



## Indiana Department of Health Maternal and Child Division Participating Agency Acknowledgment & Responsibilities



The Indiana Department of Health (IDOH), Maternal Child Health Division (MCH), through partnerships with agencies in the State of Indiana, may provide services to eligible pregnant women as part of the My Healthy Baby Initiative. Local partnering agencies provide personalized guidance and home visiting services to a woman during pregnancy and through at least 12 months of her baby's life.

The purpose of this acknowledgment is to develop a referral partnership between the IDOH MCH and

for the purposes of connecting women to perinatal home visiting services.

Please type in all counties served for this purpose:

As a partnering agency, you agree to provide perinatal home visiting service as outlined in the acknowledgment. These services include:

- A. Complying with the IDOH My Healthy Baby Home Visiting Standards.
- B. Receiving referral information from the IDOH MCH via email or through the automated referral system established by the IDOH.
  - a. Email contact to receive referrals:
  - b. Primary Contact for IDOH questions:
    - i. Name
    - ii. Email
    - iii. Phone
- C. Acting on My Healthy Baby referrals within 3-5 business days.
- D. Notifying IDOH if unable to serve the referred client, and/or refers the client to a different program.
- E. Providing aggregate data necessary for conversion rate calculations. Conversion rate is the number of clients that enrolled in the program out of the total number of MHB referrals received.
- F. Requiring a background check, including a [Child Protective Index](#) of all home visiting staff.

## **Confidentiality**

Each party receiving confidential information will:

- A. Not disclose information to any third party without the client's consent;
- B. Maintain confidentiality of client information; and
- C. Maintain data protection and confidentiality policies.

My organization

agrees to participate in the IDOH MCH My Healthy Baby Initiative in conformance with the provisions set forth in this acknowledgement.

Printed Name:

Date:

Signature:

Either party may terminate this agreement at any time by giving written notice of termination that is effective upon receipt by the other party.

DISCLAIMER: As a partnering agency, you are not entitled to receive referrals from the IDOH MCH My Healthy Baby Initiative. IDOH MCH reserves the right to cease referrals to you at its discretion, any time for any reason.