Right From The Start Program

Policy and Procedures Manual
July 1, 2012

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Bureau for Public Health
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Division of Perinatal & Women’s Health
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1.0 GENERAL ADMINISTRATION

1.1 INTRODUCTION
Ensuring access to health care for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and the Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at-risk of adverse health outcomes. This partnership has not only expanded the State’s capacity to finance health care for women and children, but has also strengthened the delivery of care by establishing care protocols, recruiting medical providers and developing supportive services such as case management and nutrition counseling which contribute to improved client well-being.

The Bureau for Medical Services, Medicaid Program (BMS/Medicaid) and OMCFH have worked collaboratively to develop a systematic approach to deal with the problems of access to prenatal care. The Right From The Start Program (RFTS) was implemented in response to the mandates of West Virginia State Code §9-5-12.

RFTS is a home visitation program which provides comprehensive services for Medicaid pregnant women and infants including care coordination and/or provision of enhanced prenatal care services. RFTS utilizes a standardized curriculum, Partners for a Healthy Baby (PHB), to provide services to enrolled clients based upon needs identified in the Initial Assessment and Service Care Plan.

PHB is a research-based, practice-informed curriculum used in evidence-based programs that have achieved positive outcomes as documented in numerous studies. The curriculum was developed by a multi-disciplinary faculty team at Florida State University and targets topics such as improved prenatal health, positive parenting, enhanced child health and development, infant mental health, economic self-sufficiency, family stability, healthy lifestyles and well-being.

All services are provided by professional staff that must be either a:

- Registered nurse licensed to practice by the West Virginia Board of Examiners for Registered Professional Nurses. Graduate nurses with temporary West Virginia licenses must pass the West Virginia State Board Examination to continue to provide RFTS services; or

- Social worker licensed to practice by the West Virginia Board of Social Work Examiners or social workers with temporary licensure status (certain criteria apply – visit www.wvsocialworkboard.org for details). BSW or MSW is preferred. In regions where LSW shortages exist and agencies have documented a hardship in recruitment of a BSW or MSW for Designated Care Coordinator (DCC) positions, the agency may submit documentation to the State RFTS office for waiver considerations. All non-BSW/MSW applications and credentials are to be reviewed by the Regional Care Coordinator (RCC) and Director of Perinatal Programs prior to approval as a DCC; this includes non-BSW/MSWs under temporary licensure.

RFTS is a comprehensive statewide initiative for government sponsored pregnant women whose incomes are at or below 185% of the federal poverty level and for Medicaid eligible at-risk infants up to one (1) year of age. A major component of the Program is to provide in-home care coordination services whereby registered nurses and licensed social workers visit eligible prenatal clients in their homes throughout the pregnancy and eligible infants up to one (1) year...
of age. The purpose of the home visit is to assess educational, social, nutritional and medical needs and to facilitate access to appropriate service providers. Coordination components include a personalized in-home assessment to identify barriers to health care, an individually designed care plan to meet the client’s needs, community referrals as necessary, follow-up and monitoring. All pregnant Medicaid and RFTS Maternity Services cardholders are eligible for educational activities designed to improve their health (i.e., childbirth education, smoking cessation counseling, parenting and nutrition).

Consistent with the provisions of West Virginia State Code §9-5-12, the Department of Health and Human Resources (DHHR) uses Medicaid (Title XIX) funds to provide financing for most RFTS activities. OMCFH uses Federal Maternal and Child Health Block Grant (Title V) funds and State Appropriations to provide a limited health benefit package to pregnant women whose income make them ineligible for Medicaid. Funds available to OMCFH are also used to defray portions of the administrative costs of RFTS.

Administration of RFTS is accomplished with both central office staff within OMCFH and regional staff consisting of eight (8) RCCs and many DCCs employed by various community, social and health care agencies throughout the State.

RFTS providers follow Standards of Care established by the American College of Obstetricians and Gynecologists (ACOG) for enrolled clients. Program services focus on the mother’s personal health, quality of care giving and life-course development. Providers are dedicated to the public health function of assisting with access to early and adequate prenatal health care.

ACOG provides updated Practice Bulletins regarding Standards of Care. Practice Bulletins provide obstetricians and gynecologists with current information on established techniques and clinical management guidelines. ACOG continuously surveys the field for advances to be incorporated in these series and monitors existing bulletins to ensure they are current. Individual bulletins are withdrawn from and added to the series on a continuing basis and reaffirmed periodically. For more information on ACOG and/or to view publications such as Committee Opinions, Technology Assessments, Patient Safety Checklists and Practice Bulletins visit the website at www.acog.org.

This manual contains policies and procedures of RFTS and serves as an operational reference for participating in the Program. It is expected that all providers will conform to the policies and procedures contained in this manual and all future revisions.

This manual is reflective of RFTS’ dedication to improving the health and well-being of West Virginia’s families. Staff must be familiar with the Program policies and procedures in order to deliver quality care to participants.

Questions relative to RFTS, including operational policies and procedures, should be directed to:

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Maternal, Child and Family Health
Right From The Start Program
350 Capitol Street, Room 427
Charleston, West Virginia 25301-3714
Phone: 1 (800) 642-8522 or (304) 558-5388
www.wvdhhr.org/rfts
Questions regarding Medicaid eligibility, provider enrollment, status of claims or other billing questions, call Molina at 1 (888) 483-0793 or (304) 348-3360.

1.2 GLOSSARY

Assessment
Based on the medical treatment plan established by the client's medical provider, the DCC will review and evaluate the client's needs and identify necessary services for management of the client's care.

At-Risk
Exposure, or possible exposure, to an environmental, social or medical condition that creates potential for an adverse condition or outcome.

Care Coordination
Individualized Targeted Case Management Services provided to eligible RFTS clients. Targeted Case Management Services are federally defined as "those services which assist Medicaid eligible recipients in the target group to gain access to needed medical, behavioral health, social, educational and other services". The goals of Targeted Case Management are to assure that: Eligible members have access to needed services and resources; Necessary evaluations are conducted; Individual service plans are developed and implemented; and, Reassessment of the services provided and members' needs occur on an on-going basis. Within Targeted Case Management are a number of activities federally recognized as components of case management. These include: Assessment; Service Planning; Linkage/Referral; Advocacy; Crisis Response Planning; and Service Plan Evaluation.

Designated Care Coordinator (DCC)
A registered nurse or licensed social worker who is responsible for coordinating the health, education and nutritional care of Medicaid-eligible/RFTS Maternity Services pregnant/postpartum women and infants with providers, professional specialists and community resources.

Documentation
Record-keeping system used to determine that client-specific information is accurately recorded. Includes the reporting of assessments/evaluations; service planning; updates; progress notes; referrals for services; appointments; follow-up; monitoring; and outcomes. It ensures that the reporting of RFTS activities and the time expended to perform them are accurately recorded.

Enhanced Services
Component of RFTS that includes face-to-face client/DCC sessions related to parenting education, childbirth education, preventive self-care and nutrition education. Infant clients are ineligible for Enhanced Services.

Maternity Services
OMCFH medical coverage for non-Medicaid eligible pregnant uninsured/underinsured aliens, pregnant women whose income is less than 185% of the federal poverty level and pregnant teens age 19 and under regardless of family income.

Monitoring
Assessment of ongoing progress and ensuring that services are delivered; maintaining contact with the service providers and the client to assure that the client keeps appointments, understands and complies with the service care plan or the requirements of other service providers.
**Regional Care Coordinator (RCC)**
A registered nurse who is responsible for the day-to-day operation of the Program at the regional level. The RCC oversees and carries out all duties required for the implementation, operation and management of RFTS components including provider recruitment and training.

**Regional Lead Agency (RLA)**
A designated, contracted agency in each of the eight (8) regions of West Virginia responsible for administration of RFTS at the community level.

**Service Care Plan Development**
A mutually agreed upon plan of care developed to describe the services and resources required to meet the client’s needs identified through the assessment, including a description of the specific action steps and responsible person necessary to meet each identified need. Based on the client's needs assessment, the DCC and client agree to a plan of care that establishes goals and tasks.

### 2.0 ELIGIBILITY

RFTS serves Medicaid/Maternity Services eligible pregnant women and Medicaid eligible infants up to the age of one (1) year. The category “women” includes adolescent females. A RFTS client is defined as an eligible woman/infant who receives care coordination and/or an eligible woman who receives enhanced services paid under RFTS billing codes.

#### 2.1 ELIGIBILITY FOR WOMEN

**A. CRITERIA FOR RFTS SERVICES ELIGIBILITY**

To be eligible for RFTS Care Coordination and/or Enhanced Prenatal Care Services throughout her pregnancy and through the end of the second month after the pregnancy ends, a woman **must**:

- Be a West Virginia resident; and
- Have either a valid Medicaid card or RFTS Maternity Services card; and
- Have had an Alternate Entry (R019) completed.

Pregnant teens ages 19 and under are eligible for RFTS services regardless of family income, if **uninsured**, for maternity care. The pregnant teen must first make an application for Medicaid coverage at the local DHHR office and be denied coverage. DHHR forwards the Medicaid denial information to OMCFH for eligibility coverage assessment for pregnancy service.

Pregnant clients under the age of 18 can provide consent for RFTS services.

WV Children’s Health Insurance Program (CHIP) does not cover pregnancy/labor or delivery charges; pregnant CHIP participants will be referred to OMCFH for care coordination including securing financial support to pay for a portion of their pregnancy care.

**B. PROGRAM ACCESS**

A referral to RFTS may be made in one of the following procedures:

- WV Prenatal Risk Screening Instrument (PRSI) completed by a medical provider.
- Completion and submission of an Alternate Entry (R019).
- Medical provider or other agency supplying a list to the RCC of newly diagnosed pregnant clients.
• Director of Perinatal Programs forwarding referrals received by OMCFH to the appropriate RCC.
• Direct contact by prenatal, family member, friend, etc. to OMCFH, RCC or DCC.

2.2 ELIGIBILITY FOR INFANTS
To be eligible to receive Care Coordination until the age of one (1) year, an infant must:

• Be a West Virginia resident, and
• Be less than one (1) year of age, and
• Have a valid DHHR Medicaid card.

Infants are not eligible for enhanced services.

Medicaid eligible infants may be referred to RFTS by a physician, nurse practitioner, nurse, social worker, other individual or parent/guardian because of medical, social and/or environmental factors.

Examples:
• Parent exhibits a knowledge deficit in, or expresses a desire to improve parenting skills;
• Family has inadequate resources;
• Infant has low birth weight;
• Infant is technology dependent;
• Infant has had frequent hospitalizations; and/or
• Infant is diagnosed as failure to thrive, etc.
• Family involved with Child Protective Services (CPS).

Infants identified by the Birth Score Office (BSO) as high birth score Medicaid eligible are referred for RFTS services and must be given priority enrollment status.

2.3 RETROACTIVE MEDICAID ELIGIBILITY FOR NEWBORN CHILDREN UNDER AGE ONE
If an infant is born and is underinsured or uninsured, the infant’s parent, legal guardian or caretaker must be referred to the local DHHR office to file a Medicaid application. The DCC will advise the mother to request retroactive coverage to the date of the infant’s birth. The infant’s Medicaid coverage may be backdated up to three (3) months from the month of application or to the month of birth (whichever one is closest to the month of application) only if verification of information required deems the infant eligible for Medicaid coverage for the month for which coverage is needed. Otherwise, coverage begins the month in which eligibility is established.

