POLICY AND PROCEDURE

POLICY NAME: Maternal Child Health Program Description	**POLICY ID:** LA.SSFB.01
BUSINESS UNIT: LHCC	**FUNCTIONAL AREA:** Population Health and Clinical Operations
EFFECTIVE DATE: 12/01/2015	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 11/14, 9/15, 11/15, 9/16, 7/17, 6/18, 4/19, 2/20, 2/21, 3/22, 12/22, 9/23 , 8/24, 7/25, 8/2025, 10/2025	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:
This policy outlines the maternal child health program.

PURPOSE:
To provide an overview of Louisiana Healthcare Connections' (LHCC) Geaux Baby and Me Program, a Maternal Child Health (MCH) Program, anchored by Centene's Start Smart for Your Baby® (SSFB) Program and includes innovative community partnerships and resources to support birthing individuals, families, and children.

SCOPE:
Louisiana Healthcare Connections (The Plan) Population Health and Clinical Operations Department

DEFINITIONS:
CC: Care Coordination
CID: Clinical Initiatives Dashboard
CM: Care Management
DOB: Date of Birth
GBAM: Geaux Baby and Me
MCH: Maternal Child Health
NICU: Neonatal Intensive Care Unit
NOP: Notification of Pregnancy
OB: Obstetrical
PCP: Primary Care Provider
SSFB: Start Smart for Your Baby®
PPR: Pregnancy Prioritization Report
PHCO: Population Health and Clinical Operations
SDOH: Social Determinants of Health

POLICY:
LHCC's Geaux Baby and Me Program is a whole health approach to maternal and child health that provides a range of perinatal interventions and supports targeted to each enrollee's specific needs and level of risk. LHCC develops, implements, and tests innovative models designed to advance equity and improve outcomes for the birthing individuals, their families, as well as their communities. LHCC focuses on collaborating with community programs that promote the health and outcomes for birthing individuals. For instance, LHCC has established partnerships with organizations, such as Nurse Family Partnership (NFP) and Parents as Teachers (PAT), to provide evidenced-based home visiting programs for first time birthing individuals as well as subsequent births to offer education and resources regarding pregnancy, postpartum care, parenting resources. The Geaux Baby and Me Program also provides intensive focus on addressing substance use disorders in birthing individuals, as well as provide alternative birthing options for enrollees such as doulas to enhance their birthing experience.

The Geaux Baby and Me enrollee engagement model utilizes a multi-faceted approach to engage pregnant enrollees that includes use of trusted messengers, home visiting programs, community-agencies and OB/GYN providers. All pregnant enrollees are enrolled in our maternal and child health program, which includes case management services from notification of pregnancy to 12 months postpartum.

LHCC shall ensure that enrollees who are pregnant begin receiving care within the first trimester or within seven (7) Calendar Days after enrollment. LHCC will provide he enrollee with available, accessible, and adequate numbers of prenatal care providers to provide prenatal services including SBHS that are incidental to pregnancy (in accordance with 42 CFR Part 440, Subpart B) to all enrollees. (Model Contract 2.9.18.3)

The Geaux Baby and Me Program includes a Maternal Child Health (MCH) Team that assists with case management services for enrollees during and after pregnancy, children with special healthcare needs, births resulting in NICU admissions, and community outreach initiatives. The MCH team consists of the following team members:

- OB Care Managers
- Pediatric/NICU Care Managers
- Licensed Mental Health Professional
- Peer Support Specialist
- Care Navigators
- Care Management Support Coordinators
- Community Resource Workers (CRCs)

PROCEDURE:
As mentioned above, LHCC provides case management services, anchored by Centene's Start Smart for Your Baby® (SSFB), for pregnant enrollees during and after their pregnancy. The SSFB maternity program is an evidenced-based program that leverages advanced analytics to identify and engage members to improve obstetrical and pediatric care services, reduce pregnancy-related complications, premature deliveries, low birth weight deliveries, and infant disease. To accomplish this, SSFB incorporates the concepts of care management, care coordination, disease management, and health education in an effort to improve the health of pregnant birthing individuals and their newborns.

