

Chapter 9: Healthy Start Core Services

Interconception Education and Counseling (ICC) Services

Introduction

Interconception education and counseling works to improve a woman's health between pregnancies in an attempt to increase her chances of having a positive pregnancy outcome in the future. As part of the Healthy Start Program, "Interconception Education and Counseling" services (code 8013) will be provided to all participating women who are capable of becoming pregnant in the future. "Interconception Education and Counseling" services (code 8013) are provided over four face-to-face visits beginning in the woman's third trimester and continuing into the postpartum period.

This chapter discusses the standards and guidelines for a Healthy Start worker providing ICC services. Only qualified Healthy Start workers following the ICC pathway as laid out in the Guidelines section of this chapter face-to-face with the participant will be able to code 8013, "Interconception Education and Counseling".

Definition of Services

ICC 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 subsequent pregnancy. Interconception services assist in the advancement of women's health by providing support for healthier environments and lifestyles. This service includes information on access to care, baby spacing, reproductive health and family planning, basic nutrition, physical activity, maternal infections, chronic health conditions, substance use, risk factors associated with smoking, mental health, and environmental risk factors.

Provider Qualifications

The Healthy Start ICC provider must have, at a minimum, meet the qualifications and competencies as specified in Chapter 6, The Healthy Start Program. In addition, the Healthy Start worker must have the following competencies:

- Successful completion and documentation of receiving specialized training in using the ICC Pathway including the *Interconception Care Curriculum for the Healthy Start Program*, One Key Question® and the Show Your Love reproductive life plans;
- Successful completion and documentation of receiving specialized training in using the Edinburgh Postnatal Depression Scale and perinatal depression pathway; and
- Knowledge of:
 - Local community resources for health, education, and social services;

- Interconception health concepts;
- Basics of a healthy lifestyle;
- Cultural health beliefs;
- Other health promotion referral and education topics that are unique to the individual participant such as, but not limited to, intimate partner violence, chronic disease management, substance use and mental health services.

ICC services must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Paraprofessionals must receive the required training and provide services under the supervision of a professional supervisor. If a participant is referred for additional services such as substance abuse treatment, mental health counseling, a domestic violence advocate or clinical medical services, the Healthy Start worker must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

Standards and Criteria

Standard 9.1 Healthy Start ICC services will be provided to all prenatal participants, mothers of infant/child participants and interconception women participants.

Criteria:

9.1.a Level of service is based upon the participant's risk and needs identified on the Prenatal/Infant Risk Screen, the Show Your Love plan and from information obtained during the initial intake, initial assessment and/or ongoing care.

9.1.b With the participant's approval, the father or the expectant father, significant others, and other household members are encouraged to participate in the education process.

9.1.c Interconception education and counseling follows the established curriculum, *Interconception Care Curriculum for the Healthy Start Program*, and includes topics described in the Guidelines section of this chapter.

9.1.d ICC services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>

Standard 9.2 ICC services will be provided by qualified and trained providers.

Criteria:

9.2.a Qualifications are met as outlined in this chapter.

9.2.b ICC services shall be provided by individuals who have documentation of receiving specialized training in the administration of the *Interconception Care Curriculum for the Healthy Start Program* approved by the Department of Health.

9.2.c Competency and up-to-date knowledge related to ICC topics is maintained.

Standard 9.3 Providers of ICC services will initiate services in the prenatal participant's third trimester.

Criteria:

9.3.a ICC services will be initiated during the third trimester of pregnancy unless the need for more immediate initiation of services is evident.

9.3.b If a woman enters into Healthy Start postpartum, as the mother of an infant/child referred to Healthy Start (program component 30/31), or as an Interconception Woman (program component 22/32), ICC services will be initiated within 30 calendar days after receipt of referral.

9.3.c If a woman is receiving prenatal Healthy Start services and has a loss in her first or second trimester, ICC services will be initiated within 30 calendar days postpartum.

Standard 9.4 Healthy Start workers will respond to any additional identified needs.

Criteria:

9.4.a Additional identified needs are directly addressed by the Healthy Start worker. The participant's need, intervention provided and, when appropriate, follow-up for any referrals given are documented in the person's record.

