 1 | 1 | 2 |
| Carroll | Null | 0 | 1 | 1 |
| | 51401 | 2 | 2 | 4 |
| | 51455 | 1 | 0 | 1 |
| Cass | 50020 | 1 | 0 | 1 |
| | 50022 | 1 | 0 | 1 |
| | 50853 | 1 | 0 | 1 |
| | 51535 | 1 | 0 | 1 |
| Cedar | 52255 | 0 | 1 | 1 |
| | 52306 | 0 | 1 | 1 |
| | 52358 | 0 | 2 | 2 |
| | 52772 | 1 | 1 | 2 |
| Cerro Gordo | 50401 | 7 | 4 | 11 |
| | 50428 | 2 | 2 | 4 |
| | 50469 | 0 | 1 | 1 |
| Cherokee | 51012 | 1 | 3 | 4 |
| | 51035 | 0 | 2 | 2 |
| Chickasaw | 50630 | 0 | 1 | 1 |
| | 50658 | 2 | 0 | 2 |
| | 50659 | 1 | 1 | 2 |
| Clarke | 50213 | 0 | 2 | 2 |
| Clay | 51301 | 1 | 3 | 4 |
| Clayton | 52043 | 0 | 2 | 2 |
| | 52049 | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|------------|-------|----------|--------------|-------------|
| Clayton | 52052 | 0 | 1 | 1 |
| | 52157 | 0 | 1 | 1 |
| | 52159 | 0 | 1 | 1 |
| Clinton | 52060 | 1 | 0 | 1 |
| | 52730 | 0 | 1 | 1 |
| | 52732 | 5 | 7 | 12 |
| | 52742 | 0 | 2 | 2 |
| Crawford | 51442 | 3 | 0 | 3 |
| | 52601 | 0 | 1 | 1 |
| Dallas | 50003 | 1 | 1 | 2 |
| | 50063 | 1 | 0 | 1 |
| | 50220 | 1 | 2 | 3 |
| | 50263 | 1 | 2 | 3 |
| | 50265 | 1 | 0 | 1 |
| | 50325 | 0 | 1 | 1 |
| Davis | 52537 | 0 | 5 | 5 |
| Decatur | 50103 | 1 | 0 | 1 |
| | 50140 | 1 | 1 | 2 |
| | 50144 | 2 | 1 | 3 |
| Des Moines | 52601 | 1 | 0 | 1 |
| | 52637 | 1 | 0 | 1 |
| | 52655 | 2 | 2 | 4 |
| Dickinson | 51347 | 0 | 1 | 1 |
| | 51351 | 1 | 1 | 2 |
| | 51360 | 1 | 1 | 2 |
| Dubuque | 52001 | 3 | 6 | 9 |
| | 52002 | 1 | 2 | 3 |
| | 52033 | 1 | 0 | 1 |
| | 52040 | 0 | 1 | 1 |
| Emmet | 50514 | 0 | 1 | 1 |
| | 51334 | 2 | 0 | 2 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|----------|-------|----------|--------------|-------------|
| Fayette | 50662 | 0 | 2 | 2 |
| | 52142 | 0 | 1 | 1 |
| | 52175 | 0 | 2 | 2 |
| Floyd | 50458 | 0 | 1 | 1 |
| | 50468 | 1 | 0 | 1 |
| | 50616 | 1 | 2 | 3 |
| Franklin | 50441 | 1 | 0 | 1 |
| | 50452 | 1 | 0 | 1 |
| | 50475 | 1 | 0 | 1 |
| Fremont | Null | 0 | 1 | 1 |
| | 51640 | 1 | 0 | 1 |
| | 51652 | 1 | 1 | 2 |
| | 51653 | 1 | 0 | 1 |
| Greene | 50129 | 0 | 2 | 2 |
| Grundy | 50621 | 0 | 1 | 1 |
| | 50638 | 1 | 1 | 2 |
| Guthrie | 50115 | 0 | 2 | 2 |
| | 50216 | 1 | 0 | 1 |
| | 50250 | 0 | 1 | 1 |
| Hamilton | 50130 | 0 | 1 | 1 |
| | 50249 | 0 | 1 | 1 |
| | 50595 | 0 | 4 | 4 |
| Hancock | 50423 | 0 | 1 | 1 |
| Hardin | 50122 | 0 | 1 | 1 |
| | 50126 | 2 | 1 | 3 |
| | 50601 | 1 | 1 | 2 |
| | 50627 | 0 | 2 | 2 |
| Harrison | 51529 | 0 | 1 | 1 |
| | 51546 | 0 | 1 | 1 |
| | 51555 | 0 | 2 | 2 |
| | 51579 | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|-----------|-------|----------|--------------|-------------|
| Henry | 52641 | 0 | 5 | 5 |
| | 52645 | 0 | 1 | 1 |
