

## Florida's Healthy Start Medicaid Services Summary

### CONNECT: Coordinated Intake and Referral (CIR)

Recognized nationally as a best practice, the primary purpose of CIR is to coordinate and not duplicate home visiting services in each community including Florida's Healthy Start, Healthy Families Florida, Nurse Family Partnership, Parents as Teachers, federal Healthy Start, DCF CAPTA for substance abusing families, and other home visiting programs funded locally through Children's Services Councils, etc. Most families come through CIR regardless of insurance type or lack of insurance. CIR receives referrals from medical providers via Department of Health's universal risk screen, community partners, and client self-referrals.

### Healthy Start:

- Addresses the immediate needs of pregnant women and families with young children 0-3 years
- Encourages the selection of a home visiting program
- Connects families with resources for immediate needs
- Connects eligible families with their health plan if they do not want home visiting services

### Florida's Healthy Start Prenatal, Infant, and Interconception Home Visiting Pathways

The Florida Healthy Start home visiting model is prescriptive and intensive utilizing evidence-based screenings and interventions. Participation by families is voluntary and the key to impacting birth outcomes is the longer-term relationship built with the family during the prenatal period and through at least the child's first birthday. Visits are a minimum of once per month and can be as high as 3-4 visits in a given month depending on the needs of the family. When pregnant women do not want intensive home visiting services, we refer them back to their health plan for less intensive support.

Florida Healthy Start home visiting is different from health plan services as we provide the "active boots on the ground." Home visiting services are intensive, long-term relationships that are focused on customized family support and counseling on parenting, health education, social determinants of health, evidence-based screenings, and risk appropriate care. Health plans offer home health, shorter term visits focused more on medical concerns that complement and not duplicate Healthy Start.

### Coordination with the Health Plans include:

- Weekly/monthly client services data sharing
- Monthly shared interdisciplinary case team calls
- Health plan portal to the Healthy Start data system to view enrollee records.

We are launching a pilot with a health plan in Broward County and will then roll out to all of the health plans in 2021, funding permitting for automatic electronic referrals to Healthy Start intake for pregnant enrollees not in a home visiting program.

### Health Plan Agreements

All Medicaid managed care health plans have a Referral and Coordination Agreement and Business Associate Agreement with Florida Healthy Start at the state level and joinder agreements with each of the 32 Healthy Start Coalitions.

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## Clear Lanes

Florida Healthy Start and the health plans have clear lanes of services that are specified in current legislation. Contract language may need to be updated to provide better clarity of legislative intent.

Healthy Start Lane	Health Plan Lane
<p style="text-align: center;"><b>FS 409.906, 409.973,409.975</b></p> <ul style="list-style-type: none"> <li>✓ Provide risk appropriate care coordination and other services in accordance with a federal waiver</li> <li>✓ Counseling, education, risk reduction, case management</li> <li>✓ Contract with AHCA</li> <li>✓ Agreements with health plans</li> </ul> <p><b>Implementation Examples:</b></p> <ul style="list-style-type: none"> <li>✓ <b>Coordinated Intake and Referral (CIR)— universal risk screening and intake for all pregnant women and families with young children 0-3 years.</b></li> <li>✓ <b>Home Visiting/Face to Face Services</b> -Intensive, long-term relationships that are focused on pregnancy and birth outcomes including parenting, health education, social determinants of health and risk appropriate care. -Offered to all pregnant women and families with young children 0-3 years on a voluntary basis. Refer to health plan for care coordination if the mother declines home visiting.</li> <li>✓ <b>Substance Use Disorder/Opiate Use Disorder/Neonatal Abstinence Syndrome/Behavioral Health</b> -Notify/coordinate with health plan for treatment -Offer home visiting services through Healthy Start, Healthy Families Florida, Nurse Family Partnership, Parents as Teachers, federal Healthy Start, etc.</li> </ul>	<p style="text-align: center;"><b>FS 409.906, 409.973,409.975</b></p> <ul style="list-style-type: none"> <li>✓ Establish specific programs to improve pregnancy outcomes and infant health including, but not limited to, coordination with Healthy Start.</li> <li>✓ Have agreements with each Healthy Start Coalition to provide risk-appropriate care coordination for pregnant women and infants, consistent with agency policies and the MomCare network.</li> </ul> <p><b>Implementation Examples:</b></p> <ul style="list-style-type: none"> <li>✓ <b>Healthy Behaviors incentive programs for keeping medical appointments, etc.</b></li> <li>✓ <b>Home Health:</b> -Shorter term visits focused more on medical concerns. May address social determinants of health. -Offered to high risk pregnant enrollees (hypertension, diabetes, emergency room visits, etc.) -Provide telephone care coordination and other prenatal programs if enrollee declines home visiting.</li> <li>✓ <b>Substance Use Disorder/Opiate Use Disorder/Neonatal Abstinence Syndrome/Behavioral Health</b> -Coordinate treatment -For women declining home visiting programs, provide other prenatal programs</li> </ul> <p style="text-align: right;">4/1/2021</p>