Screen Assignments for Healthy Start Contracted Providers

The Healthy Start legislation requires that all pregnant women and infants be offered screening for risk factors that may affect their pregnancy, health, or development. Successful targeting of Healthy Start resources requires establishing and maintaining a network of providers that participate in prenatal and infant (postnatal) risk screening and who are well-informed and knowledgeable about screening procedures and the services available to participants referred for Healthy Start services. The Healthy Start Providers in Miami-Dade have worked collaboratively with the Coalition and the Florida Department of Health in Miami-Dade County (FDOHMD), Healthy Start Data Management Office (HSDMO) to ensure quality service provision.

Healthy Start services are provided with risk reduction in mind. Because some risk factors cannot be changed with interventions (e.g., single marital status, race, or age), the Healthy Start Providers, the Coalition and the Florida Department of Health in Miami-Dade County have collaborated to assess the risk factors that are particular to the target population of Miami-Dade and the special circumstances they present. Through this effort, the Coalition has set parameters for which Healthy Start Participants will be assigned to the Healthy Start Providers.

The fiscal year 2014 – 2015 started with twelve (12) contracted Healthy Start Providers which includes the Florida Department of Health in Miami-Dade County providing care coordination and wraparound services. The Providers include:

1. Avanti Support and Services
2. Borinquen Health Care Center
3. Community Health of South Florida
4. Florida Department of Health in Miami-Dade County
5. Jessie Trice Community Health Center
6. Institute for Child and Family Health
7. Miami Beach Community Health Center
8. Miami-Dade Family Learning Partnership
9. Our Olive Branch
10. The Village
11. University of Miami/Jackson Memorial Hospital Neonatal Intensive Care Unit
12. University of Miami/Starting Early Starting Smart Program

FDOHMD will provide Risk Screening services as set forth by the Healthy Start Standards & Guidelines and the Coalition's Service Delivery Plan. The FDOHMD will work with the Coalition to implement a system of regularly communicating with the primary health care providers of Healthy Start participants.

As the Coalition services become more streamlined and focused on the presenting characteristics of Healthy Start participants, it recognizes that new screening/referral issues will arise. As such, the Coalition requests that it be contacted immediately to address those issues and set policies as appropriate. In addition, the Coalition will communicate with FDOHMD HSDMO accordingly of any immediate changes to the

screening assignment infrastructure as it relates to distribution amounts, criteria and any other circumstances that may arise. The FDOHMD HSDMO will ensure compliance with these changes as needed and expressed by the Coalition.

Healthy Start participants are pregnant women, women of childbearing age and children birth to age three who are determined to be at risk for poor pregnancy or infant and child health outcomes. Participants are referred to Healthy Start based on a score of four (4) or more on the Healthy Start Prenatal or Infant Risk Screening Instrument, six (6) or more on the 2008 Healthy Start Prenatal Screening Instrument, or referred based on factors other than screen score, or self-referred.

Criteria for Case Assignment

It is agreed that the Florida Department of Health in Miami-Dade County, Healthy Start Data Management Office (FDOHMD HSDMO) will assign the prenatal and infant risk screens that score six (6) or more on the 2008 Healthy Start Prenatal Screening Instrument and score four (4) or more in the Infant Screening Instrument to Healthy Start Providers. In the event that the participant does not score four (4) or more on the infant screen or six (6) or more on the prenatal screen, referrals for reason other than score and assignment to Healthy Start Providers must be made in accordance with the Healthy Start Standards and Guidelines Table 1 below, or based on the following:

1. **Prenatal Screens** with score less than six (6) are referred based on other factors including maternal illness (chronic health condition), HIV status, homelessness, domestic violence, substance use, prior fetal loss during second/third trimester, infant loss, depression, or pregnant teen less than 18 years old.

2. **Postnatal Screens** with score less than four (4) are referred based on other factors including maternal illness (chronic health condition), HIV status, homelessness, domestic violence/child abuse, substance use/exposed infant, postpartum depression, parenting teen less than 18 years old.