| Howard | 50628 | 0 | 1 | 1 |
| | 52136 | 1 | 2 | 3 |
| | 52155 | 1 | 0 | 1 |
| Humboldt | 50548 | 0 | 1 | 1 |
| Ida | 51025 | 1 | 1 | 2 |
| | 51445 | 1 | 2 | 3 |
| Iowa | 52203 | 0 | 1 | 1 |
| | 52208 | 0 | 1 | 1 |
| | 52301 | 1 | 1 | 2 |
| | 52347 | 1 | 0 | 1 |
| | 52361 | 1 | 0 | 1 |
| Jackson | 52060 | 2 | 1 | 3 |
| Jasper | 50028 | 0 | 1 | 1 |
| | 50054 | 0 | 2 | 2 |
| | 50153 | 0 | 1 | 1 |
| | 50170 | 0 | 1 | 1 |
| | 50208 | 1 | 5 | 6 |
| Jefferson | 52556 | 0 | 5 | 5 |
| Johnson | 52240 | 1 | 4 | 5 |
| | 52241 | 1 | 4 | 5 |
| | 52242 | 1 | 2 | 3 |
| | 52245 | 1 | 7 | 8 |
| | 52246 | 0 | 1 | 1 |
| | 52317 | 1 | 3 | 4 |
| | 52340 | 0 | 1 | 1 |
| | 52755 | 0 | 1 | 1 |
| Jones | 52205 | 1 | 0 | 1 |
| | 52310 | 1 | 1 | 2 |
| | 52362 | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|---------|-------|----------|--------------|-------------|
| Keokuk | 52585 | 1 | 0 | 1 |
| | 52591 | 0 | 3 | 3 |
| Kossuth | 50511 | 1 | 0 | 1 |
| Lee | 52627 | 1 | 1 | 2 |
| | 52632 | 1 | 7 | 8 |
| | 52655 | 0 | 1 | 1 |
| Linn | 52213 | 0 | 1 | 1 |
| | 52214 | 1 | 0 | 1 |
| | 52233 | 0 | 5 | 5 |
| | 52302 | 1 | 2 | 3 |
| | 52314 | 0 | 2 | 2 |
| | 52401 | 2 | 5 | 7 |
| | 52402 | 2 | 6 | 8 |
| | 52403 | 1 | 9 | 10 |
| | 52404 | 0 | 4 | 4 |
| | 52405 | 0 | 2 | 2 |
| | 52406 | 0 | 1 | 1 |
| Louisa | 52653 | 0 | 1 | 1 |
| | 52737 | 1 | 0 | 1 |
| Lucas | 50049 | 1 | 2 | 3 |
| Lyon | 51237 | 0 | 1 | 1 |
| | 51240 | 0 | 1 | 1 |
| | 51241 | 0 | 1 | 1 |
| | 51246 | 1 | 3 | 4 |
| Madison | 50072 | 1 | 0 | 1 |
| | 50240 | 0 | 1 | 1 |
| | 50273 | 1 | 0 | 1 |
| Mahaska | 50207 | 0 | 2 | 2 |
| | 52501 | 0 | 1 | 1 |
| | 52577 | 1 | 0 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|------------|-------|----------|--------------|-------------|
| Marion | 50138 | 1 | 1 | 2 |
| | 50163 | 0 | 1 | 1 |
| | 50219 | 1 | 4 | 5 |
| | 50225 | 0 | 1 | 1 |
| Marshall | 50158 | 2 | 4 | 6 |
| | 50247 | 0 | 1 | 1 |
| Mills | 51534 | 0 | 2 | 2 |
| Mitchell | 50461 | 1 | 0 | 1 |
| | 50466 | 1 | 0 | 1 |
| | 50472 | 1 | 0 | 1 |
| Monona | 51034 | 1 | 0 | 1 |
| | 51040 | 1 | 1 | 2 |
| | 51063 | 0 | 1 | 1 |
| Monroe | 52531 | 0 | 2 | 2 |
| Montgomery | 50864 | 1 | 0 | 1 |
| | 51566 | 1 | 1 | 2 |
| Muscatine | 52761 | 2 | 5 | 7 |
| O'Brien | 51046 | 2 | 0 | 2 |
| | 51058 | 1 | 0 | 1 |
| | 51201 | 2 | 1 | 3 |
| | 51245 | 1 | 1 | 2 |
| | 51346 | 2 | 0 | 2 |
| Osceola | 51249 | 0 | 1 | 1 |
| Page | 51601 | 1 | 1 | 2 |
| | 51632 | 1 | 1 | 2 |
| Palo Alto | 50536 | 1 | 2 | 3 |
| | 50597 | 1 | 0 | 1 |
| | 51342 | 1 | 0 | 1 |
| Plymouth | 51001 | 1 | 0 | 1 |
| | 51028 | 1 | 0 | 1 |
| | 51031 | 0 | 2 | 2 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|---------------|-------|----------|--------------|-------------|