9.4.b Follow-up of any referrals for additional services must occur at a minimum of every 30 calendar days unless the need for more immediate follow-up is evident or unless specifically stated otherwise for a particular service outlined in the Standards and Guidelines.

Standard 9.5 Providers of ICC services will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

9.5.a Coding complies with the requirements of the Department of Health Publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

9.5.b In order to code "Interconception Education and Counseling" (code 8013), the ICC service MUST be provided face-to-face with the participant (program component 26/27 or 22/32) or the mother of the infant/child participant (program component 30/31).

Standard 9.6 Providers of ICC services will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

9.6.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

9.6.b In the event that services are provided to the mother on behalf of an infant/child Healthy Start participant (program component 30/31), the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

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

Standard 9.7 ICC service providers will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The CQI process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement.

Guidelines

Healthy Start prenatal participants, mothers of infant/child participants and interconception women participants enrolled in ongoing care will receive ICC services through the completion of a reproductive life plan and education from the *Interconception Care Curriculum for the Healthy Start Program*.

ICC services are provided over four visits beginning in the third trimester and continuing into the postpartum period.

Visit 1 – Third Trimester
<ul style="list-style-type: none">✓ Ask One Key Question® “Would you like to become pregnant in the next year?” using the motivational interviewing techniques learned during the One Key Question® training.✓ Based on the answer of One Key Question®, have the participant complete a Show Your Love reproductive life plan. (If she wants to become pregnant in the next year or if she is fine with becoming pregnant or not in the next year, the <i>Show Your Love Life Plan Baby-to-Be</i> will be completed. If she does not want to become pregnant in the next year or if she is unsure, the <i>Show Your Love Life Plan Healthier Me</i> will be completed.)

Visit 2 – One Month Postpartum

- ✓ Provide education using the *Interconception Care Curriculum for the Healthy Start Program* curriculum based on the goals selected on the Show Your Love plan during visit one.
- ✓ Confirm the participant has scheduled a postpartum appointment with her prenatal health care provider and assist her in overcoming any barriers that may prevent her from keeping her appointment. If she does not have a postpartum visit scheduled, offer assistance in making the appointment.
- ✓ Educate on the different forms of contraceptives.
- ✓ Provide information on community family planning services. For Medicaid participants, this should include the health care providers who accept the family planning waiver.
- ✓ Provide education on the family planning waiver if the participant is on Medicaid.
- ✓ Screen for perinatal depression using the Edinburgh Postnatal Depression Scale. See Chapter 13 Perinatal Depression Screening for additional information on screening.
- ✓ Ask if she has a primary health care provider (PCP). If she does not have a PCP, provide a list of eligible primary health care providers in the area.

Visit 3 – Two to Three Months Postpartum

- ✓ Provide education using the *Interconception Care Curriculum for the Healthy Start Program* curriculum based on the goals selected on the Show Your Love plan during visit one.
- ✓ Confirm a postpartum visit has been completed. If the participant was unable to keep her postpartum visit, assist the participant in rescheduling the appointment and help problem solve any anticipated barriers to keeping the appointment.
- ✓ Ask if the participant is using a contraceptive method. If the participant is not using contraception (and wants to use a form of contraception), assist the participant to in accessing care for this service.
- ✓ Confirm the participant has chosen a family planning provider. If not, provide information on community family planning services. For Medicaid participants, this should include the health care providers who accept the family planning waiver.

- ✓ Confirm the participant has a primary health care provider. If not, provide a list of eligible primary care providers in the area.
- ✓ Screen for perinatal depression using the Edinburgh Postnatal Depression Scale postpartum. See Chapter 13 Perinatal Depression Screening for additional information on screening.

- Visit 4 – Four to Six Months Postpartum**
- ✓ Provide education using the *Interconception Care Curriculum for the Healthy Start Program* curriculum based on the goals selected on the Show Your Love plan during visit one.
 - ✓ Ask if the participant is using a form of contraceptive and her plans for continuing use of the method. If the participant is not using contraception (and wants to use a form of contraception) or if she wants a different form of contraception, assist the participant in accessing care for this service.
 - ✓ Confirm the participant has chosen a family planning provider. If not, provide information on community family planning services. For Medicaid participants, this should include the health care providers who accept the family planning waiver.
 - ✓ Confirm the participant has a primary health care provider. If not, provide a list of eligible primary care providers in the area.