A. NEWBORN COVERAGE: MEDICAID
Clients presenting the DHHR Medicaid card are entitled to receive the full-range of services covered under the Title XIX State Plan.

B. NEWBORN OF A MINOR MOTHER
Newborns of Medicaid-eligible women (including minors) qualify for Medicaid until 12 months of age as long as the child resides continuously with the mother. The minor mother that is not Medicaid-eligible and whose income is 150% or below the federal poverty level (FPL), must apply for Medicaid coverage for the newborn as soon as possible after the delivery. If the mother’s income is 150-220% of the FPL, the newborn
may qualify for WV CHIP and must make the application before the end of the infant’s birth month.

3.0 PROGRAM COMPONENTS

The following are required components for all clients participating in RFTS:

3.1 RIGHTS AND RESPONSIBILITIES
To ensure an individual’s rights are protected, the DCC will explain to the client or guardian of the infant their “Rights and Responsibilities” (R&R), confirm with verbal understanding and obtain client signature for consent. Documentation must be completed using the R&R form (R004 or R004A) before care coordination can begin.

3.2 INITIAL ASSESSMENT
In conjunction with the client or guardian of the infant, a comprehensive assessment of conditions/causes for risk and/or identify other factors that may adversely affect the client’s outcome must be completed. Documentation must be completed using the Initial Client Assessment form (R036A or R036B) which must be signed and dated.

3.3 SERVICE CARE PLAN
Based on areas identified in the Initial Assessment, this individualized plan (R011A and R011C) is developed with the client or guardian of the infant. The Service Care Plan designates the goals and objectives of the client. The client’s individualized Service Care plan guides the services that the client receives during RFTS participation. Care coordination can begin only after the Service Care Plan has been completed and signed by the client or guardian of the infant.

3.4 SMOKING CESSATION AND REDUCTION IN PREGNANCY TREATMENT (SCRIPT)
An assessment of all prenatal/postpartum client’s smoking status and exposure to environmental smoke exposure (ETS) must be completed. Documentation must be completed using the Tobacco Screening Form (TS001) and Tobacco Follow-Up Form (TS002). Clients interested in smoking cessation or reduction are offered a SCRIPT Intervention, these services are documented on the TS006.

3.5 EDINBURGH POSTPARTUM DEPRESSION SCREENING (EPDS)
The EPDS must be completed with all prenatal/postpartum clients to assess depression during the prenatal and postpartum periods. DCCs are required to make necessary referral when indicated by the client’s EPDS score.

3.6 CLIENT TRACKING SHEET (R001A) AND/OR PROGRESS NOTES (R015)
Notation of client services, referrals and follow-up are documented for each contact. Client/guardian of infant must sign the Client Tracking Sheet or home visiting log on all home visits.

3.7 PRENATAL ANTICIPATORY GUIDANCE CHECKLIST (R075) AND/OR INFANT ANTICIPATORY GUIDANCE CHECKLIST (R076)
Document all educational topics discussed with client or guardian of the infant during face-to-face visits. Educational topics should be provided using appropriate client handouts included in the PHB curriculum.

3.8 HIGH BIRTH SCORE REFERRAL AND TRACKING FORM (R038A)
This form is completed by the WV Birth Score Office on all high birth score infants within 60 days after hospital discharge.
3.9 NUMBER OF CLIENT CONTACTS
All RFTS clients are designated as intensive, requiring monthly contacts for both prenatal and infant clients. The main focus of the RFTS Program continues to be home visitation; therefore, client contact should primarily be conducted through home visits. If a home visit is unable to be completed the DCC must clearly document the rationale in the client chart.

1. Prenatal clients must receive a minimum of:
   - An in-home face-to-face contact for Initial Assessment and Service Care Plan development.
   - Subsequent monthly face-to-face contacts at the client’s home or other agreed upon location. Visits based on a calendar month.
   - An in-home face-to-face contact within two (2) weeks after hospital discharge following delivery.

2. Infants will receive a minimum of:
   - An in-home face-to-face contact for Initial Assessment and Service Care Plan development.
   - Subsequent monthly face-to-face contacts at the client’s home or other agreed upon location. Visits based on a calendar month.
   - An in-home face-to-face contact within 30 days prior to infant’s first birthday (can be counted as case closure).

NOTE: If the Initial Client Assessment/Service Care Plan is not done in the client’s home, an
in-home visit must occur within 30 days from the date the client signed the Service Care Plan. This can happen only in extreme circumstances and with the approval of the RCC. All unsuccessful attempts to schedule the in-home visit must be documented in the Progress Notes (R015) or in the notes section of the Client Tracking Sheet (R001A).

<table>
<thead>
<tr>
<th>TABLE 1. CLIENT CONTACT SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial Assessment and Service Care Plan</td>
</tr>
<tr>
<td>2. Face-to-Face contacts monthly through delivery of infant</td>
</tr>
<tr>
<td>3. Post Hospital Discharge within two (2) weeks</td>
</tr>
<tr>
<td>4. Prenatal Case Closure contact within last two (2) weeks of eligibility</td>
</tr>
<tr>
<td>5. Infant Case Closure contact within 30 days prior to first birthday</td>
</tr>
</tbody>
</table>

4.0 REFERRAL PROCESS

4.1 WEST VIRGINIA PRENATAL RISK SCREENING INSTRUMENT (PRSI)
Uniform Maternal Screening Act – WV Code 16-4E-1 et seq. Effective January 1, 2011, all West Virginia health care providers that provide maternity services are required to complete the PRSI on their initial obstetrical examination of every West Virginia pregnant woman. The completed PRSI is faxed to OMCFH at (304) 957-0176 where it will be entered into a web-based data system.

A report will be generated and sent to the appropriate RCC when a PRSI is completed on a pregnant woman eligible for RFTS. The RCC will assign the referral to an agency or DCC for enrollment into RFTS. The DCC must make contact with the pregnant woman within ten (10)
working days from receipt of the referral to schedule a home visit for enrollment into RFTS.

If unable to establish contact or unable to complete an Initial Client Assessment, document the appropriate referral closure code on the Alternate Entry (R019) and return to the RCC with a copy of the Progress Notes (R015) within three (3) weeks of receiving the referral.

4.2 ALTERNATE ENTRY REFERRAL (R019)
Prenatal or infant clients may be referred to RFTS using the Alternate Entry.

The Alternate Entry may be completed by anyone who desires to make a referral to RFTS including medical providers, DCCs, WIC staff, DHHR staff, community individuals, etc.

Upon five (5) working days of receipt of the Alternate Entry by the RCC the case will be assigned to the appropriate DCC.

If unable to complete an Initial Client Assessment, the DCC should document the appropriate code on the Alternate Entry and return to the RCC with a copy of the Progress Notes (R015) within three (3) weeks of receiving the referral.

4.3 HIGH BIRTH SCORE REFERRAL AND TRACKING FORM (R038A)
Completed copies of the Birth Score-Developmental Risk Screen reporting form (Birth Score Card) will no longer be forwarded to primary care providers, Birth To Three (BTT), RFTS and/or HealthCheck providers as part of the at-risk infant referral process.

The WV Birth Score Office will track compliance with medical appointments for all high birth score and Neonatal Intensive Care Unit (NICU) infants according to the high birth score schedule.

All High Score infant referrals to RFTS for care coordination services that are also Newborn Hearing Screening referrals will be forwarded to RFTS using both the High Birth Score Referral and Tracking Form (R038A) and the Newborn Hearing Screening Project Follow-Up Tracking Sheet (HS001).

All infants who are not referred to RFTS for care coordination services (privately insured) but who are referred to RFTS for Newborn Hearing Screening follow-up will be forwarded to RFTS using the Newborn Hearing Screening Referral Form only.

The Birth Score Office will notify primary care providers that infants in their care have been referred to other service providers.

The purpose for collecting doctor visit information on High Score infants is to monitor compliance with the Legislative Rules Series 83 governing the Birth Score Program. The Rules state “High Birth Score infants shall be linked with the infant’s established local primary care provider for recommended schedule of well child visits…..”

Only High Score and NICU infants who are referred by the Birth Score Office are required to have doctor visits reported. It is not necessary to submit High Birth Score Referral and Tracking Form information on RFTS Low Score infants.

Instructions for completing the High Birth Score Referral and Tracking Form:
1. This form is computer generated by the Birth Score Office. All information contained in the top block of the form will be drawn from the Birth Score database and will be forwarded to an appropriate RFTS and/or HealthCheck site within two (2) working days of receiving the infant’s Birth Score Card in the Birth Score Office.

2. The RCC will complete an Alternate Entry (R019) on all Medicaid High Birth Score referrals. Within five (5) working days from receipt of the referral, the RCC will assign the case to a DCC who will offer RFTS care coordination services.

NOTE: Client Tracking Sheet is not to be completed for any referral when the Initial Client Assessment has not been completed.

**TABLE 2. REFERRAL CLOSURE CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-1</td>
<td>Spontaneous Aborted Pregnancy: Includes spontaneous and ectopic.</td>
</tr>
<tr>
<td>B-2</td>
<td>Induced Aborted Pregnancy.</td>
</tr>
<tr>
<td>B-3</td>
<td>Moved Out-of-State: Client moved primary residence out of WV, thereby client is ineligible for WV Medicaid or OMCFH sponsorship.</td>
</tr>
<tr>
<td>B-4</td>
<td>Transferred Out-of-Region: Moved to a county in WV that is out of original RFTS region.</td>
</tr>
<tr>
<td>B-5</td>
<td>Unable to Establish Contact: This includes clients who cannot be found and those whose whereabouts are known (through friend or relative) but client does not respond to messages or letters. This can only be used after all methods of location and contact are exhausted.</td>
</tr>
<tr>
<td>B-7</td>
<td>Refused Services: RFTS services have been presented but client refuses to participate. Program must be presented to client before any RFTS services are rendered.</td>
</tr>
<tr>
<td>B-8</td>
<td>Death: Death of client.</td>
</tr>
<tr>
<td>B-14</td>
<td>Did not meet eligibility requirements.</td>
</tr>
</tbody>
</table>

NOTE: A minimum of three (3) attempts (telephone, letter) must be made for client enrollment and all attempts must be documented in the Progress Notes.

**5.0 ENROLLMENT**

**5.1 CARE COORDINATION**

A. **Initial Client Assessment (R036)**
   - Complete at the first visit for both infant and prenatal clients.
   - Identify needs and areas of risk.
   - Use Initial Client Assessment (R036A or R036B) to create the Service Care Plan (R011A & R011C).
   - Complete accurately, thoroughly and legibly with the client or guardian of infant.
   - DCC must sign/date and forward a copy to the RCC within five (5) working days.
   - One Assessment per client; updates and changes may be made if needed. All changes must be initialed and dated by DCC and copied to RCC within five (5) working days.

