|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name:  |  | **[ ]** **[ ]**  | ANNUAL RECERTIFICATION  |
| MCH Nurse Consultant:  | Region:  |  | Visit Date:  |  |
| # Active Charts Randomly Selected for review: | Woman: |   | Infant: |  | Child: |  | Total =  |  |
| **OUTCOME INDICATOR:** | # Records Reviewed | # Expected | # Completed | % inCompliance | IDHS Report Period | Data from IDHS Reports | Performance Standard or State Average |
| Assessments (701, 706 AR infants, 711 or 712 or 713,708 A-R infants, Nutrition)  |  | AS01s |  | AS01s |  | AS01s |  |  |  | 90% |
|  | Records |  | Records |  | Records |
| Individual Care Plan |  |  |  |  |  |  | 90% |
| All Referrals on RF01, CM02, CM03, CM04 including follow-up  |  |  |  |  |  |  | 100% |
| Initiation of prenatal care with medical provider in 1st trimester ( PA07) |  |  |  |  |  |  | 75% |
| Reproductive Life Plan (SV01:941& 942) |  |  |  |  |  |  | 95% |
| Preconception /Interconception Ed (SV01: PEWW) |  |  |  |  |  |  |  |
| EI Referral (0-3)  |  |  | # Indicated | # Expected |  |  | 100% |
| NAR Pregnant or Infant: 2 F2F +1 other contact |  |  |  |  |  |  | 80% |
| AR Pregnant: 3 F2F (1 per trimester) |  |  |  |  |  |  | 80% |
| AR Infant:3 F2F + 1 HV |  |  |  |  |  |  | 80% |
| AR Infant: Home Visit: 1 HV |  |  |  |  |  |  | 75% |
| Primary Care Provider |  |  |  |  |  |  | 95% |
| Immunizations 3-2-2 |  |  |  |  |  |  | 90% |
| EPSDT Visits FCM Infants Age 1: > 3 |  |  |  |  |  |  | 80% |
| Developmental Screenings (1 Standardized screen by12 months) |  |  |  |  |  |  | 80% |
| Prenatal depression screening |  |  |  |  |  |  | 95% |
| Postpartum depression screening |  |  |  |  |  |  | 95% |
| AR & NAR Over rides  |  |  |  |  | **HSPR0749** |  | <10% |

| EVALUATION ITEM | Code part630/Contract/C-StoneQuarterlyReports | EVALUATION MECHANISM | MET | NOTMET | N/A |  CO: CommendationCOMMENT KEY: R: Recommendation **RQ: Required (typed bold)** |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
| **I. Agency Requirements and Provider Qualifications** |
| 1. The agency must agree to help program participant apply for benefits under the All Kids Health Insurance Program or referral to the closest application agent.
	1. Ensure enrollment or SV01 code 807
 | Code:630.220b2Contract | All Kids logCase Notes |  |  |  |  |
| 1. Direct service staff for the program must meet the standards; proof of current licensure must be available. Case managers must meet the qualifications as listed in the MCH Code.
	1. Agency to maintain access to in-house RN services for consultation related to assessment\evaluation of client risk levels and needs.
 | Code:630.220b6630.220cContract | Copies of licenses/Certification on file.Job/position descriptions. Interview with manager. |  |  |  |  |
| 1. Case Manager Assistants: para-professionals and lay workers may be used to perform some case management functions under the supervision of the case manager.
	1. Intake, follow-up with participants or providers to ensure that participants are accessing needed services, provision of support and assistance that participants may require to access services.
 | Code:630.220e3 | Policy and Procedures Chart Review Discussion with program supervisor or staffPositionDescriptionsObservation |  |  |  |  |
| * 1. Outreach activities.
 |  |  |  |
| **II. Clinical Record : The participants’ clinical record shall contain, but is not limited to :** |
| General Case management Activities1. 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:630.220dCornerstoneManual | Policy/ProcedureManualChart 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, PA14Entry for contacts-Work Plan defined, RF03 Referral HistoryContract |  |  |  |  |
| * 1. Each service rendered by the case manager
		1. Home visits: AR Infant
		2. Face-to-face: AR infants

