

**Health Plus Medical Management  
Maternal and Child Health  
Policy and Procedure**

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**I. Purpose**

To facilitate health services to members before, during and after pregnancy to ensure a healthy outcome for both mother and newborn, and to provide for early identification and intervention for children in need of health services.

**II. Procedure**

Health Plus follows all NYS DOH Guidelines for Maternal and Child Health, including reporting and registration of births and other vital events.

A. Family Planning Services

1. During New Member Orientation and other outreach efforts, the member is educated as to the availability of family planning services, including the provision of an up-to-date list of providers.
  - Health Plus members are informed of the right to obtain family planning services from their choice of Medicaid providers without authorization from the health plan, or from health plan providers according to plan guidelines.
  - Child Health Plus and Family Health Plus members are informed that they may obtain family planning services within the Health Plus network according to plan guidelines.
2. The Outreach Department develops and distributes educational materials to members on family planning.

B. Maternal and Prenatal Care

Health Plus realizes that to ensure the best outcome for mother and child, early identification of the pregnant member is essential.

1. Initial Screening: A Health History Screening Form is completed by the Outreach staff on all new members (see Outreach Adult Orientation Policy and Procedure). This form includes questions on the member's health, current medications, and health risk factors. If the form indicates that the member is pregnant, the member is referred to the Health Prenatal Program (see Outreach Prenatal Newborn and Pregnancy Screening Policy and Procedure) to ensure that she is able to access prenatal care.
2. High Risk Pregnancy: Any member who is not receiving prenatal care or is identified as potential high risk is referred to the Health Services Department and the case is reviewed by a clinical staff person (Registered Nurse or CSW) for possible Case Management (see Health Services Policy: High Risk Maternity Case Management).
3. Domestic Violence Screening: Members are screened for risk of Domestic Violence during member contact with the clinical staff, and are referred to community resources as appropriate
4. The Outreach Department contacts the member and provides prenatal educational material throughout the pregnancy

5. Behavioral Health/Substance Abuse and Maternity: Members with a history of substance abuse are referred to Behavioral Health Services as appropriate to facilitate enrollment in a drug treatment program (see Health Services Policy: Coordination of Medical and Behavioral Health Services),
6. NYSDOH Reportable conditions and Pregnancy: The primary responsibility for screening pregnant members for Hepatitis B, HIV and lead poisoning and reporting positive results rests with the PCP or the OB/GYN as directed by the NYS Sanitary Code (10NYCRR 2.10a). Members are instructed as to the importance of screening for Hepatitis B, HIV and lead poisoning during Outreach Department member contact, member education programs and in educational materials provided to the member. The Quality Improvement Department conducts both QARR and internal audits of medical records; the screening tool includes a measure to check for testing of Hepatitis B, HIV and lead poisoning.
7. Providers comply with the 85.40 Regulations (see ‘Sample Provider Contract for OB/GYN). Information on appropriate counseling and testing in prenatal settings, as well as supportive services for women at risk for poor pregnancy outcomes can be obtained by accessing the following websites:
  - To access the ICSI Health Care Guideline: Routine Prenatal Care in PDF format (see page 9 – Algorithm #17) go to <http://www.healthplus-ny.org/proveducation.shtml>.
  - To link to the NYCDOH web page containing a list of the Maternity, Infant and Reproductive Health (MIRH) Program Field Offices where pregnant women may receive referrals to social services, go to <http://www.nyc.gov/html/ms/msctr.html>.

C. Infant and Child Health Plus

1. Primary Care Physicians (PCP) are expected to screen infants and toddlers for developmental delay or disability. Those children identified with a delay or disability should be referred to the Infant Child Health Assessment Program (ICHAP). Refer to the following website: <http://www.health.state.ny.us/nysdoh/eip/earlydif.htm>
2. The Health History Screening Form Completed on all new members see Outreach Pediatric Orientation Policy and Procedure) includes questions on the member’s health, including questions on developmental delay and disability. If the form indicates that the member has a developmental delay or disability, the form is referred to the Health Services Department, and the case is reviewed by the clinical staff for possible intervention.
3. Intervention includes facilitating services for the member, including
  - Referral to the PCP and/or other providers for evaluation
  - Coordination of services when Early Intervention Programs (EIP), the school system or other providers are involved in assessing the member.
  - Members with complex or chronic needs are referred for possible Case Management
  - The clinical staff provides support for the parents/caregivers throughout the process
  - Reimbursement for the DOH for examination of children through the School Health Program (See attachment: Appendix N – Schedule N-1)

