|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Infant Plan of Care – Part 1 | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | |
| Maternal Infant Health Program | | | | | | | | | | |
| Beneficiary | | | | | | | | | | |
|  | | | | | | | | | | |
| Activities to be completed during the Risk Identifier visit:   1. Discuss what to expect during MIHP visits. 2. Advise how to access community-based no and low cost food programs. 3. Assist with identifying emergency transportation plan. 4. Assist with identifying at least one individual to call when in need of support. 5. Refer infant’s caregiver to  WIC or  caregiver is already participating in WIC. 6. Discuss lead exposure prevention and provide mother/caregiver with fact sheet. 7. Discuss family planning resources. 8. Give infant’s caregiver written information about Healthy Michigan Plan. 9. Discuss plan to complete ASQ-3 and ASQ:SE-2: screening corresponding to infant’s age throughout the course of care. 10. Give infant’s caregiver the MIHP agency’s contact information in writing and have caregiver acknowledge how to contact the agency if in need of assistance between scheduled appointments. 11. Provide information about parenting classes and support groups available in the community. 12. Give infant’s caregiver entire standardized Maternal and Infant Education Packet and/or assist with signing up for Text4baby or approved smartphone application.   MIHP Education Packet  Text4baby  Approved smartphone application   1. Give infant’s caregiver the Your Rights and Responsibilities as a Maternal Infant Health Program Participant form and agency’s grievance information. 2. Schedule a follow-up MIHP appointment with the infant’s caregiver or let the infant’s caregiver know they will be contacted. 3. Ask infant’s caregiver to identify priorities to address during MIHP visits.   List Priorities: | | | | | | | | | | |
| **Referrals Made During the Risk Identifier Visit** | | | | | | | | | | |
| **Basic Needs** | | | | | | | | | | |
| Food | | Transportation/Referred to Health Plan | | | | | | | | |
| Housing | | Transportation/Other | | | | | | | | |
| Homeless Shelter | |  | | |  | | | | |  |
|  | |  | | | | | | | | |
| **Breastfeeding** | | | | | | | | | | |
| Breastfeeding Support | | International Board Certified Lactation Consultant (IBCLC) | | | | | | | | |
| **Infant Items** | | | | | | | | | | |
| Car Seat | | Crib | | | | | | | | |
| Clothing | |  | | |  | | | | |  |
|  | |  | | | | | | | | |
| **Medical Services** | | | | **Mental Health Services** | | | | | | |
| Pediatrician | Family Practice | | | Counseling | | | Infant Mental Health | | | |
| **Other** | | | | | | | | | | |
| Alcohol | | | | Home Visitation/Support Program | | | | | | |
| Child Protective Services (CPS) | | | | Immunization | | | | | | |
| Dental | | | | Nutritional Counseling (Registered Dietitian) | | | | | | |
| Domestic Violence Services | | | | Parenting Education | | | | | | |
| Early On® | | | | Tobacco | | | | | | |
| Education | | | | Substance Misuse | | | | | | |
| Employment | | | | WIC | | | | | | |
| Family Planning | | | | Other/List: | |  | | |  | |
| Healthy Michigan Plan | | | |  | | | | | | |
| By signing this form, I attest that I have completed activities 1-15 and made referrals as needed. | | | | | | | | | | |
| Signature of Professional Completing Risk Identifier | | | Credential of Professional Completing Risk Identifier | | | | | Date | | |
|  | | |  | | | | |  | | |
|  | | | | | | | | | | |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | | | | | | | | | | |
|  |  | | |  | | |  | | | |

|  |
| --- |
| INFANT PLAN OF CARE – PART 1 INSTRUCTIONS |
| These instructions are intended to clarify data fields. If you have additional questions, please contact the MDHHS MIHP Team.  The first section of the one-page Plan of Care, Part 1 (POC 1) lists the activities that must be discussed with the beneficiary/caregiver or completed at the Risk Identifier visit in addition to the administration of the Risk Identifier. There are 14 activities for the maternal beneficiary and 15 activities for the infant beneficiary.  Many activities are the same for infant and maternal beneficiaries but there are a few specific to beneficiary type.  For three of the activities, a box must be checked or a blank must be filled in:  Maternal POC 1: Activities 5, 11 and 14  Infant POC 1: Activities 5, 12, and 15  The last activity on the POC 1 for both maternal and infant beneficiaries is: Ask beneficiary or caregiver to identify priorities to address during MIHP visits and list them. Document the beneficiary’s or caregiver’s feedback in the space provided.  The second section of the POC 1 is titled Referrals Made During the Risk Identifier Visit. It includes a list of referral resources checkboxes to capture any and all referrals that are made during this visit. As with all referrals, you must follow up within the next three visits.  At the bottom of the POC 1 is a space for the signature of the professional who conducted the Risk Identifier visit, attesting that all POC 1 activities have been completed and that referrals were made, as needed. This signature must be dated. |