B. **Rights and Responsibilities (R004)**
   - Complete at the first visit for both infant and prenatal clients.
   - Explain Rights and Responsibilities to client or guardian of infant.
   - Document verbal acknowledgement of understanding.
   - Complete, sign and date by the client or guardian of infant client and DCC at the first visit.
   - Must be completed and signed prior to initiation of any services. Copy given to client.
   - Forward copy to RCC and medical provider within five (5) working days.
C. Client Request for Record (R003)
- Complete the Client Request for Record Release (R003) when a copy of the client’s record is requested for both prenatal and infant clients.
- Explain to client or guardian of infant that this form gives them the right to see or receive a copy of their record, or have a copy sent to person(s) of their choice.
- Client or guardian of infant receives a copy the day of signature.
- Submit copy to RCC within five (5) working days.

D. Service Care Plan Development (R011A or R011C)
- Complete at the first visit for both infant and prenatal clients.
- Prenatals - address needs identified by PRSI/Alternate Entry.
- Infants - address needs identified on High Birth Score Referral and Tracking Form or Alternate Entry.
- Address additional needs identified on the Initial Client Assessment by client or guardian of infant, medical provider or DCC.
- Goals and objectives for the individualized Service Care Plan must be developed in conjunction with the client or guardian of infant.
- Discuss with the client or guardian of infant how, when and where referral, coordination and follow-up will occur.
- Ensure the Service Care Plan is signed and dated by the DCC and the client or guardian of infant. A copy of the Service Care Plan is to be given to the client on the date the Initial Client Assessment is completed. Copies are to be sent to the RCC and medical provider within five (5) working days.
- Make referrals as specified in the client’s Service Care Plan and provide appropriate follow-up.
- Act as advocate for resolution of problems that may arise in implementing the Service Care Plan.
- Client or guardian of infant contact must be completed at least monthly to ensure identified goals and objectives are met/pursued.
- Periodic review and revision of the Service Care Plan should be done to ensure appropriate quality, quantity and effectiveness of services. Revisions to the Service Care Plan must be completed as indicated (significant junctures in client care/status).
- All revisions/changes made to the Service Care Plan must be initialed and dated by the DCC. The DCC must forward revised Service Care Plans to the RCC and medical provider within five (5) working days.

E. Client Tracking Sheet (R001A)
- Complete at each contact for both infant and prenatal clients starting with the Initial Client Assessment (i.e., home visits, telephone calls, client advocacy, face-to-face contacts, etc.).
- Must be completed accurately, thoroughly and legibly.
- May include Progress Notes (if included, Section F, Progress Notes applies).
- Submit appropriate copies to:
  - RCC: Must accompany Initial Client Assessment, Service Care Plan, Rights and Responsibilities and Tobacco Screening Form within five (5) working days of signature date.
  - DCC Billing Department: Within five (5) working days of service date.
- Must include client or guardian of infant signature on all home visits.
- Must include Birth Score ID number, if available.
- Must include client’s social security number. If unavailable at previous encounters, social security number must be included on final Client Tracking Sheet (R001A) at case closure.
F. Progress Notes (R015)
- May be completed for both infant and prenatal clients if Client Tracking Sheet is not completed. May be completed as a supplemental documentation tool to the Client Tracking Sheet if additional space is needed.
- Must describe all events, in accurate detail, that occurred during the contact.
- Must include the time and date of the contact/attempted contact.
- Must include DCC signature at the conclusion of each Progress Note.

G. Physician’s Letter (R010)
Serves as notification to the medical provider of RFTS eligibility and enrollment.
- Complete for both infant and prenatal clients.
- Submit to medical provider within five (5) working days with Service Care Plan and Rights and Responsibilities.

H. Tobacco Screening Form (TS001)
- Complete on all prenatal and post-partum clients, including non-smokers, during initial visit. Complete only one (1) Tobacco Screening Form (TS001) per pregnancy.

NOTE: A client may refuse the education. If so, document as “refused” on Tobacco Screening Form (TS001) and offer again later.

- Assess the client’s tobacco exposure by self-report. If non-smoker/previous smoker, congratulate on success, educate on tobacco-free environment and avoidance of exposure to secondhand smoke.
- For non-smokers (NS), the DCC should provide strong, positive verbal reinforcement of her non-smoking status.
- Inform the NS of the importance of eliminating passive exposure.
- Recommend to the NS if she lives with a smoker that she establish a non-smoking household.
- Ask the NS to inform all family and friends who come into her household not to smoke.

NOTE: Clients who report they have quit since they became pregnant are at high-risk for relapse.

Indicate this is a special program developed for and by pregnant women; if in the coming days or weeks, she slips in her quit attempt, she should immediately take control. A slip is not a failure. Encourage the client to use A Pregnant Woman’s Guide to Quit Smoking to assist her to initiate the cessation process again.

If smoker, provide clear, strong message about risks of smoking to mother/fetus; provide clear strong and personal advice to quit and stay quit; and document education on the Tobacco Screening Form (TS001).

- Carbon Monoxide (CO) test all clients except the ones who state they have never been a smoker. Non-smokers can be CO tested if they request. The TS001 must include documentation of CO level, client refusal, or equipment problem.
- If smoker, provide A Pregnant Woman’s Guide to Quit Smoking to the client.
- Assess readiness to quit. If client is ready to quit or reduce, SCRIPT Intervention may be provided during the Screening Visit. If client reports desire to quit or reduce but does not want to complete the SCRIPT Intervention at this time schedule the SCRIPT Intervention within ten (10) working days.
- Provide brief counseling by reviewing cessation skills in the Commit to Quit DVD and Guide; express confidence that use of the Guide and methods will help client to quit;
encourage family and social support.

- Provide a copy of the Tobacco Screening Form (TS001) to the client at the time of completion.
- If smoker, provide the client with information for the WV Tobacco Quitline. Complete Quitline referral form if client requests Quitline services.
- Submit the Tobacco Screening Form (TS001) to RCC and medical provider within five (5) working days.

I. **SCRIPT Intervention Form (TS006)**

1. Complete for all prenatal/postpartum clients who were smokers at the Screening Visit, who wanted to quit or reduce and accepted SCRIPT services.

2. Complete during the initial visit or within ten (10) days after completion of the Tobacco Screening Form (TS001). Multiple Intervention visits and Intervention forms may be completed based on client need. Interventions must be completed during a face-to-face visit with the client.

   - Provide a 15-minute education session using the 5A’s (*Ask, Assess, Advise, Assist, Arrange*).
   - View the *Commit to Quit During and After Pregnancy* video/DVD with the client.
   - Begin the cessation process, identify cessation methods, develop a quit plan and set a quit date.
   - Complete referral to the WV Tobacco Quitline if client is interested.

3. Provide a copy of the Tobacco Intervention Form (TS006) to the client at time of completion.

4. Submit the Tobacco Intervention Form (TS006) to the RCC and medical provider within five (5) working days of completion.

**NOTE:** The *Commit to Quit Smoking During and After Pregnancy* DVD is for DCC use in smoking cessation education which is to be done with the client. However, if the DCC feels the client will benefit from borrowing the DVD, the DCC may loan the DVD for a short period of time, but is responsible to obtain the DVD at the next home visit and discuss it with the client.

J. **Tobacco Follow-Up Form (TS002)**

1. Complete for all prenatal/postpartum clients, including non-smokers.

2. A minimum of two (2) Tobacco Follow-Up Forms (TS002) must be completed prior to case closure. The first must be completed within 30 days of the Tobacco Screening Form (TS001), during the prenatal period, and the other during the postpartum period prior to case closure. Any client that has an Intervention visit must have a Tobacco Follow-Up Form completed *after* the Intervention service date.

**NOTE:** The Tobacco Follow-Up may be repeated as often as needed. If a client enters RFTS during the post-partum period, only one (1) Tobacco Follow-Up Form (TS002) must be completed prior to case closure. Follow-Ups must be completed during a face-to-face visit with the client.

3. Assess client smoking status by self-report.

4. CO test all clients except the ones who state they have never been a smoker. Non-smokers can be CO tested if they request. The TS002 must include documentation of
CO level, client refusal or equipment problem.

5. Provide a copy of Tobacco Follow-Up Form (TS002) to the client at time of completion.

6. Submit the Tobacco Follow-Up Form (TS002) to RCC and medical provider within five (5) working days of completion.

K. Edinburgh Postnatal Depression Scale - EPDS (R065)

1. Use to monitor client for early warning signs of depression issues throughout course of care coordination.

2. Must be administered face-to-face during the 3rd trimester and postpartum on perinatal clients. However, screening is not limited and may be administered at any time.

3. Instructions for Users:
   - The mother is asked to underline the response which comes closest to how she has been feeling in the previous seven (7) days.
   - All ten (10) items must be completed.
   - Care should be taken to avoid the possibility of the mother discussing her answers with others.
   - The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

4. Scoring: Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk (*) are reverse scored (i.e. 3, 2, 1, 0). The total score is calculated by adding together the scores for each of the ten (10) items.

5. Interpretation:
   - Women who score above the threshold of 12-13 are likely experiencing an episode of depression and must be referred to a physician or mental health care provider. If evidence of suicidal tendencies/hopelessness exists, establish a safety plan with the client/family and arrange urgent (24-48 hrs.) or emergency evaluation at a Mental Health Center or Emergency Room based on the DCC assessment.
   - A score of 9-11 might indicate depression therefore a referral should be made to the client’s medical provider. A careful assessment should be carried out to confirm the results of the screen and in certain cases it may be useful to repeat the EPDS after two (2) weeks (earlier if indicated).
   - A score of 0-8 may indicate minimal/mild depression. The client should be carefully assessed and the RFTS individualized Service Care Plan followed. If questions or concerns arise, the screen should be repeated.

6. Submit copies to the RCC and medical provider within five (5) working days of completion.

NOTE: Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.  

L. Prenatal Anticipatory Guidance Checklist (R075)

1. Educate clients on anticipatory guidance topics using the appropriate handouts included in the PHB curriculum at each face-to-face visit throughout the client’s prenatal care and

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postpartum care.

2. Document topics covered at each visit by using the Prenatal Anticipatory Guidance Checklist (R075). Base PHB curriculum discussions on client needs. The curriculum is designed so any topic may be discussed during any time during the client’s enrollment in RFTS.

3. Document topics addressed using the R075.

M. Infant Anticipatory Guidance Checklist (R076)
   1. Educate client’s guardian/family on anticipatory guidance topics using the appropriate handouts included in the PHB curriculum at each face-to-face visit throughout the infant’s first year.

   2. Document topics covered at each visit by using the Infant Anticipatory Guidance Checklist (R076). Base PHB curriculum discussions on client needs. The curriculum is designed so any topic may be discussed during any time during the client’s enrollment in RFTS.

   3. Document topics addressed using the R076.

5.2 ENHANCED PRENATAL CARE SERVICES
RFTS offers Enhanced Prenatal Care Services which must be rendered in accordance with established Program criteria. Client encounters for Enhanced Prenatal Care Services are called sessions. Each category of Enhanced Prenatal Care Services has a limited number of sessions for which reimbursement will be made. All Enhanced Prenatal Care Services are to be provided face-to-face with the client using the educational components in the PHB curriculum. Enhanced Prenatal Care Services may be provided to clients who are participating in full case management during face-to-face encounters.