Table 1

Safety Concerns and Immediate Needs Requiring Priority Care Coordination Services other than a score of 4 or more, and six (6) or more on the 2008 Healthy Start Prenatal Screening Instrument
Knowledge or suspicion of: • **Domestic violence** • **Sexual abuse** • **Child abuse or neglect** • **Substance abuse** • **Tobacco use in addition to another risk factor** • **Diagnosed mental illness (such as severe depression episodes, bipolar, personality disorder, schizophrenia, etc.)** • **HIV positive status** • **Hepatitis B positive status** • **Inappropriate growth and development** • **Safety concerns noted by the health care provider on the Healthy Start screening form**

Self-referrals from hospitals and other organizations need to be assessed for appropriateness for Healthy Start and assignment to the contracted Healthy Start Providers. **Self-referrals** indicating maternal illness (chronic health condition), HIV status, homelessness, domestic violence/child abuse, substance use/exposed infant, prior fetal loss during second/third trimester, infant loss, depression, or pregnant/parenting teen less than 18 years old. Court orders and Department of Children & Families referrals for pregnant women and children up to age one (1) are to be assigned to the contracted Healthy Start Provider. Individuals indicating race, Black in addition to another risk factor noted in the Criteria for Case Assignment will be assigned. Referrals with no risk factors indicated must be notified by letter of ineligibility.

Special Projects

1. University of Miami/Jackson Memorial Hospital Neonatal Intensive Care Unit (UM/JMH NICU) – The UM/JMH NICU is a 66 bed Level 3 center that admits critically ill neonates for care after birth, or transferred from other hospitals if their acuity of illness warrants Level 3 care. All premature infants of birth weight under 1500 g are admitted to the NICU. Infants larger than 1500 g may also be admitted to the NICU if their medical condition is serious and they are in need of specialized Level 3 care. This would include babies with cardio-respiratory problems, major congenital defects, serious infections and serious neurological conditions. In addition, this includes both the Intermediate Care unit is a separate 60 bed Level 2 unit where patients include infants requiring step-down care after their NICU stay, or bigger babies who require closer attention than available in a mother-baby unit. Babies from the NICU are transferred to Intermediate when convalescent, while other babies in Intermediate may never have needed care in the NICU. Any baby residing in Intermediate whose condition becomes acute is transferred to the NICU. The patient stay in Intermediate is generally much shorter than those in the NICU.

UM/JMH NICU will continue to enroll infants identified from the Very Low Birth Weight (VLBW) or less than 1500 grams population admitted to UM/JMH NICU. UM/JMH NICU will submit the Healthy Start Self Referral Form, Service Attendance Report and Encounter Forms weekly to the FDOHMD HSDMO. The FDOHMD HSDMO will submit a copy of the Healthy Start postnatal screens to UM/JMH NICU to be included in the infants' record. If the infant's parents or legal guardians require psychosocial counseling, and are willing, then University of Miami/Starting Early Starting Smart Healthy Start Program will be contacted to provide this service. Upon discharge, infants whose parents are willing and eligible will be transferred to UM-SESS for ongoing care coordination and wraparound services. The UM/JMH NICU shall keep a copy of the completed referrals in the infants' record.

Admissions to the Intermediate Care unit and NICU Level 3 unit including babies > 1,500 grams will be approached by the UM/JMH NICU and offered Healthy Start services. The Healthy Start staff will approach the mother face-to-face within 72 hours of delivery and give a verbal and written description of the Healthy Start program and ask if they would like to participate. If the mother

agrees, she is asked to complete the Healthy Start Self Referral Form and sign a consent form. Staff will proceed by completing the initial contact and documentation. Staff will submit the Healthy Start Self Referral Form, Progress Notes, and Encounter Forms within 5 working days of the Self Referral Form date to FDOHMD HSDMO for assignment to UM-SESS for ongoing care coordination and wraparound services for participants residing in the following zip codes: **33054, 33055, 33056, 33125, 33127, 33128, 33132, 33136, 33137, 33138, 33142, 33147, 33150, 33160, 33161, 33162, 33167, 33168, 33169, 33179, 33180, and 33181.**

Note: FDOHMD HSDMO will submit infant screens completed at Jackson Memorial Hospital to UM/JMH NICU, as requested for completion of initial contact.