| Polk | 50009 | 0 | 2 | 2 |
| | 50021 | 1 | 1 | 2 |
| | 50023 | 2 | 3 | 5 |
| | 50035 | 0 | 1 | 1 |
| | 50111 | 0 | 1 | 1 |
| | 50124 | 0 | 1 | 1 |
| | 50131 | 1 | 2 | 3 |
| | 50226 | 0 | 2 | 2 |
| | 50265 | 0 | 2 | 2 |
| | 50266 | 2 | 12 | 14 |
| | 50306 | 1 | 0 | 1 |
| | 50309 | 4 | 8 | 12 |
| | 50310 | 3 | 3 | 6 |
| | 50312 | 0 | 6 | 6 |
| | 50314 | 4 | 7 | 11 |
| | 50315 | 1 | 3 | 4 |
| | 50316 | 2 | 1 | 3 |
| | 50317 | 1 | 2 | 3 |
| | 50320 | 1 | 0 | 1 |
| | 50322 | 3 | 4 | 7 |
| 50324 | 0 | 2 | 2 | |
| 50325 | 2 | 3 | 5 | |
| 50327 | 1 | 1 | 2 | |
| Pottawattamie | 51501 | 2 | 9 | 11 |
| | 51502 | 0 | 1 | 1 |
| | 51503 | 1 | 11 | 12 |
| | 51521 | 1 | 0 | 1 |
| | 51553 | 0 | 1 | 1 |
| | 51566 | 0 | 1 | 1 |
| | 51576 | 0 | 1 | 1 |
| Poweshiek | 50112 | 1 | 5 | 6 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|-----------|-------|----------|--------------|-------------|
| Poweshiek | 50171 | 0 | 1 | 1 |
| | 52211 | 0 | 1 | 1 |
| Ringgold | 50845 | 1 | 0 | 1 |
| | 50854 | 3 | 1 | 4 |
| | 52804 | 0 | 1 | 1 |
| Sac | 50583 | 0 | 4 | 4 |
| | 51450 | 0 | 2 | 2 |
| | 51458 | 1 | 0 | 1 |
| Scott | 52722 | 1 | 6 | 7 |
| | 52726 | 0 | 1 | 1 |
| | 52753 | 0 | 1 | 1 |
| | 52801 | 1 | 1 | 2 |
| | 52802 | 0 | 1 | 1 |
| | 52803 | 2 | 4 | 6 |
| | 52804 | 0 | 4 | 4 |
| | 52806 | 1 | 5 | 6 |
| | 52807 | 1 | 6 | 7 |
| Shelby | 51530 | 1 | 0 | 1 |
| | 51531 | 1 | 0 | 1 |
| | 51537 | 1 | 1 | 2 |
| | 51570 | 1 | 0 | 1 |
| Sioux | 51023 | 0 | 3 | 3 |
| | 51027 | 0 | 1 | 1 |
| | 51041 | 1 | 0 | 1 |
| | 51234 | 1 | 0 | 1 |
| | 51247 | 1 | 3 | 4 |
| | 51250 | 2 | 2 | 4 |
| Story | 50010 | 4 | 6 | 10 |
| | 50011 | 0 | 1 | 1 |
| | 50014 | 1 | 0 | 1 |
| | 50124 | 0 | 1 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|------------|-------|----------|--------------|-------------|
| Story | 50161 | 0 | 1 | 1 |
| | 50201 | 0 | 1 | 1 |
| | 50244 | 0 | 1 | 1 |
| | 50248 | 0 | 2 | 2 |
| | 50278 | 0 | 1 | 1 |
| Tama | 50675 | 0 | 1 | 1 |
| | 52339 | 0 | 2 | 2 |
| | 52342 | 1 | 1 | 2 |
| Taylor | 50801 | 1 | 0 | 1 |
| | 50833 | 0 | 1 | 1 |
| | 50851 | 0 | 1 | 1 |
| Union | 50801 | 0 | 1 | 1 |
| Van Buren | 52565 | 0 | 1 | 1 |
| Wapello | 52501 | 3 | 3 | 6 |
| | 52553 | 0 | 1 | 1 |
| Warren | 50047 | 1 | 1 | 2 |
| | 50125 | 1 | 3 | 4 |
| | 50211 | 0 | 1 | 1 |
| Washington | 52247 | 1 | 0 | 1 |
| | 52327 | 0 | 1 | 1 |
| | 52353 | 2 | 3 | 5 |
| | 52356 | 0 | 1 | 1 |
| Wayne | 50060 | 1 | 0 | 1 |
| | 50123 | 2 | 1 | 3 |
| | 50147 | 1 | 0 | 1 |
| | 52590 | 1 | 0 | 1 |
| Webster | 50501 | 3 | 6 | 9 |
| | 50530 | 0 | 2 | 2 |
| Winnebago | 50424 | 1 | 0 | 1 |
| | 50436 | 1 | 0 | 1 |
| | 50450 | 1 | 0 | 1 |