Providers who choose not to provide case management services may provide Enhanced Prenatal Care Services as face-to-face sessions such as Childbirth Education, Parenting Classes, etc. to women who are pregnant or fall within the sixty (60) day postpartum period. The education provided by Enhanced Services Only providers does not have to follow component of the PHB curriculum. However, each education service must be provided using established best practice standards.

A. REFERRAL CRITERIA
   1. Referral for RFTS Enhanced Prenatal Care Services is based on:
      • Referral of Medicaid client from RCC; or
      • Physician’s treatment plan established for the client; or
      • Client’s request (self-referral).

   2. Referral for RFTS Enhanced Prenatal Care Services must come from the RCC through the Regional Lead Agency (RLA). A DCC cannot begin enhanced services until services are approved by the RCC.

   3. DCCs will offer RFTS care coordination to all Enhanced Prenatal Care Services clients.

B. ELIGIBILITY CRITERIA
A pregnant woman is eligible for Enhanced Prenatal Care Services if she:
   • Has a valid West Virginia DHHR Medicaid card or RFTS Maternity Services card for a current pregnancy; and
   • All RFTS clients are eligible for Enhanced Prenatal Care Services, even if they choose not to participate in care coordination.
5.3 ENHANCED PRENATAL CARE SERVICES COMPONENTS

A. Parenting Education
One event per day during the prenatal period and up to 60 days postpartum and topics covered in Childbirth Education should include but not be limited to topics such as:

- Feeding, bathing, dressing of infant
- Recognition of preventive health needs
- Recognition of acute care needs,
- Newborn/child development;
- Child safety;
- Sibling issues; and
- Smoke free environment.

Instruction must be rendered by Medicaid certified providers who have appropriate education, license or certification.

A DCC cannot provide and bill for both Parenting and Childbirth Education services simultaneously unless there is a documented need. This exception would be for parents who need additional Parenting Education after the “Parenting Component” of Childbirth Education has been completed and parents need additional parenting skills enhancement. The services need to be well documented in Progress Notes and units split per service. The PHB curriculum should be used to base and guide Parenting Education sessions for women enrolled in care coordination.

B. Childbirth Education
One event per day, through group classes or through individual sessions to be offered during the prenatal period to include but not limited to topics such as

- Maternal and fetal development;
- Nutrition, fitness and drugs;
- Physiology of labor and delivery;
- Relaxation and breathing techniques for labor;
- Postpartum care and family planning; and
- Newborn care and feeding.

Instruction must be rendered by a Medicaid certified provider who is a certified childbirth educator or a registered nurse.

C. Preventive Self-Care
Instruction during the prenatal period and through 60 days postpartum - one session per day. Topics should include but not be limited to:

- Physical and emotional changes during pregnancy and postpartum;
- Warning signs of pregnancy complications; and
- Healthful behaviors.

Instruction must be rendered by Medicaid certified providers who have appropriate education, license or certification.

The PHB curriculum should be used to base and guide Parenting Education sessions for women enrolled in care coordination.

D. Nutrition Education
Certain medically-related dietary concerns will require specialized nutrition services that are
extensive, that is, highly complicated and/or intensive. These cases will be referred to a registered dietitian for comprehensive nutrition evaluation, care plan and counseling.

The following non-comprehensive list identifies medical conditions requiring specialized nutrition services by a registered dietitian:

**Pregnant Women:**

- Pregnancy-induced hypertension/pre-eclampsia
- Multiple gestation
- Metabolic condition, chronic disease or disability which complicates present pregnancy, impairs dietary intake, or requires a special diet such as: Chronic pulmonary disease; Chronic hypertensive disease; Gestational diabetes; Diabetes mellitus; Renal disease; Hyperlipoproteinemia; Chronic cardiac disease; Cystic fibrosis; Phenylketonuria; Other inborn errors of metabolism*; Anorexia nervosa/bulimia; Maternal gastrointestinal diseases; malabsorption syndromes; Conditions requiring an elemental diet, enteral (specialized formula feeding by mouth or feeding tube), or total parenteral nutrition
- Adolescent pregnancy (i.e., ≤ 15 years of age or ≤ 2 years since onset of menses)
- Intrauterine growth retardation
- Anemia of pregnancy (i.e., iron and/or folacin -- Hgb ≤ 10 g, Hct ≤ 30%, folacin < 3 mg/ml)
- Hyperemesis gravidarum
- Maternal protein deficiency: Severe hypoalbuminemia < 2 g/dl; Persistent ketosis; Hypercholesterolemia; Negative nitrogen balance; Lymphocytopenia
- Low pre-pregnancy weight (i.e., < 85% standard weight for height)
- Inadequate weight gain (i.e., < 2 pounds per month during last 2 trimesters of pregnancy or unsatisfactory pattern of weight gain per weight gain grids)
- Significant weight loss in the first trimester due to nausea/vomiting (i.e., ≥ 5% of body weight [120 lb. woman would lose 6 lbs.])

*Referral should be made, if not done previously, to: West Virginia University – Department of Pediatrics, Robert C. Byrd Health Sciences Center, Genetic/Metabolism Section, Post Office Box 9214, Morgantown, West Virginia 26506 - Telephone: (304) 293-7331

**Postpartum Women (through end of 2nd postpartum month) whose infants have the following conditions:**

- Low birth weight < 2273 grams or 5 lbs
- Congenital anomaly affecting ability to feed or requiring special feeding techniques such as: Cleft lip/palate; Cerebral palsy; Esophageal strictures
- Chronic diseases and/or conditions requiring a therapeutic formula (i.e., renal, hepatic or cardiac disease, bronchopulmonary dysplasia)
- Cystic fibrosis
- Metabolic disorders such as:* Diabetes mellitus; Phenylketonuria (PKU); Other inborn errors of metabolism
- Medical diagnosis of failure to thrive
- Developmental delay with associated feeding problems (i.e., ineffective sucking, frequent regurgitation, persistent vomiting, etc.)
- Infant gastrointestinal diseases, malabsorption syndromes, such as necrotizing enterocolitis, short gut, etc.
- Conditions requiring an elemental diet, enteral (specialized formula feeding by mouth or feeding tube) or total parenteral nutrition
- Weight for length ≤ 5th percentile (based on National Center for Health Statistics [NCHS] growth chart)
Nutritional evaluation and counseling services, one session per day during the prenatal period and through 60 days postpartum. To provide specialized nutrition education and counseling for highly complicated medically related conditions occurring during pregnancy, postpartum or to the infant.

Qualified provider of these specialized nutrition services must be a registered dietitian (RD) in accordance with the Commission on Dietetic Registration.

Responsibility of Nutrition Education Enhanced services provider:
- Receive a copy of the physician’s order before providing the services;
- Complete a nutritional assessment/develop nutritional plan;
- Provide counseling and discharge when appropriate; and
- Send required copies of physician’s order and tracking information to the RCC for RFTS clients (Enhanced Services Education Report – R060) within five (5) working days of completion.

5.4 ENHANCED SERVICES ONLY (PRENATAL CLIENTS WHO REFUSE CARE COORDINATION)

For those Enhanced Services clients who do not choose to participate in care coordination services, the Enhanced Services Education Report (R060) should be completed for the prenatal client’s entry into RFTS Enhanced Services Only.

If, upon initial contact for Enhanced Services Only, the client chooses to enter into RFTS care coordination services, the Enhanced Services Only provider should forward a copy of the Enhanced Services Education Report (R060) to the RCC within five (5) working days to advise of the client’s Program participation. The Enhanced Services provider should check the “YES” box at the bottom of the Enhanced Service Education Report (R060) to notify the RCC that the client desires entry into RFTS care coordination services. The RCC will then complete an Alternate Entry (R019) for the client and refer the case to a DCC for entry into RFTS care coordination services. Copies of all subsequent Client Tracking Sheets (R001A) will be sent to the RCC by the Enhanced Services Only DCC within five (5) working days.

Upon receipt of the Enhanced Services Only client referral from the RCC, the DCC will contact the client to offer full RFTS care coordination services and schedule a home visit within five (5) working days. At the home visit the DCC will complete the, Initial Client Assessment (R036) and Service Care Plan (R011A or R011C). The DCC will then proceed with full care coordination services and all associated RFTS components according to protocol.

Closure of Enhanced Services Only: This category is for clients who are only eligible for Enhanced Services or choose to participate in Enhanced Services Only.

NOTE: 1. All records must be closed in accordance with specified time frames and reasons for closure.
2. All closures will be accurately recorded on the appropriate form (R060 – Enhanced Services Education Report).
3. Closure of a record by a DCC will include:
   - A copy of the Enhanced Services Education Report (R060) forwarded to the RCC within five (5) working days of the closure; and
   - The original maintained at the DCC agency.

5.5 ENHANCED SERVICES EDUCATION REPORT (R060)
Complete on prenatal clients who choose not to participate in care coordination.

Send copy to RCC within five (5) working days of initial contact with Client Tracking Sheet (R001A). A Client Tracking Sheet is to be completed for each client encounter and submitted to the RCC within five (5) working days.

If the client receives all identified services, the case should be coded as “Complete”.

If the client does not receive all services identified on the Enhanced Services Education Report, the case should be coded as “Incomplete”.

Within five (5) working days of termination of services, send copy of each to RCC and medical provider:
   - Enhanced Services Education Report
   - Client Tracking Sheet(s)

6.0 CASE CLOSURE

6.1 COMPLETE CASE (CODE A)
Complete Case – Code A is used for any case that was opened for services and is closed meeting criteria established for a complete case; includes: prenatal and infant cases. Use closure codes listed in Table 3.

Requirements for case closure as Complete
   - Monthly client contact – face to face home visits preferred (unless documentation that client preferred contacts other than in the home or another location.) If unable to complete a monthly face to face visit, documentation must contain a thorough and sufficient explanation.
   - Home visit required for Initial Assessment (may be made at an alternate location is permission obtained from RCC and DCC make HV within 30 days after Initial Assessment.)
   - Home visit within 2 weeks postpartum (prenatal clients)
   - Home visit for closure for infant case within 30 days of 1st birthday
   - Edinburgh Postnatal Depression Screen provided according to protocol
   - SCRIPT Screening according to policy
   - SCRIPT Intervention according to policy
   - SCRIPT Follow Up according to policy
   - Outcomes Measures completed for all case closures
   - Service Care Plan completed, signed by client and DCC, and updated according to client needs
   - Initial Assessment completed
   - Rights and Responsibilities signed by client and DCC
   - Anticipatory Guidance Checklists completed
   - Client signature included for all home visits
6.2 **INCOMPLETE CASE (CODE B)**
Incomplete Case – Code B is used for any case that was opened for services but does not meet criteria to be closed as a “Complete” case; includes: prenatal and infant cases. Use closure codes listed in Table 3; includes several sub-codes.

6.3 **OUTCOME MEASURES FORM (R022)**
Complete for both prenatal and infant clients who have had an Initial Client Assessment and Service Care Plan completed. (Referrals without an Initial Client Assessment and Service Care Plan completed are to be closed using one of the referral forms (Alternate Entry form).

If a client transfers within the same region or to a different region, do not complete the Outcome Measures Form and do not close the case. Client Tracking Sheet should be coded as a transfer (B-4 or B-10) and submitted to the RCC immediately. A copy of the client’s entire record must be forwarded to the RCC for reassignment.

