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CHAPTER I

Purpose of Document
A. Purpose of Local Health Nursing Follow-Up for the High Risk Mother
B. Purpose of Local Health Nursing Follow-Up for the High Risk Infant
**Purpose of Document:**
This manual is intended to provide guidance to both DHS and local health department staff in performing their respective responsibilities to the High Risk Infant Follow-Up Program (HRIF). Requirements, duties, and instructions will be included to assist personnel with program implementation. The manual will orient new staff to HRIF procedures, and will also provide reference material for staff.

**Purpose of Local Health Nursing Follow-Up for the High Risk Mother:**
Home visits to families of high-risk/pregnant and postpartum women have a two-fold purpose: assessment of the woman and the family environment and facilitation of early intervention for identified problems.

**Purpose of Local Health Nursing Follow-Up for the High-Risk Infant:**
The purpose of the infant follow-up program is to minimize disability in high-risk infants by identifying as early as possible conditions requiring further evaluation, diagnosis, and treatment and by assuring an environment that will promote optimal growth and development.
CHAPTER II

Program Goal
Program Goal:
The goal of HRIF services are to promote optimal growth and development, teach family care of the high risk infant, prevent complications, decrease morbidity and mortality, decrease stress and potential for abuse, and ensure early identification and referral for further treatment and evaluation.
CHAPTER III

Program Objectives
Program Objectives:

1. Identify high-risk pregnant or post-partum for referral to local health departments for follow-up services.
2. Identify any infants who have any of the following conditions: a serious congenital infection; an endocrine, metabolic or immune disorder; a blood disorder; birth weight less than 1,501 grams; a positive urine toxicology for any drug or signs of drug toxicity or withdrawal; a congenital anomaly; or other conditions, such as intrauterine growth retardation are referred to local health departments for follow-up services.
3. Identify families who experience neonatal death and assure they are referred to local health departments for follow-up services.
4. To provide follow-up services by local health agencies that adhere to the provisions of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630).
CHAPTER IV

Program Definition
**Program Definition:**
HRIF is a component of Family Case Management and relates to many other programs offered by the local health agency. The referral is initiated at a hospital; the Division of Epidemiology at IDPH manages the reporting system database, and public health nurses provide follow-up services. There is a direct connection between high risk follow-up and numerous programs such as WIC, Primary Care, Early Intervention, Perinatal Follow-up and others depending on the needs of the family. A minimum of 6 visits should be made by the follow-up nurse: as soon as possible after newborn hospital discharge (within 2 weeks of receipt of Infant Discharge Record (IDR), and at infant chronological ages 4, 6, 12, 18, and 24 months.
CHAPTER V

Introduction
**Introduction:**
The HRIF is federally funded by Case Management and Title XX Health Support Services funds, to provide case management services to families with high-risk infants identified by the Adverse Pregnancy Outcomes Reporting System (APORS); high-risk pregnant women identified by Level II Perinatal facilities; infants diagnosed with a high risk condition after newborn hospital discharge; and/or infants and children at medical and/or environmental risk because of an adolescent parent, drug-abusing parent or high-risk situation identified by the public health nurses. In addition to Title XX Health Supports Services funds, Medicaid and/or medically indigent funds may be used to provide services to high-risk clients.
Chapter VI

Provider Responsibilities

A. Illinois Administrative Code: Section 640.100: High Risk Infant Follow-Up Program

B. Illinois Administrative Code: Section 840.210: Newborn Case Reporting

C. Conditions for Hospital Reporting

D. APORS and High Risk Infant Follow-Up (HRIF) Policies and Procedures

E. Procedure for Primary Care Physician (PCP) Notification

F. Illinois Administrative Code: Section 630.90: Record Retention Guidelines

G. APORS Procedure for DCFS Wards in HealthWorks of Illinois (HWIL)

H. Procedure for DHS HRIF Clinical Review
Section 640.100 High-Risk Follow-up Program

a) Local Health Nursing Follow-up for the High-Risk Mother

1) Purpose
   Home visits to families of high-risk/pregnant and postpartum women have a two-fold purpose: assessment of the woman and the family/environment and facilitation of early intervention for identified problems.

2) Agencies to Provide Services
   A) All Local Health Departments should provide follow-up services to residents of their counties.
   B) The Department may contract with a local health agency or county nurse to provide follow-up services to residents of areas without a Local Health Department.

3) Eligibility for Services
   Any pregnant or postpartum patient identified as high-risk by a Level III hospital and referred to a Local Health Department or other designated local health agency should be offered follow-up services. The patient may decline such services.

4) Services to be Provided
   A) Home visits to high-risk pregnant women should be scheduled as often as the client's condition warrants or as requested by the attending physician. A post-discharge visit should be made as soon as possible after discharge. Additional visits may be made during the postpartum period (i.e., 6 weeks following the date of delivery) for pregnancy-related conditions as indicated or as requested by the attending physician. If additional visits are for chronic health conditions (e.g., chronic hypertension, CVA, advanced cardiac disease), the patient should be referred to the licensed home health agency in the area for
long-term follow-up.