The key program drivers of the SSFB program consists of pregnancy risk stratification, which helps to identify pregnant members who are at elevated risk for having babies with adverse birth outcomes. As a result of risk stratification and care management engagement, there are several important key outcomes: (1) Preterm Delivery Rate, (2) C-Section Rate, (3) Low Birth Weight Rate, and (4) Neonatal Admission Rate.
Postpartum care management services are also offered to birthing individuals identified as high-risk during pregnancy along with those who are at risk for complications post-delivery. The extension of the program post-delivery is a further attempt at improving the birthing individual's health, infant's health, and maintaining any positive behavioral changes that the member developed during pregnancy. Enrollees are educated on contraceptive methods as well as the importance of attending their postpartum visit following their delivery. More information regarding the Start Smart for Baby Program can be found in LA.SSFB.03.

Centene has contracted with Wildflower to provide a Start Smart for Baby mobile app that is available to all pregnant enrollees. Enrollees are able to receive education and reminders regarding their pregnancy and need for prenatal and postpartum visits.

Perinatal Depression Program- The goal of the Perinatal Depression Program is to assist enrollees in the perinatal period (prenatal and postpartum) with achieving the highest possible levels of wellness, functioning, and quality of life. Enrollees are identified for this program through notification of pregnancy forms, screenings, such as the Edinburgh Scale tool, completed by LHCC staff during prenatal and postpartum outreach for case management services, providers, and/or community partnerships. Pregnant enrollees who are enrolled in this program are educated about the risks of depression, signs, and symptoms of depression, and links enrollees to services when necessary. Using integrated treatment planning, enrollee's medical and behavioral health needs are then coordinated appropriately.

Puff Free Pregnancy Program- All pregnant enrollees have access to our Puff Free Pregnancy Program, a smoking cessation program designed for pregnant Enrollees. This program augment's treatment and services offered through Louisiana's Tobacco Quitline and Quit with Us, LA and employs a unique approach based on clinical guidelines published by the American Congress of Obstetricians and Gynecologists and U.S. Public Health Service and research of current programs and best practices.

Start Smart Perinatal Substance Used Disorder (SUD) Management Program- Our Perinatal SUD Management program educates and connects pregnant enrollees with SUD to appropriate providers and community resources. LHCC engages enrollees through support, resources, and education to increase positive outcomes for newborns and to help birthing individuals achieve and maintain the best possible quality of life. The program also includes transportation assistance to meet requirements of Medication-Assisted Therapy. The SSFB team, comprised of OB Care Managers and Licensed Mental Health Professional (LMHP) with specialized training in addiction and mental health care, uses person-centered and evidence-based techniques, such as motivational interviewing to engage enrollees in treatment and facilitate behavioral change in partnership with the enrollee's treating providers and Integrated Care Team.

The program is available to all pregnant enrollees with substance use disorders or co-occurring disorders including but not limited to birthing individuals who are using alcohol, illicit or licit drugs such as opioid and benzodiazepines or at risk of

delivering an infant affected by neonatal abstinence syndrome (NAS), fetal alcohol syndrome, or neonatal opioid withdrawal syndrome (NOWs) for babies born with opioids.

LHCC also provides Eat, Sleep, Console (ESC) training, which is an evidence-based method of care that helps new parents care for their infants who may be suffering from neonatal abstinence syndrome (NAS).

Neonatal Admissions Program. The Neonatal Admissions program is an extension of the Geaux Baby and Me Program with a focus on newborns who have a hospital stay longer than standard after delivery, including those with admissions to the Newborn Intensive Care Unit (NICU). The Neonatal Admissions Program is operationalized by Utilization Management staff, Medical Director, and care management. The program strives for timely identification of NICU admissions to coordinate care and provide member education, resources, and member-specific care plans to keep both guardian and baby safe and healthy in the home environment upon discharge from the hospital. The MCH Team strives to ~~identified~~identify enrollees identified as high-risk during their pregnancy to help prevent neonatal admissions from occurring. However, in the event of a neonatal admission, the MCH Team engages with the enrollee and provides education and resources for the guardian and infant during the hospital stay and preparation for discharge home. The MCH team member follows the enrollee (guardian and infant) up to 60 days after discharge. Enrollees with infants in the NICU also receive a NICU kit offering educational materials for what to expect when bringing your infant home. The MCH team, Utilization Management, and Medical Directors meet weekly to discuss enrollees currently in the NICU regarding their discharge needs. The MCH team also collaborates with the hospital staff to assist with coordination of discharge needs and/or guardian education.

