Illinois Department of Human Services

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency: |  | Response Codes: PresentAbsentNot Applicable | === | XON/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**

|  |
| --- |
|  |
|  |
|  |
|  |