Bureau of Maternal and Infant Health, Illinois Department of Human Services

**FY18 BBO Chart Review Tool: Terminated Clients**

| Agency:  |  | Present = XAbsent = 0Not Applicable = NA |
| --- | --- | --- |
| Review Date:  |  |
| MCH Nurse Consultant:  |  |

| Cornerstone ID Number  |  |  |  |  |  | **X** | **0** | **NA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Profile: PA02 | Assigned Case Manager |  |  |  |  |  |  |  |  |
| Program Information:PA15 (or RF01) | BBO Initiation Date |  |  |  |  |  |  |  |  |
| Client transitioned to the most appropriate services at 6 weeks postpartum (FCM or HV Program) |  |  |  |  |  |  |  |  |
| Initial Prenatal:PA07 (or SV01:802) | EDC date |  |  |  |  |  |  |  |  |
| Month Care Began |  |  |  |  |  |  |  |  |
| Trimester Care Began |  |  |  |  |  |  |  |  |
| Postpartum:PA10 (SV01:802) | # of prenatal medical visits  |  |  |  |  |  |  |  |  |
| Assessment:AS01 | 707G: Risk Factors - HSPR0207 Assessment Report (list): |  |  |  |  |  |  |  |  |
| 706 Home: at initial HV |  |  |  |  |  |  |  |  |
| Activity Entry: SV02-100 or 105Contact Type 1 or 2 or 3 (Activity dates are on or after IPCM Effective From Date) | F2F visit documented for each 31-day period of client enrollment up to termination from BBO.  |  |  |  |  |  |  |  |  |
| F2F visits completed by assigned BBO case manager. |  |  |  |  |  |  |  |  |
| Other contact documented for each 31-day period of client enrollment  |  |  |  |  |  |  |  |  |
| Site:01: Home visit documented for each trimester of pregnancy during client’s enrollment period  |  |  |  |  |  |  |  |  |
| Care Plan CM02, CM03, CM04 | CM02 - Goals  |  |  |  |  |  |  |  |  |
| CM03 - Planned Services  |  |  |  |  |  |  |  |  |
| CM02 or CM03: Updates on Care Plan with Dates |  |  |  |  |  |  |  |  |
| CM04: Content of each face-to-face interaction is documented  |  |  |  |  |  |  |  |  |
| CM04: Content of each other contact interaction is documented  |  |  |  |  |  |  |  |  |
| CM04: Content of each home visit interaction is documented |  |  |  |  |  |  |  |  |
| Service Entry:SV01(or RF01 If Referred) | Education modules delivered re timelines in the Prenatal Education Curriculum Guide (*Service Codes for Delivery of Prenatal Education FY15*) |  |  |  |  |  |  |  |  |
| Delivered education topics specific to client’s eligibility risk factors  |  |  |  |  |  |  |  |  |
| PEWW: Post-delivery education was delivered per the Prenatal Education Curriculum Guide. |  |  |  |  |  |  |  |  |
| 825: Perinatal Depression Screening | Prenatal > 20 wks |  |  |  |  |  |  |  |  |
| Postpartum |  |  |  |  |  |  |  |  |
| 802: Assistance accessing prenatal care (w/ comment) |  |  |  |  |  |  |  |  |
| 922: Provision of or referral for childbirth education. |  |  |  |  |  |  |  |  |
| 918: Provision of or referral for parenting classes. |  |  |  |  |  |  |  |  |
| 941/942: Reproductive Life Plan |  |  |  |  |  |  |  |  |
| 813: Transportation arranged for health-related appointments based on client need. |  |  |  |  |  |  |  |  |
| Assistance in accessing other needed services. |  |  |  |  |  |  |  |  |
| 804: Assistance in accessing contraceptive service. |  |  |  |  |  |  |  |  |
| 820: Postpartum Medical Follow-up Visit (or CM04 Case Notes) |  |  |  |  |  |  |  |  |
| Signed Consent Forms (C-Stone, HIPPAA, ROI) pm per agency pp |  |  |  |  |  |  |  |  |

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| Comments: |  |
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FY18 BBO Chart Review Tool Terminated Final 3-16-2017