Date and reason for closure and DCC’s signature will be recorded on the Service Care Plan (R011A or R011C), Client Tracking Sheet (R001A) as well as Outcome Measures Form.

Submit Outcome Measures Form (R022) to RCC and medical provider within five (5) working days of case closure.

**NOTE:** If case is closed prior to end of eligibility period, Outcome Measures Form must be completed with all available documentation.

6.4 **PHYSICIAN LETTER – CASE CLOSURE (R039)**
Use to notify medical provider of case closure specifying reason for closure. Complete for both prenatal and infant clients. Submit to RCC and medical provider within five (5) working days of case closure.

**TABLE 3. RFTS CASE CLOSURE CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Completed (any case that has been opened; must meet “complete” criteria.)</td>
</tr>
</tbody>
</table>
| B-1 | Spontaneous Aborted Pregnancy  
Includes spontaneous and ectopic. |
| B-2 | Induced Aborted Pregnancy |
| B-3 | Moved Out-of-State  
Client moves primary residence out of WV, thereby is ineligible for WV Medicaid or RFTS Maternity Services sponsorship. |
| B-4 | Transferred Out-of-Region  
Moved to a county in WV that is out of original RFTS region. |
| B-8 | Death  
Death of client. |
| B-9 | Lost to Follow-Up  
Same as “unable to establish contact” after RFTS services have been provided. |
| B-11 | Did Not Meet Program Protocol  
Client did not meet all Program requirements. |
| B-13 | Preterm Delivery  
Client delivers before thirty-seventh (37th) week of pregnancy. |
| B-15 | *Closed by RCC  
To be used as last resort, example: sudden loss of DCC or agency. (*RCC use only) |
7.0 CLIENT RECORD MAINTENANCE

7.1 RECORD MANAGEMENT
When a case is referred to a DCC for assessment and development of a Service Care Plan, the following will occur:

- The RCC will send a copy of the Alternate Entry (R019), PRSI and/or any other pertinent information about the client to the DCC.
- The original documents used in the client assessment and development of the Service Care Plan and all other documents used in the revision of care coordination services will remain in the agency of the DCC. A copy of the Initial Client Assessment (R036), Service Care Plan (R011A or R011C), Client Tracking Sheets (R001A), and any other document required for the provision of services will be forwarded to the RCC.
- Original case records will be maintained through timely and accurate scheduling and documentation (must use policies and procedures, forms and record formats approved by RFTS).

7.2 RECORD STORAGE
All record keeping and storage of records must assure client confidentiality as indicated below:

- Original client records will be maintained in a locked storage cabinet or drawer nightly and during weekends. Original records are not to be kept in staff vehicles or residences, but are to be kept at the agency of employment.
- Only duly-authorized Program personnel are permitted access to case records.
- All RFTS providers must comply with the American Health Insurance Portability and Accountability Act of 1996 (HIPAA). (The Individually Identifiable Health Information [Privacy Rule] effective on April 14, 2003.)
- For those providers who work from their homes instead of out of their agency of employment, original client records must be maintained at the employing agency. Sections of client records containing information needed for DCC use in service provision may be copied. Original client records, as well as copied records, must be maintained in accordance with HIPAA guidelines to protect the privacy of individually identifiable health information. (Examples: client files must not be accessible for viewing by unauthorized individuals, computers must be secure, telephone discussions with or about clients must not be overheard, etc.) All original client records must be kept current at the employing agency.

7.3 CONFIDENTIALITY OF RECORDS
Care should be exercised to ensure client privacy at all times to include:

- Recording in the client’s file;
- Telephoning the client;
- Seeking information about the client;
- Providing consultation;
- Referring the client and/or;
- Correspondence by email, social media or text.

7.4 CLIENT REVIEW OF RECORD
The prenatal client or the guardian of an infant may review their record at a reasonable, scheduled appointment date and time. The following procedure must be adhered to:
• Client must sign and date a Client Request for Record Release form (R003) before the record is reviewed.

• A private area must be made available for record review.

7.5 CLIENT REQUEST FOR COPY OF RECORD
The prenatal client or guardian of an infant must sign and date the Client Request for Record Release form (R003) before the record is copied.

• Upon request, the record may be mailed to the place of residence by registered mail with return receipt requested; or
• The record may be obtained from the RLA or the DCC’s office.

7.6 CLIENT RECORD RELEASE
During the Initial Assessment, the client or guardian of infant should sign and date the Rights and Responsibilities form (R004), which includes the Client Release of Information. Copies should be forwarded to the RCC.

7.7 ROUTINE RECORD COPYING
Copying of a case record will be for the following purposes:
• Referrals for care coordination and other needed services as appropriate;
• Client moves out of region;
• Client moves within region but not in catchment area of DCC;
• Case closure by DCC;
• Request by RLA or state office for utilization of review and monitoring;
• Submission of monthly tracking sheets to RCC;
• Sections of client charts containing information needed for DCC to make a home visit.

7.8 RECORD IDENTIFICATION
Infants or non-citizens who do not have a Social Security Number (e.g., NICU infants that are low birth weight, preterm and who are automatically eligible for SSI) will be assigned a computer generated Social Security Number. Refer family of infant to the local Social Security Office to obtain a social security number. When the infant’s Social Security Number has been obtained, records must be changed to use the infant’s true Social Security Number.

NOTE: If available, the Birth Score ID number assigned by the WV Birth Score Office should be included in the record.

The Medicaid/RFTS Maternity Services eligibility number will be included in the record.

7.9 RECORD RETENTION
All active and closed records must be kept for seven (7) years or three (3) years after the completion of the Federal audit, at which time the records may be destroyed.

7.10 REFERRAL FOR SERVICES
All referrals will comply with standards for protection of client confidentiality and be documented on the referral section of the Service Care Plan (R011A or R011C) and Client Tracking Sheet (R001A).
8.0 COLLABORATION WITH CHILD PROTECTIVE SERVICES (CPS)

As registered nurses and licensed social workers under WV Law (WV Code 49-6A-2), it is the responsibility of the RFTS DCC to report suspected or apparent child abuse and/or neglect to Child Protective Services (CPS). Detailed reporting information is available on the Bureau for Children and Families website at www.wvdhhr.org/bcf. After the information is reported by the DCC it is the responsibility of CPS staff to determine what further action will be taken. Observation to determine further action is not within the role of the DCC, but is the responsibility of CPS staff.

- DHHR must notify any person mandated to report suspected child abuse and neglect according to WV Law (WC Code 49-6A-2a) as to whether an investigation has been initiated and when the investigation is complete.
- Any contact/collaboration between the RFTS DCC and CPS staff must be documented in detail in the client's file.
- Client information may not be released to CPS staff without written permission from the client or guardian of infant.
- In the event CPS opens services, the role of the RFTS workforce does not change. RFTS workforce does not replace the CPS workers visitation and direct observation of the child at risk.

9.0 RESPONSIBILITY TO THE CLIENT’S MEDICAL PROVIDER

The DCC will provide an update of client status to the client's medical provider as changes occur. The update may contain:

- Notification of case closure, reason for closure and/or referral to another agency for additional services using Physician Case Closure Letter (R039).

- A copy of any changes in the Service Care Plan (R011A & R011C) or any other significant change in the client's status (i.e. loss of housing, family dysfunction including abuse or neglect).

10.0 REFERRAL TO THE WV BIRTH TO THREE PROGRAM

The WV Birth To Three Program (BTT) is designed to assist children from birth to thirty-six (36) months of age who have a diagnosis of hearing loss, a developmental delay or a condition known to lead to developmental delay(s). Referrals are made during the RFTS Initial Assessment or at any time deemed necessary during the time the infant is enrolled in RFTS.

The DCC will:

- Explain the BTT to the parent/guardian and ask if a referral is desired.

- Submit the referral, if indicated, to BTT serving the county of client’s residence and notify the primary medical provider that the referral has been made. Document all referral information in Progress Notes (R015).

- Inform the primary medical provider if the parent/guardian refuses the referral.

NOTE: BTT referrals can be made by calling the WV Statewide Toll-Free referral line at (866) 321-4728. Information and electronic referral forms are available on the BTT website at www.wvdhhr.org/birth23/.
11.0 ADOPTION POLICY

11.1 POLICY ON CONFLICT OF INTEREST FOR DESIGNATED CARE COORDINATION AGENCIES

OMCFH requires agencies providing RFTS and adoptive counseling services to provide separate staff for the performance of the two services.

The RFTS DCC agency goal is to provide quality services to high-risk pregnant women and infants and their families through care coordination services and accessing needed medical, health, educational, psychosocial and nutritional services. These services are intended to preserve families and give those families the best possible foundation for successful parenting. The agency expects staff to be assertive in ensuring that client’s needs are met, that they are protected from harm, and that their legal rights are not violated.

To avoid actual or perceived conflict of interest, any RFTS provider (RCC, DCC, clerical staff, etc.) will under no circumstances adopt a RFTS infant, recommend or advocate for adoption.

Note the following role clarifications:

<table>
<thead>
<tr>
<th>ROLE OF DCC</th>
<th>ROLE OF ADOPTIVE AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide client with names of licensed adoption agencies.</td>
<td>• Inform client of legal rights, responsibilities</td>
</tr>
<tr>
<td>• Emphasize client’s right to choose adoptive agency.</td>
<td>and obligations.</td>
</tr>
<tr>
<td>• Clarify role of DCC as defined in RFTS Manual and explain that adoption</td>
<td>• Provide adoption planning.</td>
</tr>
<tr>
<td>planning is not included or discussed.</td>
<td></td>
</tr>
<tr>
<td>• Outline client’s options such as foster care placement, adoption, pregnancy termination.</td>
<td></td>
</tr>
<tr>
<td>• Provide referral information if requested by client.</td>
<td></td>
</tr>
<tr>
<td>• Adhere to rules of confidentiality and provide no written or verbal</td>
<td></td>
</tr>
<tr>
<td>information to adoption staff without the written consent of the client.</td>
<td></td>
</tr>
<tr>
<td>• When working with adoption agencies whose program staff wish to provide</td>
<td></td>
</tr>
<tr>
<td>total birth parent counseling services, contact the RCC to determine if</td>
<td></td>
</tr>
<tr>
<td>the RFTS client’s care coordination services will be closed and transferred to the adoption agency staff.</td>
<td></td>
</tr>
<tr>
<td>• When working with adoption agencies whose program staff do not wish to</td>
<td></td>
</tr>
<tr>
<td>provide total care coordination activities, the DCC will continue RFTS</td>
<td></td>
</tr>
<tr>
<td>care coordination services to these clients.</td>
<td></td>
</tr>
</tbody>
</table>

12.0 RFTS STATE OFFICE

12.1 RESPONSIBILITIES OF THE RFTS STATE OFFICE

A signed Grant Agreement between OMCFH and the Department of Health and Human Resources/Bureau for Medical Services designates the State RFTS Office to administer and be responsible for operation of RFTS. The RFTS State Office subcontracts with other health agencies and service providers for operation of the Program.

12.2 DEVELOPMENT OF POLICIES AND PROCEDURES

Development, revision and implementation of RFTS Policy and Procedures Manual.

