

Healthy Babies Kids and Families

PEDIATRIC COMMUNICATION TOOL

I. PURPOSE OF FORM:

- A. The primary communication tool between the Maternal Child Health Coordinator, medical provider and the home visiting agency.
- B. To identify the client's interests in the services that are benefits of the Healthy Babies, Kids & Families Program as well as other local community programs .
- C. To allow for a streamlined approach for communication between the Healthy Babies, Kids & Families Program, the medical providers and the home visiting agencies that is timely, pertinent, non-duplicative and reflect a more unified approach to the delivery of services.

II . WHEN TO USE:

This tool is to be initiated at the client's point of entry into services. This may be, but not limited to:

- A. The WIC Certifier at a WIC Certification for newborns, new children, than children annually thereafter
- B. The Medical Provider for any child that is determined to have risks or is interested in Medicaid services
- C. The Home Visiting Agency, e.g., Home Health Agencies or Parent Child Centers

This tool is then sent to the local Vermont Department of Health's Maternal Child Health Coordinator (MCHC), who will then complete the referral process.

III. INSTRUCTIONS FOR COMPLETION:

SECTION A

The WIC Intake staff, referring agency or medical provider will fill out the client demographics

SECTION B

The WIC Certifier, referring agency or provider (if they choose) will indicate what benefits services and community services the client is actively enrolled in or interested in.

Definitions: **Active:** Client is currently being served by this program or agency

Request: The client is not currently being served by this program or agency, but is interested in receiving services. Note: Please indicate in plan if referral was made at time of the interview

MCHC Case Management: Please check request if the MCHC needs to any outreach or follow-up with referrals to services. **Note:** Check request for all Newborns up to age one, and all new children, regardless of service requests.

SECTION C

WIC Certifier and/or MCHC will document a brief note reflecting the client's interests and plan based on SECTION B and the WIC interview or conversations with the referring agency or medical provider.

Serving Agency will document client's interests and plans based on the first home visit contact and send copy to the MCHC

SECTION D

Options:

- I. The Pediatric Care Provider may initiate a referral by documenting any comments and/or requests and send the form to the MCHC.
- II. As a feed back loop upon receipt of this tool, the Pediatric Care Provider MAY CHOOSE to document any comments or requests, then return copy of form to the MCHC.
- III. As request for signature for the HHA, upon receipt of this tool, sign tool, document any comments or requests, then return tool to the HHA.

IV. WHERE TO FILE

File the completed form on the left side of the individual's client chart, on top.

VDH 2/26/02