B) Local health agencies which provide services must adhere to the provisions of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630).

b) Local Health Nursing Follow-up for High-risk Infants

1) Purpose
The purpose of the infant follow-up program is to minimize disability in high-risk infants by identifying as early as possible conditions requiring further evaluation, diagnosis, and treatment and by assuring an environment that will promote optimal growth and development.

2) Agencies to Provide Services
A) All Local Health Departments should provide follow-up services to residents of their counties.

B) The Department may contract with a local health agency to provide follow-up services to residents of areas without a Local Health Department.

3) Eligibility for Services
Any infant eligible for the Adverse Pregnancy Outcomes Reporting System (APORS) and referred to a Local Health Department or other designated local health agency should be offered follow-up services. The family may decline such services.

4) Services to be Provided
A) A minimum of 6 visits should be made by the follow-up nurse: as soon as possible after newborn hospital discharge, and at infant chronological ages 2, 6, 12, 18, and 24 months. Infants and their families having actual or potential health problems identified by the nurse should be visited more frequently for health monitoring, teaching, counseling and/or referral for appropriate services. Occasionally, when an infant is receiving services at the health department, a follow-up visit may be conducted by the nurse at that time.

B) Follow-up services should include:

i) Health History including: prenatal and natal history; parental concerns; family history of genetic disease or unexplained mental retardation; compliance with medical regimen, if any, including medications, treatments, and visits to the physician; infant care, including nutrition, elimination, and sleep activity; and family/infant interaction, family coping and parental knowledge of injury prevention.
ii) Physical assessment, developmental assessment, and age specific anticipatory guidance based on the American College of Obstetricians and Gynecologists guidelines or current recommendations of the State that are found in subsection (b)(5) of this Section.

iii) Based on the results of the health history and physical assessment, the nurse will identify problems and nursing diagnoses and arrange for intervention. Intervention may include: counseling the family as to the importance of regular primary health care by the family physician, pediatrician, or clinic; encouraging scheduled return visits to Perinatal Center; family teaching/counseling by the follow-up nurse; referral to the physician or other screening, diagnostic or support services depending on the nature of the problem; and follow-up on referrals.

5) Local health agencies must adhere to the provisions of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630) and the Department's High Risk Infant Tracking Supplement for Local Health Departments, which may be obtained from the Department's Office of Family Health.

(Source: Amended at 24 Ill. Reg. 12574, effective August 4, 2000)
Section 840.210 Newborn Case Reporting

a) Entities required to report newborn cases:

1) The Department requires all hospitals licensed by the State of Illinois to report adverse pregnancy outcome information for cases identified during the newborn hospitalization.

2) The Department requests, but does not require, hospitals outside Illinois, except the St. Louis perinatal centers, and hospitals maintained by the federal government or other governmental agencies with the United States, to report adverse pregnancy outcome information concerning present or past residents of Illinois:

3) The Department requires clinical laboratories licensed by the State of Illinois to report newborns who have positive toxicology for controlled substances on a meconium test.

b) Reporting newborn cases by hospitals:

1) Hospital units providing perinatal and neonatal care are responsible for reporting adverse pregnancy outcome cases.

2) Every hospital shall develop procedures and policies for identifying infants who meet an APORS case criterion (see Section 840.200) and report these infants to APORS.

3) When a newborn meets a case criterion (see Section 840.200) and is transferred to another hospital for a higher level of care, the hospital providing the highest level of care shall report the case.

4) Hospitals are required to report newborn cases on forms provided by the Department.

A) Hospitals must use the Department's paper form (Infant Discharge Record).
B) When the Department provides an electronic system for hospitals to report birth related data, including APORS information, hospitals shall use the electronic system rather than the form referred to in subsection (b)(4)(A). If a hospital is technically unable to make electronic reports, it may submit case reports on a paper form provided by the Department.

C) The Department will provide the hospitals with written instructions for completing an APORS report.

5) Hospitals are required to fully complete all sections of the form and to send the report to the Department within seven days after the infant's discharge or death.

6) When the Department returns incomplete forms, hospitals shall supply the missing information and return the form to the Department within 60 days.

7) Hospitals shall distribute the original report and three copies in the following manner:

A) The original form shall be sent to the Department's Division of Epidemiologic Studies, 605 West Jefferson, Springfield, Illinois 62761;

B) One copy shall be sent to the local health department or health agency in the county where the infant resides so that the infant is referred for services provided by the High-risk Follow-up Program (77 Ill. Adm. Code 640.100);

C) One copy shall be sent to the newborn's primary care physician; and

D) One copy shall be retained by the reporting hospital.

c) Reporting newborn cases by clinical laboratories:

1) Clinical laboratories are required to develop procedures and policies to report newborn cases of positive toxicology for controlled substances. Negative results are not reported to the Department.

2) Clinical laboratories are required to send:

A) The infant's name (first and last);

B) Infant's date of birth;

C) Residential address, including street address, city, county, state and postal code;

D) Unique identification number assigned by the submitting facility;
E) Name of facility submitting the test;

F) Address of the facility that submitted the test;

G) Test results, including the type of controlled substance found in the meconium;

H) Date of the test;

I) Date of the laboratory results.

3) The test results are to be sent to the Department within seven days after the laboratory results.

