



# HCA's First Steps Enhanced Programs

June 2021

Washington State  
Health Care Authority

# First Steps Program

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- ▶ Anyone who is pregnant and 60 days postpartum and enrolled in Washington Apple Health (Medicaid)\*
- ▶ Coverage is available as soon as an individual knows they are pregnant and continues to the end of the month in which the 60<sup>th</sup> day post pregnancy occurs\*
- ▶ Covers the infant up to the end of the month of their first birthday
- ▶ First Steps includes medical, enhanced, drug and alcohol and other services

\*April 16, 2021, Governor Inslee signed SB 5068 extending the postpartum period to 12 months

# Medical Services

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- ▶ Prenatal care
  - ▶ General medical services, including emergency room
  - ▶ Vision
  - ▶ Dental care
  - ▶ Labor and delivery
  - ▶ Post pregnancy follow-up care
  - ▶ One year of family planning services post pregnancy
  - ▶ One year of full medical for newborns
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- ▶ Services may be covered through a managed care plan or fee-for-service

# Enhanced Services

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- ▶ Maternity Support Services (MSS)
- ▶ Childbirth Education (CBE)
- ▶ Infant Case Management (ICM)



# Other Services

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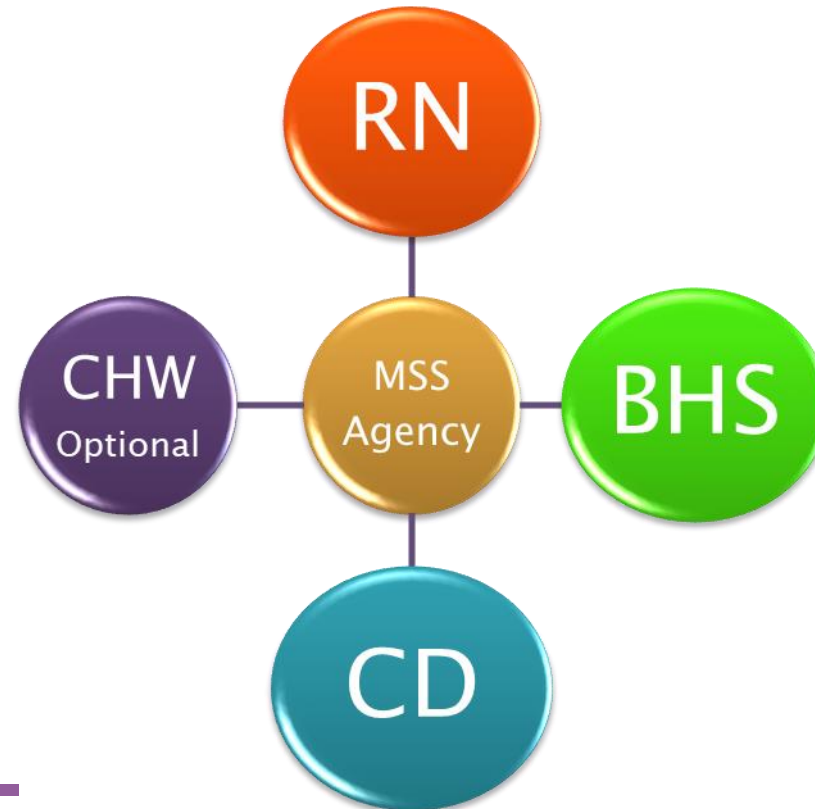
- ▶ Expedited eligibility determination
- ▶ Outreach
- ▶ Transportation
- ▶ Interpreter services

# First Steps Maternity Support Services (MSS)

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## ▶ Purpose of the program

- ▶ Improve and promote healthy birth outcomes using an interdisciplinary team
- ▶ Help clients access
  - Prenatal care as early as possible
  - Health care for eligible infants



# Goals of MSS

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- ▶ Early access and ongoing use of prenatal and newborn care
- ▶ Screening for Postpartum Mood Disorder (PPMD)
- ▶ Initiation and duration of breastfeeding
- ▶ Family planning knowledge
- ▶ Healthy birth spacing intervals
- ▶ Maternal and infant morbidity and mortality
- ▶ Low birth-weight babies
- ▶ Premature births
- ▶ Health disparities
- ▶ Number of unintended pregnancies
- ▶ Tobacco, nicotine, alcohol, marijuana, and substance use during pregnancy
- ▶ Pediatric exposure to second-hand smoke



# MSS Covered Services

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- ▶ In-person screening(s) for risk factors
- ▶ Brief counseling
- ▶ Education related to improving pregnancy and infant health outcomes
- ▶ Interventions for risk factors
- ▶ Basic health messages
- ▶ Referral to community resources
- ▶ Case management and care coordination