12.3 TECHNICAL ASSISTANCE

Be available to RLAs and service providers by phone, email or on-site.
12.4 TRAINING
- Make available training necessary to meet standards and procedures set forth in RFTS Policy and Procedures Manual. (RLAs and provider agencies’ staff are encouraged to participate in training opportunities).

- Review, select and provide RCC training on standardized, best practice home visitation curriculum and supporting resources.

12.5 PROGRAM MAINTENANCE
Perinatal Programs is responsible for maintaining the following in order to assure client access to early and adequate prenatal and infant health care:

State Office:
- Provider list updates
- Data collection and tracking system
- DCC Equipment Assignment list
- NHS client data
- WV Birthing Facility list
- OMCFH Provider Number list
- Website updates

Regional Lead Agency:
- Yearly Grant Agreement
- Monthly/Quarterly Reports
- Quarterly Training Minutes
- Monthly Timesheets and Invoices
- Correspondence

Designated Care Coordinator:
- Initial Letter of Agreement
- Annual Agreement Renewal
- DCC addition/deletion – Part A

Medical Provider:
- Initial Letter of Agreement
- Annual Agreement Renewal
- Medical Provider addition/deletion

12.6 COMMUNITY OUTREACH
Work cooperatively with RCCs and community resources to enhance RFTS objectives, such as strengthening linkages and collaboration.

12.7 CONFIDENTIALITY OF RECORDS
- In conjunction with RLAs and provider agencies, will adhere to those conditions outlined in their respective agreement and the RFTS Policy and Procedures Manual regarding the safe keeping of client information.
- Maintain compliance with the American Health Insurance Portability and Accountability Act (HIPAA) enacted 1996.

12.8 QUALITY ASSURANCE
Quality Assurance review for RLAs and DCC provider agencies will be managed by the OMCFH Quality Assurance Monitoring Team per the guidelines outlined in the RFTS Policy and Procedures Manual. The Director of Perinatal Programs will review and respond to Program monitoring reviews.

12.9 RFTS FORMS
Develop, provide and approve Program forms and letters to be used by RLAs and DCC provider agencies for the provision of RFTS services.
12.10 ELECTRONIC DATA SYSTEM (EDS)
Maintain and monitor a web-based data entry system for the Program.

12.11 OMCFH PROGRAM COLLABORATION
The OMCFH programs and staff functions identified in the RFTS Policy and Procedures Manual are an integral part of the total system design. The Director of Perinatal Programs is to be contacted if problems occur related to RFTS collaboration with other OMCFH programs.

12.12 QUALITY ASSURANCE MONITORING TEAM (QAMT)
The OMCFH Quality Assurance Monitoring Team performs quality assurance activities for OMCFH programs using a standardized process to review and document services rendered. Reviews are conducted with all RFTS providers.

Responsibilities:
• Contact the lead agency or service provider to schedule the monitoring according to monitoring protocol.
• Notify the RCCs of monitoring activity in their regions.
• Conduct an on-site monitoring to verify by observation and documentation provider compliance with RFTS policies and procedures; and to review the conditions surrounding services rendered.
• Conduct an on-site annual monitoring of RLA data entry using client files selected from the RFTS EDS.
• Randomly select twenty (20) charts representing the active and closed caseload of pregnant women and infants of the entity or person being reviewed.

12.13 CORRECTIVE ACTION PLANS
Within two (2) weeks following the receipt of the Monitoring Report, the Director of Perinatal Programs will review the report, make recommendations to improve compliance, identify needs for in-service programs and send the recommendations to the responsible RCC.

12.14 REGIONAL LEAD AGENCY CORRECTIVE ACTION PLAN
• Within three (3) weeks following receipt of the Monitoring Report, the RCC will submit a written correction plan to the Director of Perinatal Programs addressing each item of concern noted in the Director's recommendations.
• Inform the Director of Perinatal Programs of any progress or delays in implementing the plan.
• Director of Perinatal Programs will make site visit to RLA to discuss report and corrective action plan.

12.15 DESIGNATED CARE COORDINATOR CORRECTIVE ACTION PLAN
• RCC will send a copy of the Director of Perinatal Programs recommendations to the service provider within one (1) week of receipt from the Director of Perinatal Programs.
• RCC will meet face-to-face with the DCC to develop a Corrective Action Plan and include time tables for compliance.
• RCC will review, approve and submit the written service providers Corrective Action Plan to the Director of Perinatal Programs addressing each item of concern noted in the Director's recommendations within four (4) weeks following receipt of the Monitoring Report.
• RCC will inform the Director of Perinatal Programs of any progress or delays in implementing the plan.
12.16 DESIGNATED CARE COORDINATOR RESPONSIBILITIES

- Work with the RCC to develop a Corrective Action Plan to be submitted to the Director of Perinatal Programs within four (4) weeks following the RCCs receipt of the Monitoring Report and recommendations.
- Inform the RCC of any progress or delays in implementing the plan.
- Implement activities identified in Corrective Action Plan to obtain DCC agency compliance with RFTS protocol.

13.0 REGIONAL LEAD AGENCY (RLA)

13.1 DESCRIPTION/QUALIFICATION

An agency designated as a RLA, under Grant Agreement with the Bureau for Public Health, OMCFH, must meet specific agency criteria to provide for the administration of RFTS at the community level in accordance with RFTS policies and procedures. The RLA must:

- Demonstrate capacity to provide core administrative and managerial support of RFTS at the regional level.
- Demonstrate experience in coordination and linkage of available community agencies meeting RFTS service provider status.
- Demonstrate experience with the target population to be served under RFTS.
- Demonstrate administrative capacity to ensure quality services in accordance with RFTS policies and procedures and with State and Federal regulations.
- Provide one full time Registered Nurse for the position of RCC and a sufficient number of clerical staff meeting RFTS administrative qualifications.
- Provide a capable financial management system that will provide documentation of Program administrative services and costs.
- Demonstrate capacity to document and maintain client records in accordance with RFTS policies and procedures and State and Federal regulations.

NOTE: In case the RLA is no longer the service provider, all original client files will be maintained by the former RLA. Copies of active client files will be forwarded to the new RLA.

- Provide and document ongoing RFTS in-service training for provider staff (DCCs, clerks). Report in-services and documentation of staff meetings and/or training sessions to the Director of Perinatal Programs to include dates, speakers, topics and attendees.
- Provide the RCC with a copy of the signed and dated RLA contract upon receipt from OMCFH.

13.2 REGIONAL CARE COORDINATOR JOB RESPONSIBILITIES

Qualifications:
- Registered Nurse, BSN, licensed in the State of West Virginia with at least three years of community nursing experience as a registered nurse.
- Previous supervision and administrative experience: basic computer/internet, and data entry skills; skills in monthly report preparation and recordkeeping.

NOTE: In regions where nursing shortages exist and agencies have documented that a BSN and/or three years of community health experience presents a hardship in recruitment for the RCC position, the agency may submit documentation of the nursing shortage and a description of unsuccessful recruitment efforts for approval to
the Director of Perinatal Programs. In these circumstances in place of community health experience a registered nurse with an Associate in Nursing with community health background and/or a DCC with one year experience can be substituted with approval from the Director of Perinatal Programs.

- Qualifications must be submitted and approved by the Director of Perinatal Programs before assuming RCC position.

**Job Objectives:**
- Comply with RFTS guidelines to administer a regional system for eligible pregnant women and infants
- Provide training and technical support to medical providers and other professionals to facilitate delivery of timely services to eligible clients.
- Maintain information systems for risk assessment and client tracking.
- Provide technical assistance and support for individuals or agencies that provide direct RFTS services.
- Network and foster collaborative relationships with community agencies/programs.

**Authority Lines:**
- Responsible to: RLA and OMCFH Perinatal Programs.
- Responsible for: RFTS Secretary and/or Clerk; and DCC and other service providers in provision of care coordination and enhanced services in compliance with RFTS policy and procedures.

**Chief Responsibilities Include:**
- Participate in required RFTS curriculum training.
- Technical assistance to new DCC agencies for Medicaid/HMO enrollment process.
- Referral to other home visitation agencies if ineligible for RFTS.
- Maintenance of standardized RFTS display.
- Recruitment of providers (DCC and OB).
- Provider training.
- Client tracking.
- Community outreach.
- Attendance at required meetings.
- Communication with DCCs and DCC agencies within region.
- Oversight of RFTS EDS at the regional level.
- Accurate documentation and timely reporting procedures.
- RLA staff time spent in the provision of RFTS administrative services will be documented on OMCFH time sheets (R041A and R041B) by approved service codes. Time sheets are to be given to the RCC to be submitted, with invoice, to the Director of Perinatal Programs no later than thirty-five (35) days following the end of the month (A copy should be kept at the RLA for auditing purposes). RCCs are expected to spend 100% of their time for the provision of RFTS RLA functions.
## 13.3 REGIONAL CARE COORDINATOR CODES AND ACTIVITIES

<table>
<thead>
<tr>
<th>CODE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>PROGRAM ELIGIBILITY</td>
</tr>
<tr>
<td></td>
<td>Activities performed for potentially eligible pregnant women and infants to help obtain Medicaid or medical appointments.</td>
</tr>
<tr>
<td></td>
<td>• Identifying potential Medicaid and/or RFTS Maternity Services eligibility for pregnant women and infants.</td>
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<tr>
<td></td>
<td>• Processing referrals.</td>
</tr>
<tr>
<td></td>
<td>• Notifying non-Program eligible clients of ineligibility and making referral to appropriate resource(s).</td>
</tr>
<tr>
<td>002</td>
<td>REFERRAL FOR SERVICES/TRACKING</td>
</tr>
<tr>
<td></td>
<td>Referral of Program eligible clients for service care plan development and care coordination.</td>
</tr>
<tr>
<td></td>
<td>Oversight of DCC services to ensure:</td>
</tr>
<tr>
<td></td>
<td>• Service Care Plan met the needs identified in assessment.</td>
</tr>
<tr>
<td></td>
<td>• Service Care Plan documented in chart.</td>
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<tr>
<td></td>
<td>• Referrals are completed.</td>
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<tr>
<td></td>
<td>• Medical provider notified of clients participation in Program.</td>
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<tr>
<td></td>
<td>• Use of CO monitor for all smokers and former smokers.</td>
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<tr>
<td></td>
<td>• Completion of Edinburgh Postnatal Depression Scale per Program protocol.</td>
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<tr>
<td>003</td>
<td>PROGRAM DEVELOPMENT</td>
</tr>
<tr>
<td></td>
<td>Time spent working with State Program staff in formal work committees to assess and plan or project activities that meet Program goals and objectives.</td>
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<tr>
<td></td>
<td>• Training: Instruction on Program policies and procedures to prepare RCCs to train providers; Professional training of DCC/medical personnel to enhance or up-date professional skills; and Attendance at monthly state RCC meetings or other required training.</td>
</tr>
<tr>
<td></td>
<td>• Technical Assistance: DCC/RFTS service provider on-site and/or telephone assistance.</td>
</tr>
<tr>
<td>004</td>
<td>CLIENT TRACKING</td>
</tr>
<tr>
<td></td>
<td>Supervision of computer input of client tracking and/or written recording of client information for Program effectiveness and evaluation of client outcome.</td>
</tr>
<tr>
<td>005</td>
<td>COMMUNITY ACTIVITIES</td>
</tr>
<tr>
<td></td>
<td>Preparation for community outreach activities such as participation on locally-based committees or public speaking engagements that promote Program goals and objectives.</td>
</tr>
<tr>
<td>006</td>
<td>REPORTS/SURVEYS/BUDGET PREPARATION/BILLING</td>
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<tr>
<td></td>
<td>Time spent preparing required Program specific reports and conducting surveys to include but not limited to:</td>
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<tr>
<td></td>
<td>• Projecting/reporting monthly caseload of service providers.</td>
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<tr>
<td></td>
<td>• Projecting yearly regional lead agency budgets.</td>
</tr>
<tr>
<td></td>
<td>• Preparation of monthly invoices.</td>
</tr>
<tr>
<td></td>
<td>• Any change in service provider agency or RLA agency staffing.</td>
</tr>
<tr>
<td></td>
<td>• Monthly RCC activities (online form).</td>
</tr>
<tr>
<td>007</td>
<td>OUTREACH/CERTIFICATION OF SERVICE PROVIDERS/PROVIDER RECRUITMENT</td>
</tr>
<tr>
<td></td>
<td>Includes time spent with the service provider in readjusting caseload assignments during a given period and time expended in processing service provider agreements to the RFTS State Office.</td>
</tr>
<tr>
<td></td>
<td>• Agency qualifications.</td>
</tr>
<tr>
<td></td>
<td>• Agency staff qualifications.</td>
</tr>
<tr>
<td></td>
<td>• Assistance with projecting service provider caseload.</td>
</tr>
<tr>
<td></td>
<td>• Execution of service provider agreements.</td>
</tr>
<tr>
<td></td>
<td>• DCC and OB Provider recruitment.</td>
</tr>
<tr>
<td>008</td>
<td>TIME OFF</td>
</tr>
<tr>
<td></td>
<td>Annual leave, sick leave or other leave approved by the RLA.</td>
</tr>
</tbody>
</table>
13.4 **REGIONAL SECRETARY/CLERK JOB DESCRIPTION**