Once a month, the MCH Team, along with other Centene Health Plans, attend a Corporate Clinical NICU Rounds, to review pertinent NICU subjects and highlight challenging cases while enhancing knowledge for the MCH team as well as healthcare providers in the field of neonatology. More information about the Neonatal Admissions Program can be found in LA.SSFB.01.04.

Vendor and Community Partnerships- LHCC leverages existing community resources and programs such as:

- Nurse home visit programs:
  - Optum Maternity Program
  - Nurse Family Partnership program serves first-time, low-income families in 60 parishes throughout the state and provides nurse home visits by a registered nurse throughout the Enrollee's pregnancy and continues up to the child's second birthday. Any enrollees identified for this program, the MCH team will enter a referral utilizing the NFP referral form on the LHCC MCH SharePoint site and document the referral in the resource assessment. These referrals are tracked through internal reporting.
  - Parents as Teachers promotes the early development, learning and health of children by matching parents and caregivers with trained professionals who make regular personal home visits during the prenatal period through early childhood. Any enrollees identified for this program, the MCH team will enter a referral utilizing the NFP referral form on the LHCC MCH SharePoint site and document the referral in the resource assessment. These referrals are tracked through internal reporting.
  - For LHCC Enrollees that do not qualify for the Nurse Family Partnership or Parents as Teachers programs, LHCC CRCs will offer home visits and supports during the enrollee's pregnancy, post-partum period, and to the child's second birthday.
- Community agencies
  - SNAP and WIC – The MCH Team assists enrollees with connecting to WIC services in their area to obtain resources such as food and personal products. LHCC has also partnered with Women's Hospital in Baton Rouge to provide a co-locating WIC clinic with maternal and child health services. (Model Contract 2.7.12)
  - United Way – assistance with connecting enrollees with community led breastfeeding support groups.
  - Cribs for Kids – to address the sleep-related incidents, LHCC partnered with Cribs for Kids to provide Safe Sleep Survival Kits to pregnant enrollees about a month before their due date. Each kit includes a crib, Safe Sleep message sheet and Safe Sleep educational materials. Members are identified for the Cribs for Kid initiative once a Notification of Pregnancy form is received.
  - EarlySteps Program - provides services to families with infants and toddlers aged birth to three years who have a medical condition likely to result in a developmental delay, or who have developmental delays. The Plan ensures that any infant or toddler who meets or may meet the medical or biological eligibility criteria for EarlySteps (infant and toddler early intervention services) is referred to the local EarlySteps program. (MCO Manual Part 4: Services Professional Services)
- LHCC Community Events
  - Baby Showers – CRCs, along with OB CM, offer baby showers for all pregnant and/or recently delivered enrollees to provide educational materials about infant care, lead poisoning, the importance of scheduling

well visits, etc. Enrollees who attend receive a pack of diapers and breastfeeding starter kit, as well as an infant personal care kit (nail clippers, brush, comb), or a door safety-lock set as an incentive to participate.
    - Back to School Events – LHCC coordinates and participates and a variety of back-to-school events to provide education and resources regarding well-child visits, vaccinations, as well as provide school supplies for enrollees who attend the events.
    - Community Centers – LHCC has Community Centers throughout the state of Louisiana, primarily in the undeserved communities with the greatest need and highest rates of health disparities. The community centers can offer a variety of services including:
        - Enrollee Resources - SNAP/WIC resources; Medicare/Marketplace education
        - Health Education – Baby Showers are held at these locations along with immunization events, and other health education related events.
        - SDOH Supports –Back-to-school supply drives, job/education fairs,
        - Some locations offer a variety of MCH services such as parenting classes, and SDOH support including job training, GED training, food insecurity solutions, transportation services, and childcare resources.