2. University of Miami/ Starting Early Starting Smart/Healthy Start High Risk Initiative (UM-SESS) – will enroll identified substance using pregnant women and substance-exposed infants up to one (1) year of age seen through Jackson Memorial Hospital, Prenatal Substance Abuse Clinic and Labor/Delivery Unit, and the Department of Children and Families, residing in Miami-Dade County. FDOHMD HSDMO will determine if the participant received the Healthy Start screen and/or has been assigned to a Healthy Start Provider. If the participant has been screened but has not been assigned to a Healthy Start Provider, the participant will be officially assigned to UM/SESS Program. FDOHMD HSDMO will submit a copy of the screen to the UM/SESS Program to be included in the participant's record. If the participant has been assigned to a Healthy Start Provider, UM/SESS Program will be notified of the assignment. UM/SESS Program will contact the Healthy Start Provider to collaborate on the coordination of ongoing care coordination and wraparound services. UM/SESS will accept all cases transferred from UM/JMH NICU.

UM/SESS will make contact with the families prior to discharge from UM/JMH NICU to assure continuation of services. The UM/SESS Program will provide psychosocial counseling to participants enrolled in UM/JMH NICU Healthy Start Program on a referral basis. The UM/SESS Program will assign a designated person to provide these services who is qualified to provide psychosocial services at the Master's level or higher. The UM/SESS Program will also continue to work on having qualified staff members complete breastfeeding certifications in order to increase the number of staff who are able to provide breastfeeding support services. Emphasis will be placed on ensuring that those infants/mothers transferred from the UM/JMH NICU Healthy Start Program who are breastfeeding will continue to receive breastfeeding support.

UM SESS Standard Care Model: This program model was implemented to receive additional referrals from FDOHMD HSDMO. These participants generally have service needs that can be met through community service referrals and basic wraparound services for a shorter duration than participants assigned to the SESS Integrated Services model. Care coordination services and phone tracking will be provided to ensure community referrals are received and

tracked. A minimum of 1 home visit per month will be conducted with wraparound services provided as needed.

Referrals from FDOHMD HSDMO: An estimated **250** additional cases over the contract year would be referred to the UMSESS Standard Care Model from FDOHMD HSDMO. Accordingly, FDOHMD HSDMO will assign **20-25** referrals a month into this **lower risk service program** based on the following zip codes and referral criteria from the infant risk screen.

Zip codes: 33054, 33055, 33056, 33125, 33127, 33128, 33132, 33136, 33137, 33138, 33142, 33147, 33150, 33160, 33161, 33162, 33167, 33168, 33169, 33179, 33180, and 33181.

3. Miami-Dade Family Learning Partnership (MDFLP) – this organization will receive screenings/referral forms from FDOHMD HSDMO. They will also accept referrals for wraparound services directly from the other contracted Healthy Start Providers. In addition, MDFLP Healthy Start staff will do outreach to community organizations such as homeless shelters, Miami-Dade County Public Schools, COPE Centers and others and identify pregnant women and children birth to age three needing services. Staff will approach potential participants and give a verbal and written description of the Healthy Start program and ask if they would like to participate. If the participant agrees, she is asked to complete the Healthy Start Self Referral Form and sign consent. Staff will proceed by completing the initial contact and documentation into HMS. Staff will submit the Healthy Start Self-Referral Form, if applicable to FDOHMD HSDMO for assignment based on the criteria noted above to one of the contracted Healthy Start Providers providing care coordination and wraparound services based on region.

4. Our Olive Branch - this organization will not receive screenings/referral forms from FDOHMD HSDMO. They will accept referrals for wraparound services directly from the other contracted Healthy Start Providers. In the event that a participant did not receive initial contact, the participant will be given a verbal and written description of the Healthy Start program and asked if they would like to participate. If the participant agrees, she is asked to complete the Healthy Start Self Referral Form and sign consent. Staff will proceed by completing the initial contact and documentation. Staff will submit the Healthy Start Self Referral Form, Progress Notes, and Encounter Forms if applicable to FDOHMD HSDMO for assignment based on the criteria noted above to one of the contracted Healthy Start Providers providing care coordination and wraparound services. The FDOHMD HSDMO will be responsible for inputting both the Encounter Form and Initial Contact form to include documentation in the Department's Healthy Start (Non-CHD) HMS system.