(Source: Amended at 31 Ill. Reg. 12207, effective August 2, 2007)
## Conditions for Hospital Reporting

An adverse pregnancy outcome incident consists of any infant that meets one of the criteria set forth below prior to discharge from newborn hospitalization (77 Ill. Adm. Code 840.210).

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prenatal Drug Exposure</strong></td>
<td></td>
</tr>
<tr>
<td>• Diagnosis of a positive toxicology for any drug</td>
<td>760.70, 760.72,</td>
</tr>
<tr>
<td>• Signs of drug toxicity or withdrawal</td>
<td>760.73, 760.75,</td>
</tr>
<tr>
<td></td>
<td>760.79, or 779.5</td>
</tr>
<tr>
<td><strong>Birth Defect or Congenital Anomaly</strong></td>
<td></td>
</tr>
<tr>
<td>• Any structural defect with the following exceptions:</td>
<td></td>
</tr>
<tr>
<td>• Congenital pigment anomalies (stork bites, Mongolian</td>
<td>740.0 - 759.9</td>
</tr>
<tr>
<td>spots, etc.) 757.33</td>
<td></td>
</tr>
<tr>
<td>• Insignificant or small vascular hamartomas (birthmarks,</td>
<td></td>
</tr>
<tr>
<td>port wine stains, strawberry nevus, etc.) 757.32</td>
<td></td>
</tr>
<tr>
<td>• Persistent fetal circulation (persistent pulmonary</td>
<td></td>
</tr>
<tr>
<td>hypertension or primary pulmonary hypertension of the</td>
<td></td>
</tr>
<tr>
<td>newborn) 747.35</td>
<td></td>
</tr>
<tr>
<td>• Preauricular sinus 744.46</td>
<td></td>
</tr>
<tr>
<td>• Skin tag (inc. accessory auricle or preauricular tag)</td>
<td></td>
</tr>
<tr>
<td>757.39 or 744.1</td>
<td></td>
</tr>
<tr>
<td>• Tongue tie 750.5</td>
<td></td>
</tr>
<tr>
<td>• Two-vessel cord (single umbilical artery) 747.5</td>
<td></td>
</tr>
<tr>
<td><strong>Septic Congenital Infections</strong></td>
<td></td>
</tr>
<tr>
<td>• Chlamydial</td>
<td>079.88 or 079.98</td>
</tr>
<tr>
<td>• Cytomegalovirus</td>
<td>771.1</td>
</tr>
<tr>
<td>• Gonococcal conjunctivitis (neonatorium)</td>
<td>098.40</td>
</tr>
<tr>
<td>• Group B streptococcus</td>
<td>041.02</td>
</tr>
<tr>
<td>• Herpes</td>
<td>771.2</td>
</tr>
<tr>
<td>• Prenatal exposure to hepatitis B or hepatitis B</td>
<td>V01.7 or 774.4</td>
</tr>
<tr>
<td>• Listeriosis</td>
<td>771.2</td>
</tr>
<tr>
<td>• Rubella</td>
<td>771.0</td>
</tr>
<tr>
<td>• Septicemia or Sepsis, <strong>confirmed cases only</strong></td>
<td>771.81</td>
</tr>
<tr>
<td>• Syphilis</td>
<td>090.0 - 090.9</td>
</tr>
<tr>
<td>• Tetanus neonatorum</td>
<td>771.3</td>
</tr>
</tbody>
</table>

Do not report neonatal candidiasis (thrush), conjunctivitis, dacrocystitis, infective mastitis and omphalitis, and prenatal exposure to HIV/AIDS.
<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-8-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endocrine, Metabolic or Immune Disorders</strong></td>
<td></td>
</tr>
<tr>
<td>• Combined immunity deficiency (excludes HIV/AIDS)</td>
<td>279.2</td>
</tr>
<tr>
<td><strong>Blood Disorders</strong></td>
<td></td>
</tr>
<tr>
<td>• Coagulation defects</td>
<td>286.0 - 286.9</td>
</tr>
<tr>
<td>• Constitutional aplastic anemia</td>
<td>284.0 - 284.9</td>
</tr>
<tr>
<td>• Hereditary hemolytic anemia (excludes sickle disease and trait, and thalassemia)</td>
<td>282.0 - 282.3</td>
</tr>
<tr>
<td>• Leukemia</td>
<td>204.00 - 208.91</td>
</tr>
<tr>
<td><strong>Other Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>• Bronchopulmonary Dysplasia</td>
<td>770.7</td>
</tr>
<tr>
<td>• Cerebral lipidoses</td>
<td>330.1</td>
</tr>
<tr>
<td>• Chorioretinitis</td>
<td>363.20 - 363.22</td>
</tr>
<tr>
<td>• Endocardial fibroelastosis</td>
<td>425.3</td>
</tr>
<tr>
<td>• Fetal alcohol syndrome</td>
<td>760.71</td>
</tr>
<tr>
<td>• Intrauterine growth retardation</td>
<td>764.90 - 764.99</td>
</tr>
<tr>
<td>• Intraventricular Hemorrhage (IVH)</td>
<td></td>
</tr>
<tr>
<td>Grade III</td>
<td>772.13</td>
</tr>
<tr>
<td>Grade IV</td>
<td>772.14</td>
</tr>
<tr>
<td>• Neurofibromatosis</td>
<td>237.70 - 237.72</td>
</tr>
<tr>
<td>• Occlusion of cerebral arteries</td>
<td>434.00 - 434.91</td>
</tr>
<tr>
<td>• Other conditions leading to &gt; 48 hours on a ventilator</td>
<td>V46.11</td>
</tr>
<tr>
<td>• Retinopathy of prematurity</td>
<td>362.21</td>
</tr>
<tr>
<td>• Seizures</td>
<td>779.0</td>
</tr>
<tr>
<td>• Strabismus</td>
<td>378.00 - 378.9</td>
</tr>
<tr>
<td><strong>Birth weight of less than 1,500 grams</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Infant death during newborn hospitalization</strong></td>
<td></td>
</tr>
</tbody>
</table>