# MSS Screening

## MSS Prenatal Screening Tool

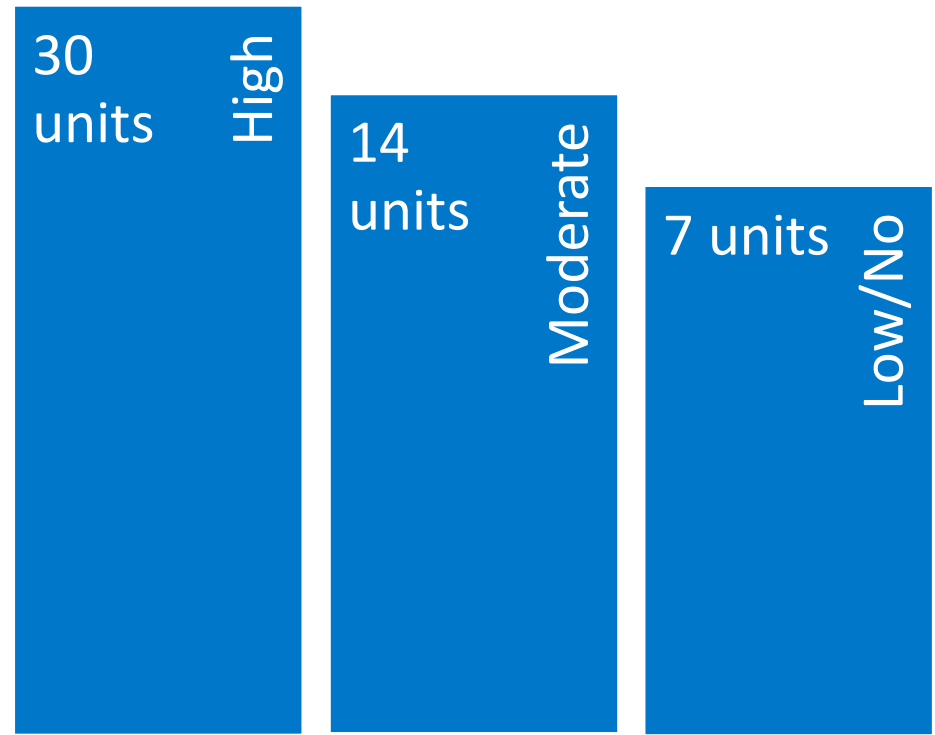
CLIENT NAME	
DATE OF BIRTH	CLIENT ID

**Instructions:**

- An \* asterisk indicates a MSS clinician (CHN, RD, BHS) needs to make the final determination on a client's risk criteria (A, B or C).
- After screening the client for the MSS targeted risk factors, document the date(s) in the appropriate A, B or C column for any identified criteria, sign the last page noting who made the determination and assign the level of service.

TARGETED RISK FACTOR	DO NOT USE SHADED AREAS			RISK FACTOR CRITERIA
	A	B	C	
Race				C. American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (e.g. women whose primary language is Mixteco, Mam, or Kanjobal, etc.) C. African American or Black C. Pacific Islander
Prenatal Care				A. Greater than or equal to ( $\geq$ ) 14 and less than ( $<$ ) 24 weeks gestation and no prenatal care started at the time of screening B. Greater than or equal to ( $\geq$ ) 24 weeks gestation when prenatal care started. B. Greater than or equal to ( $\geq$ ) 24 weeks gestation and no prenatal care started at the time of screening
Nutrition				<b>Food Insecurity:</b> A. Runs out of food before the end of the month or cuts down on the amount eaten to feed others
				<b>Pre-pregnancy BMI: IOM = Institute of Medicine</b> *A. Pre-pregnancy BMI less than ( $<$ ) 18.5 and weight gain within IOM guidelines *C. Pre-pregnancy BMI less than ( $<$ ) 18.5 and weight gain outside of IOM guidelines A. Pre-pregnancy BMI 25.0 to 29.9

## Services by Risk Group



# First Steps Childbirth Education (CBE)

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CBE usually starts during the third trimester and the topics include:

- ▶ How to have a healthy pregnancy.
- ▶ Warning signs in pregnancy and what to do.
- ▶ Nutrition.
- ▶ Breastfeeding.
- ▶ Birthing plan.
- ▶ What to expect during labor and delivery, how to manage pain and a hospital tour.
- ▶ Newborn care and changes to expect at home after baby is born.
- ▶ Safe sleeping position, car seat safety, and well-child care.

