

Chapter 28: Healthy Start System Assurances

Introduction

Responsibility for the assurance of a coordinated Healthy Start system resides with the local Healthy Start coalitions (or the county health department in the event there is no approved local Healthy Start service delivery plan). There is only one coalition approved by the Department of Health (DOH) for a coalition's service area. This approval is based on receipt of an acceptable application from all interested individuals and organizations in the area that have joined together to submit one application for a common service area. Continued approval is contingent on coalition performance and on compliance with the department's contract with the coalition. Requests for Proposals (RFPs) may be issued by the DOH requiring coalitions to re-apply for approval.

The coalition's responsibilities include assessing the maternal and child health care needs of its area, developing a five-year community-based service delivery plan and an action plan, determining a priority application of Healthy Start funds based on these plans, and assuring that the Healthy Start system infrastructure is developed and maintained and that an internal and external quality management/program improvement system is implemented. The following standards and criteria were developed under the authority of Florida statute and Florida Administrative Code and guide the accountability of Healthy Start coalitions and service providers for delivering services in compliance with these standards.

Standards and Criteria

The coalition determines the allocation of service delivery funds based on its five-year service delivery plan and annual action plan update. It is recognized that state funds are inadequate to provide all services and communities must decide which services must be provided. It may be possible to provide services beyond the scope described in these standards when: 1) these standards have been met either through the use of Healthy Start funds or through the use of other resources, or 2) Healthy Start participant needs are met by other community services.

The Healthy Start coalition¹ will assure that the following standards and criteria are met.

Standard 28.1 A coordinated, comprehensive Healthy Start system will be maintained in each coalition's area, as resources allow.

Criteria:

28.1.a A data-driven and evidence-based service delivery plan is developed and updated by the Healthy Start coalition at least every five years that includes a comprehensive assessment of maternal and child health indicators, prenatal and infant health care services, Healthy Start activities and services (as listed in 28.5 below), identification of service gaps and needs, local funding priorities, and a quality management and program improvement strategy. The service delivery plan shall provide the basis for contracting with local Healthy Start

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providers.

28.1.b All activities and services provided under contract/memorandum of agreement with any Healthy Start provider² are delivered in accordance with the standards described in Healthy Start Standards & Guidelines.

28.1.c All applicable Healthy Start services standards are specified in the contracts/memoranda of agreement between the coalition and Healthy Start providers.

28.1.d A network of providers offering Healthy Start prenatal and infant risk screening is established and maintained as described in Chapter 3, Risk Screening. This includes designation of responsibility for training of prenatal care providers and birth facility staff who are responsible for the provision of Healthy Start screening.

28.1.e Community education and public awareness activities are conducted to inform the community about the Healthy Start system, its services, target populations, and accomplishments.

28.1.f An annual action plan update is developed, approved by the coalition, and disseminated to the community and the Department of Health regarding the Healthy Start system and services, which indicates the status of the service delivery plan and documentation of progress toward achievement of coalition goals.

28.1.g All activities and services are provided with sensitivity to cultural, language, educational, and accessibility needs.

Standard 28.2 All Healthy Start providers and administrators will be adequately trained and prepared to fulfill their responsibilities related to Healthy Start.

Criteria:

28.2.a Qualifications as outlined in these Standards & Guidelines and as specified in rule 64F-3.006(4), F.A.C.

28.2.b Competency and up-to-date knowledge are maintained including the utilization of training and technical assistance provided by the Department of Health.

28.2.c Training materials provided by the Department of Health and locally adapted resources are used.

28.2.d Pre-service and ongoing training is provided locally.

Standard 28.3 The Healthy Start screening infrastructure will be maintained.

Criterion:

Adequate staff and resources to comply with the standards as described Chapter 3, Risk Screening, and in rules 64F-3.002 (1) through (6) F.A.C. are maintained.

Standard 28.4 Quality data will be generated from all Healthy Start providers at the local level for Healthy Start screening and services funded by Healthy Start.

Criteria:

28.4.a Completeness and accuracy of screening instruments are maintained.

28.4.b Healthy Start screening reports are reconciled with local program/participant information.

28.4.c Completeness, timeliness, and accuracy of HMS coding of service data are ensured.

28.4.d Completeness, timeliness, and accuracy of data entry are ensured.

28.4.e State service data reports are reviewed to identify and resolve discrepancies.

28.4.f Needed training is requested and provided in a timely manner.

Standard 28.5 Allocation of Healthy Start service delivery funds will be prioritized and based on community need service delivery planning and decision making at the coalition level.

Criterion:

These are the range of services that may be provided using Healthy Start funds based on the service delivery plan and community needs:

- Outreach to identify potential participants and assure access to prenatal and child health care;
- Outreach to providers to ensure provision of care to the uninsured;
- Provision of prenatal care for all pregnant women with assurance that all other community or insurance resources have been exhausted³;
- Prenatal Care Supportive Services that include PEPW determination, SOBRA enrollment, case management, and outreach such as:
 - ³/₄ Provider education and distribution of the simplified application for pregnant women eligible for SOBRA Medicaid coverage;
 - ³/₄ Organization and implementation of a SOBRA choice counseling and case management system either directly or through contract with a qualified agency;
 - ³/₄ Hospital visits to follow up on births of babies to help identify potential participants and enhance family planning and well-baby checks;
 - ³/₄ Community visits to locations frequented by women of childbearing age who may be pregnant but unable to access care (e.g. migrant neighborhoods, community centers);