1 Metabolic disorders are collected from the IDPH Newborn Screening Program.
2 Sickle cell disease, sickle cell trait and thalassemia are collected from the IDPH Newborn Screening Program.
3 Fetal deaths are collected from the IDPH Division of Vital Record.
APORS and High Risk Infant Follow-Up (HRIF)  
Policies and Procedures

1. **Eligibility for Services**  
All infants/children meeting APORS and HRIF criteria will be case managed by a case manager who is a registered nurse.

2. **Follow-up Services**  
All infants/children meeting APORS or HRIF criteria will be followed until 24 months of age unless a complete assessment and the professional judgment of the nurse case manager at the first visit indicates that services are no longer needed.

Case Management – must adhere to the provision of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630.22)

Physical Assessment – to be completed by a registered nurse who has knowledge in pediatric assessment skills. The physical assessment will be documented in Cornerstone – 708, questions 27-52.

Complete required 700, 701 and 706 assessments and any additional assessments in Cornerstone as indicated by the professional judgment of the nurse case manager.

Developmental Assessment – to be completed by a registered nurse who has trained in administering any of the State Healthcare and Family Services (HFS) approved developmental assessment tools. A developmental assessment will be completed during 2-6 months of age, again at 12 in Cornerstone and 24 months in Cornerstone and hard copy of screening tool used available in client file/record. Additional assessments may be completed as necessary. Document evidence of developmental assessment on SV01.

3. **Home Visits/Face-to-Face Contact**  
First contact should be made within seven calendar days after receiving the Infant Discharge Record (IDR) (Appendix A) from the hospital. The first contact may be a letter, phone call, or face-to-face visit. The initial face-to-face contact or home visit should occur within 14 calendar days of receipt of the IDR and may be counted as the two months visit. Subsequent visits should occur at 4, 6, 12, 18 and 24 months.

At least one home visit is required for all APORS infants. For the complicated APORS conditions, three to four home visits may be needed. If the APORS condition is non-complex and the family is mobile, additional home visits will be based upon the professional judgment of the case manager who made the judgment, not on the codes.

4. **Reimbursement**  
Case Management – will be paid from Illinois Department of Healthcare and Family Services (IDHFS) or Title XX depending on the family income (in Cornerstone code 100 on Time and Activity Log).

5. **Procedure to Report HRIF without IDR**  
Contact hospital of delivery to request the IDR.

Using the IDPH APORS Hospital Contact List (Appendix H), attempt to obtain an IDR from the referring hospital.
Do not add “Y” APORS on Cornerstone PA11 until IDR is received.

Follow infant and provide HRIF services.

If unable to obtain IDR from hospital, complete the Issue Notification Form (Appendix B) and fax to the IDHS HRIF Coordinator. Fax number indicated on the form.
Procedure for Primary Care Physician (PCP) Notification Form

The purpose of the Primary Care Physician (PCP) Notification form (Appendix C) is to inform the PCP of any abnormal/unusual or questionable findings resulting from the assessment of the infant by the public health nurse.

*It is not required to be sent to the primary physician after assessment.*

The use of professional judgment is recommended. All pertinent information should be shared between the local public health nurse and the primary physician.
Section 630.90 Records

a) Administrative. The following administrative records shall be maintained by the project for a period of three years:

1) All financial record of expenditures, third-party reimbursements and other project income.

2) An inventory record of all equipment purchased from project funds including (listing shall be cumulative and updated annually):
   A) A description of the item.
   B) Inventory identification (I.D.) number. This can be a manufacturer's serial number or other I.D. number, but it must be permanently affixed to the item.
   C) Acquisition date and cost.
   D) From whom purchased.
   E) Location and condition of the item. No property can be disposed of without prior written authorization of the Chief, Division of Family Health. Upon termination of a project the equipment becomes the property of the Illinois Department of Public Health.

3) Personnel records for all project staff.

4) Statistical information derived from project activities.

b) Patient Records

1) One record containing the appropriate information relative to that person's care shall be maintained on each patient.

2) A project record shall be maintained on each individual registered in
the project. The record should be designed to accommodate entries by each discipline providing services for that project. Documentation showing preauthorization of services purchased by the project shall be maintained as a part of the individual's patient record. All services provided to a particular patient by each discipline must be easily reviewable by the other disciplines.

