IOWA Health and Human Services

FWBPCWP27025
Child Protection Center Training and Consultation

October 19, 2026 – Respondent Questions and Agency Responses:
This document includes questions that were received by the Agency in response to the above identified Request for Information. These questions were received in compliance with section 2.2 *Questions and Communication About the RFI.*

	Question	Agency Response
1.	Is the Department envisioning a single statewide contract with one CPC/CAC, or could multiple providers be selected?	While multiple providers could be selected, the overall intent is to build a cohesive statewide consultation system. Expansion acknowledges that partnering with multiple CPCs/CACs may enhance geographic reach, specialty distribution, and local multidisciplinary capacity, while still achieving statewide consistency in training and consultation.
2.	Approximately how many healthcare providers does the Department anticipate needing support through the statewide network?	The exact number remains unknown because participation depends on which qualified healthcare providers choose to opt in. However, the program goal is to create a strategically distributed statewide provider network so children can access evaluations closer to home. The emphasis is on ensuring coverage rather than hitting a target number.
3.	Is there an anticipated timeframe for issuing the solicitation following this RFI?	This has not yet been determined. This is consistent with the Agency's current phase of exploring consultation models, determining system needs, and assessing the capacity of CPCs/CACs to lead a statewide medical consultation network.

4.	Are there any existing Agency-designated systems or published reporting requirements that respondents should consider when recommending how provider training records, training evidence, and refresher status would be administered? If so, please identify the relevant systems or requirements, or direct us to the applicable published documentation.	Currently, there is not a system in place. Since the envisioned model includes standardized training, credential tracking, ongoing consultation, and refresher requirements, the Agency anticipates co-developing a unified documentation system with the selected CPC/CAC to ensure statewide consistency.
5.	Will the proposed Training and Consultation program include all 11 categories of child abuse under Iowa law, or will the program narrow its focus to prioritize specific types of child abuse?	All 11 categories will be included. This aligns with the intent to build a comprehensive, trauma-informed statewide network capable of addressing the full spectrum of child maltreatment medical assessments, even though some categories more frequently require forensic interviews.
6.	Can the state identify the estimated annual volume of consultations expected under the program based on current annual accepted for child abuse assessment volumes?	This information is currently unavailable due to historical limitations in provider availability and prioritization practices. Implementing this program is expected to increase capacity, which may lead to higher referral volumes and more consistent access statewide. The following reflects the data available for FY26 (7/1/2025-6/30/206): • CPCs/CACs completed Initial medical exams/treatment: 1,970 • Number of Child Protective Assessments completed: 26,010
7.	Has the state considered piloting the proposed program in a single Iowa DHHS Service Area to better understand recommended best practices and the financial impact to the partner to administer a quality, evidence-supported training and consultation program prior to statewide implementation?	A pilot is being evaluated. Piloting would allow the Agency to test consultation processes, provider recruitment strategies, and financial sustainability before scaling statewide.
8.	Is a nationally accredited state Chapter of Children's Advocacy Centers eligible to partner with the state to establish and maintain a	This option could be considered along with other potential partnership structures. At this stage, the Agency is exploring a range of possible models for administering a statewide

<table>
<tr><td></td><td>network of trained healthcare providers strategically located throughout Iowa under this proposed program?
An eligible state Chapter would then subcontract on a regional basis with nationally accredited CACs to identify and recruit qualified providers, deliver specialized training, and offer ongoing clinical consultation when assessment questions arise to ensure a uniform protocol across all Iowa DHHS Service Areas.</td><td>consultation network and has not determined which type of entity or organizational structure would be most appropriate.</td></tr>
<tr><td>9.</td><td>Is the proposed “ongoing clinical consultation” support limited to medical experts in the field of child maltreatment within the state of Iowa, or could the consultation network be expanded to include medical experts from both inside and outside of Iowa?</td><td>The intention of this model is to utilize the expertise of CPCs/CACs to help guide practice for medical partners within the network that would not otherwise have the child maltreatment knowledge. Decisions about whether consultation resources come from within Iowa, outside Iowa, or a combination of both will depend on what is needed to ensure timely, high-quality support for providers across the state.</td></tr>
<tr><td>10.</td><td>Has the state explored the opportunity for the CAC partner to bill a third-party payor (Medicaid) for the consultation service in addition to any potential state financial support through a direct service contract or a competitive grant funded program?</td><td>This will be reviewed as part of the financial model analysis. If allowable, billing could offset program costs and support sustainability while maintaining state oversight of training and quality.</td></tr>
<tr><td>11.</td><td>What type of abuse cases is the RFI referring to (sexual abuse, physical abuse, neglect, drug endangerment, etc.)?</td><td>All 11 categories of child abuse under Iowa law.</td></tr>
<tr><td>12.</td><td>How many children typically receive drug testing services (hair samples) through HHS each year?</td><td>The following is statewide data on children ages 0-18 years, who completed drug testing in FY26 (7/1/2025-6/30/2026):

<table><tr><th>Row Labels</th><th>Count of Client Name</th></tr></table></td></tr>
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		<table><tr><td>Hair test 5 panel</td><td>404</td></tr><tr><td>Lab Based UA 14 panel</td><td>23</td></tr><tr><td>Lab based UA 9 panel</td><td>70</td></tr><tr><td>Lab based UA 9 panel plus Alcohol</td><td>39</td></tr><tr><td>Patch 5 panel</td><td>14</td></tr><tr><td>Grand Total</td><td>550</td></tr></table> These services fall under a separate drug-testing contract.
13.	What is the anticipated number of exams and/or consultations HHS believes the agency will need to provide?	See the answer to question 6.
14.	Does HHS anticipate a higher referral/consultation rate from different areas of the state?	Yes. Referral patterns correlate directly with child population distribution and regional demand.
15.	In select areas of the state, the current HHS practice is to seek consultation from providers in some physical abuse and neglect cases, by sharing photos with a provider and the provider offers opinions over the phone. Will this practice continue to occur?	While this process may continue where appropriate, the network aims to reduce reliance on photo-only consultations by increasing access to trained medical providers capable of conducting comprehensive exams.
16.	Do you anticipate the overseeing organization will provide all of the education or will this be split amongst the CACs?	This depends on which entity/entities is contracted. The structure could involve a single organization providing statewide training or a shared model where multiple CPCs/CACs deliver training based on an approved standardized curriculum.
17.	Do you want the CACs to develop and train additional providers across the state?	Yes. Building provider capacity is a core component of the program. CPCs/CACs are expected to identify, train, and support a distributed network of qualified healthcare providers.
18.	Does HHS anticipate the providers will complete a screening exam or full medical exam for child maltreatment?	For purposes of this RFI, a medical evaluation (screening exam) refers to an evaluation conducted to assess child

		maltreatment warranted by presenting injuries or medical risk factors. A medical evaluation could include a full medical exam.
19.	How will HHS determine which provider to refer cases to?	Referrals will prioritize geographic proximity, reducing travel burdens for families. Parent choice of provider remains protected.
20.	Does the selected agency(ies) need the ability to utilize telehealth services?	Yes. Telehealth capability is essential to: • increase access for rural areas • support real-time clinical consultation • reduce provider travel burdens • ensure timely case review