5. Florida Department of Health in Miami-Dade County - this organization will be responsible for the following activities related to Healthy Start clients:

a. Clients who say **"No"** to the sharing of their specific health information within the prenatal/postnatal screens and clients who are discharged from

the hospital before signing the postnatal screens but agree to participate in the program and score into the program will be sent a letter inviting them to participate in Healthy Start services with one of the Healthy Start Contracted Provider. The FDOHMD HSDMO will send a letter within five (5) working days and follow-up after the 30th day to not exceed 35 days from the first attempt and document an appropriate closure as Unable to Complete Initial Contact (3119). Should the participant contact the FDOHMD HSMOD, the provider will obtain a verbal consent to share the client's Health Information with a HSCP and forward the client's screen and/or self-referral to an assigned HSCP and still close the case as Unable to Complete Initial Contact (3119).

b. For clients who say **"Yes"** to the program but do not score into the program and/or have a safety concern identified via Table 1 on page 3 of 17 and has been referred for Healthy Start services will be sent a letter inviting them to participate in Healthy Start services with one of the Healthy Start Contracted Provider. The FDOHMD HSDMO will send a letter within five (5) working days and follow-up no earlier than the 30th day to not exceed thirty-five (35) days from the first attempt and document an appropriate closure as Unable to Complete Initial Contact (3119). Should the participant contact the FDOHMD HSMOD, the provider will obtain a verbal consent to share the client's Health Information with a HSCP and forward the client's screen and/or self-referral to an assigned HSCP and still close the case as Unable to Complete Initial Contact (3119).

Assure that all subcontracted providers receiving Healthy Start funds delivering services under Healthy Start Program components 22 (Non-CHD), 32 (CHD), 26 (Non-CHD), 27 (CHD), or 30 (Non-CHD), 31 (CHD) who do not have access to the Department of Health's HMS system will document services in the participant's record within 72 hours (three working days). In addition, complete a Healthy Start Encounter Forms **(Exhibit N)** and fax within three (3) calendar days and mail original encounter form within five (5) calendar days to the Florida Department of Health in Miami-Dade County, Healthy Start Data Management Office. Encounter Forms will be submitted via USPS, UPS, FedEx or courier with confirmation delivery receipt.

The assignment of Healthy Start prenatal screenings/referrals will be based on:

1) Region (North, Central, South),
2) If the screens originate from a clinic-based Healthy Start Provider the screen shall be assigned to that Healthy Start Provider,
3) The screening score

4) The participant's risk factors. The screening score will be six (6) or more on the 2008 Healthy Start Prenatal Screening Instrument,
5) Participants with safety concerns, see Table 1.
The Healthy Start postnatal screenings/referrals will be based on region. Participants who were opened and closed to a Healthy Start Provider, but have contacted Healthy Start for services will be re-opened to the original Healthy Start Provider. Postnatal participants, whose mother was a Healthy Start prenatal participant, will be assigned to any available Healthy Start Provider that is up on rotation to receive case assignment and based on the region.

Each Healthy Start Provider has a monthly participant quota. Please see the attachments on:

- Distribution of Healthy Start Screens to Healthy Families Miami-Dade
- Healthy Start Providers Screening Quotas
- Distribution of Screenings/Referrals by Region
- Assignment of Participants Identified through Outreach
- Internal Process for Referral
- Case Transfer Procedures

6. Avanti Support & Services – The Healthy Start staff will approach the mother face-to-face within 72 hours of delivery at Homestead Hospital and West Kendall Hospital and give a verbal and written description of the Healthy Start program and ask if they would like to participate. If the mother agrees, she is asked to complete the Healthy Start Self-Referral Form and sign a consent form. Staff will proceed by completing the initial contact and documentation. Staff will submit the Healthy Start Self-Referral Form, Progress Notes, and Encounter Forms within 5 working days of the Self-Referral Form date to FDOHMD HSDMO for assignment.

