

Chapter 21: Healthy Start Services

INTERCONCEPTION/PRECONCEPTION (IC/PC) SERVICES

Introduction

Promoting preconception health can potentially improve women's health and pregnancy outcomes. Evidence-based interventions exist to reduce many maternal behaviors and chronic conditions that are associated with adverse pregnancy outcomes such as tobacco use, alcohol use, inadequate folic acid intake, obesity, hypertension, and diabetes. The 2006 national recommendations to improve preconception health included monitoring improvements in preconception health by maximizing public health surveillance (CDC. Recommendations to improve preconception health and health care—United States: a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006; 55[No. RR-6]).

For the purpose of the HSSGs, interconception and preconception will be considered one in the same. IC/PC services are provided to women who have had a pregnancy and are at high risk of having a poor birth outcome for a subsequent pregnancy. Reasons for a high risk determination could be a previous fetal or infant loss; a low birth weight or pre-term baby; a chronic disease; such as hypertension, obesity or diabetes, previous pre-eclampsia or eclampsia, previous gestational diabetes; substance use or abuse; depression; or any other condition that could result in a poor birth outcome. Services should be offered in a cultural and linguistically appropriate manner. Care coordinators should consider each participant's specific needs and offer education and services tailored to the presenting issues of the participant.

Definition of Service

Interconception/Preconception (IC/PC) services require a partnership between a Healthy Start participant, others providing ancillary services and the Healthy Start service providers working to support healthy environments and life style choices. IC/PC services provide comprehensive information and education related to the optimal health status needed by any eligible woman of reproductive age to improve the birth outcome of a potential subsequent pregnancy. This service includes information on access to care, baby spacing, reproductive health and family planning, nutrition, physical activity, maternal infections, chronic health conditions, substance use and abuse, smoking, mental health, and environmental risk factors. A minimum level of IC/PC services should include:

- An initial contact and an initial assessment;
- A face-to-face contact each month for the first three months of service;
- A face-to-face or telephone contact each month thereafter;
- At the initial visit a written plan of care shall be developed in partnership with the Healthy Start participant;
- The plan shall identify the participant's goals;

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- The written plan of care is to be reviewed monthly for the duration of service provisions. Progress and assistance provided shall be documented and the plan of care shall be modified as needed.

Eligibility Criteria for Interconception Services

An eligible woman is defined as any woman who is no longer pregnant but is capable of becoming pregnant in the future and is at high risk for a subsequent poor birth outcome (maternal or infant). Women may be eligible for interconception services for up to eighteen months postpartum. Interconception services can be provided to participants one-on-one, in groups, or in a classroom setting. The location and time of services should meet the needs of the participants to encourage and support consistent attendance. Examples of who would be eligible:

- Any woman who has delivered a baby who was admitted to the intensive care unit;
- A woman who was classified as high risk in the Healthy Start system
- A woman who has had two or more miscarriages
- A woman with a fetal loss in the second or third trimester;
- A woman with a chronic disease, i.e. hypertension, diabetes, lupus
- A woman using or who has a history of using / abusing opioids, cocaine, heroin or other illegal substances

Communication and Language Assistance

Provide quality care that is responsive to diverse cultures, appropriate for healthy literacy levels, and presented in the preferred language of the participant.

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Standards and Criteria

Standard 21.1 Healthy Start IC/PC services will be offered to all participants who are determined to be at high risk of a poor birth outcome in a subsequent pregnancy. This assessment may be made through the care coordination process, a referral from a medical professional or other community agency or a request for assistance from the participant.

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21.1.a Services are based on participant's needs and local resources.

21.1.b Services will be provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

21.1.c With the participant's approval, fathers, significant others, and other household members are encouraged to participate in any educational opportunities.