- Doula services – LHCC understands that various cultural groups have different ways of welcoming a baby into their communities. LHCC has learned that some Enrollees are more likely to access care during and after pregnancy with the social and community support of doulas. Prenatally, doulas provide guidance on creating a birth plan, refer to appropriate prenatal care, encourage healthy behavior during pregnancy, teach pain management and patient empowerment strategies, and prepare parents for breastfeeding. During labor and delivery, doulas are to maintain or adjust the birth plan, advocate for the birthing parent, and support the birthing parent and partner with comfort and patient empowerment techniques. Post-partum doula and lactation consultants work collaboratively to support new parents with physical, emotional, and psychological challenges, and consult new parents on postpartum recovery, infant feeding, and newborn care.
- Breastfeeding Resources – LHCC's MCH Team provides breastfeeding education and resources to the pregnant enrollees, as well as provides a breast pump to enrollees after delivery. LHCC is also contracted with Pacify to offer virtual breastfeeding support and resources.
- Peer Support Specialists – LHCC is partnering with evidence-based organizations to offer peer support services for enrollees regarding substance use disorders, depression, breastfeeding, pregnancy, and more.

~~**Addressing Health Disparities**- Using internal data, LHCC can determine where maternal and infant health disparities are more pronounced in particular geographic regions of Louisiana. These high disparate zones are areas of opportunity to offer services focused on improving outcomes and equity among those enrollees and babies. Based on the data, LHCC plans to open new Community Centers throughout the state targeting those disparate communities. One of the areas identified was Lake Charles, Louisiana. The Community Center in Lake Charles will focus on maternal, infant, and early childhood health and will offer a variety of services on site, including but not limited to:~~

- ~~Access to onsite Nurse Practitioners, Midwives, and/or Doulas~~
- ~~Access to onsite behavioral health services~~
- ~~Group prenatal care such as Centering Pregnancy Classes~~
- ~~Parenting Classes including support for paternal health~~
- ~~SDOH Supports including job training, GED training, food insecurity support solutions, transportation services, and childcare services~~

Provider Incentives for Developmental Screenings-The Plan educates PCPs, OBs, and Pediatricians on the Louisiana Developmental Screening Guidelines which expands screening beyond developmental milestones and autism to include screening for social-emotional problems, environmental risk, and parental depression. The Plan supports providers to integrate developmental screening services into their day-to-day practice by offering incentives to conduct screenings for common behavioral issues, including depression, anxiety, trauma/ACEs, substance use, early detection, and identification of developmental disorders, and SDOH.

~~**Maternal Health VBP/Pregnancy Medical Home**-The Plan has partnered with Associates in Woman's Health to become LHCC's first Pregnancy Medical Home Clinic, under our PCP P4P Model. OB/GYNs manage their patient's care throughout pregnancy and remain as the PCP after delivery, at the patient's choice.~~

Maternal Health VBP/Pregnancy Medical Home- While our partnership with the Association of Women's Health has enabled the inclusion of OB/GYNs on the provider panel, we have observed limited member engagement in selecting OB/GYNs as their designated primary care providers. This trend presents challenges in optimizing panel utilization and

aligning member preferences with available provider specialties; however, despite challenges the plan will continue this partnership at this time.

Pediatric Population- The Geaux Baby and Me Program not only focuses on enrollees who are pregnant or who have had a child in the NICU, but also focuses on the pediatric population as a whole person regarding wellness and preventative care, management of chronic illnesses, behavioral health disorders, and social determinants of health. The MCH team identifies members within these categories to determine their needs. CRCs attend the community events mentioned earlier, to provide education and support regarding preventative care screenings, immunizations, as well as provide SDOH resources for back-to-school needs and food insecurity. The MCH team also collaborates with the Plan's HEDIS team to assist with achieving HEDIS metrics that impact the pediatric population. Members from the MCH team will also partner with local schools to promote specific health initiatives and programs such as pediatric enrollees with type 1 diabetes and work with the school nurse to ensure the child takes insulin as prescribed, eats a healthy diet, checks blood sugar as prescribed, and gets regular physical activity.