Note: FDOHMD HSDMO will submit infant screens completed at Homestead Hospital and West Kendall Hospital for completion of initial contact.

Distribution of Healthy Start Screens to Healthy Families Miami-Dade

The Florida Department of Health in Miami-Dade County, Healthy Start Data Management Office (FDOHMD HSDMO) receives all completed Healthy Start prenatal and postnatal screening instruments and assigns them to Healthy Start Contracted Providers and Healthy Families. FDOHMD HSDMO will assign completed prenatal screening instruments to the Healthy Start Providers **and submit a copy of the completed prenatal screening instruments to the Healthy Families Miami-Dade Program as appropriate**.

FDOHMD HSDMO will provide a copy of completed prenatal screens on all participants who reside in zip codes: **33030, 33032, 33033, 33034, 33035, 33054, 33128, 33136, 33142, and 33147** on the 2008 Healthy Start Prenatal Screening Instrument to Healthy Families.

Additional Protocols agreed upon HSCMD, FDOHMD and Healthy Families

Healthy Start

Protocols for Healthy Families

1. Pick-up time for Healthy Families (HF) staff to come obtain the documents: Fridays only between the hours of 9:00am to 5:00pm. Location of pick-up: South side of West Perrine Health Center at 18255 Homestead Avenue, Suite 116, Miami, FL. 33157. The Healthy Start Data Management Office (HSDMO) team is located within the Office of Community Health and Planning. HF Program Manager or designee will be required to sign in with the security guard prior to entering the building.

2. HF Program Manager or designee is to pick up all the screens at the Florida Department of Health in Miami-Dade County (FDOHMD). HF Program Manager will notify the HSDMO of the designee who will pick up the screens via e-mail with the Healthy Start Coalition of Miami-Dade (HSCMD) being copied at admin@hscmd.org.

3. The Sign In/Out Log (attached) must be completed by HSDMO designated staff as well as HF designated staff ensuring that the package(s) has been picked up. HSDMO staff:

    - Operations Analyst I
    - Statistician II
    - Management Review Specialist and/or designated staff

4. HF Program Manager or designated staff will be given all prenatal screens that are completed who authorize the exchange of information with Healthy Families regardless of score (0-28) in the following zip codes: 33030, 33032, 33033, 33034, 33035, 33054, 33128, 33136, 33142, and 33147.

5. HF Program Manager or designee is to ensure that the amount of screening forms stated on the memo (which is completed by the FDOHMD HSDMO staff) is correct inside the package prior to leaving the office. In addition:
    a. If a discrepancy is found, HF Program Manager or designee should address prior to leaving the office with either the Operations Analyst I and/or designee or Management Review Specialist (if available) prior to leaving.
    b. Package must be signed and a copy of front memo will be given to the HF staff (by the FDOHMD staff) and original kept with the HSDMO for record keeping.

6. HF staff should complete the Department of Health (DOH), Information Security and Privacy Awareness online training (at least once annually) and submit verification with a certificate of completion to the HSCMD. Initial training due by June 30, 2014. The certificate should be submitted within the appropriate

quarterly report, from when the training is completed (i.e. Training completed on October 1, 2013, certificate should be submitted by January 15, 2014).

Using their own internal assessment tool, Health Families determines whether the participant meets the qualifications for their Program. Healthy Families will follow up with the healthcare provider that is indicated on the screening instrument in cases where the participants are eligible and are being served by the program or not eligible and are closed.

Healthy Families will submit the following reports to the Healthy Start Coalition on a quarterly basis. These are due no later than the 15th of month after the end of the quarter (July – September, October – December, January – March, April – June).