21.1.d Services include the following components:

- An assessment of needs that identifies the risk and protective factors which can impact the health of mother and baby in a subsequent pregnancy. The assessment at a minimum shall include:
 - Review of past pregnancies and outcomes
 - Chronic conditions
 - Calculation of a BMI (Body Mass Index)
 - Review of dietary intake (vegetables, protein, carbohydrates and fats consumed in appropriate amounts)
 - Contraceptive use
 - Breast or bottle feeding (if not a loss)
 - Infant sleeping arrangements
 - Home environment: # of household members and relationships, electricity, plumbing, walking areas, etc
 - Transportation
 - Medical home
 - Substance use (illicit, prescription, tobacco and / or alcohol)
- Development of a plan of care that identifies the goals and strengths, and potential challenges, of the participant

The plan of care, at a minimum, shall include:

- Education and counseling consistent with the assessment and plan of care
- Established scheduled evaluation periods to assess progress
 - Referrals based on the plan of care
 - Referral follow up documentation

21.1.e Providers of IC/PC education and counseling services assure classes and support services are prevention-based and adaptable to reflect participant needs.

21.1.f The duration of available services should be up to eighteen months after delivery or infant loss.

Standard 21.2 IC/PC services will be accurately coded in the Health Management System (HMS) or in another DOH approved data collection system in a timely manner.

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Criteria:

21.2.a Coding complies with the requirements of Department of Health Publication DHP 50-20.

21.2.b Coding for IC/PC services are:

- The interconception program components #22 or #32, or
- The infant service description #8013

Standard 21.3 IC/PC services will be documented in the participant's Healthy Start record.

Criteria:

21.3.a Documentation of services is recorded in the record of the participant receiving services.

21.3.b Documentation occurs in other components of the record such as the family support plan, as appropriate.

Standard 21.4 IC/PC services will be provided by qualified and trained Healthy Start staff.

Criteria:

21.4.a Qualifications and services are met as outlined in this chapter and as specified in rule 64F-3.006, F.A.C.

21.4.b Up-to-date knowledge of topics related to IC/PC services, such as:

- The reasons why baby spacing is important
- Healthy weight and good nutrition
- Folic Acid intake
- Exercise
- Types of chronic diseases that may negatively impact the health of a pregnancy and infant
- Substance use and abuse (prescribed, non-prescribed, alcohol and tobacco)
- Other health promotion referral and education topics that are unique to individual participants such as but not limited to, domestic violence, injury prevention or mental health services
- Additional IC/PC information may be found at the CDC Preconception web site:
<http://www.cdc.gov/preconception/freematerials-clinical.html> .

Guidelines

IC/PC services can be provided in a clinic or other sites such as home, school, church, library, or other community settings. The content, method, and location for services should be tailored to meet the needs of the participant. The method of service delivery can be provided in three ways:

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1. One-on-one in a location that is convenient for the participant such as the clinic, home, school, work place or community setting.
2. Education and counseling support groups that empower participants. Leaders should have experience facilitation support groups and able to promote group sharing of participant experiences and knowledge. The leader provides facilitation services based on the needs of participants. These groups meet on a regular basis, with the frequency and length of time decided by the leader and the participants.
3. A formal or educational group format. A formal or educational group format differs from the education and counseling format in that the group has a fixed curricula on a specific topic provided in a set number of sessions.

Incentives such as transportation, childcare, or completion certificates may be necessary to encourage consistent participation in classes. The curriculum content should be designed to provide participants with the information and education related to the optimal health status needed by any woman to improve the birth outcome of a potential pregnancy. This service includes information on, but is not limited to:

- Baby spacing
- Nutrition
- Physical activity
- Healthy weight
- Infections
- Oral health care
- Chronic health problems
- Substance use and abuse
 - Smoking
 - Alcohol
 - Prescribed opioids
 - Illegal substances
- Mental health
- Environmental risk factors
- Access to care
- Family planning / reproductive health planning

IC/PC services include the following structural components: presentation, demonstration activity with participant, follow-up, and feedback to assess understanding by the participant. Linkages with other service providers in the community should be maintained to improve the quality of service provision. Communication between service providers shall include:

- Consent for routine release of protected health information (DH 3206), or other appropriate form as determined by the agency's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others.
- Referrals to outside sources to assist the participant and family in accessing services in the community. (An excellent resource for information is the Family Health Line at 1-800-451-2229.)

