

Date

Agency Information
Address

Dear Provider,

This letter is to notify you that _____ qualified for Maternity Support Services (MSS) on ____/____/____. Based on our screen she is eligible for 2 hours of MSS at this time.

The 2009 Legislative budgetary mandate reduced the program budget and directed MSS to prioritize services to women at the highest risk for poor birth outcomes i.e. low birth weight and premature birth. Medicaid women in general have a higher incidence of risks associated with poor birth outcomes but with limited funding we can only offer limited services based on risk factors. If you determine this client has one of the targeted MSS risk factors (see attached) please refer her back to us for additional services.

Maternity Support Services (MSS) provides risk screening, referrals, health education and counseling by an interdisciplinary team to improve birth outcomes and reduce infant mortality. The MSS interdisciplinary team consists of a community health nurse, behavioral health specialist, registered dietitian, and in some areas community health workers. All Medicaid pregnant and post partum women (up to 2 months post pregnancy) are eligible for a basic level of MSS (~1 hours) and additional services are based on identified targeted MSS risk factors.

If you have any questions please contact us at (###) ###-#### .

Sincerely,

Name, Title

MSS Targeted Risk Factor	Check all that apply	Risk Criteria
Pregnancy BMI		Pre-pregnancy BMI (<) 18.5 and weight gain outside of IOM guidelines Pre-pregnancy BMI (≥) 30 and weight gain outside of IOM guidelines
Medical		Gestational diabetes with this pregnancy
		Multiples- 2 or more babies with this pregnancy
		Chronic Hypertension: Hypertension diagnosed prior to pregnancy or before 20 weeks gestation
		Gestational hypertension with this pregnancy
		Postpartum hypertension- if currently postpartum and has developed hypertension since delivery
		Preterm labor- Current pregnancy diagnosed with preterm labor or On treatment and/or bed rest to prevent preterm birth.
Tobacco		Currently smoking and/or using tobacco during this pregnancy
		Postpartum period- infant is exposed to active smoking in his/her living environment (i.e. inside the home, car, day care).
Alcohol and Substance Abuse or Addiction		Actively engaged in alcohol/drug treatment program and has not used for greater than or equal to (≥) 90 days
		Stopped use of alcohol, illicit substances, or non-prescriptive use of prescriptive drugs following pregnancy diagnosis and has not used for more than or equal to (≥) 90 days
		Stopped use of alcohol, illicit substances, or non-prescriptive use of prescriptive drugs following pregnancy diagnosis and has not used for less than (<) 90 days
		Stopped use of alcohol, illicit substances, or non-prescriptive use of prescriptive drugs following pregnancy diagnosis and has not used for less than (<) 90 days
		Any use of alcohol, illicit substances, or non-prescriptive use of prescriptive drugs once the client knows she is pregnant
Mental Health Severe Mental Illness (SMI) and Perinatal Mood Disorder		Current mental health diagnosis and is engaged in mental health treatment
		Mental health symptoms of depression are evidenced by positive score on standardized depression screening tool
		Client has a mental health diagnosis and exhibits active symptoms which interfere with general functioning
DV or IPV		Intimate partner violence within the last year
Severe developmental disability		Severe developmental disability which impacts the woman's ability to take care of herself during the pregnancy or an infant and has an inadequate support system or does not demonstrate evidence of follow through with health care appointments/advice and self care.
CPS		History of or current CPS involvement
Infant		LBW infant (less than 5lb 8 oz)
		Preterm infant (born less than 37 weeks gestation)
		Slow weight gain i.e. loss of more than 10% of body weight since birth, has not gained back to birth weight by two weeks of age
		Breastfeeding complications- inadequate milk transfer/ineffective suck, inadequate stools
		Infant with birth defect and/or health problems that impact infant growth or feeding
		Drug/alcohol exposed newborn per program definition

Client Name: _____ DOB: _____

Client Contact Information _____