**Definition:**
Direct office support to RCC; typing and general office duties, including computer data entry, minor administrative tasks and office functions, limited participation in organization and Program matters based on policies and procedures.

**Qualifications:**
High school diploma or GED, basic computer/data entry and organizational skills.

**Authority Lines:**
Responsible to RLA under direct supervision of the RCC and OMCFH.

**Chief Responsibilities:**
- Support to RCC in daily administration of RLA RFTS.
- Routine office functions and coordination of Program activities that include assisting clients and/or service providers with routine inquiries.
- Preparation of routine correspondence/form letters for RCC signature.
- Timely data entry of client and Program information.
- Daily maintenance of regional office files and records.
- Schedule meetings and set up RCC appointments.
- Regional RFTS staff (RCC and clerical staff) will maintain an individual time sheet for the administration of RFTS activities (R041B).
- Any clerical support staff time spent in activities other than RFTS administration must be documented on the time sheet and deducted from the total amount of hours the RLA will be invoicing.

13.5 **REGIONAL SECRETARY/CLERK CODES AND ACTIVITIES**

<table>
<thead>
<tr>
<th>CODE</th>
<th>ACTIVITY</th>
</tr>
</thead>
</table>
| 100  | COMPUTER INPUT  
Entering Program data into RFTS Electronic Data System (EDS) as forms are received, completing data transfer, retrieving data for RCC. |
| 101  | TECHNICAL ASSISTANCE  
RCC assistance, relaying information to the RCC. |
| 102  | TYPING  
Letters/memos, routine correspondence and form letters for Program. |
| 103  | COPYING  
Preparing information to forward to DCC for case assignments and trainings. |
| 104  | RECORDS  
Maintenance of files and records. |
| 105  | REPORTS  
Compiling information and preparation of reports. |
### CODE | ACTIVITY
--- | ---
106 | APPOINTMENTS  
Scheduling meetings for RCC with DCC and other health providers.
107 | BILLING  
Compiling information on invoicing for lead agency and completion of monthly invoices.
108 | TRAINING  
The time spent in receiving training on Program policies and procedures, use of computer systems.
109 | TRACKING  
Assessing client tracking sheets, service care plans and other RFTS forms for completion.  
Filing client paperwork.
115 | TIME OFF  
Annual leave, sick leave, or other leave approved by the RLA.
116 | MISCELLANEOUS  
(Must include explanation of activities)

### 14.0 DESIGNATED CARE COORDINATOR (DCC) PROVIDER AGENCY

#### 14.1 PROVIDER ELIGIBILITY CRITERIA
All RFTS provider agencies must meet the following criteria:
Provider must be:
- A local health department as created in West Virginia Public Health Law, Chapter 16-2-1, 16-2-3, and 16-2A of the West Virginia Code; or
- A health center as defined by U.S. Public Health Service Act 330; or
- Other federally qualifying health or community services facility as defined by 42 U.S.C. § 1396a (1) (2) (B).

Provider must:
- Demonstrate capacity to provide core elements of defined services as grouped below:

<table>
<thead>
<tr>
<th>I. Prenatal Clients</th>
<th>II. Infant Clients</th>
<th>III. Enhanced Only Prenatal Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessment</td>
<td>• Assessment</td>
<td>• Enhanced Services Education</td>
</tr>
<tr>
<td>• Service Plan Development</td>
<td>• Service Plan Development</td>
<td></td>
</tr>
<tr>
<td>• Care Coordination &amp; Referral</td>
<td>• Care Coordination &amp; Referral</td>
<td></td>
</tr>
<tr>
<td>• Follow-up and Monitoring</td>
<td>• Follow-up and Monitoring</td>
<td></td>
</tr>
<tr>
<td>• Enhanced Services</td>
<td>• Enhanced Services</td>
<td></td>
</tr>
</tbody>
</table>

- Provide sufficient number of qualified staff to meet core elements of the defined service(s) categories.
- Provide administrative capacity to ensure quality of services in accordance with State and Federal requirements.
- Conduct quality assurance activities within each agency for the chart audit on ten (10) prenatal cases and ten (10) infant cases per quarter. (Quality Assurance Report – R040)
- Provide financial management capacity and a system that documents services and costs.
• Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements (seven (7) years or three (3) years after a federal audit at which time the case records may be disposed/destroyed).

14.2 DCC PROVIDER AGENCY REQUIREMENTS

Service Provider Staff Licensure:
The licensure of the DCC must be validated by the RCC at the time of Letter of Agreement (LOA) initiation, renewals and prior to care coordination services being initiated. The RCC must maintain a list of license numbers and names of licensees on file at the RLA. Any new DCCs added by the provider agency must follow the same protocol. Since licenses expire at different times throughout the year, verification is required at the end of the fiscal year (June 30) or at the discretion of the RCC.

Agency DCC changes must be submitted by the RCC to the Director of Perinatal Programs on Part A of the LOA within five (5) working days of receipt.

Attendance At Meetings:
Requirements of DCC participation:

• At least one (1) DCC and/or Enhanced Services provider from each DCC agency must attend the regional quarterly training. The DCC/Enhanced Services provider attending the regional quarterly training will be responsible for updating their site with information reviewed/obtained at that training. If this requirement is not met, the DCC agency must notify, in writing, the RCC for approved absence at least one (1) week in advance.

• All DCC provider staff must complete the PHB curriculum training, in its entirety, prior to providing client services.

• If a DCC provides RFTS services in two (2) different regions, the DCC must attend a quarterly training in at least one (1) region. The DCC must notify the RCC, in writing, of training attendance and obtain updates.

• DCCs will attend on-site meetings, group technical assistance, or continued education trainings offered by RFTS or the RCC.

Research:
DCCs will participate in research and evaluation activities that address the RFTS target population. Activities will be designed by OMCFH/RFTS research personnel in conjunction with State and local RFTS personnel.

Quality Assurance:
• DCCs will participate in RFTS quality assurance review and monitoring activities.

• The DCC will use the Quality Assurance Report (R040) for RFTS to audit both prenatal and infant charts. At least ten (10) prenatal and ten (10) infant charts must be audited each quarter, documented, and retained by the DCC provider agency, and sent to the RCC. The DCC may select either open or closed charts for audit.

14.3 ENHANCED SERVICES ONLY PROVIDERS

Enhanced prenatal care services will be rendered by certified providers using the PHB curriculum who have appropriate education, licensure or certification such as, but not limited to:

• Registered Nurse
• Childbirth Educator
• Health Educator
• Social Worker
• Registered Dietician
NOTE: The license or certification will be validated by the same protocol used for the DCCs.

14.4 DCC PROVIDER AGENCY ENROLLMENT - LETTER OF AGREEMENT PROCEDURE

1. To be eligible for participation and reimbursement for services provided to Medicaid members, all providers shall:
   • Meet applicable licensing, accreditation and certification requirements;
   • Have a valid signed provider enrollment application/agreement on file with BMS; and
   • Meet and maintain all BMS provider enrollment requirements.

2. The RCC will contact the State RFTS staff with the name and address of the interested agency.

3. State RFTS Office sends LOA to the potential DCC agency for review and signatures.

4. Agency completes Part A and B, the Caseload Projections and signs Agreement (DCC licensing, titles and counties covered must be entered on Part A).

5. LOA is submitted to the appropriate RCC for certification of Part A. The RCC will submit the original certified LOA to the OMCFH, Director of Perinatal Programs for approval. After the LOA has been submitted to OMCFH, the RCC may start training the DCC(s). Training must be provided on the PHB curriculum and documented on the DCC Training Checklist.

6. Upon approval of the LOA, OMCFH will submit a copy of the LOA to Molina for assignment of a Medicaid Provider number for billing purposes. OMCFH will retain the original LOA and will forward a signed copy to the RCC, DCC agency Administrator and the DCC(s).

   • Molina will send the DCC agency the application for a provider number. Agency completes application and returns to Molina. Molina will process completed application within ten (10) working days and notify the agency and the Director of Perinatal Programs of the assigned number.

NOTE: Providers may not participate in RFTS until certification is completed and a RFTS Medicaid billing number has been assigned. RCC is not to make referrals prior to receiving notification of the agency’s Medicaid Provider number and effective date and completion of DCC training.

   • The provider number assigned by Molina is to be used ONLY for the purpose of billing RFTS Care Coordination/Enhanced Services to Molina or the appropriate HMO. This number is not to be confused or exchanged with the ten-digit provider number assigned by the OMCFH for the sole purpose of ordering materials (literature, forms, etc.) from OMCFH Materials Management.

7. In the event the provider wishes to modify the caseload volume or enhanced services offered during the contract year, the following process must be followed:

   • A revised Part A and Part B (Attachment I of LOA - Appendix E) must be submitted to the RCC with requests for modification of services.

   • The RCC will: Certify the provider has the personnel needed to modify the caseload/service volume; Verify that there is a demonstrated need for modification of services in the designated area; and Send in revised Part A, Part B and Caseload Projection Worksheet to the Director of Perinatal Programs.