1. Healthy Families Miami-Dade Screening Analysis Report
2. Healthy Families Miami-Dade Assessment Report
3. Healthy Families Miami-Dade Zip Codes Report

Healthy Start Providers Screening Quotas

Healthy Start Contracted Providers	Yearly Quota	Average Monthly Quota	Region
Avanti Support & Services	2, 405	200	N,C,S
Borinquen Medical Centers of Miami-Dade	1, 296	108	N,C
Community Health of South Florida, Inc. (CHI)	1,080	90	S
Florida Department of Health in Miami-Dade County	N/A	N/A	N,C,S
Institute for Child and Family Health	1,152	96	C, S
Jessie Trice Community Health Center	1,267	106	N
Miami Beach Community Health Center	1,152	96	N,C
Miami-Dade Family Learning Partnership*	864	72	N,C,S (Outreach) **North Case Assignments Only
Our Olive Branch (generates or receives referrals)	0	0	N, C, S
The Village South, Inc.	965	80	N,C
University of Miami/ JMH NICU	2,534	211	N,C,S
University of Miami/ SESS	3,053	254	N,C,S
Grand Total	15,768	1,313	N,C,S

As of October 1, 2014

N: North Miami-Dade County Region
C: Central Miami-Dade County Region
S: South Miami-Dade County Region

*Miami-Dade Family Learning Partnership only receives case assignments for clients in the North region of the county. Please refer to page 5 of this document for further instructions.

Please note that the above monthly and annual quota is based on non-duplicate case assignments, re-open cases, ICC Self-Referrals and also cases that are transferred

between providers. For all case transfers, they are to be counted as a transfer only, but not towards the provider's monthly/annual quota. A separate log found in **Exhibit YB** - Case Transfer Log will keep track of these cases.

FDOHMD HSDMO may go up to fifteen percent (15%) of each HSCP from their established projected quota on a monthly basis. If additional case assignments are needed to be made to any provider after the additional 15% during any month, the Coalition must be contacted for additional guidance prior to assigning any additional cases. Notification should be sent to admin@hscmd.org.

FDOHMD HSDMO may not go over the projected annual amount by more than fifteen percent (15%) at any given month. If the provider is over this amount, a request to the Coalition must be sent to admin@hscmd.org prior to any additional cases being assigned to the provider.

In addition, screens which originate from a clinic-based Healthy Start Contracted Provider, will be assigned to that Healthy Start Contracted Provider. If the Healthy Start Contracted Provider has met their monthly quota; the FDOHMD HSDMO will contact the HSCMD for further instructions. The HSCMD will review available information (HMS reports, staffing, fiscal, reports) and variance to annual quota, and will contact the Healthy Start Contracted Provider to determine if they are able to accept additional referrals.

Lastly, Participants who were opened and closed by a Healthy Start Contracted Provider, but have contacted Healthy Start Program for services will be re-opened to the original Healthy Start Contracted Provider.

***** Please contact the Healthy Start Coalition of Miami-Dade at (305) 541-0210 if any of the providers are projected to exceed their projected monthly quota.**

To further assist with specific guidelines in case assignments, the following chart illustrates the order of preference in assigning cases by region. Please note that this order may change throughout the year and appropriate direction will be given by the Coalition.

Regions		
North	**Central**	**South**
Miami-Dade Family Learning Partnership	Avanti Support and Services	Institute for Child and Family Health
University of Miami SESS	Borinquen Medical Centers of Miami-Dade	Community Health of South Florida, Inc. (CHI)
Jessie Trice Community Health Center	University of Miami SESS	University of Miami SESS
The Village South, Inc.	The Village South, Inc.	Avanti Support and Services
Borinquen Medical Centers of Miami-Dade	Miami Beach Community Health Center	University of Miami NICU (Postnatal Only)
Miami Beach Community	Institute for Child and	Florida Department of

Health Center	Family Health	Health in Miami-Dade County (Letters Only)
Avanti Support and Services	University of Miami NICU (Postnatal Only)	
University of Miami NICU (Postnatal Only)	Florida Department of Health in Miami-Dade County (Letters Only)	
Florida Department of Health in Miami-Dade County (Letters Only)		

The Healthy Start Data Management Office will ensure that the Coalition receives **Exhibit Y18 – Healthy Start Quota** on the following schedule:

1. Weekly – Every Friday by 5:00 pm of the current week's assignment to the HSCP's;
2. Mid-point – Every 15th of each week by 5:00 pm; if the 15th falls on a Saturday, should be submitted the day before and if on a Sunday, should be submitted the following Monday. If the 15th falls on a holiday, should be submitted one business day immediately following the holiday;
3. Monthly – Submitted in accordance with Attachment IA of the contract schedule

The report shall be submitted to the Coalition via e-mail for numbers 1 and 2 above at: admin@hscmd.org and for monthly reporting – will follow the structure as outline within Attachment IA for reporting deliverables.

