ATTACHMENT I

A. Services To Be Provided

1. Services. The plan shall insure the provision of the following covered services as defined and specified in Attachment II:

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Covered</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services</td>
<td>X</td>
</tr>
<tr>
<td>Outpatient Hospital and Emergency Services</td>
<td>X</td>
</tr>
<tr>
<td>Physician Services</td>
<td>X</td>
</tr>
<tr>
<td>Independent Laboratory and X-Ray Services</td>
<td>X</td>
</tr>
<tr>
<td>Prescribed Drug Services</td>
<td>X</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>X</td>
</tr>
<tr>
<td>Home Health Services and Durable Medical Equipment</td>
<td>X</td>
</tr>
<tr>
<td>Early and Periodic Screening, Diagnosis and Treatment</td>
<td>X</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>X</td>
</tr>
<tr>
<td>Visual Services</td>
<td>X</td>
</tr>
<tr>
<td>Hearing Services</td>
<td>X</td>
</tr>
<tr>
<td>Nursing Facility Services</td>
<td>X</td>
</tr>
<tr>
<td>Community Mental Health Svcs</td>
<td>X (Agency Area 6 only)</td>
</tr>
<tr>
<td>Mental Health Targeted Case Management</td>
<td>X (Agency Area 6 only)</td>
</tr>
</tbody>
</table>
(1) If the referral is to be made at the same time the risk screen is administered, the provider may indicate on the risk screening form that the woman or infant is invited to participate based on factors other than score.

(2) If the determination is made later, the provider may directly refer the woman or infant to the Healthy Start care coordination provider based on assessment of actual or potential factors associated with high risk.

k. The plan shall refer all pregnant, breastfeeding and postpartum women, infants and children up to age 5 to the local Women, Infants and Children (WIC) office by completing the Florida WIC program Medical Referral Form with the current height, weight (taken within 60 days), hemoglobin, or hematocrit (taken within 90 days for members over six months of age), and any identified medical/nutritional problems for the initial WIC referral and for all subsequent certifications. The plan shall ensure the provider provides a copy of the WIC referral to the member and shall retain a copy in the member’s medical record.

l. The plan shall ensure the provider provides, as required by Chapter 381, F.S., all women of childbearing age HIV counseling and offer them HIV testing. The plan shall ensure providers give all pregnant women who are HIV-infected counseling and offer them the zidovudine regimen recommended by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention guidelines from the Morbidity and Mortality Weekly Report entitled Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States. To receive a copy of the guidelines, contact the Florida Department of Health, Bureau of HIV/AIDS at (850) 488-9766, or you may reach the CDC website at http://www.cdc.gov. Pregnant women who test positive and their infants shall be referred for Healthy Start regardless of their Healthy Start screening score.

m. The plan shall encourage all women receiving prenatal care a screen for the hepatitis B surface antigen (HBsAg). Women who are HBsAg-positive shall be referred to Healthy Start regardless of their Healthy Start screening score. Children born to HBsAg-positive members shall receive Hepatitis B Immune Globulin (HBIG) and the hepatitis B vaccine series.

n. The plan shall furnish psychiatrist services as medically necessary for Medicaid recipients, which may be rendered in the psychiatrist’s office or in an outpatient or inpatient setting.

o. The plan shall allow pregnant women to choose the plan’s contracted or staff OB/GYNs as their primary care physicians. The plan shall not require more restrictive authorization criteria for OB/GYN primary care physicians than it has for non-OB/GYN primary care physicians. If the plan requires prior authorization for ancillary services, it may require that an OB/GYN obtain prior authorization for certain pregnancy-related ancillary services (such as non-stress-tests, ultrasounds), and amniocentesis.

5. Independent Laboratory and Portable X-Ray Services. These services are medically necessary and appropriate diagnostic laboratory procedures and portable x-rays ordered by a
2. **Nutrition Assessment/Counseling:** The plan shall ensure the provider provides nutrition assessment and counseling to all pregnant members. Nutrition assessment/counseling should include the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by the proper use of breast milk substitutes. The plan should make a mid-level nutrition assessment. Individualized diet counseling and a nutrition care plan is to be provided by public health nutritionists, nurses or physicians following nutrition assessments. The nutrition care plan must be documented in the member's medical record by the person providing counseling.

3. **Obstetrical Delivery:** The plan must develop and use generally accepted and approved protocols for both low risk and high risk deliveries which shall reflect the highest standards of the medical profession, including Healthy Start, prenatal screen specified in section B.4.h., Florida’s Healthy Start Prenatal Risk Screening, of this attachment, and ensure that its providers use such protocols. A preterm delivery risk assessment must be determined and documented in the member’s medical record by the 28th week.

   If the delivery is determined to be high risk, obstetrical care during labor and delivery must include preparation by all attendants of extraordinary symptomatic evaluation, progress through the final stages of labor and immediate postpartum care.

