Illinois Department of Human Services

**HWIL Chart Review: 0-5 Years & Pregnant Wards FY17**

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| --- | --- | --- | --- | --- |
| Agency: |  | Response Codes:  Present  Absent  Not Applicable | =  =  = | X  O  N/A |
| Date: |  |
| MCH Nurse Consultant: |  |

| Cornerstone Number | | | | |  |  |  |  | Totals | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of File (P, I, C)** | | | | |  |  |  |  | X | O |
| **Participant Profile: PA02** | Name, Address, Phone | | | |  |  |  |  |  |  |
| Date of Birth & Age | | | |  |  |  |  |  |  |
| Assigned Case Manager | | | |  |  |  |  |  |  |
| **Enrollment: PA03** | Pregnancy (Y/N) | | | |  |  |  |  |  |  |
| Race, ethnicity, sex | | | |  |  |  |  |  |  |
| HWIL Primary Care Provider | | | |  |  |  |  |  |  |
| Current services | | | |  |  |  |  |  |  |
| **Program Info PA15** | Program status | | | |  |  |  |  |  |  |
| HWIL initiation date [F8 Program HX] | | | |  |  |  |  |  |  |
| Initial Contact in 48 hours (SV02) | | | |  |  |  |  |  |  |
| Transfer in from another MCMA? Date: | | | |  |  |  |  |  |  |
| **Medical Screens** | PA11: Birth | | Birth Weight | |  |  |  |  |  |  |
| APORS Infant (Y/N) | |  |  |  |  |  |  |
| PA13-14: Immunizations | | | |  |  |  |  |  |  |
| PA07: Initial Prenatal (EDC) | | | |  |  |  |  |  |  |
| PA08: Adult Hlth -smoking intervention | | | |  |  |  |  |  |  |
| PA07&10: # Prenatal Visits | | | |  |  |  |  |  |  |
| SV01 : 941-942 RLP | | | |  |  |  |  |  |  |
| SV01: PEWW Interconception Ed | | | |  |  |  |  |  |  |
| **Assessments AS01:**  **0-5 years** | 700 Q43-51:General - Annually | | | |  |  |  |  |  |  |
| 708 A-R: Anticipatory Guidance | | | |  |  |  |  |  |  |
| 712: Risk Assessment [Infant of Parenting Ward only] | | | |  |  |  |  |  |  |
| **Assessments AS01:**  **Pregnant Ward** | 700Q1-22, 26: General Annually | | | |  |  |  |  |  |  |
| 710: Prenatal Ed or BBO Policy | | | |  |  |  |  |  |  |
| 711: Prenatal Risk Assessment | | | |  |  |  |  |  |  |
| 707G: BBO Risk Assessment | | | |  |  |  |  |  |  |
| 708Q81: Nutrition or PA15 WIC | | | |  |  |  |  |  |  |
| SV01:825  Depression Screening | | | Prenatal |  |  |  |  |  |  |
| Postpartum |  |  |  |  |  |  |
| **Care Plan:**  **CM02-03** | CM02: Goals | | | |  |  |  |  |  |  |
| CM03: Planned Services | | | |  |  |  |  |  |  |
| **Referrals and Follow-up: RF01-03** | 907: APORS or HRIF if eligible | | | |  |  |  |  |  |  |
| 819: WIC if appropriate | | | |  |  |  |  |  |  |
| 906: DCFS Nurse if medically complex | | | |  |  |  |  |  |  |
| DSCC Referral if medically complex | | | |  |  |  |  |  |  |
| 822: Specialist if indicated | | | |  |  |  |  |  |  |
| 814: EI if indicated by dev screen or other health provider (PA15, F2 to✓) | | | |  |  |  |  |  |  |
| 804: Family Planning | | | |  |  |  |  |  |  |
| Other Referrals: List | | | |  |  |  |  |  |  |
| Verify with SCG receiving services | | | |  |  |  |  |  |  |
| **Medical Needs Identified (IMCM) \*** | HWLA IMCM records on file | Comp Health Profile 5.1 or  CHE form (CFS 653) | | |  |  |  |  |  |  |
| Health Summary (CFS 497IIID) | | |  |  |  |  |  |  |
| Past medical records or attempts | | |  |  |  |  |  |  |
| IA Summary sent to PCP | | |  |  |  |  |  |  |
| SCG contacted | | | |  |  |  |  |  |  |
| SV01: 806 or 802 - EPSDT age appropriate or prenatal visits | | | |  |  |  |  |  |  |
| SV01:827 Dental 2y & prophy q. 6 mo | | | |  |  |  |  |  |  |
| SV01:828 Vision 3, 4 & 5 y | | | |  |  |  |  |  |  |
| SV01:829 Hearing 4 & 5y | | | |  |  |  |  |  |  |
| **Health Summary Form for ACR or Transfer** | Sent to Caseworker a month prior to ACR (every 6 months) | | | |  |  |  |  |  |  |
| Transfers: Sent to new MCMA and /or HWLA and Caseworker if transferred | | | |  |  |  |  |  |  |
| **Case Closure (if YES, complete)** | Health Summary Transfer Form sent to Caseworker and HWLA at age 6 (Cook Co: sent to HWLA) | | | |  |  |  |  |  |  |
| Reason for Closure (PA15) | | | |  |  |  |  |  |  |
| Sources for continued services | | | |  |  |  |  |  |  |
| Report of Prenatal Care Services & Pregnancy Outcomes sent to HWLA – [**Cook Co only]** | | | |  |  |  |  |  |  |

\*EPSDT well child visits for 9, 12, and 24 months include required hearing and vision screening as part of the physical exam of ears and eyes and developmental assessment.**Comments**

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