If a woman enters Healthy Start postpartum either as the mother of an infant/child (program component 30/31) or as an Interconception Woman (program component 22/32), you would follow the schedule as outlined below:

1 st Visit	At Enrollment
2 nd Visit	One Month After Enrollment
3 rd Visit	Two to Three Months After Enrollment
4 th Visit	Four to Six Months After Enrollment

ICC services will be provided using the *Interconception Care Curriculum for the Healthy Start Program*. Interconception education should include topics such as:

- Access to care
- Baby spacing

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- Body mass index and healthy weight
- Chronic health conditions that may negatively impact the health of a future pregnancy and/or child
- Contraceptive use
- Environmental risk factors
- Folic acid intake
- Infections
- Medical home
- Mental health
- Nutrition
- Oral health care
- Physical activity
- Relation between a history of poor pregnancy outcomes and future pregnancy outcomes
- Reproductive life planning
- Substance use and the effects on pregnancy and woman's health including:
 - Smoking
 - Alcohol
 - Prescribed opioids
 - Illegal substances

While following the approved curriculum, ICC services must be tailored to the unique needs, interest, experiences, language, educational level, environmental limitations, cultural patterns, capabilities and lifestyle of the participant or group. The curriculum should be adapted to meet individual or group needs and the educator should be trained to work with an adult, low-literacy population as well as with adolescents. Different cultural beliefs and ethnic differences should be considered when presenting information. An interpreter may be necessary when education is provided to non-English speaking participants.

“Interconception Education and Counseling” services (code 8013) may be provided to Healthy Start prenatal participants (program component 26/27) during their pregnancy and up to eight weeks postpartum, mothers of infant/child participants (program component 30/31), and women who have experienced a loss or had a child placed out of the home and therefore have no infant/child to which to code services (program component 22/32). The method of service delivery can be provided one-on-one or in a group format.

Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs of the participant and family can best be met. Locations for group sessions should meet the needs of the participants by encouraging and supporting attendance. Incentives such as transportation, childcare, or completion certificates may be necessary to encourage consistent participation in classes.

The ICC service provider should be familiar with the resources within the community for women's health and support and the quality of the services delivered. A list of resources on support groups, smoking cessation classes, alcohol/drug treatment programs, domestic violence shelters, health care providers, mental health providers, family planning providers and other health related services offered in the community should be available to all participants. The statewide resource for information is the Family Health Line at 1-800-451-2229.

Communication between the ICC service provider and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by Department of Health's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others;
2. Referrals to outside sources to assist the family in accessing services in the community;
3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the family support plan process with the Healthy Start worker and other interdisciplinary members.

Documentation

ICC services, or the provision of ICC services, must be documented in the participant's electronic record in the approved data management system within three business days of service. Interconception counseling and support documentation in the participant's electronic record must include progress notes documenting curriculum content of each class/session.

Coding

Healthy Start services for ICC should be coded in accordance with approved protocols and procedures for coding. Healthy Start ICC services require a specific code for service delivery. Service code 8013, "Interconception Education and Counseling", should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided discussing interconception education and counseling to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which ICC services are provided to Healthy Start participants and mothers of infant/child participants as a preventative 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.

