

**CONSENT TO PARTICIPATE IN SOCIAL DETERMINANT OF HEALTH (SDOH) SCREENING
CONSENT TO PARTICIPATE IN MOM MODEL PROGRAM**

Upper Peninsula (UP) Maternal Opioid Misuse (MOM) Model Program

The **Maternal Opioid Misuse (MOM) Model Program** is a service for all pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD).

MOM Model workers are experienced, compassionate health professionals who can:

- Help remove any barriers that prevent you from receiving treatment.
- Help improve the quality of care.
- Help reduce the costs for pregnant and postpartum women with OUD as well as their infants.
- Help you get transportation to pregnancy related medical appointments.
- Help you access all programs and services for which you and/or your infant are eligible to receive.

1. Consent to Participate in MOM Model Social Determinant of Health Screening

We need to ask you some questions to identify what services will work best for you and your infant.

You may stop the interview at any time. This will not affect your Medicaid eligibility.

I DO consent to participate in the MOM Model Social Determinant of Health Screening

I DO NOT consent to participate in the MOM Model Social Determinant of Health Screening interview. I understand that this means I will not participate in the MOM Model Program.

2. Consent to Participate in MOM Model Program

I understand that I can participate in the MOM Model Program because I am pregnant and have Medicaid.

I understand the services that the MOM Model Program could provide for me.

I DO consent to participate in the MOM Model Program.

I DO NOT consent to participate in the MOM Model Program.

Beneficiary Name (Print)	Legal Representative Name if applicable (Print)	Legal Representative Relationship to Beneficiary
Signature of Beneficiary or Legal Representative		Date
Signature of MOM program worker		Date