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- ¾ Community education activities as outlined in the Healthy Start Standards & Guidelines;
- ¾ Free pregnancy testing and information, referral and assurance that pregnant women get into prenatal care and non-pregnant women get into family planning if needed.
- Development and maintenance of a screening infrastructure, including educating providers of the requirement to screen.
- Implementation of risk appropriate care based on levels of care and intensity of services included in the Medicaid Waiver;
- Comprehensive care coordination including:
 - ¾ Initial contact;
 - ¾ Initial assessment;
 - ¾ Ongoing care coordination;
 - ¾ Other Healthy Start services based on the community needs assessment (including Fetal and Infant Mortality Review findings, where available);
 - ¾ Childbirth education;
 - ¾ Parenting;
 - ¾ Tobacco cessation education;
 - ¾ Nutrition counseling;
 - ¾ Psychosocial counseling;
 - ¾ Breastfeeding education and support;
 - ¾ Interconception education and counseling;
 - ¾ Other family supportive services based on the needs assessment and service delivery plan after the above have been adequately assured.

Standard 28.6 Prioritization of service delivery will be evident in the local Healthy Start system.

Criterion:

Prioritization requirements are reflected in the coalition service delivery plan and contracts/memoranda of agreements. Service prioritization and identified target population are based upon:

- Assessment of maternal and child health indicators, risk factors, and need within the service delivery area;
- Consideration of public health priority populations such as substance abusing

pregnant women, substance exposed children, and HIV and/or Hepatitis B positive mothers and children;

- Availability of other community resources to offset the risks and needs;
- Services corresponding to identified risk factors that are likely to have a positive impact on targeted outcome indicators.

Standard 28.7 All Healthy Start providers will account for the use of the Healthy Start funds that are awarded to them.

Criteria:

28.7.a Providers maintain ledgers, records, and documents that sufficiently and accurately reflect all expenditures of Healthy Start funds.

28.7.b Providers submit expenditure reports to the coalition at a minimum annually, or as specified under contract.

Standard 28.8 An ongoing quality management and program improvement mechanism for the delivery of Healthy Start services and maintenance of the Healthy Start system will be implemented.

Criteria:

28.8.a Each Healthy Start coalition and provider has an ongoing quality management and program improvement system in accordance with the standards listed in Chapter 30, "Quality Management/Program Improvement (QM/PI) for Healthy Start Providers and Coalitions."

28.8.b Coalitions monitor the provision of Healthy Start services through the review of provider reports and on-site visits, including a review of participant records, at least annually and more frequently if needed.

28.8.c Coalitions assure Healthy Start services are provided according to the local service delivery plan, written agreements between the Department of Health and the Department of Children and Families, and chapters 64F-2 , and 64F-3, Florida Administrative Code.

28.8.d Coalitions provide feedback (on outcome of the quality management/program improvement process, including the development and implementation of a performance improvement plan when appropriate) to the coalition board of directors, Healthy Start providers, and providers of Healthy Start screening.

28.8.e Coalitions assure that information from the quality management/program improvement process is used in the planning and decision-making for annual action plan updates and service delivery plan updates.

28.8.f Coalitions may complete a self-assessment using the Healthy Start Coalition Assessment Tool (see Appendix G) to identify strengths, weaknesses, and potential areas for improvement as part of their service delivery plan update.

Standard 28.9 Providers of services funded by Healthy Start will collect and enter or forward for entry accurate service information for the Health Management System (HMS) in a timely manner.

Criteria:

28.9.a Coding complies with the requirements of the Department of Health publication DHP 50-20.

28.9.b The Healthy Start Coalition assures adequate staffing and resources necessary to support and maintain the data entry system in county health departments.

Standard 28.10 Collaborative working relationships and agreements among community service providers will be developed and maintained.

Criteria:

28.10.a Activities among community providers serving Healthy Start participants including joint projects, collaborative funding, meetings, etc. are documented.

28.10.b Written agreements are developed to include, at a minimum, agreements with the following:

- Children's Medical Services Early Steps;
- Neonatal Intensive Care Units (NICUs);
- Children's Medical Services Regional Perinatal Intensive Care Centers (RPICCs) for high risk pregnant women;
- Children's Medical Services for Children with Special Health Care Needs;
- The Department of Children and Families for pregnant substance abusing women and substance exposed children;
- County health departments in the event the county health department is not the sole provider of care coordination; and
- Healthy Families Florida Program for families at risk of child abuse and neglect.

Documentation

The achievement of the standards outlined in this chapter are documented in the materials submitted by the Healthy Start coalition to its Department of Health contract manager.

References

§ 383.216, Florida Statutes.

Chapter, 64F-2, F.A.C., *Healthy Start Coalitions*.

Chapter 64F-3, F.A.C., *Healthy Start Care Coordination*.

Chapter 64C-7, F.A.C., *Prenatal and Postnatal Risk Screening and Infant Screening for Metabolic, Hereditary, and Congenital Disorders*.

Department of Health Publication DHP 50-20.

Agreement Between the Department of Children and Families and the Department of Health (January 1997).

Florida's Healthy Start Prenatal Risk Screening Instrument (DH 3134).

Florida's Healthy Start Infant (Postnatal) Risk Screening Instrument (DH 3135). *Healthy Start, A Guide to Coalition Development*, Healthy Beginnings Program, USF College of Public Health, DHRS State Health Office and Medicaid Program Office, 1991.

¹ In the event there is no approved service delivery plan, the county health department will assure the Healthy Start system is implemented as outlined in the standards.

² A Healthy Start provider is a service provider funded by a coalition to deliver Healthy Start services specified in the coalition service delivery plan. These standards govern the services provided with Healthy Start funds.

³ Access to primary health care for uninsured children whose families are unable to afford services is facilitated by the provider of Healthy Start care coordination.

NOTES:
