Illinois Department of Human Services

 **FY17 HRIF Chart Audit Tool**

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| Agency: |  | Response Codes: PresentAbsentNot Applicable | === | XON/A |
| Date: |  |
| MCH Nurse Consultant: |  |

| Cornerstone Number |  |  |  |  | Totals |
| --- | --- | --- | --- | --- | --- |
| **Type of File (I=Infant 0-12 months; C=Child 13month +)** |  |  |  |  | X | O |
| **Date of Birth** |  |  |  |  |  |  |
| Enrollment : (PA03) | Primary care provider |  |  |  |  |  |  |
| Current Services |  |  |  |  |  |  |
| Program Info. (PA15) | Date of initial successful contact  |  |  |  |  |  |  |
| Indicated Category APORS or HRIF |  |  |  |  |  |  |
| Birth Screen:PA11 | APORS Status: Y or N (Matches PA15) |  |  |  |  |  |  |
| Birth Weight: |  |  |  |  |  |  |
| Assessments: AS01 | 700 – General |  |  |  |  |  |  |
| 701 – Other service barriers |  |  |  |  |  |  |
| 706 – Home assessment |  |  |  |  |  |  |
| A minimum of one home visit by 12 mos of age  |  |  |  |  |  |  |
| 708Q81: Nutritional assessment/WIC active  |  |  |  |  |  |  |
| Other risk assessment or screening, e.g., genetic risk assessment per agency protocol (FHH) |  |  |  |  |  |  |
| 708 A-R : Anticipatory Guidance |  |  |  |  |  |  |
| 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 | 826: Social Emotional Screening (optional) |  |  |  |  |  |  |
| CSME (optional) |  |  |  |  |  |  |
| 807 - Pediatric educational materials discussed and/or given (EPSDT, IZ, dental, lead, etc.) & comment on educ. provided or P&P in place specifying this. |  |  |  |  |  |  |
| 807: All Kids if not enrolled; discussed, referred & documented on RF01 including follow-up |  |  |  |  |  |  |
| 813 or 938 (referred) or Transportation info posted |  |  |  |  |  |  |
| Reports of F2F/Home Visit (s) sent to physician, developmental findings are present; all referrals made and services received are documented on report. |  |  |  |  |  |  |
| 825 : Perinatal depression screening  | Prenatal |  |  |  |  |  |  |
| Postpartum  |  |  |  |  |  |  |
| PEWW: Preconception/Interconception ED.  |  |  |  |  |  |  |
| 941: Reproductive Life Plan Initial  |  |  |  |  |  |  |
| 942: Reproductive life Plan Subsequent  |  |  |  |  |  |  |
| 804: Family planning addressed: (or PA10). Comment on method used or document referral and follow-up |  |  |  |  |  |  |
| **Documentation of Follow-Up**  |  |  |  |  |  |  |
| * Record of APORS Report
 |  |  |  |  |  |  |
| * Date APORS Report received at health department
 |
| * Documentation of contact attempt within seven(7) days
 |  |  |  |  |  |  |
| * First F2F/Clinic or Home Visit within 14 days APORS Report
 |  |  |  |  |  |  |
| * Follow-up provided
 |  |  |  |  |  |  |
| * If no follow-up, rationale provided
 |  |  |  |  |  |  |
| * Rationale provided if case closed before 24 mos
 |  |  |  |  |  |  |
| Case manager is an R.N. (PA02) |  |  |  |  |  |  |
| **Home Visits/Face-to-Face** |
| 2 Week Visit | SV02: F2F @ 2 weeks of referral |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done  |  |  |  |  |  |  |
| 4 Month Visit  | SV02: F2F @ 4 months of age |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done |  |  |  |  |  |  |
| 6 Month Visit | SV02: F2F @ 6 months of age |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done |  |  |  |  |  |  |
| SV01:824 Standardized Developmental Screening (unless receiving EI services with supporting documentation in record). |  |  |  |  |  |  |
| Tool(s) used: List |  |  |  |  |  |  |
| 12 Month Visit | SV02: F2F @ 12 months of age |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done |  |  |  |  |  |  |
| SV01:824 Standardized Developmental Screening (unless receiving EI services with supporting documentation in record). |  |  |  |  |  |  |
| Tool(s) used: List |  |  |  |  |  |  |
| 18 Month Visit  | SV02: F2F @ 18 months of age |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done |  |  |  |  |  |  |
| SV01:824 Standardized Developmental Screening (unless receiving EI services with supporting documentation in record). |  |  |  |  |  |  |
| Tool(s) used: List |  |  |  |  |  |  |
| 24 Month Visit | SV02: F@F @ 24 months of age |  |  |  |  |  |  |
| 708Q27-52: Physical Assessment done |  |  |  |  |  |  |
| SV01:824 Standardized Developmental Screening (unless receiving EI services with supporting documentation in record). |  |  |  |  |  |  |
| Tool(s) used: List |  |  |  |  |  |  |
| **Signed Forms Cornerstone/HIPPA Consent** |  |  |  |  |  |  |  |
| Care Plan Goals and Plannedd Services: CM02, “CM03, RF01, CM04 | CM02 - Goals  |  |  |  |  |  |  |
| CM03 - Planned services  |  |  |  |  |  |  |
| Updates on care plan with dates |  |  |  |  |  |  |
| Was a developmental delay noted (Y/N)  |  |  |  |  |  |  |
| CM03:814 - EI-CFC referral if indicated |  |  |  |  |  |  |
| 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  |  |  |  |  |  |  |

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| --- | --- |
| Case Number | Reviewer’s Comments |
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