 Face-to-face: AR prenatal * + 1. NAR Pregnant & Infant
 |  |  |  |
| 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. Adequacy of Prenatal Care (Kessner Index)
3. First trimester initiation of prenatal care
4. Primary Physician Notified of FCM enrollment
5. EI referral/all referrals
 |  |  |  | NOTE: If client has received Perinatal Depression Screening by PCP, document on SV01 screen listing provider with date screened or if using the optional AS01 CMSE screen list provider with the date screened. The CMSE responses will populate the SV01, but the comments will not transfer.NOTE: Medical care coordination includes adequacy of prenatal care, all referrals needed are made, including follow up, immunizations, EPSDT visits & PCP. Case notes coordination with medical provider. |
| **III. 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 &630.220e13Performance Standard 90%ContractContract | Case NotesReview P&P & C-Stone ScreensAssessments-AS01: 711, 712, 713, 700-HRIF/APOR701-Other Service Barrier706-HomeAR Infant, AS01 Ped Ant Guidance708 A-L, CM04, CM02/CM03Perinatal DepressionSV01-825 Agency’s recent HSPR0749 report |  |  |  |  |
| Over rides less than 10% |  |  |  |
| 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 &630.220e2PerformanceStandard 90%Contract | P&PChart reviewCornerstoneScreens:Goals-CM02PlannedServices-CM03Case Notes – CM04, RF01, RF03WkPlan Defined |  |  |  |  |
| 1. Perform standardized development screening by age 1 year (or referral to CFC is made and followed). If receiving EI services, Dev screening not required but document EI assessment date on SV01. Ages & Stages Questionnaire or any approved screening tool by IHFS Handbook for Providers of Healthy Kids.
 | ContractPerformanceStandard80% | SV01 824Case NotesRF01/RF03 |  |  |  |  |
| 1. Referrals
	1. Referrals of participants to appropriate providers within the community for services identified in the individual care plan and documented on the RF01.
		1. WIC
		2. Family Planning
		3. Perinatal depressions screening if not provided by FCM agency
		4. Linkages/Referral Agencies
		5. Other: Intimate Partner Violence, Substance Abuse, Housing, etc.
 | Contract Performance Standard 100% | Cornerstone screens:Case Notes – CM04 &/9rService Provider Selection (RF01, RF03) CM02, CM03RF01/RF03Or by agency approved policy |  |  |  |  |
| * + - 1. Document referral follow-up on RF01:
				1. WIC
				2. FP
				3. Perinatal depression screening
				4. Linkages/Referral Agencies
				5. Other: Intimate Partner Violence, Substance Abuse, Housing, etc
 |  |  |  |
| 3. EI Referrals are completed on all Infants and children 0-3 indicated by dev screening, including follow-up. | Performance Standard 100% | CM02:814, CM03, CM04 or approved policy  |  |  |  | All referrals are to be recorded on the RF01 Screen. Use the comment line of the RF01 Screen to document follow up. Or documented by agency approved policy. |
| 1. Client Education
	1. Provide Healthy Start/Grow Smart brochures from HCFS or approved equivalent information (SV01)

2. Post information on accessing free  Transportation and, or SV01 code  code 938 or 813.* 1. Educational materials given: SV01

 code 807 (Agency policy; moving toward  usage of DHS FCM prenatal standardized curriculum)* 1. Reproductive life plan Preconception/

Interconception Education | ContractCode:630.210.D630.210.EContract | Anticipatory GuidanceScreens, SV02Activity EntryCase Notes, SV01CMSE optionalPN SV01 803 CodeHard copy ofReproductive Life Plan in client chartAgency approved Policy/Procedure |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Provider implements their QA Plan annually and completes their annual summary report of QA activities. Provider must maintain a quality assurance process with internal policies and practices related to quality improvement within FCM program. See exhibit B#8

Policies & Procedures relate to Outreach, case finding & care management | ContractQualityAssurance | QA Policy & Procedures,QA Plan,APORS Satisfaction SurveyWork Plan |  |  |  |  |
| Distributed APORS Client satisfaction survey as instructed by IDPH. |  |  |  |
| Data analysis on key maternal/infant outcomes identified in the agency’s QA plan. |  |  |  |
| Work Plan developed with evidence of  monitoring for progress |  |  |  |

| EVALUATION ITEM | Code part 630/Contract/C-Stone Quarterly Reports | EVALUATION MECHAMISM | MET | NOTMET | N/A |   CO: CommendationCOMMENTS KEY: R: Recommendation  **RQ: Required (typed bold)** |
| --- | --- | --- | --- | --- | --- | --- |
| **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?
 | CodeContractCode ContractCodeContractHealthy KidsManualHealthy KidsManualCodeContract Healthy Kids Manual | Policy/Procedure/ProtocolStanding 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 completed the IDHS Pediatric Assessment Course or a similar course approved by IDHS at each visit. |  |  |  |
| NO, Agency is **NOT** billing Medicaid.1b. Physical assessments are completed by a Registered Nurse who has knowledge in pediatric assessment skills at each visit. |  |  |  |

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| **V. FCM Workplan Progress Report**  |
| 1. Evaluation of Number/percentage of ‘overrides’ for P and I client categories: (Utilize the 747 and 749 reports) Overrides to be <10%
 |
| Low to High:  |
| 2. High to Low:  |
| 1. What are your top two (2) items to over-ride?
 |
| **VI. Review Activities** |
| Number of charts reviewed and how the random sample was selected: |
|  |
| 1. Other review activities:
 |
|  |
| 1. List Staff at Intake and Exit Interviews:
 |
|  |

|  |
| --- |
| **VII. Agency Updates** |
| 1. Program Model – HRIF / FCM:
 |
|  |
| 1. FCM Service Delivery Model:
 |
|  |
| 1. Staffing patterns and changes:
 |
|  |
| 1. Barriers to program delivery:
 |
|  |
| E: Other:  |
|  |
| **Corrective Action Plan** |
| Please respond by **30 days after receipt to** at using the Summary of Findings and CAP form**.** |