

**MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
Part 2
Interventions By Risk Level**

Beneficiary: _____

Basic Needs

Transportation

INTERVENTION LEVEL BASED ON RISK IDENTIFIER	RISK INFORMATION	INTERVENTION	EXPECTED OUTCOME (check all that apply)
<input type="checkbox"/> MODERATE	<input type="checkbox"/> * Has no access to transportation <input type="checkbox"/> * Has access to transportation but may have problems with consistent availability, affordability or reliability	<p>In addition to providing educational material as outlined in Part 1 of the Plan of Care:</p> <p>MODERATE:</p> <ol style="list-style-type: none"> 1. Ask about knowledge of transportation options and ask about any changes in access to affordable, reliable transportation 2. Advise how to access routine pregnancy related transportation services available through MIHP provider and Medicaid Health Plan (MHP) 3. Develop back- up plan in case routine transportation becomes unavailable including: <ul style="list-style-type: none"> ✓ Phone number for MHP transportation coordinator ✓ Public transportation options ✓ Commercial cab companies ✓ Private taxi services ✓ Place of Worship ✓ Other (family, friends, neighbors) 4. Find out if transportation plan for emergencies is in place; help beneficiary develop if needed 	<input type="checkbox"/> Information received and discussed regarding how to access: <ul style="list-style-type: none"> ✓ Routine pregnancy related transportation ✓ Emergency transportation ✓ “Back-up” transportation <p>Date Outcome Achieved: _____</p>

* *Based on observation or additional beneficiary interview*