MATERNITY CARE COORDINATION

Letter of Agreement

The Baby Love–Medical Assistance Program wants you to have a healthy baby. Your Maternity Care Coordinator (MCC) can help you find and get the services you need. Your MCC can provide you with information about:

- medical benefits
- prenatal care
- WIC services
- transportation
- information about pregnancy
- information about other services

Your MCC is there to help you!

Your part in care coordination services is to:

- get prenatal care and WIC as soon as possible
- keep all appointments
- tell your MCC about your needs during pregnancy
- let your MCC know how and where you would like to be contacted
- do your best to follow your plan for having a healthy baby

Both the MCC and the client must agree to sign this letter of agreement to begin maternity care coordination services.

I understand my part and wish to get maternity care coordination services. Prenatal care and other Medicaid benefits will not stop if I choose not to get care coordination services.

I understand my part of care coordination services and will work with the client to help her receive the services she needs.

Name of Client ___________________________ Date __________

Maternity Care Coordinator ___________________________ Date __________

Backup MCC ___________________________ Date __________

Maternity Care Coordinator’s Phone Number ___________________________

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White: Provider Copy
Pink: Client Copy