4. Health Plus participates in the Vaccines for Children Program, and reimburses the NYCDOH for documented immunization services provided to members (See attachment: Appendix N – Schedule N-1). It is expected that Health Plus provider assure timely and accurate compliance with the City Immunization Registry. Access the following website for more information and to report online: <http://www.nyc.gov/html/doh/html/cir/cir.html>
  
5. NYSDOH Reportable conditions: The primary responsibility for screening children for lead poisoning and reporting positive results rests with the PCP as directed by the NYS Sanitary Code (10NYCRR 2.10a). Members are instructed as to the importance of screening for lead poisoning during Outreach Department member contact, member education programs and in member educational materials provided to the parent.
  - Any child who is diagnosed with lead poisoning is referred for Case Management follow up, which includes a home assessment if indicated. Health Plus communicates and coordinates with the DOH regarding environmental management.
  - Health Plus follows NYSDOH guidelines for the management and treatment of lead poisoning, including monitoring and physician/specialist referrals.

PCPs are recommended to follow protocols for lead screening testing and reporting, consistent with NYC Public Health Law and regulations (NYCRR Title 10, Article 67). The following web sites contain the protocol and relevant updated:

  - <http://www.healthplus-ny.org/proveducation.shtml> has the following documents:
    - “Guide to Prevention, Identification and Management of Childhood Lead Poisoning” (November 1998), NYC DOHMH
    - “Update to Lead Prevention Guidelines” (June 2001), NYC DOHMH
  
6. Identification of a newborn, infant, child and teen at risk for developmental delay and/or disability is carried out through the utilization management process, which gathers information on clinical status and functioning. Information on members and referral to the appropriate internal and external resources, including Case Management, as indicated.
  
7. Health Plus recommends that PCPs utilize *American Academy of Pediatrics* (AAP) TIPP protocols. The following web sites contain information regarding the protocol to implement recommendation of AAP for injury and violence prevention among children:
  - <http://www.aap.org/policy/re9832.html> Link to *American Academy of Pediatrics* (AAP) web site containing **The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level (RE9832) (January 1999)**
  - <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;94/4/566.pdf> Link to *American Academy of Pediatrics* (AAP) web site containing **Office-Based Counseling for Injury Prevention (RE9427) (October 1994)**

8. In addition, information regarding mandatory reporting of child abuse can be accessed from the following web site:  
[http://www.nyc.gov/html/acs/html/getinvolved/abuseprevent\\_report.html](http://www.nyc.gov/html/acs/html/getinvolved/abuseprevent_report.html)

Link to the NYC Administration for Children's Services (ACS).

D. Foster Children and Child Preventive Services

1. Children in foster care are excluded from Medicaid Managed Care. As soon as staff are notified that a member on HCP is in foster care, the information is forwarded to Member Services for expedited disenrollment.
2. Children in Child Health Plus may remain members. All staff are trained in confidentiality issues related to the release of information such as the member's current address, and this information is reinforced at least every six months at regular staff meetings. Once a staff person is notified that a CHP member is in foster care, the case is assigned to a single clinical staff person (Patient Care Coordinator/RN or CSW) who is responsible to coordinate all services. The case is flagged to note that the child is in foster care, with a reminder on confidentiality issues and all inquiries are referred to the responsible staff person.
3. Health Plus cooperates fully with Child Protective Service (CPS) in exchange of information and coordination of services. Both RNs and CSWs are mandated reporters of suspected child abuse under NYS law. Possible/questionable cases are discussed at weekly Clinical Case Rounds (see Health Services Policy: Clinical Case Rounds) to allow staff to obtain feedback and clarify issues on questionable cases, however, in no case is the report to CPS delayed in order to present the case at the weekly meeting.

Health Plus will approve for payment any examination or treatment requested by CPS in the investigation of child abuse, regardless of whether the services are in- or out-of network.