The Healthy Start Coalition should verify that the educator continues to meet provider qualifications and has continued their training in interconception education. Details of continuing education units, workshops, and training relevant to interconception education should be documented in the providers file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Increase in the number of women who receive Healthy Start ICC services delivering a subsequent live birth of 37 to 42 weeks gestational age.
3. Increase in the number of women who received Healthy Start ICC services and delivered a subsequent baby weighing more than 2000 grams.
4. Reduction in the incidence of subsequent pregnancy interval of less than 18 months.
5. Reduction of specific unhealthy behaviors that can affect a woman's pregnancy and/or health of her future children.
6. Increase in the number of women who received Healthy Start ICC services receiving preventative health services.
7. Increase in the number of women who received Healthy Start ICC services who intake at least 400 micrograms of folic acid from fortified foods or dietary supplements daily.
8. Increase in the number of women who used contraception to plan a pregnancy after receiving Healthy Start ICC services.
9. Increase in the number of women who did not drink alcohol in the month prior to knowing about a subsequent pregnancy after receiving Healthy Start ICC services.
10. Increase in the number of women who are at a healthy weight prior to a subsequent pregnancy after receiving Healthy Start ICC services.
11. Increase in community resource utilization.

12. Increase in correct documentation in the approved data management system to show interconception education was offered and/or provided to Healthy Start participants.
13. Increase in correct coding of “Interconception Education and Counseling” (code 8013) in the approved data management system to show interconception education was provided to Healthy Start participants by qualified providers.
14. Adequate training opportunities for Healthy Start workers in the area of interconception.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

Before, Between & Beyond Pregnancy	www.beforeandbeyond.org/toolkit/
Born Drug-Free Florida	http://borndrugfreefl.com/
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/preconception/index.html
Florida Fights FASD	www.fightfasd.org/fasd-women.php
FSU Partners for a Healthy Baby Curriculum	www.cpeip.fsu.edu/PHB/
Healthy People 2020	www.healthypeople.gov/
Show Your Love Campaign	www.cdc.gov/preconception/showyourlove/
Substance Abuse and Mental Health Services Administration (SAMSHA)	www.samhsa.gov/
Tobacco Free Florida	www.tobaccofreeflorida.com/

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March of Dimes. (2016). *Folic acid*. Retrieved from www.marchofdimes.org/pregnancy/folic-acid.aspx

National Institute on Drug Abuse. (2016). *Commonly abused drugs chart*. Retrieved from www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#

Frequently Asked Questions

Q. *What distinguishes “Interconception Education and Counseling” services from the services offered through care coordination?*

A. Healthy Start “Interconception Education and Counseling” is provided by a trained Healthy Start provider using the approved interconception curriculum with approved protocols, procedures, and learning objectives. When it is general interconception information offered in a supportive manner as education or anticipatory guidance, it is considered care coordination.

If all of the following criteria are met, it is considered an enhanced service and the provider will code the services in the approved data management system under "Interconception Education and Counseling" (code 8013):

- The provider must meet the Provider Qualifications listed in this chapter.
- The service must be provided face-to-face.
- The service must be provided to the prenatal participant (program component 26/27), the Interconception Woman participant (program component 22/32) or to the mother of the infant/child participant (program component 30/31.)
- During the first ICC visit, the Show Your Love plan must be completed.
- During the second, third and final visit, the *Interconception Care Curriculum for the Healthy Start Program* must be utilized. Specific educational or supportive topics from the *Interconception Care Curriculum for the Healthy Start Program* relating to the enhanced service must be selected, presented, and listed in the participant's progress notes by the provider.

If the above requirements are not met, time spent is coded as “Care Coordination Face to Face” (code 3320) or “Care Coordination Tracking/ Not Face to Face” (code 3321), as appropriate.

Q. *What is the difference between program component 22/32 and an ICC service?*

A. Program components are used to identify populations. Program components 22/32 are used to represent an “Interconception Woman” who has had a loss (miscarriage,

stillbirth, infant death) or a child placed out of the home (adoption or removal by DCF). Program component 22/32 was created because program components 26/27 can only be used for prenatal participants which represents women who are pregnant through eight weeks after delivery and program components 30/31 can only be used when there is a baby to code services under. So, if a postpartum woman has no baby to code services under, she can receive Healthy Start services under program components 22/32.

Service codes are used to track particular services that are provided to a participant. "Interconception Education and Counseling" (code 8013) is the service code used when the participant of any Healthy Start program component receives Interconception Education and Counseling as described in the Guidelines of this chapter.

Q. *Can I code for ICC services (8013) by providing ICC services over the phone?*

A. No. "Interconception Services and Counseling" (code 8013) can only be coded when the service is provided face-to-face. If education is provided over the phone, the time should be coded to "Care Coordination Tracking/Not Face to Face" (code 3321).

