|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | | | | | | | | | | | |  | ANNUAL RECERTIFICATION | | |
| MCH Nurse Consultant: | | | | | | | Region: | | |  | | Visit Date: | |  | | | | | |
| **APORS Clinical Review Tool – Data Summary FY16** | | | | | | | | | | | | | | | | | | | |
| # Active Charts Randomly Selected for review: | | | Infant: | | | | | | | | | | Child: | | | | | | Total = | |
| APOR-HRIF Outcome Indicator | | | # Records Reviewed | | # Expected | | | # Completed | | | % in  Compliance | | IDHS Report Period | | Data from IDHS Reports | | | Performance Standard or State Average | | |
| Assessments  (700, 701, 706, Nutrition, 708A-R) | | |  | AS01 |  | AS01 | |  | AS01 | |  | |  | |  | | | 90% | | |
|  | Record |  | Record | |  | Record | |
| Individual Care Plan | | |  | |  | | |  | | |  | |  | |  | | | 90% | | |
| EI Referral | | |  | | **# Indicated:** | | | # Made: | | |  | |  | |  | | | 100% | | |
| Initial Face-to-Face With Infant within14 days of IDPH referral) | | APORS 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| Prenatal Depression Screening  As Appropriate | | APORS 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| Postpartum Depression Screening (Guardian SV01-825) | | APORS 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| Primary Care Provider | | APORS 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| **APORS Clinical Review Tool – Data Summary FY16** | | | | | | | | | | | | | | | | | | | | |
| APOR-HRIF Outcome Indicator | | | # Records Reviewed | | # Expected | | | # Completed | | | % in  Compliance | | IDHS Report Period | | Data from IDHS Reports | | | Performance Standard or State Average | | |
| Subsequent Face-to-Face APORS Visit With Infant (3-5m, 6-7m, 11-13m, 17-19m, 23-25m) | | APORS 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| HRIF 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| HRIF 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| **Home Visit Report**  (SV02 by 12 months of age. AS01 706 must also be documented) | | APORS 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 75% | | |
| HRIF 0-12 mos |  | |  | | |  | | |  | |  | |  | | | 75% | | |
| **Immunization Current**  (PA12 Imm Code, Date, & Recommended Date or PA14) | | APORS 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 90% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 90% | | |
| HRIF 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 90% | | |
| HRIF 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 90% | | |
| **EPSDT Visits for AP** SV01:806 at 4,6,12 (18 and 24 mos) ORS Infants | | APORS 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| HRIF 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| HRIF 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |
| **Developmental Screenings** (SV02:824 at 2-6m, 12m, 18m, 24 m) | | APORS 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| APORS 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 3-12 mos |  | |  | | |  | | |  | |  | |  | | | 95% | | |
| HRIF 13-24 mos |  | |  | | |  | | |  | |  | |  | | | 80% | | |

| EVALUATION ITEM | Code part  630/Contract/  C-Stone  Quarterly  Reports | EVALUATION MECHANISM | MET | NOT  MET | N/A | CO: Commendation  COMMENT KEY: R: Recommendation  **RQ: Required (typed bold)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **APORS High Risk Case Management: Includes all service components of case management, emphasizing compliance with the recommendations regarding the high-risk conditions(s), and MUST be performed by the RN case manager.** | | | | | | |
| 630.20E monitoring. At least annually, appropriate professional health personnel of the Division and its consultants shall review each project for appropriateness of services and quality of care furnished to recipients in accordance with the project plan | | | | | | |
| 1. Eligibility   High Risk Case Management eligibility is determined by:   * 1. when identified through the Adverse Pregnancy Outcome Reporting System   2. or by agency defined conditions   3. Meets medical criteria without infant discharge referral/record (HRIF)   4. IDPH Electronic referral system consistently monitored appropriately. | Code:  630.220e7  Contract | Policy & Procedures  Cornerstone  Observation  Interview with assigned CM  HRIF Manual  PA15 Screens |  |  |  |  |
| 1. Direct service staff for the APORS Program must be a Registered Nurse; proof of current license |  |  |  |  |  |  |
| 1. **Clinical Record: The particpant’s clinical record shall contain, but is not limited to:** | | | | | | |
| General Case management Activities   1. Documentation of:    1. Missed appointments and attempts to follow-up on missed appointments of those participants the case manager or physician have identified as non-compliant. | Code:  630.220d  Cornerstone  Manual | Policy/Procedure  Manual  Chart Review  All Kids Log (optional)  Cornerstone Report and Screens: PA07 Enrollment (PA03)  Program Info (PA15)  Most recent Cornerstone Quarterly Perf. Reports, Release of Information Consent, SV01 Service, AS01 Entry/comment FP: PA10 Postpartum  SV02 Activity, PA14  Entry for contacts-Work Plan defined, RF03 Referral History  Contract |  |  |  |  |
| * 1. Each service rendered by the case manager      1. Home visits      2. Face-to-face infants |  |  |  |
| 1. Well Child Visit |  |  |  |
| 1. Immunizations current for age or |  |  |  |
| 1. Perinatal depression screening |  |  |  |
| 1. Family Planning Status |  |  |  |
| 1. Release of information to providers of necessary services |  |  |  |
| 1. Coordination of Care 2. Primary Physician Notified of APORS - HRIF enrollment |  |  |  |
| 1. Client Education  * Interconception * Reproductive Life Plan |  |  |  |
| 1. **630.220c1 Case Management Process** | | | | | | |
| 1. Assessment of needed health and social services assessment(s) to determine need for health, mental health, educational, vocational, substance abuse treatment, childcare, transportation, oral health, prenatal and postpartum depression screening, and family planning status & other services. | Code:  630.220ela &  630.220e13  Performance Standard 90%  Contract | Case Notes  Review P&P & C-Stone Screens  Assessments-  AS01: 700, 708Q27-52 & 81;82-90 as appropriate 701-Other Service Barrier  AS01  Anticipatory Guidance  708 A-R  Perinatal Depression  SV01-825 |  |  |  |  |
| 1. Development of an Individual Care Plan    1. List of all service providers involved    2. List of agencies to which participant referred    3. Problem list and plans for resolution    4. Evidence of updates and follow-up activity. | Code:  630.220elb &  630.220e2  Performance  Standard 90%  Contract | Policy & Procedures  Chart review  Cornerstone  Screens:  Care Plan  Goals-CM02  Planned  Services-CM03  Case Notes –  CM04, RF01, RF03 |  |  |  |  |
| 1. Services    1. Standardized Developmental Screenings 2. Are completed at 2-6 month age range and at 12, 18 and 24 months unless infant receiving ongoing EI services | Code:  640.100 | Completed Screening Tool in client chart  SV01 – document agency or CFC testing/screening |  |  |  |  |
| 1. A standardized developmental screening tool is completed by a Registered Professional Nurse trained in administering the screening. |  |  |  |