3) The record shall be useful as an administrative and health management tool.

4) Confidentiality. The following information relating to patients and persons requesting services shall be treated as confidential:

A) Names and addresses individually or by list.

B) Information contained in reports of medical examinations and treatments.

C) Information about financial resources.

D) Information contained in registers, in case records, correspondence, any forms or notations obtained from or about the individual and family concerning his condition or circumstances, including all such information whether or not it is recorded.

E) Records of state and local health department evaluations of such information.

5) Release of Information. Information shall be kept confidential and shall not be divulged except as follows:

A) Confidential information may be released only with the parent's or patient's consent to agencies, institutions or individuals who are requested to provide maternal and child health services to the mother or child, as a part of the program of the state agency.

B) Confidential information may be released to other state or federal agencies having as their purpose the health and welfare of the mother or child for whom the patient or his parent, in his behalf, has requested services. In these circumstances the information may be released only if adequate assurances are given that:

i) The confidential character of the information will be preserved;

ii) the confidential information will be used only for the purpose for which it is made available;

iii) such proposals are reasonably related to the purposes
of the program of the state or local agency and the functioning of the other agencies or programs; and

iv) the standards of protection established by the other agencies or programs to which the confidential information is made available are at least equal to those established by the state or local health department.

C) When a signed consent form is received from the patient, confidential information must be released to the Department to evaluate the effectiveness of prenatal care, to conduct research to reduce infant and maternal morbidity and mortality, and to assist the Department in the allocation of resources. For women who consent to collection of such data, the grantee will solely retain all identifying information of the women (name, address, social security number, phone number) and provide code numbers to the Department in place of such information. The grantee will destroy the consent forms after the Department has completed its review of the data. That consent form will include:

i) the name of the person signing the form;

ii) the name and address of the patient;

iii) a statement of consent to release information for the purposes stated in subsection (b)(5)(C) above;

iv) a protection against release beyond the Illinois Department of Public Health.

D) Information may be disclosed in summary, statistical or other form, which does not make it possible to identify any particular individual.

(Source: Amended at 17 Ill. Reg. 3013, effective February 22, 1993)
APORS Procedures for DCFS Wards in HealthWorks of Illinois (HWIL)

The Department of Children and Family Services (DCFS) caseworker that accepts custody of an infant from a hospital and places the infant into substitute care is routinely required to sign a hospital release form. This form indicates who took responsibility of the infant at hospital discharge. Each hospital has their individualized form, which includes information regarding the address, county, and telephone number of the infant’s destination. If the substitute care placement is known at the time of discharge, the DCFS caseworker must provide the hospital with the county of placement (if known) or the DCFS caseworker’s name, county of field office and telephone number for future follow-up on the infant’s destination.

The APORS hospital contact is responsible for filling out the IDR, and will enter the placement of HWIL county code on the IDR. The address or county indicated on the hospital release form will be entered into the “Follow-up” section of the IDR.

The hospital will send the IDR to the HealthWorks of Illinois Lead Agency (HWLA) serving the county indicated on the hospital release form. A list of HWLA will be provided by IDPH to all perinatal hospitals. By knowing the county of placement, the APORS hospital contact completing the IDR can determine the HWLA to which the IDR should be sent. A directory of HWLA can be found in Appendix I and is updated at least yearly.

If not already indicated, the HWLA will enter the infant’s current address on the IDR (which may require follow-up with the DCFS caseworker), and send the completed IDR to the Illinois Department of Public Health (IDPH) or agency providing APORS follow-up in the geographical area in which the infant resides.

Note: For infants placed in the City of Chicago, send the IDR to the Chicago Department of Public Health. For infants placed in suburban Cook County, send the IDR to the Cook County Department of Public Health.

If the infant changes residences, the APORS nurse providing the follow-up will indicate the need for APORS follow-up on the HealthWorks of Illinois Transfer Summary. If the agency providing APORS follow-up is not a HWLA, the public health nurse will contact the HWLA for the current address.

The Illinois Maternal and Child Health Services Code and APORS protocol will be followed by all APORS providers.
Procedure for DHS HRIF Clinical Review

During scheduled review visit, DHS, Bureau of Maternal Infant Health and Bureau of Community Health Nursing, Family Case Management Clinical Review Tool (Appendix K) is utilized by nurses to determine performance outcomes.

The local health agency must meet the performance standards detailed by the Illinois Department of Human Services (DHS). Performance Standards for the HRIF Clinical Review are the following:

1. The performance of a needs assessment and development of an individualized care plan will be measured through the data reporting system during the scheduled review visit.
2. The occurrence of home visits will be measured through DHS automated data reporting system. The content of home visits will be measured through annual electronic chart review during the scheduled review visit.
3. The occurrence of face-to-face contacts will be measured through the DHS automated data reporting system.
4. Medical Care Coordination will be measured during the scheduled review visit.
5. Coordination with the immunization, EPSDT, prenatal care, WIC and early intervention referral will be measured through agency reports from Cornerstone and performance review.
6. Standardized Developmental Screenings are done at 2-6 months age range and at 12 and 24 months, unless infant is receiving Early Intervention services, and is completed by a Registered Professional Nurse trained in administering the screening.
7. HRIF Log of Infants Discharge Records
8. Number IDR received, for time period
   - # Followed
   - # on log not followed
   - Unable to locate
   - Refused
   - Moved in State
   - Moved out of State
   - If moved, referred to LHN
   - Inappropriate referrals
   - Deceased
   - Other (Specify)

The local health agency will be placed on Provisional Certification (pursuant to the Maternal and Child Health Services Code) if the agency fails to meet all standards as set forth in the Performance Standards presented above for three consecutive months. Provisional Certification can occur at any time during the full certification period if performance standards are not met. The local health agency may be placed on Provisional Certification, if the standards set forth in the Maternal and Child Health Code are not met.

