| Patient Case/Cornerstone Number | | | | |  |  |  |  |  | Totals | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of File (P, I, C)** | | | | |  |  |  |  |  |
| **DOB/AGE of Client** | | | | |  |  |  |  |  | X | O |
| Profile : PA02 | Assigned Case Manager | | | |  |  |  |  |  |  |  |
| Enrollment: PA03 | Primary Care Provider | | | |  |  |  |  |  |  |  |
| Current services | | | |  |  |  |  |  |  |  |
| Program Info: PA15 | Date of Initial successful contact | | | |  |  |  |  |  |  |  |
| Medical  Screens: PA07, PA08,  PA10, PA11 | PA07:  Initial Prenatal | EDC date | | |  |  |  |  |  |  |  |
| Month Prenatal Care began | | |  |  |  |  |  |  |  |
| # of Prenatal Visits to date | | |  |  |  |  |  |  |  |
| PA08:  Adult Health: | Client smokes Y/N | | |  |  |  |  |  |  |  |
| Household member smokes Y/N | | |  |  |  |  |  |
| Smoking Intervention Y/N | | |  |  |  |  |  |
| PA10: Postpartum - # of Prenatal Visits | | | |  |  |  |  |  |  |  |
| PA11: Birth (birth weight) | | | |  |  |  |  |  |  |  |
| Assessments: AS01 | 701: Other Service Barrier | | | |  |  |  |  |  |  |  |
| 706: Home (AR Infants only) | | | |  |  |  |  |  |  |  |
| 708Q81-92: Nutrition (PA15 if FCM/WIC integrated) | | | |  |  |  |  |  |  |  |
| 711 or 712 or 713: P, I,C Risk Assess: AR or NAR | | | |  |  |  |  |  |  |  |
| 708 A-L: Anticipatory Guidance (or Agency Pediatric Education Policy/Procedure SV01:807) | | | |  |  |  |  |  |  |  |
| Service Entry: SV01  \*AS01:CMSE (optional) will populate SV01 for 807 All kids, 807 Ped Ed, 813, 824, 825, 934, 938 screens but will not transfer comments | 825: Depression screening | | | Prenatal > 20wk |  |  |  |  |  |  |  |
| Postpartum |  |  |  |  |  |  |  |
| 941: Reproductive Life Plan initiated | | | |  |  |  |  |  |  |  |
| 942: Reproductive Life Plan reviewed - Update, Follow up, Revisions | | | |  |  |  |  |  |  |  |
| PEWW: Preconception/Interconception Education | | | |  |  |  |  |  |  |  |
| 803: Prenatal Medical and Dental visits importance discussed | | | |  |  |  |  |  |  |  |
| 804: Family Planning addressed (or update PA10 optional). Comment on method used or document referral and follow-up | | | |  |  |  |  |  |  |  |
| 813 or 938 (referred) or Transportation info posted | | | |  |  |  |  |  |  |  |
| 807 - All Kids if not enrolled; discussed, referred & documented on RF01, including follow up. | | | |  |  |  |  |  |  |  |
| 807 - Pediatric educational materials discussed and/or given (EPSDT, IZ, dental, lead, etc.) & comment on educ. provided or P&P in place specifying this. | | | |  |  |  |  |  |  |  |
| 934 – Comprehensive Growth and Development Handout by 12 months [Medicaid Only-Equivalent to Healthy Start/Grow Start] | | | |  |  |  |  |  |  |  |
| 824: Developmental Screen (ASQ or other standardized tool) | | Once by 12 mos | |  |  |  |  |  |  |  |
| Standardized Tool(s) used | |  |  |  |  |  |  |  |
| Dev delay noted (Y/N) | |  |  |  |  |  |  |  |
| CM03:814 or RF01: EI-CFC referral if indicated | | | |  |  |  |  |  |  |  |
| 826 - ASQ-SE (optional) | | | |  |  |  |  |  |  |  |
| Activity Entry: SV02 | AR Prenatal: 3 F2F (1 X each trimester active) | | | |  |  |  |  |  |  |  |
| AR Infant: 3 F2F + 1 HV | | | |  |  |  |  |  |  |  |
| NAR Prenatal or Infant: 2 F2F + 1 other contact | | | |  |  |  |  |  |  |  |

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| Patient Case/Cornerstone Number | |  |  |  |  |  | **Total** | |
| Type of File (P, I, C) | |  |  |  |  |  |
| DOB/AGE of Client | |  |  |  |  |  | **X** | **O** |
| Care Plan  Goals and Planned Services: CM02, CM03, RF01, CM04 | CM02 - Goals |  |  |  |  |  |  |  |
| CM03 - Planned Services |  |  |  |  |  |  |  |
| CM02 or CM03: Updates on Care Plan with Dates |  |  |  |  |  |  |  |
| RF01 - Other Referrals as indicated & documented including follow-up. (Optional – CM02 or CM03 or SV02 with comments or CM04 Case Notes. Must have Referral policy if not using RF01). |  |  |  |  |  |  |  |
| AS01, SV02, CM04 - Other Counseling/Education |  |  |  |  |  |  |  |
| Evidence of Medical Care Coordination (see Exhibit B) | |  |  |  |  |  |  |  |
| Rationale & sources for continuedservices if case closed | |  |  |  |  |  |  |  |
| Signed Consent Forms (C-Stone, HIPAA, ROI) prn per agency p&p | |  |  |  |  |  |  |  |
| Comments: | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Addendum for children 13-24 months (non-APORS, non-HWIL)** | Met | Not Met |
| Agency Policy and Procedures defines risk beyond the IDHS FCM Policy recently distributed in early July 2014 specific to their older child population served. |  |  |
| The Agency has submitted their Policies and Procedures regarding Case Management of Older Children to their Assigned MCH Nurse Consultant for approval prior to implementation. |  |  |
| Agency received confirmation of P & P Approval from the assigned MCH Nurse Consultant? |  |  |

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| Patient Case/Cornerstone Number |  |  |  |  |  | Totals | |
| **DOB/AGE of Client** |  |  |  |  |  | X | O |
| AS01:713 - Risk Assessment with at risk results. |  |  |  |  |  |  |  |
| Qualifying risk per FCM policy memo. |  |  |  |  |  |  |  |
| SV02 - Frequency of visits occur per Agency work plan for older children in accordance with MCH rules and Regs |  |  |  |  |  |  |  |
| SV01 - FCM activities provided support and address the older child’s issues that place the child at risk? |  |  |  |  |  |  |  |
| SV01:942 & PEWW - Mother receives periodic interconception health reduction and information regarding the importance of pregnancy spacing with development of Reproductive Life Plan |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pediatric Primary Care | | | | | | | |
| Does this Agency use FCM funds to Provide Primary Care?  Yes /  No | | | | | | | |
| Patient Case/Cornerstone Number |  |  |  |  |  | Totals | |
| **DOB/AGE of Client** |  |  |  |  |  | X | O |
| Medicaid denial letter present in client record? |  |  |  |  |  |  |  |
| Applied for & found ineligible for Illinois Marketplace Insurance or Refused to apply due to cultural/religious reasons? |  |  |  |  |  |  |  |
| Claim form matches record documentation for services received and billed for? (SV01, CM04, SV02, etc) |  |  |  |  |  |  |  |

DRAFT 5-11-2016