Pediatric enrollees who are identified as needing case management services are outreached by the MCH Care Managers to conduct comprehensive assessments to identify the enrollees needs, as well as additional screenings to identify specialized needs, such as Adverse Childhood Experiences (ACE), Caregiver Support, Coordinated System of Care (CSoC), etc. Once the assessments/screenings have been completed, the MCH Care Manager develops a person-centered care plan, along with the guardian's input, and provides education resources to help meet the health needs of the pediatric enrollee and their guardian. In addition, LHCC will assist CRCs in applying to become certified ACE Educators through Partners for Family Health Louisiana.

Monitoring Outcomes- The effectiveness of the Geaux Baby and Me Program is evaluated using a variety of metrics. Pregnancy outcomes are monitored through the Plan's internal SSFB/Geaux Baby and Me Corporate metrics regarding timeliness of outreach and engagement, as well as percentage of neonatal admissions (See SSFB.03 policy for additional information). HEDIS metrics include the Prenatal and Postpartum Care metric regarding timeliness of receiving prenatal and postpartum care with the provider. LHCC will be obtaining baseline data to evaluate effectiveness of Geaux Baby and Me Program as it relates to Enrollees and their birth outcomes. For the pediatric population, HEDIS metrics include immunizations and other disease specific measures such as diabetes, sickle cell, asthma, Attention Deficit Hyperactive Disorder (ADHD), etc.

REFERENCES:
Louisiana Department of Health MCO Model Contract
LA.SSFB.02 Notification of Pregnancy
LA.SSFB.03 SSFB Care Management Program
LA.SSFB.01.04 Maternal Child Program NICU Follow Up

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:
La R.S. 46:460.54 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	LA Procurement 2015 Policy Update	11/2014
Annual Review	Replaced "case management" with "care management," and "The Plan" with "LHCC"	09/24/15
Ad Hoc Review	Revision to Member Interventions to comply with RFP 6.11.1 after BH review comments received 10/15	11/2015
Annual Review	Revised "Medium or High" to "High" Corrected spelling of Progestrone to Progesterone	09/26/16
Annual Review	Replaced "The Plan" in a couple of places that were previously missed	07/24/17
Annual Review	Revised "educational" to "education" Revised "to these enrollees" to "all enrollees identified as high risk"	06/25/18
Annual Review	Changed RFP reference 6.37.3.1 to 6.40.3.1. Corrected RFP reference 6.13.1 & 6.13.2 to 6.13.1.1 & 6.13.1.2.	04/25/19

	Removed RFP reference 6.31	
Annual Review	Changed Member Connections Department to Community Health Services Changed Cent Account Member Incentive Program, to My Health Pays Program, Removed “with a baby in NICU and has” added “who have”	02/25/20
Annual Review	No revisions	02/25/21
Annual Review	No revisions	03/28/22
Ad Hoc Review	Changed policy from SSFB to Maternal Child Health Program Description Changed “members” to “enrollees” Revised “during the third trimester” to 60 calendar days Addendum “At risk enrollees for repeat pregnancy” Addendum “EarlySteps program” under Enrollee Interventions Model Contract reference 2.4.2.1.8 & MCO Manual, Pg. 111 Addendum “WIC Program” Model Contract reference 2.7.12 Removed old RFP references Changed department to PHCO Reformatted to latest Policy Template	12/05/22
Annual Review	Added updated model contract language to describe timeframe enrollees should receive care after enrollment. Removed *use of 17-p* as a topic that Clinical Team educates enrollees on Updated Regulatory Reporting Requirement Removed references to “Black enrollees”	09/12/23
Annual Review	Removed verbiage with regards to what is included in a “Cribs for Kids” delivery. Removed verbiage- Safe Link no longer available for members. Removed verbiage for Mindoula- no longer in place at this time. Internal SUD program. Removed verbiage for doula partnerships that are not in place at this time	08/14/24
Ad Hoc	Added Definitions Updated MCH team members Revised verbiage on Community Centers	07/08/25
Ad Hoc Review	Removed verbiage- Lake Charles Community Center- Project on hold Removed verbiage- Maternal Health VBP Grammatical changes Updated References	09/09/25
Ad Hoc Review	Revised verbiage- Maternal Health VBP	10/2025

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.

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