8. Parts A and B of the agreement and caseload projections must be submitted annually. All RFTS providers must submit Part A to the RCC by June 1st. The RCC should forward originals to the State Office annually, no later than June 15th.
9. In the event of cancellation of a DCC LOA, OMCFH will notify Molina of the cancellation and the effective date. Agency must provide RCC and OMCFH with a letter of termination giving 30 days notice according to the LOA. If any RFTS billing is submitted by this DCC agency with a service date after the end date of the LOA, the claim will be denied for payment by Molina/HMO. The agency has 60 days following LOA cancellation to submit billing.

14.5 DESIGNATED CARE COORDINATOR JOB RESPONSIBILITIES

Objectives:
• Coordinate the health, education and nutritional care for Medicaid-eligible or RFTS Maternity Services pregnant/postpartum women and infants with providers, professional specialists, and community resources.
• Improve the pregnant woman/infant’s and the family’s knowledge regarding the importance of quality health care.
• Use appropriate referral and follow-up procedures to access necessary resources for the primary needs of the family. This includes, but is not limited to food, shelter, safety, crisis intervention, mental health, transportation assistance and child care.
• Empower the pregnant woman/family to have the knowledge and ability to access necessary resources following case closure.

Authority Lines:
The DCCs are responsible to:
• The RCC for care coordination/enhanced services activities;
• The employing agency for authority and supervision;
• Service providers for coordination, reporting and communication related to services provided.

Chief Responsibilities:
A. Coordinates the health, education and nutritional care for the RFTS eligible pregnant/postpartum woman and infant.
   • Receives referrals from RCC.
   • Provides follow-up and coordination on referrals and offers RFTS care coordination to eligible infants.
   • Completes assessment and Alternate Entry, if necessary, to identify barriers to a healthy outcome.
   • Develops care plan with the client or guardian of the infant using RFTS Service Care Plan (R011A or R011C) and does periodic evaluation for each objective included on the Service Care Plan.
   • Arranges for interventions which meet identified needs.
   • Makes home visits and client contacts according to policy.
   • Follows a standardized recording system for documenting client care.
   • Reassesses and revises Service Care Plan as needed.
   • Updates medical provider of client’s progress/change in Service Care Plan as needed.
   • Sends required information to RCC.
   • Arranges for and/or participates in interdisciplinary and/or interagency problem/service care plan meetings for multi-problem clients to determine the appropriate agency to serve as primary case manager and to assign service care plan responsibilities.
   • Coordinates with other programs providing case management to infants such as the BTT and/or Children with Special Health Care Needs.
   • Refers client or guardian of infant into appropriate case management system at time of
• At or near case closure, completes Outcome Measures form and forwards copies to RCC and medical provider.

B. Increases the pregnant woman/infant’s family’s knowledge regarding the importance of quality health care.
• Communicates with the client or guardian of infant and the family concerning the value of self care.
• Plans with the client or guardian of the infant for medical perinatal and/or/pediatric care.
• Plans with the client for participation in Women, Infants & Children (WIC) for nutritional needs, counseling and food supplements.
• Models and teaches problem-solving skills.
• Plans with the client for receiving a postpartum exam and family planning services.
• Plans with the client or guardian of infant for support systems.
• Plans with the client or guardian of infant for receiving well child visits and immunization services.
• Encourages and promotes routine oral health care.
• Uses guidelines and appropriate client handouts included in the PHB curriculum.

C. Advocates for the primary needs of the family, including, but not limited to, food, shelter, safety, crisis intervention, transportation assistance and child care.
• Advocates for the client in the community.
• Intervenes immediately when mother and/or infant is in unsafe environment.
• Intervenes in times of crisis; as mandated incidents of child abuse/neglect, must be reported by telephone to CPS, the Child Abuse Hotline or local DHHR office.

D. Uses appropriate referral and follow-up procedures to acquire necessary resources for the client or guardian of infant.
• Establishes cooperative agreements and contacts for referral on the local level.
• Coordinates services from all disciplines.
• Communicates with medical care providers.
• Refers parent or guardian of very low birth weight, preterm infants to SSI (if not referred by hospital at birth). SSI approval provides Medicaid eligibility.
• Monitors receipt of services.

E. Participates in all training provided by the RCC or OMCFH, including mandatory training on the PHB curriculum.

F. Safely maintain all state supplied, assigned equipment and return to RCC upon termination of agreement or DCC.

14.6 DOCUMENTATION REQUIREMENTS FOR DCC
The DCC must:
• Maintain a separate individual case record for each RFTS referred client, including refusals.
• Open a new record for each client who has a subsequent pregnancy.
• Maintain a record for each client who receives Enhanced Services Only.
• Have all appropriate client information relative to the case, and document immediately upon completion of a service unit. If unable to complete documentation immediately, documentation must be completed as soon as possible (no longer than five (5) working days) following service delivery. Delay of documentation will be considered noncompliance and
repeated offenses will risk termination of an agency’s agreement to continue RFTS service provision.

- With all RFTS forms, documentation must accurately reflect the services provided. This includes, but is not limited to:
  - Number of units provided for care coordination services on the Client Tracking Sheet (R001A).
  - DCC signature after each entry in Progress Notes.
  - Client or guardian of infant must sign Client Tracking Sheet (R001A) for all home visits.
  - Documentation of the geographical location in which the service was rendered. The name of the town will be sufficient for a clinic site in a multi-clinic agency or provider’s office. For services performed in the client’s home, the address need not be repeated.
  - Include reference to handouts provided to client from the PHB curriculum on appropriate Anticipatory Guidelines and on the Client Tracking Sheet (R001A)

- Include copies of email correspondence in all RFTS records for those clients who are hearing impaired.

- Make appropriate corrections on original client record and return, along with copy of Corrections Request Form (RCC102), to RCC within five (5) working days after receipt. Maintain copy of RCC102 in the client file.

14.7 DCC BILLING AND REIMBURSEMENT

Covered Services:
Covered services and procedure codes for targeted case management are outlined on Page 41.

Units of service for care coordination reimbursement represent the time spent in the actual service activity. A unit of service is defined as fifteen (15) minutes. Partial units are to be rounded up or down to the nearest whole unit.

Enhanced Services are provided as sessions for prenatal clients only. These are limited to reimbursement for one event per day according to Program guidelines (see chart on Page 41).

All service providers will adhere to the allowable units/sessions of service established by the Program for reimbursable covered services. There is no provision for extension or approval of units of service beyond the approved number.

NOTE: Care Coordination can be billed prior to completion of assessment and Service Care Plan contingent on RCC approval. Only in extreme or emergency cases can this be done (example: attempts to provide follow-up of infants with a high birth score).

Non-Covered Services:
- Services provided by non-Medicaid certified provider personnel, regardless of supervision. Persons rendering services must be approved during the provider agency certification process and must meet the qualification criteria for the categories of service they will be rendering.
- Telephone calls for Enhanced Services. Enhanced Services can only be provided face-to-face with the prenatal/postpartum client.
- Time spent seeking clarification on Program procedures/policies.
- Time used to train service providers or time used by service providers to acquire training.
- Time spent in the preparation of reports.
- Time spent preparing letters or literature to send to clients.
- Mileage reimbursement for travel by DCCs to render services.
- Added time that it takes to get to or from a client.
• Added time for documentation after seeing, visiting or talking with a client.
• Picking up supplies (diapers, food, etc.) and delivering to a client. A DCC can only charge for the actual time spent with the client.
• A home visit if the **prenatal** client is not home. A home visit if **infant** client is not home.
• An infant client visit if the guardian of infant is not home (exception: caregiver permission form signed by parent/guardian).
• The initial contact (phone call, letter).
• Enhanced Services on an infant case.
• RFTS case management if coaching the prenatal client during labor.
• In cases where the client has refused RFTS services, DCCs cannot bill for a Service Care Plan (R011A & R011C) and Initial Client Assessment (R036) if the client has not signed the Service Care Plan.
• Billing for Initial Client Assessment by a DCC/agency after the first one has already been billed.

### 15.0 GUIDELINES FOR CLAIMS

#### 15.1 MEDICAID

RFTS claims processing for Medicaid clients will accommodate the national version of the CMS-1500 Health Insurance Claim Form. Federal regulations require that the recipient exhaust all benefits available to meet the costs of care prior to use of Medicaid benefits. Medicaid is the payer of last resort. For questions regarding billing issues, call Molina at 1-800-483-0793 or log on to [www.wvdhhr.org/bms](http://www.wvdhhr.org/bms) and choose the Molina link. For questions regarding a specific HMO, Molina will provide appropriate contact information.
### 15.2 RIGHT FROM THE START PROGRAM PROCEDURE CODES

#### TARGETED CASE MANAGEMENT AND ENHANCED PRENATAL CARE SERVICES

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
<th>PROCEDURE DESCRIPTION</th>
<th>UNIT(S)</th>
<th>SERVICE LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5190HD $96.00</td>
<td>Service Care Plan Assessment/Wellness Assessment (Prenatal Clients Only) Based on medical Prenatal Risk Screening Instrument, assessment of the client’s situation, identification of needed services and development of an individualized Service Care Plan.</td>
<td>1 session</td>
<td>1 per case</td>
</tr>
<tr>
<td>T1016HD $12.78</td>
<td>Care Coordination/Case Management Based on the individualized Service Care Plan, care coordination and referral for resources and services; follow-up and monitoring; Service Care Plan update.</td>
<td>15 minutes</td>
<td>None</td>
</tr>
<tr>
<td>S9444HD $16.00</td>
<td>Health Education – Parenting Classes; non physician provider Client education for infant care; recognition of preventive and acute health care needs; child development and child safety. Should include but not be limited to topics such as 1) Feeding, bathing, dressing of infant, 2) Recognition of preventive health needs, 3) Recognition of acute care needs, 4) Newborn/child development, and 5) Child safety.</td>
<td>1 session per day</td>
<td>32-15 minute sessions during the prenatal period and up to 60 days postpartum</td>
</tr>
<tr>
<td>S9445HD $12.00</td>
<td>Health Education – Preventive Self-Care; not otherwise classified; non physician provider; individual Intervention education for pregnant/postpartum women to include but not be limited to such topics as 1) Physical/emotional changes during pregnancy and postpartum, 2) Warning signs of pregnancy complications, and 3) Healthful behaviors.</td>
<td>1 session per day</td>
<td>32-15 minute sessions during the prenatal period and up to 60 days postpartum</td>
</tr>
<tr>
<td>S9442HD $12.00</td>
<td>Health Education – Childbirth Classes; non physician provider; group classes or individual sessions Education during the prenatal period to include but not limited to topics such as 1) Maternal and fetal development, 2) Nutrition, fitness and drugs, 3) Physiology of labor and delivery, 4) Relaxation and breathing techniques for labor, 5) Postpartum care and family planning, and 6) Newborn care and feeding.</td>
<td>1 session per day</td>
<td>7/9 months (total 14 hours)</td>
</tr>
<tr>
<td>S9452HD $18.00</td>
<td>Nutritional Assessment/Counseling; non physician provider To provide specialized nutrition education and counseling for highly complicated medically related conditions occurring during pregnancy, postpartum or to the infant. Qualified provider of these specialized nutrition services must be a registered dietician (R.D.) in accordance with the Commission on Dietetic Registration.</td>
<td>1 session per day</td>
<td>32-15 minute sessions during the prenatal period and 32-15 minute sessions up to 60 days postpartum</td>
</tr>
</tbody>
</table>