Illinois Department of Human Services

**FY17 HRIF Chart Audit Tool**

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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 (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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