Distribution of Screenings/Referrals by Region

North Miami-Dade County Region (Zip Codes)
Avanti Support & Services
Borinquen Medical Centers of Miami-Dade
Florida Department of Health in Miami-Dade County (Letters Only)
Jessie Trice Community Health Center
Miami Beach Community Health Center
Miami-Dade Family Learning Partnership
Our Olive Branch
The Village
University of Miami/Neonatal Intensive Care Unit
University of Miami/Starting Early Starting Smart Program

33010	33016	33127	33141	33160	33169
33012	33018	33137	33142	33161	33179
33013	33054	33138	33147	33162	33180
33014	33055	33139	33150	33167	33181
33015	33056	33140	33154	33168	

Central Miami-Dade County Region (Zip Codes)
Avanti Support & Services
Borinquen Medical Centers of Miami-Dade
Florida Department of Health in Miami-Dade County (Letters Only)
Institute for Child and Family Health
Miami Beach Community Health Center
Miami-Dade Family Learning Partnership
Our Olive Branch
The Village
University of Miami/ JMH Neonatal Intensive Care Unit
University of Miami/Starting Early Starting Smart Program

33109	33129	33134	33145	33166	33178	33192
33122	33130	33135	33146	33172	33182	33193
33125	33131	33136	33149	33173	33183	33194
33126	33132	33143	33155	33174	33184	33199
33128	33133	33144	33165	33175	33185	

South Miami-Dade County Region (Zip Codes)
Avanti Support & Services
Community Health of South Florida
Florida Department of Health in Miami-Dade County (Letters Only)

Institute for Child and Family Health
Miami-Dade Family Learning Partnership
Our Olive Branch
University of Miami/ JMH Neonatal Intensive Care Unit
University of Miami/Starting Early Starting Smart Program

33030	33033	33039	33158	33177	33189
33031	33034	33156	33170	33186	33190
33032	33035	33157	33176	33187	33196

Assignment of Participants Identified Through Outreach Using the Healthy Start Coalition of Miami-Dade's (HSCMD) Referral Form

Outreach – includes case finding and/or participants identification, public provider recruitment, private provider recruitment and community education to promote improved pregnancy and infant health outcomes.

The Healthy Start Provider will:

- Conduct outreach;

- Fill out HSCMD Referral form and if appropriate conduct Initial Contact[1];
- Send HSCMD Referral Form to FDOHMD Healthy Start Data Management Office;
- Contact the FDOHMD Healthy Start Data Management Office to determine if the participant received the Healthy screen and/or has been assigned to a Healthy Start Provider;
- If the participant has been screened and/or assigned to a Healthy Start Provider, contact the Healthy Start Provider to collaborate on the coordination of ongoing care coordination and wraparound services; and
- If the participant has not been screened, the Healthy Start Provider that filled-out the HSCMD Referral Form will be assigned the participant to begin ongoing care coordination and wraparound services

The FDOHMD Healthy Start Data Management Office will:

- Receive all Referral Forms[2]
- Determine if the participant received the Healthy Start screen and/or has been assigned to a Healthy Start Provider;
- Assign the participant to the Healthy Start Provider who submitted the Referral Form if the participant has not been screened and has not been assigned to a Healthy Start Provider;
- Notify the Healthy Start Provider who submitted the Referral Form if the participant has been screened and has been assigned to a Healthy Start Provider;
- And submit a copy of the screen and/or Referral Form to the Healthy Start Provider to which the participant has been assigned.

Internal Process for Referrals

1. FDOHMD HSDMO will screen all incoming referrals and telephone calls.
2. Assessment will be made to see if Healthy Start prenatal and post-natal screens and referrals meet Healthy Start Standards and Guidelines.