Medicaid and Family Planning Program Clinics by County and Zip Code

| County | ZIP | Attested | Non-Attested | Grand Total |
|--------------------|-------|------------|--------------|-------------|
| Winneshiek | 52101 | 1 | 2 | 3 |
| | 52132 | 0 | 1 | 1 |
| Woodbury | 50155 | 0 | 1 | 1 |
| | 50501 | 0 | 1 | 1 |
| | 51004 | 1 | 0 | 1 |
| | 51016 | 1 | 0 | 1 |
| | 51039 | 0 | 1 | 1 |
| | 51101 | 4 | 2 | 6 |
| | 51103 | 0 | 1 | 1 |
| | 51104 | 1 | 6 | 7 |
| | 51105 | 3 | 2 | 5 |
| | 51106 | 2 | 4 | 6 |
| Worth | 50459 | 1 | 0 | 1 |
| Wright | 50071 | 1 | 0 | 1 |
| | 50421 | 1 | 0 | 1 |
| | 50525 | 0 | 2 | 2 |
| Grand Total | | 247 | 520 | 767 |

Cleaning Methods

Step 1: Filter to only include Iowa providers (Filter by 'IA' in column G)

Step 2: Filter 'Provider_Specialties_Description' to only include 'Clinic's

Step 3: Sort by Address 2 and identify family planning service providers creating a 'FPclinic' column and for each row, indicating (0) No; (1) Yes; (2) Unsure; or (4) Duplicate; based on address

Step 4: Sort by City and check that all alike addresses are only appearing once (including different STE or SUITE numbers)

Step 5: Unfilter 'Provider_Specialties_Description' to include 'All'

Step 6: Filter 'Prov_Type' to include 'Federally Qualified Health Centers', 'Rural Health Clinics', 'Family Planning', and 'Screening Centers'

Step 7: Sort by Address 2 and identify family planning service providers continuing the 'FPclinic' column and for each row, indicating (0) No; (1) Yes; (2) Unsure; or (4) Duplicate; based on address

Step 8: Sort by City and check that all alike addresses are only appearing once (including different STE or SUITE numbers)

Step 9: Unfilter 'Prov_Type' to include 'All'

Step 10: Filter by 'FPclinic' to include '1'

Step 11: Sort by Address 2 and identify duplicate addresses and recode 'FPclinic' as needed ((0) No; (1) Yes; (2) Unsure; or (4) Duplicate)

Step 12: Sort by City and double check addresses are not duplicated

Step 13: Clean up 'Address 2' by removing STE and SUITE numbers

Step 14: Filter by 'FPclinic' to include '2'

Step 15: Look up clinics to verify they provide family planning services and recode 'FPclinics' as needed

Step 16: Filter by 'FPclinic' to include '1'

(Repeat with Non-Attested data set)

Step 17: Combine both data sets in SAS, with adding an 'Attested' indicator 'Yes' to the attested data set and 'No' to the non-attested data set

Step 18: Export combined data set into Excel

Step 19: Sort exported data set by Address 2 and City

Step 20: Remove all duplicate addresses, being careful to remove the 'Non-attested' addresses, and leaving the 'Attested' address in the data set

Step 21: Input into Tableau

Data Issues to Note:

(1) Multiple NPI numbers were affiliated with the same address;

(2) One NPI number was affiliated with multiple addresses;

(3) Addresses were duplicated across the 'Non-attested' and 'Attested' data files - in this case the clinic was counted as attested;

(4) The number of family planning services provided is unknown among each clinic, so this data does not depict the extent to which a clinic provides attested family planning services;

(5) FQHCs, RHCs, Family Planning, and Screening Center provider types were not always coded as 'Clinic' and were added in separately to both files.

Because of this, we are uncertain 'Clinic' is coded consistently among providers;

(6) Clinics whom may provide regular family planning services were considered to be: medical clinics, hospitals, family practice, internal medicine, pediatrics, OB/GYN, and general practice. Any provider distinctly labeled outside of these specialties (labs, pharmacies, anesthesia, oncology, urology, etc.) were excluded from analyses.