If placed on Provisional Certification, the local health agency must submit to the DHS a written corrective action plan within thirty (30) calendar days of notification of the provisional certification.
CHAPTER VII

Cornerstone Documentation

A. Cornerstone Case Management Screen Flow – APORS Infant or Child
B. 3.7 Birth Data (PA11)
C. 4.1 Service Entry (SV01)
D. 4.3 Activity Entry (SV02)
E. 4.4 Staff Time Entry (SV04)
F. 4.9 Well Child Visit Summary (SV10)
G. 4.10 Well Child Visit Forecast (SV11)
H. 3.6.6 Immunization (PA12)
I. 3.6.7 Immunization History (PA13)
J. 3.4.1 Program Information (PA15)
K. 11.6.4 Ad Hoc Mailing Register (HSPR0604)
L. Cornerstone Ad Hoc List for Local Health Departments
DOCUMENTATION OF HIGH RISK INFANTS ON CORNERSTONE

PA11 – Birth Screen

- APORS – Yes; Non APORS – No
- ICU – Yes / if infant was admitted to neonatal intensive care unit (indicated as DPU – designated patient unit on Infant Discharge Record)
- Infant Complications – select the most appropriate

SV01 – Service Entry/Completion

- Type of Service Code
  907 – APORS Follow-up (for face-to-face or home visit)

SV02 – Activity Entry/Activity Codes

- Activity Codes (same as for Family Case Management)
  100 – General Case Management
  105 – Referral, Advocacy, Follow-up: *Service Code 907 APORS Follow-up
  110 – Case Finding Attempts

  * Service Codes are used only with 105 activity codes.

SV04 – Staff Time Entry

- Non-participant related activities:
  500 – Other Direct Services (for Physical Assessment and Denver Developmental Screening)

SV10 – Well Child Visit Summary
SV11 – Well child Visit Forecast

PA12 – Immunizations
PA13 – Immunizations History
PA14 – Future Immunizations

PA15 – Program Information/Eligibility for Title 20

- Category T20P – Pregnant
- Category APORS – IDR on file/received infant or child
- Category HRIF – No IDR on file/received infant or child

Reports: HSPR604 – Ad Hoc Mailing Register – APORS List

Refer to attached instructions
Cornerstone Case Management Screen Flow
APORS Infant or Child

**These assessments should be done based upon Family Case Management contract language and the MCH rules.**
3.7 BIRTH DATA (PA11)

Overview

- Used to record birth information for each infant or child. The Cornerstone system allows entry of only one birth record per participant.

**NOTE:** This screen must be completed for all children participants under the age of 2.

**Step by Step Instructions**

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. *(Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)*

2. Press `<Ctrl+F1>` to activate the Birth Data window.

3. Only one birth record for a participant should be entered.

- If another program has already completed a birth record for this participant, verify the information. If information needs to be added or changed, press `<F6>` and continue with step 4 to edit any fields, as necessary.

- If no birth record has been entered, press `<F5>` to add a record and go to step 4.

4. In the “Birth Weight (lbs)” field type the weight in pounds of the participant at birth. Press `<Enter>` to go to the “Birth Weight (oz)” field and type the participant’s birth weight in additional ounces. Press `<Enter>` to go to the “Birth Weight (grams)” field. The Cornerstone system will automatically convert the entered weight into grams and complete this field. If the birth weight is entered in grams, the Cornerstone system will convert grams into pounds and ounces to complete those fields.

5. Press `<Enter>` to go to the “Birth Length (in)” field. Type in the participant’s length in inches at birth. Press `<Enter>` to go to the “Birth Length (eighth in)” field and type in the birth length in additional eighth inches.

6. The cursor will move to the “Infant of WIC Mother at Birth” field. Type “Y” for yes or “N” for no, to indicate whether the participant was born to a woman who participated in the WIC program during her pregnancy.

7. The cursor will move to the “Mother’s ID” field. Type in the mother’s 14 digit Cornerstone ID number.
8. Press <Enter> to go to the “Head Circumference” field and type in the measurement in centimeters of the participant’s head circumference.

9. Press <Enter> to go to the “5 Min. APGAR Score” field and type in the participant’s APGAR score that is given 5 minutes after birth of the infant. This must be a number between 0 and 10 and reflects the general, overall condition of the infant. Leave this field blank if the APGAR score is not known.