4. **Postpartum Care:** The plan must ensure the provider provides for the highest level of care for the newborn beginning immediately after birth, which must include but is not limited to:

   a) Instilling of a prophylaxis into each eye of the newborn in accordance with Sections 383.04 F.S.

   b) Securing of a cord blood sample for laboratory testing for type Rh determination and direct Coombs test when the mother is Rh negative.

   c) Weighing and measuring of the newborn.

   d) Inspecting for abnormalities and/or complications.

   e) Administering of one half milligram of vitamin K.

   f) APGAR scoring.

   g) Any other necessary and immediate need for referral and consultation from a specialty physician, such as the Healthy Start (postnatal) infant screen, as specified in section B.4.i., Florida’s Healthy Start Infant (Postnatal), of this attachment.

5. **Follow-Up Care:** Plans must provide a postpartum examination for the mother within six weeks after delivery. This visit shall include voluntary family planning, including a discussion of all methods of contraception, as appropriate. The plan shall ensure that eligible newborns be appropriately enrolled and that continuing care of the newborn be provided through the EPSDT program component.

**Perinatal Hepatitis B Screening**

1. The plan shall ensure that providers encourage all Medicaid eligible women receiving prenatal care to be screened for the Hepatitis B surface antigen (HBsAg) early in each pregnancy, preferably
Exhibit M

Model Memorandum of Agreement between the ____________________ Department of Health County Health Department and the ____________________ (HMO).

1. This agreement is entered into between the State of Florida, Department of Health, ____________________ County Health Department, hereinafter referred to as the "CHD" and the ____________________ HMO hereinafter referred to as the "HMO", for the purpose of improving services to patients through coordinated, cooperative health care interactions between the HMO and the CHD, pursuant to Section 409.9122(2)(a), F.S.

2. Power and Authority of the CHD.

Pursuant to Chapter 154, F.S., the Department of Health county health departments of Florida are responsible for the promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations. The CHD must comply with established public health protocols and applicable state law when providing health care services.

3. Power and Authority of the HMO.

The HMO has contracted with the Agency for Health Care Administration (hereinafter referred to as the "agency") as a Medicaid HMO provider. The HMO must comply with all established requirements and applicable state law when providing health care services.

4. The HMO agrees to:

A. Reimburse without prior authorization, medical screenings for foster care children and emergency shelter care children.

B. In accordance with Section 381.0407(4), F.S., reimburse without prior authorization, the CHD for school-based urgent care services; and the diagnosis and treatment of sexually transmitted disease and other communicable diseases, such as tuberculosis and human immunodeficiency syndrome. This shall include the clinical, medical and laboratory services provided by the CHD to an HMO patient.

C. Offer the Healthy Start prenatal screen to each member who is pregnant. (Section 383.14, F.S., 10J-8.010, F.A.C.)

D. Refer all pregnant women meeting Healthy Start high risk screening criteria to the local CHD for Healthy Start care coordination. (Section 383.14, F.S., 19J-8.010, F.A.C.)

E. Offer the Healthy Start postnatal (infant) screen to each woman for her newborn. (Section 383.14, F.S., 10J-8.010 F.A.C.)

F. Refer all infants meeting Healthy Start high risk screening criteria to the local CHD for Healthy Start care coordination. (10J-8.010, F.A.C.)

G. Refer all pregnant women, postpartum women (up to six months after delivery), breastfeeding women (up to one year after delivery), infants and children up to the age of five to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) available through the local CHD.

H. Reimburse without prior authorization services for an member's immunizations.
I. Reimburse without prior authorization for family planning services and related pharmaceuticals.

5. The CHD agrees to:

   A. Attempt to contact the HMO before providing health care services to their members.

   B. Provide the plan with a copy of the member immunization record at the time that the
      immunization is provided to the plan member. The CHD shall not submit a claim for the immunization if the plan
      documents to the CHD that the immunization has already been provided.

   C. Notify the HMO within ________ hours when HMO patients are treated in the CHD.

   D. Forward to the HMO within ________ days all medical records relating to an HMO patient being
      seen at the CHD.

   E. Refer HMO patients back to the HMO for ongoing primary care following provision of services
      covered in this agreement.

6. Both parties mutually agree to:

   A. Make good faith effort to work in a cooperative manner.

   B. Forward any unresolved concerns involving the HMO and the CHD to the appropriate agency
      area Bureau of Managed Health Care office.

   ______________________________________________________________________
   CHD Director/Administrator - signature                                Date

   ______________________________________________________________________
   CHD Director/Administrator - type or print name

   ______________________________________________________________________
   Authorized Representative of HMO - signature                        Date

   ______________________________________________________________________
   Authorized Representative of HMO - type or print name