

MATERNAL CONSENT TO PARTICIPATE IN RISK IDENTIFIER INTERVIEW

MATERNAL CONSENT TO PARTICIPATE IN MIHP

Michigan Department of Health and Human Services]
Maternal Infant Health Program

The **Maternal Infant Health Program (MIHP)** is a home visiting service for all pregnant women and infants with Medicaid. The goal of MIHP is healthy pregnancies, good birth outcomes, and healthy infants. MIHP is a Michigan Department of Health and Human Services (MDHHS) program.

MIHP home visitors are experienced health professionals who can:

- Help you get transportation to pregnancy related medical appointments and WIC, if needed.
- Help you get prenatal care.
- Answer questions about being pregnant.
- Answer questions about caring for your infant.
- Help you get food or a place to live.
- Help you learn about fixing and eating healthy foods.
- Help with health problems that could affect your pregnancy. These problems include diabetes, asthma, high blood pressure, depression or anxiety.
- Help with changes that you decide to make to be healthy. These changes could include quitting or cutting down on smoking, alcohol or drugs.
- Help if you're concerned about family violence.
- Answer questions about family planning (birth control).
- Connect you with community services. These services include childbirth education classes and baby pantries that give out baby items for free.
- Be there for you if problems come up.

1. Consent to Participate in MIHP Risk Identifier Interview

MDHHS wants to ask you some questions about your daily living habits. This is to identify possible health risks to you and your infant.

There are two reasons why MDHHS collects health risk information on pregnant women and infants:

1. To help the state improve its health services.
2. To help the MIHP program (My Pregnancy Coach) know which MIHP services to offer you.

You can choose to take part in the Risk Identifier interview for both reasons. Or, you can take part for the first reason only. This means that you can consent to help the state collect information without enrolling in MIHP.

You can choose not to answer some of the interview questions. You can stop the interview at any time. This will not affect your Medicaid eligibility. Your information will be put into a confidential, secure MDHHS database.

I DO consent to participate in the MIHP Risk Identifier interview.

I DO NOT consent to participate in the MIHP Risk Identifier interview. I understand that this means I will not participate in the MIHP.

2. Consent to Participate in MIHP

I understand that I can participate in MIHP because I'm pregnant and have Medicaid.

I understand the services that MIHP could provide for me.

I DO consent to participate in the MIHP.

I DO NOT consent to participate in the MIHP.

Beneficiary Name (Print)	Legal Representative Name if applicable (Print)	Legal Representative Relationship to Beneficiary
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Signature of Beneficiary or Legal Representative	Date
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Signature of MIHP SW or RN	Date
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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.

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MATERNAL CONSENT TO PARTICIPATE IN MIHP INSTRUCTIONS

These instructions are intended to clarify data fields. If you have additional questions, please contact the MDHHS MIHP Team.

Explain MIHP to the beneficiary as described at the top of this form. Make sure beneficiary understands the available MIHP services.

Consent to Participate in MIHP Risk Identifier Interview

- Explain this section to the beneficiary so they understand their rights and why they are being asked to participate in the MIHP Risk Identifier interview.
- Make sure the MIHP agency name is inserted in the second reason “why MDHHS collects health risk information on pregnant women and children.” Do not cross out the name of another agency and write in another agency name. This field may be prepopulated.
- Ask the beneficiary to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP Risk Identifier interview. Do not prepopulate this field, unless presenting the beneficiary with two separate forms, one checked “I DO” and one checked “I DON’T.” Check the box for the beneficiary while the two of you are discussing and completing this document.
- If the beneficiary does not consent to the Risk Identifier interview, offer the beneficiary the MIHP Parent Information Sheet and MIHP Maternal and Infant Education Packet and/or sign up instructions for text4baby. Please share contact information in the event the beneficiary would like to initiate services in the future.

Consent to Participate in MIHP

- Explain this section to the beneficiary and make sure they understand they have the option to participate in MIHP.
- Ask the beneficiary to check one of the boxes: I DO or I DO NOT consent to participate in the MIHP. Do not prepopulate this field unless you present the beneficiary with two separate forms, one checked “I DO” and one checked “I DON’T.” Check the box for the beneficiary while discussing and completing this document.
- If the beneficiary does not consent to participate in the MIHP, offer the beneficiary the MIHP Parent Information Sheet and MIHP Maternal and Infant Education Packet and/or sign up instructions for text4baby. Please share contact information in the event the beneficiary would like to initiate services in the future.

Signatures Section

- Beneficiary Name: Print the name of the pregnant woman.
- Legal Representative Name if Applicable: Print the name of the legal representative if:
 - The pregnant beneficiary is under 12 years of age.
 - The pregnant beneficiary is 12 years of age or older and has a court-appointed guardian to make her personal decisions such as medical care decisions.

If there is no legal representative, you may leave this field blank or write “NA.”

- Legal Representative Relationship to Beneficiary: Write “mother,” “father,” other relative (specify), “foster parent,” or “guardian.” If there is no legal representative, leave this field blank or write “NA.”

- Signature of Beneficiary or Legal Representative and Date: Ask the beneficiary or the legal representative (as defined above) to sign and document date of signature. The signature date cannot be after the date that the Risk Identifier is administered. If the beneficiary or legal representative printed name or a mark, please initial.
- Signature of MIHP RN or SW: The RN or SW signs here, with credentials, and documents the date of signature. The signature date cannot be after the date that the Risk Identifier is administered.