| EVALUATION ITEM | Code part 630/Contract/C-Stone Quarterly Reports | EVALUATION MECHAMISM | MET | NOT  MET | N/A | CO: Commendation  COMMENTS KEY: R: Recommendation  **RQ: Required (typed bold)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Home Visits / Face-to-Face Contacts    1. The first contact is made within seven days of receipt of the referral notice from the hospital.    2. A follow-up home or face-to-face visit including physical assessment is completed within 2 weeks of initial referral.    3. Subsequent visits are at 4, 6, 12, 18 and 24 months of age including physical assessment. Documentation in 708 assessment, ques. 27-52.    4. One home visit is required for all APORS infants by 12 months of age.    5. Rationale is provided if the case is closed prior to 24 months. | Code:  630.220e7  640.100  640.220e7 | Policy & Procedures  Chart Review  Discussion with Program Supervisor or staff  Cornerstone Reports  HRIF Manual |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Referrals   Clients are appropriately referred based on the results of the physical assessment/ developmental screening and the RN judgment. Referral & follow-up are documented on the RF01, in a case note or on care plan goals or planned services. Agency should have referral documentation procedure in place for where to document. | Code:  640.100  630.220elc | RF01, 03  CM02, 03, 04 |  |  |  |  |
| **IV. EPSDT/Well Child Exams** | | | | | | |
| 1. Are written policies/protocols in place at the agency outlining what steps to follow for abnormal findings on EPSDT exams and developmental screenings performed by nurses? | Code  Contract  Code Contract  Code  Contract  Healthy Kids  Manual  Healthy Kids  Manual  Code  Contract  Healthy Kids Manual | Policy/  Procedure/  Protocol  Standing orders present?  Certificate of completion for IDHS Pediatric Assessment Course on file for RN(s)  Policy/  Procedure/  Protocol |  |  |  |  |
| 1. Does the agency have written standing orders   signed by the medical director, allowing the  nurses to do EPSDT exams under his/her  authority? |  |  |  |
| YES, Agency **is** billing Medicaid for EPSDT?  1a. Physical Assessments are completed by a Registered Nurse who has knowledge in pediatric assessment skills at each  visit. |  |  |  |
| NO, Agency is **NOT** billing Medicaid.  1b. Physical assessments are completed by a Registered Nurse who has completed the IDHS Pediatric Assessment Course or a similar course approved by IDHS at each visit. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **V. Review Activities** | | | |
| 1. Number of charts reviewed and how the random sample was selected. | | | |
| 1. Other Review Activities: Policy, Procedure & Protocol Manual | | | |
| 1. List Staff at Intake / Exit Interview: | | | |
| 1. HRIF Log of Infant Discharge Records (Yes / No) | | | |
|  |  | Number of IDRs received for time period \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Number Accepted Services | |
|  | Number in APORS/HRIF Log not Followed \_\_\_\_\_% | |
|  | |  | Could Not Contact ( Also include doesn’t meet diagnostic criteria and child not eligible for services) |
|  | |  | Refused - No problem with child |
|  | |  | Refused - Services already in place |
|  | |  | Refused - No reason given |
|  | |  | Deceased |
|  | |  | Moved in state, referred to LHD/LHN |
|  | |  | Moved out of state |
|  | |  | Inappropriate referrals (ex; wrong county) |
|  | |  | Other (Specify): |

|  |
| --- |
| **VI. Agency Updates** |
| 1. Program Model – APORS/HRIF: |
| * 1. Service Delivery Model / Management of APORS and HRIF Clients: |
|  |
| * 1. Staffing patterns and changes: |
|  |
| * 1. Barriers to program delivery: |
|  |
| 1. Agency-wide; significant changes in staff/leadership: |
|  |
| 1. Other: |
|  |
| **Corrective Action Plan** |
| **Please respond by to at using the Summary of Findings and CAP form.** |

DRAFT 8-11-2016