Q. *Can a woman receive Healthy Start "Interconception Education and Counseling" services if she has never been pregnant?*

A. No. Women who have never been pregnant are not eligible for Healthy Start or Healthy Start "Interconception Education and Counseling" services, (code 8013).

Q. *Can a mother, who has an infant and wants ICC services, but doesn't want Healthy Start services for her infant, receive ICC services?*

A. Prenatal Healthy Start participants can receive services during their pregnancy and up to eight weeks postpartum under program component 26/27. After delivery, if she declines Healthy Start for her infant, her case would be closed by eight weeks postpartum and all Healthy Start services including ICC services would cease at closure.

Q. *Can ICC services be coded for prenatal women up to eight weeks postpartum if the mother does not want to enroll her baby in Healthy Start?*

A. Yes. ICC services can be coded to a Healthy Start prenatal participant under program component 26/27 during her third trimester and up to eight weeks postpartum. By eight weeks postpartum, her case would need to be closed and all Healthy Start services including ICC services would cease at closure.

Q. *Can a mother, who declines services for her infant, receive ICC services as an Interconception Woman (program component 22/32)?*

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- A.** No. Women who have an infant, are beyond eight weeks postpartum and who decline Healthy Start services for their infant cannot be opened under program component 22/32 in order to receive Healthy Start services including ICC services. Program component 22/32 is only for women who have had a loss (miscarriage, stillbirth, infant death) or a child placed out of the home (adoption or removal by DCF) and therefore have no infant to code services under.

Prenatal Healthy Start participants can receive services during their pregnancy and up to eight weeks postpartum under program component 26/27. After delivery, if she declines Healthy Start for her infant, her case would be closed by eight weeks postpartum and all Healthy Start services including ICC services would cease at closure.

Q. If the infant is open as a Healthy Start participant but not the mother, how would the ICC services to the mother be documented?

- A.** As stated in Standard 9.6.b, in the event that services are provided to the mother on behalf of an infant Healthy Start participant, the services are only referenced in the infant's electronic record. The actual detailed documentation occurs in the record of the person receiving the service which, in this case, is the mother.

Q. *If a hospital or another agency refers a woman to Healthy Start who had a pregnancy loss, can this woman be opened for ICC services?*

- A.** Yes. Any woman who has had a loss (miscarriage, stillbirth, infant death) or her child placed out of the home (placed for adoption or removed by DCF), is less than 18 months postpartum, has no infant/child to code services under, and is capable of becoming pregnant again can be opened as a program component 22/32 Interconception Woman and receive ICC services (code 8013) along with other Healthy Start services.

Q. *Can a woman with a tubal ligation continue to receive ICC services (code 8013)?*

- A.** No, at the time the woman is no longer able to become pregnant through female sterilization (such as a tubal ligation or a non-surgical procedure) or if she had a hysterectomy, ICC services (code 8013) would end. Other Healthy Start services may continue as long as she has an eligible infant/child to code services under.

If she does not have an eligible infant/child to code services under, she may continue to receive services under program component 26/27 through eight weeks postpartum. At that time referrals to other services outside of Healthy Start should be made and the case closed.

Q. *Can a woman receive ICC services if she had an elective abortion?*

- A.** Yes. Any woman who is no longer pregnant, is less than 18 months postpartum, has no infant/child to code services under, is capable of becoming pregnant again in the future

and is at risk for a subsequent poor birth outcome may receive Healthy Start ICC services up to 18 months postpartum under program component 22/32.

- Q. *Can a woman receive ICC services if she enters Healthy Start postpartum and not during her pregnancy?***
- A.** Yes. Women who enter Healthy Start with an infant (program component 30/31) or as an Interconception Woman (program component 22/32) are eligible for Healthy Start ICC services. The schedule of when she receives ICC services would be adjusted to:

1 st Visit	At Enrollment
2 nd Visit	One Month After Enrollment
3 rd Visit	Two to Three Months After Enrollment
4 th Visit	Four to Six Months After Enrollment

Notes
