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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | | | | | | | Annual: Certification: | | |  | |
| County: |  | | | | | | | | | | Region: | |  | |
| MCH Nurse Consultant: |  | | | | | | | | | | Visit Date: | |  | |
| **Data Summary: 0-5 and Pregnant Youth in Care** | | | | | | | | | | | | | | |
| # Active Cases 0-5 randomly selected | | |  |  | Performance | # of Charts | | # of Charts in | | Percent in | | HW Qtrly | | Data from HW |
| # Active Pregnant Youth in Care randomly selected | | |  |  | Standard | Reviewed | | Compliance | | Compliance | | Report Period | | Qtrly Report |
|  | | | | |  |  | |  | |  | |  | |  |
| EPSDT Visits Up to Date | | | | | 95% |  | |  | |  | |  | |  |
| Immunizations Current | | | | | 95% |  | |  | |  | |  |
| HealthWorks Primary Care Provider | | | | | 95% |  | |  | |  | |  |
| Prenatal Depression Screening SV01-825 | | Prenatal | | | 95% |  | |  | |  | |  | |  |
| Postpartum | | | 95% |  | |  | |  | |  | |  |
| Individualized Care Plan (ICP) Needed Services Provided | | | | | 90% |  | |  | |  | |  | |  |
| Appropriate Referrals Made | | | | | 95% |  | |  | |  | |  | |  |
| EI/CFC referral made if indicated by dev assessment | | | | | 100% | # Indicated: |  | # Made: |  |  | |  | |  |

| EVALUATION ITEM | | Contract / HWIL  Medical Case  Management  Handbook | EVALUATION  MECHANISM | MET | NOT  MET | N/A | | KEY: CO: Commendation  COMMENTS R: Recommendations  **RQ: Required (bold)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HealthWorks Medical Case Management for DCFS Youth in Care Birth through age five (5) years, Pregnant DCFS**  **Youth in Care, and children of parenting DCFS Youth in Care** | | | | | | | | |
| The Provider will provide medical case management services to all DCFS Youth in Care, birth through age five (5) years, pregnant DCFS Youth in Care, and children of parenting DCFS Youth in Care residing in the Provider’s service area. | | | | | | | | |
| 1a. DCFS Youth in Care are linked to a HWIL Primary Care Physician. | | FY18 FCM Contract | Contract Performance Standard 95%  PA03 Enrollment  PA05 Medicaid  CM04 Case Notes  SV02 Activity Entry  P/P manual |  |  | |  |  |
| 1b. If the selected PCP is not enrolled in HW, the MCMA will notify the Lead Agency. | |  |  | |  |
| 1c. DCFS Youth in Care receive a medical card under the Medicaid program. | |  |  | |  |
| 2. First initial contact with the caregiver will occur within forty-eight (48) business hours of assignment. | | FY18 FCM Contract | Contract Performance Standard 95%  SV02 Activity Entry  CM04 Case Notes |  |  | |  |  |
| 3. Successful contact of the caregiver by the case manager shall occur within thirty (30) days of assignment. | | FY18 FCM Contract | Contract Performance Standard 95%  SV02 Activity Entry  CM04 Case Notes |  |  | |  |  |
| 4. Develop an individualized Health Care Plan. | | FY18 FCM  Contract | Contract Performance Standard 90%  CM02 & CM03 |  |  | |  |  |
| 1. Coordinate Health Care services by assisting in scheduling and arranging transportation to medical services as needed (refer to DCFS/POS caseworker as needed). | | FY18 FCM  Contract | RF01 Referral  SV02 Activity Entry  CM04 Case notes |  |  | |  |  |
| 6a. DCFS Youth in Care receive documented needed specialty care services per the individual health care plan (including referrals as appropriate to High Risk Infant Follow-up, WIC, DSCC, Specialists, CFC & family planning. | | FY18 FCM Contract | Contract Performance Standard 95%  RF01 Referral  SV01-822, 823  SV01-824, 825  SV01-826, RF01  CM04 Case notes  SV02-105  Care plan CM02/03  Agency P/P manual |  |  | |  |  |
| 6b. EI Referral made on children 0-3 if indicated by developmental assessments Referral is documented on the RF01, in case notes or care plan, including follow-up. Agency should have referral documentation procedure in place for where to document. | |  |  | |  |
| 1. DCFS Youth in Care have documentation entered in Cornerstone showing they are up-to-date with immunizations. | |  | PA13  PA14  SV01:821 |  |  | |  |  |
| 8a. DCFS Youth in Care receive documented medical services according to EPSDT standards, including annual exams for DCFS Youth in Care two (2) years of age and older. | | FY18 FCM Contract | Contract Performance Standard 95%  SV01:806  SV01:802  SV01: 813,821,822  AS01:710 Prenatal Ed or per BBO Policy include MOD  AS01:708A-R Ant Guid  CFS 652F-T  Dental screening (2+yr)  Vision & Hearing screens (ages 3 & 4, respectively)  Hard Copy  Perinatal Depression  SV01-825  CFSP AS01:711, 707G, 7070 Nutrition: 708Q81, PA15 WIC  PEWW, RLP 941-942 Infant of Parenting Youth in Care or CFSN: AS01:712,713 |  |  | |  |  |
| 8b. All medical services received by each DCFS Youth in Care are documented in the DCFS Standardized Medical Record forms or in electronic format. | |  |  | |  |
| 8c. DCFS Pregnant Youth in Care received documented Edinburg Perinatal Depression Screening (SV01-825). | |  |  | |  |
| 8d. Required assessments for Pregnant Youth in Care or Infant of Parenting Youth in Care | |  |  | |  |
| 9. All written documentation of receipt of health care services (immunizations, EPSDT, referrals, acute care services, etc.) are sent to the Youth in Care’s caseworker within three (3) days | | FY18 FCM Contract | Contract Performance Standard 95%  SV02 Activity Entry  CM04 Case Note  Hard Copy  HSPR0301 |  |  | |  |  |
| 10a. Maintain in a local health record, services provided to DCFS Youth in Care, and ensure the PCP has all required copies of the DCFS medical record. | | FY18 FCM Contract | PA13-14  SV01-806  CM04 Case Note  SV02 Activity Entry  Hard Copy of all  Medical Records |  |  | |  |  |
| 10b. Ensure all data are input in Cornerstone system within 15 days of receipt of documentation of services. | |  |  | |  |
| 11a. Complete transfer to appropriate DCFS and POS agency staff without loss of continuity of health care when age 6 | | FY18 FCM Contract  DCFS H/W  Medical Case  Management  Handbook  Appendix B | DCFS Health Services  Transfer Tool  SV02 Activity Entry |  |  | |  |  |
| 11b. Complete Health Services Transfer Tool when case is transferred to another MCMA | | CM04 Case Notes  PA15 Program Info |  |  | |  |
| Staff Interview | | | | | | | | |
| 1. Service delivery model |  | | | | | | | |
| 2. Staffing patterns & changes |  | | | | | | | |
| 3. Lead Agency/MCMA relationship |  | | | | | | | |
| 4. Barriers to program delivery |  | | | | | | | |
| 5. Management of pregnant Youth in Care with special health care needs. |  | | | | | | | |
| 6. Other |  | | | | | | | |

Please respond by to at