10. Press <Enter> to go to the “APORS” field and type “Y” for yes or “N” for no, to indicate whether the infant is part of the High Risk Infant Follow-up Program. If a “Y” is entered and the record is saved, the field can not be changed to an “N”.

11. The cursor will move to the “ICU Admission” field. Type “Y” for yes or “N” for no to indicate whether the infant was ever admitted to the neonatal intensive care unit.

12. The cursor will move to the “Infant Complications” field. Type in the correct code(s) or use <F1> help to select from a dropdown, listed in alphabetical order to identify complications an infant participant had at the time of birth, if any. (Please refer to Chapter 2 “System Environment” under “2.5.2 Keyboard Functions” for more information about <F1> help.)

NOTE: If the infant complication is “10” (none), the cursor will advance to the next field, “Disposition at Discharge.”

13. Press <Enter> to go to the “Disposition at Discharge” field and type in the correct code or use <F1> help to identify the health status of the infant when discharged from the hospital.

NOTE: If the “Infant Complications” field above is filled in with a code of “00” (death prior to newborn discharge), then the “Disposition at Discharge” field must be filled in with the code “DD01” (infant died before discharge).

14. If the infant is living, go to step 15.

   If the participant has died and the “Date of Death” field was completed on the Participant Enrollment screen (PA03), press <Enter> to move the cursor to the “Cause/Death” field and type in the correct code or use <F1> help to identify the cause of death. Go to step 15.

15. Press <Enter> to go to the “Birth Certificate Number” field and type in the participant’s birth certificate number.

16. Press <Enter> to go to the “Hospital ID” field and type in the correct code or use <F1> help to indicate the hospital of birth. The Type of Place, City, State, and County will auto-fill when a Hospital code is chosen.
17. Press `<Enter>` to go to the “City” field and type in the city where the participant was born.

18. Press `<Enter>` to go to the “State” field and type in the correct code or use `<F1>` help to identify the state where the participant was born.

19. Press `<Enter>` to go to the “Type of Place” field and type in the correct code or use `<F1>` help to describe the nature of the place of birth.

20. Press `<Enter>` to go to the “County” field and type in the correct code or use `<F1>` help to identify the county where the participant was born.

21. Press `<F4>` to save the screen. A message “Record added” OR “Record edited” will be displayed in the top right corner of the screen.

22. The available fast path key is `<F9>` to the Infant/Child Health Visit screen (PA09).

**Screen Layout**

![Screen Layout Image]

**Field Definitions**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Name</td>
<td>Length</td>
<td>Field Type</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------</td>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Birth Weight (LBS/OZ)</td>
<td>2/2</td>
<td>Numeric</td>
<td>The weight in pounds and ounces of the participant at birth.</td>
</tr>
<tr>
<td>Birth Weight (Grams)</td>
<td>4</td>
<td>Numeric</td>
<td>The weight in grams of the participant at birth.</td>
</tr>
<tr>
<td>Birth Length</td>
<td>2/1</td>
<td>Numeric</td>
<td>The participant's length in inches and eighth inches at birth.</td>
</tr>
<tr>
<td>Infant of WIC Mother at Birth</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field indicating whether the participant was born to a woman who participated in WIC during her pregnancy.</td>
</tr>
<tr>
<td>Mother’s ID</td>
<td>14</td>
<td>Alpha/</td>
<td>The unique system-generated identification number which was assigned to the mother at enrollment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numeric</td>
<td></td>
</tr>
<tr>
<td>Head Circumference</td>
<td>3</td>
<td>Numeric</td>
<td>Measurement in centimeters of the participant’s head circumference at birth.</td>
</tr>
<tr>
<td>5 Min. APGAR Score</td>
<td>2</td>
<td>Numeric</td>
<td>The score that is given 5 minutes after birth of an infant, reflecting the general, overall condition of the infant, if known.</td>
</tr>
<tr>
<td>APORS</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field indicating whether the infant is part of the High Risk Infant Follow-up Program.</td>
</tr>
<tr>
<td>ICU Admission</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field indicating whether the infant was ever admitted to the neonatal intensive care unit.</td>
</tr>
<tr>
<td>Infant Complications</td>
<td>2/2/2/2/2</td>
<td>Code</td>
<td>Codes that identify complications an infant participant had at the time of birth, if any.</td>
</tr>
<tr>
<td>Disposition at Discharge</td>
<td>4</td>
<td>Code</td>
<td>A code used to identify the health status of the infant when discharged from the hospital.</td>
</tr>
<tr>
<td>Date of Death</td>
<td>8</td>
<td>Date</td>
<td>Date of infant’s death that carries forward from the Participant Enrollment screen (PA03).</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>4</td>
<td>Code</td>
<td>A code to identify the cause of death.</td>
</tr>
<tr>
<td>Birth Certificate Number</td>
<td>15</td>
<td>Numeric</td>
<td>A unique number assigned to the certificate associated with a participant at birth.</td>
</tr>
<tr>
<td>Hospital ID</td>
<td>4</td>
<td>Code</td>
<td>A code to indicate the hospital of birth.</td>
</tr>
<tr>
<td>City</td>
<td>20</td>
<td>Alpha/</td>
<td>A name to identify the city where the participant was born.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Numeric</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>2</td>
<td>Code</td>
<td>A name to identify the state where the participant was born.</td>
</tr>
<tr>
<td>Type of Place</td>
<td>4</td>
<td>Code</td>
<td>A code to describe the nature of the place of birth.</td>
</tr>
<tr>
<td>County</td>
<td>4</td>
<td>Code</td>
<td>A name to identify the county where the participant was born.</td>
</tr>
</tbody>
</table>
4.1 SERVICE ENTRY (SV01)

Overview

- Used for entering the actual services that have taken place for the specified participant, regardless of whether the services were delivered at the agency or by an external provider.