[1] As per the Healthy Start Standards and Guidelines, each provider forwards the completed Healthy Start risk screen or referral form within five (5) working days of completion of the screen/referral to the county health department.
[2] As per the Healthy Start Standards and Guidelines, the FDOHMD Healthy Start Management Office has five (5) working days of receiving the screen or referral to forward it to the Healthy Start Provider.

3. Self-referrals from hospitals and other agencies need to be assessed for appropriateness for Healthy Start. Participants with medical and mental health issues (i.e. Schizophrenia) need to be assessed for the following:

    a. Do these individuals require intensive in-home treatment (i.e. services that require Home Health)?
    b. What treatments or services are BEING provided?
    c. An understanding given to the referral source that Healthy Start provides only preventative educational services and short-term psychosocial counseling.
    d. Participants will be referred to the appropriate Healthy Start Provider with professional staff to handle situation.

4. All court orders & court referrals from Department of Children and Families will be referred to the University of Miami/Starting Early Starting Smart Program (UM/SESS). Court orders and Department of Children & Families referrals for pregnant women and children up to age one (1) are to be assigned to the contracted Healthy Start Provider. (See Memorandum of Agreement between UM/SESS and FDOHMD HSDMO, and Contract between UM/SESS and the Coalition).

5. Referrals from the University will have the following procedure:

    a. Submit a list with the participant's name, date of birth, mother's name, address, zip code and gender, weekly to the FDOHMD HSDMO.
    b. The FDOHMD HSDMO will obtain completed screens and send to the Healthy Start Provider upon receiving the list.
    c. UM/SESS Program will keep a record of the screens requested.

6. Referrals from the University of Miami/Jackson Memorial Hospital Neonatal Intensive Care Unit (UM/JMH NICU) will have the following procedure:

    a. Submit a list with the participant's name, date of birth, mother's name, address, zip code and gender daily/weekly to the FDOHMD HSDMO.

    b. The FDOHMD HSDMO will submit the screens for the participant assigned to this initiative to the UM/JMH NICU. The FDOHMD HSDMO will assign a staff to this project.
    c. The UM/JMH NICU will submit the Healthy Start Coalition of Miami-Dade's Referral Form on each infant identified to the FDOHMD HSDMO within 10 days before discharge.
    d. The FDOHMD HSDMO will then assign them to UMSESS.

7. The screens, which originate from a clinic-based Healthy Start Provider, will be assigned to that Provider. If the Healthy Start Provider has met their monthly quota, the FDOHMD HSDMO will contact the Healthy Start Coalition of Miami-Dade for further instructions. The Coalition will contact the Healthy Start Provider to determine if they are willing to accept additional referrals.

8. Participants who were opened and closed by a Healthy Start Provider, but have contacted Healthy Start for services will re-opened to the original Healthy Start Provider.

9. Any topic/scenario not covered in this document shall be referred to the Healthy Start Coalition of Miami-Dade for review and resolution. As such, this document will be updated as needed.

Process for Case Transfers between Healthy Start Contacted Providers

1. FDOHMD HSDMO will be responsible to facilitate and process all Case transfers between Healthy Start Contracted Providers.

2. FDOHMD HSDMO will process a Case Transfer once it has been approved by the Healthy Start Coalition of Miami-Dade via e-mail.

3. The referring agency shall contact the FDOHMD HSDMO within one (1) business day from Coalition approval to provide the client's demographic information to further process the transfer.

4. FDOHMD HSDMO staff will document the Case Transfer utilizing **Exhibit Y17** and process the request within three (3) business days.

5. If the FDOHMD HSDMO is not contacted by the referring agency to complete the case transfer process, the FDOHMD HSDMO must contact the Healthy Start Coalition of Miami-Dade within forty-eight (48) hours of when the transfer request was approved by the Coalition. FDOHMD HSDMO should reference the e-mail that was approved by the Coalition and forward it to casetransfer@hscmd.org with both the referring and receiving agencies involved with the transfer request.

6. The FDOHMD HSDMO must ensure that the following items are included within an internal tracking process (binder):

    a. Print out of the Coalition approved Transfer Request
    b. Copy of the Care Plan Report showing the new provider assignment
    c. Document within **Exhibit Y17 – Case Transfer Log**