**Illinois Department of Human Services**

**FY18 Family Case Management Chart Audit Tool**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | Site: |  | Response Codes  Present  Absent  Not applicable | =  =  = | X  0  NA |
| Date: |  | | |
| MCH Nurse Consultant: |  | | |

| Patient Case/Cornerstone Number | | | | |  |  |  |  |  | Totals | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of File (P, I, C) and Age** | | | | |  |  |  |  |  |
| **DOB of Client** | | | | |  |  |  |  |  | X | O |
| Profile : PA02 | Assigned Case Manager | | | |  |  |  |  |  |  |  |
| Enrollment: PA03 | Primary Care Provider | | | |  |  |  |  |  |  |  |
| Current services | | | |  |  |  |  |  |  |  |
| Program Info: PA15 | Date of Initial successful contact | | | |  |  |  |  |  |  |  |
| Medical  Screens: PA07, PA08,  PA10, PA11 | PA07:  Initial Prenatal | EDC date | | |  |  |  |  |  |  |  |
| Month Prenatal Care began | | |  |  |  |  |  |  |  |
| # of Prenatal Visits to date | | |  |  |  |  |  |  |  |
| PA08:  Adult Health: | Client smokes Y/N | | |  |  |  |  |  |  |  |
| Household member smokes Y/N | | |  |  |  |  |  |
| Smoking Intervention Y/N | | |  |  |  |  |  |
| PA10:  Postpartum | List total # of Prenatal Visits | | |  |  |  |  |  |  |  |
| Family Planning discussed and Method listed (or SV01:804 - list method) | | |  |  |  |  |  |  |  |
| PA11: Birth (List birth weight) | | | |  |  |  |  |  |  |  |
| Assessments: AS01 | 711 or 712 or 713: P, I,C Risk Assess: AR or NAR | | | |  |  |  |  |  |  |  |
| 701: Other Service Barrier | | | |  |  |  |  |  |  |  |
| 706: Home (AR Infants only) | | | |  |  |  |  |  |  |  |
| 708Q81-92: Nutrition (PA15 if FCM/WIC integrated) | | | |  |  |  |  |  |  |  |
| 708 A-L: Anticipatory Guidance (or Agency Pediatric Education Policy/Procedure SV01:807) | | | |  |  |  |  |  |  |  |
| Service Entry: SV01  \*AS01:CMSE (optional) will populate SV01 for 812 All kids, 807 Ped Ed, 813, 824, 825, 934, 938 screens but will not transfer comments | 825: Depression screening | | | Prenatal > 20wk |  |  |  |  |  |  |  |
| Postpartum |  |  |  |  |  |  |  |
| 941: Reproductive Life Plan initiated | | | |  |  |  |  |  |  |  |
| 942: Reproductive Life Plan Subsequent | | | |  |  |  |  |  |  |  |
| PEWW: Preconception/Interconception Education | | | |  |  |  |  |  |  |  |
| 803: Prenatal Medical/Dental visits importance | | | |  |  |  |  |  |  |  |
| 913: SNAP participants – Work plans & barriers | | | |  |  |  |  |  |  |  |
| 813 or 938 (referred) or Transportation info posted | | | |  |  |  |  |  |  |  |
| 812 - All Kids if not enrolled; discussed, referred & documented on RF01, including follow up. | | | |  |  |  |  |  |  |  |
| 807 - Pediatric educational materials discussed or given (EPSDT, IZ, dental, lead, etc.) & comment on educ. provided or P&P in place specifying this. | | | |  |  |  |  |  |  |  |
| 934 – Comprehensive Growth and Development Handout by 12 months [Medicaid Only] | | | |  |  |  |  |  |  |  |
| 824: Developmental Screen (ASQ or other standardized tool) | | Once by 12 mos | |  |  |  |  |  |  |  |
| Standardized Tool(s) used | |  |  |  |  |  |  |  |
| Dev delay noted (Y/N) | |  |  |  |  |  |  |  |
| CM03:814 or RF01: EI-CFC referral if indicated | | | |  |  |  |  |  |  |  |
| 826 - ASQ-SE (optional) | | | |  |  |  |  |  |  |  |
| Activity Entry: SV02 | AR Prenatal: 3 F2F (1 X each trimester active) | | | |  |  |  |  |  |  |  |
| AR Infant: 3 F2F + 1 HV | | | |  |  |  |  |  |  |  |
| NAR Prenatal or Infant: 2 F2F + 1 other contact | | | |  |  |  |  |  |  |  |
| Care Plan  Goals and Planned Services: CM02, CM03, RF01, CM04 | CM02 - Goals | | | |  |  |  |  |  |  |  |
| CM03 - Planned Services | | | |  |  |  |  |  |  |  |
| CM02 or CM03: Updates on Care Plan with Dates | | | |  |  |  |  |  |  |  |
| 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 | | | |  |  |  |  |  |  |  |
| Evidence of Medical Care Coordination (see Exhibit B) | | | | |  |  |  |  |  |  |  |
| Rationale & sources for continuedservices if case closed | | | | |  |  |  |  |  |  |  |
| Signed Consent Forms (C-Stone, HIPAA, ROI) prn per agency P&P | | | | |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Case Number | Reviewer Comments |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

FY18 Family Case Management Chart Audit Tool 5-23-2017