# First Steps Infant Case Management (ICM)

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## ▶ Purpose of the program

- ▶ Improve the welfare of infants by providing their parents with information and assistance to access medical, social, educational, and other services

## ▶ Goals of the program

- ▶ Increase referrals to well child visits and developmental screenings, as needed
- ▶ Screen for Postpartum Mood Disorder
- ▶ Reduce number of repeat pregnancies within 2 years of delivery
- ▶ Reduce pediatric exposure to second-hand smoke

# ICM Covered Services

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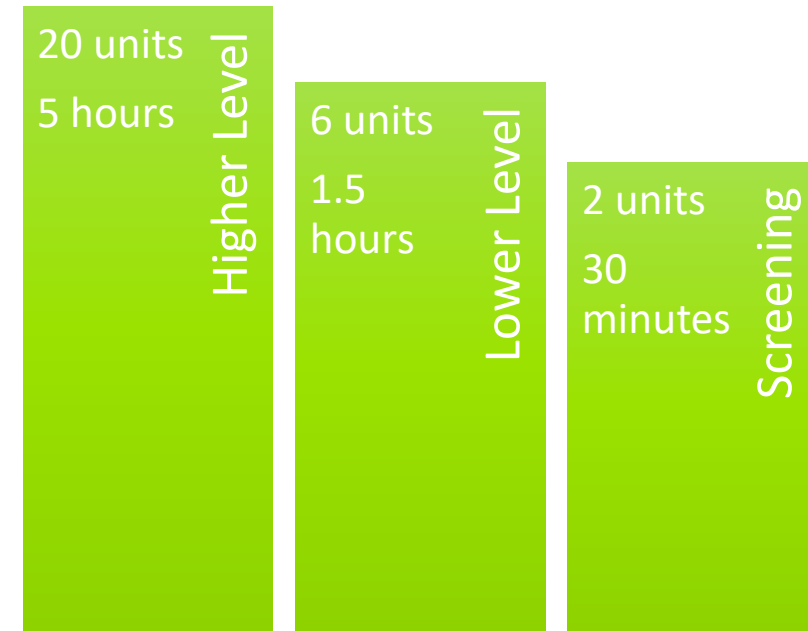
- ▶ Screening
- ▶ Case management
- ▶ Care coordination
- ▶ Referral to needed services or resources
- ▶ Linkage to community resources
- ▶ Advocacy

# ICM Screening

## Infant Case Management (ICM) Screening

		DATE
AGENCY NAME		COMPLETED BY
INFANT'S NAME	INFANT'S CLIENT ID	ICM ELIGIBILITY PERIOD (SEE II.1.a. IN THE INSTRUCTIONS)
NAME OF PARENT(S)		
CONDUCT BASIC SCREENING IN-PERSON WITH INFANT AND PARENT(S).		
<b>Potential Risks to the Infant</b> (mark all that apply.):		
<b>Column A</b>		<b>Column B</b>
<input type="checkbox"/> Low birth weight (less than five and one-half pounds) <input type="checkbox"/> Premature birth (less than thirty-seven weeks gestation) <input type="checkbox"/> Failure to thrive (weight that is less than eighty percent expected weight for age) <input type="checkbox"/> Significant birth defect and/or health problem <input type="checkbox"/> Parent(s) is seventeen years old or younger at time of ICM eligibility <input type="checkbox"/> Parent(s) is experiencing social isolation <input type="checkbox"/> Parental rights of infant's parent(s) were terminated in the past <input type="checkbox"/> Infant's parent(s) is homeless or living in a shelter <input type="checkbox"/> Current domestic or family violence <input type="checkbox"/> Parent(s) has a current mental health diagnosis <input type="checkbox"/> Parent(s) has a physical limitation or disability		<input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A
<input type="checkbox"/> Active alcohol and/or substance abuse by parent(s) within the past year <input type="checkbox"/> Current child protective services involvement with parent(s) of infant or other child(ren) of parent(s)		<input type="checkbox"/> Parent(s) is involved with other systems such as legal, chemical dependency, CPS, Mental Health, etc. <input type="checkbox"/> Parent(s) needs assistance over and above what CPS Case Manager is able to provide to meet infant's health and safety needs
One or more checked box(es) in <b>Column A</b> qualifies an infant for a <b>lower level of ICM services</b> . • Additional units require a limitation/extension.		One or more checked box(es) in <b>Column B</b> qualifies an infant for a <b>higher level of ICM services</b> . • Additional units require a limitation/extension.

## Screening Levels





# Questions?

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