- Documentation of unmet family needs to be addressed by the care coordinator, or, if system related, this information should be shared with the Healthy Start coalition.
- Review the sharing of accomplishments and progress on goals identified during the family support plan with the care coordinator and other interdisciplinary members.

Provider Qualifications

Services are provided by Healthy Start staff who has met the training qualifications of their local coalitions. If a participant is referred for additional services such as substance abuse treatment, mental health counseling, or clinical medical services, the care coordinator must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

Database Coding

Each Healthy Start service should be coded in accordance with approved protocols and procedures. Healthy Start coding is to be entered into the HMS electronic medical records system or other approved data collection system. Chapter 14 of the Healthy Start Standards and Guidelines on "Healthy Start Coding" provides more specific information on coding, including coding for referrals and follow-ups. A list of codes can also be found in the Department of Health "Personal Health Coding Pamphlet" (DHP 50-20) which can be found on website:

http://dohiws.doh.ad.state.fl.us/Divisions/Planning_Evaluation/HMS/SIGInfo/HMC/DocumentationHMC/DHP50_20.pdf

Codes are entered into HMS by participant name. No group coding is allowed. If a provider meets with two or more Healthy Start participants at the same time (groups or classes), codes are entered individually for each participant who was present. Coding in HMS consists of the following entities:

Program Component (called "Pgm" in HMS). This defines the Healthy Start participant. Each participant will fall into one of these three categories: prenatal woman, infant/child, or interconceptional care. The program component is connected to funding sources.

Service Codes (called "Service Description" in HMS). This defines the type of service the participant receives from the Healthy Start provider(s). Only codes approved for Healthy Start program use are to be entered. They are:

- The Interconception Program Component 22 and 32, all Service Descriptions, or
- The Infant Program Component 30 and 31, Service Description 8013.

Interconception services for Healthy Start contract deliverables can only be delivered to women who are no longer pregnant and are at high risk of a subsequent poor birth outcome. The only time interconception services (8013) would be coded under the prenatal service component is during the eight week post-partum period before a prenatal client is closed to Healthy Start. Services coded under the Prenatal Program Component (8013) will not be included in the contract deliverables for ICC services.

Coding Units of Service. Code one unit for every 15 minutes of service provided. Include all work time relating directly to the participant encounter such as preparation time, travel time if

meeting with the participant outside of the workplace, charting time, time spent on referrals and working with other agencies on participant's behalf, and direct time meeting or speaking with the participant.

Service Locations. Provides information on where the Healthy Start service was provided.

Provider name (called "Svc By" in HMS). The name of the Healthy Start provider who actually provided the service is entered here.

Quality Management (QM) / Performance Improvement (PI) Performance Measures

IC/PC services are designed as a preventive strategy to empower women and families to reduce risk factors that may affect the health and well-being of the mother and child, and that of any future children. Evaluation of services should include outcomes that address:

- Access to and utilization of preventative health services by the family.
- Ability to access community resources and build on their own strengths.
- Subsequent pregnancy intervals.
- Reduction of unhealthy behaviors.
- Reduction of environmental risk factors.

Methods to evaluate process outcomes for effectiveness of IC/PC education and counseling services include the following:

- Verification of improvement of original Healthy Start risk factors or their underlying causes.
- Chart review for documentation of presentation, demonstration activity with participant, follow-up, and communication with the Healthy Start care coordinator.
- Observation of service provision.
- Random interviews with participants.
- Can show knowledge with survey, but must have pre-test and post-test to show gain in knowledge.
- Review of rates of participation and program completion by families.
- Review of participant satisfaction surveys.
- Review of service delivery methodology.
- Review for needed improvements to the service delivery format.
- Incidence of subsequent pregnancy <18 months post-delivery.

