**Illinois Department of Human Services**

**FY18 Family Case Management Chart Audit Tool**

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| --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | Site: |  | Response CodesPresentAbsentNot applicable | === | X0NA |
| 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 |  |  |  |  |  |  |  |
| MedicalScreens: 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 PlanGoals 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 |  |  |  |  |  |  |  |

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