- Used to record all WIC services. For WIC services, this screen is used to record the service the client is to receive that day.

**NOTE:** Entering a WIC service code establishes the screen flow, through the use of the `<F11>` key, needed to provide the specific WIC service. If the screen flow is interrupted, (i.e., if the user goes out of the flow to look at a screen for another client or goes to a different screen than that indicated by `<F11>`), the flow may be resumed by returning to the Service Entry screen (SV01), typing or choosing the correct WIC type of service code, and pressing `<F11>` again.

- Types of service codes for follow-up visits, individual nutrition education, and group nutrition education must be entered on this screen in order to calculate the totals on the WIC Education Summary Report (HSPR0108). *(Please refer to Chapter 11 “Reports” under “11.1.2 WIC Education Summary Report (HSPR0108)” for more information.)*

- Entry of specific WIC service codes triggers certain WIC functions, such as reinstatement or preliminary certifications.

- Case Management requires that the following services be recorded on this screen:
  1. Well Child Visits (806 – Well Child/EPSDT/Healthy Kids)
  2. High Risk Infant Follow-up (907 – APORS Follow-up)
  3. Other services can be recorded at the agency’s discretion.

**NOTE:** For each well child visit, medical information is entered on the Infant/Child Health Visit screen (PA09). However, the record of the visit is not created until the Service Entry screen (SV01) has been completed.

- When a Case Management New Medicaid record is terminated on the Program Information (PA15) screen, Cornerstone automatically adds a record on SV01 with the Service Type of NTOT – Closed Case Finding. This record cannot be edited or deleted. The comments section of the NTOT record will display the Termination Reason information from the Program Information record.

- Immunization services, past or present, that have been provided by the clinic or a non-Cornerstone provider (for example, a private physician) are also recorded on this screen. This screen establishes the “quick path” for the sequence of screens to be used for Immunization clients. The `<F11>` fast path key will be shown at the top of each screen and will take the user through the screen flow, which is as follows:

  - PA12 – Immunizations
  - PA13 – Immunization History
If the screen flow is interrupted, (i.e., if the user goes out of the flow to look at a screen for another client or goes to a different screen than that indicated by <F11>), the flow may be resumed by returning to the Service Entry screen (SV01), typing or choosing the correct Immunization type of service code, and pressing <F11> again.

**NOTE:** The user may also choose to enter multiple immunizations by going directly to the Multiple Immunization Entry screen (PA23) and not following the quick path sequence of screens. (Please refer to Chapter 3 “Participant Screens” under “3.6.9 Multiple Immunization Entry (PA23)” for more information.)

### Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. (Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)

2. Press <Ctrl+F1> to activate the Service Entry window.
   - **To add a service entry**, press <F5> and go to step 3.
   - **To edit a service entry**, use <Pg Up> and <Pg Dn> in the “Service Completed Date” OR “Type of Service” fields to scroll through the existing records to select the record to be edited. Press <F6> and continue with step 5 to edit any fields, as necessary.
   - **To delete a service entry**, use <Pg Up> and <Pg Dn> in the “Service Completed Date” OR “Type of Service” fields to scroll through the existing records to select the record to be deleted. Press <F7> to delete the entry for this participant. The “Confirm delete?” pop-up box will be displayed. Type “Y” for yes to delete the record or “N” for no to cancel the delete. If deleted, the message “Record deleted” will be displayed in the top right corner of the screen. If no more action is required on this screen, skip the remaining steps and go to the next appropriate screen.

3. In the “Service Completed Date” field, type the date that the service was provided/completed.

4. Press <Enter> to go to the “Type of Service” field and type in the correct code or use <F1> help to complete this field. (Please refer to Chapter 2 “System Environment” under “2.5.2 Keyboard Functions” for more information about <F1> help.)

   **CM NOTE:** Type or select (using <F1> help) one of the following codes:
   - “806” (Well Child/EPDS/Healthy Kids) for Well Child Visits;
   - “907” (APORS Follow-up) for High Risk Infant Follow-up;
• “IWCV” (Immunization Well Child Visit) for immunizations given in conjunction with well child clinics provided at the local agency;

• “ICG” (Immunization Clinic General) for routine general immunization clinics and for immunizations given by any non-Cornerstone provider.

**WIC NOTE:** To move quickly to the WIC service codes type in the letter "W."

5. Press <Enter> to go to the “Place of Service” field and type in the correct code or use <F1> help to complete this field.

6. Press <Enter> to go to the “Service Provider” field. Press <F1> to go to the Provider Look-up screen (SV03).

**IMMUNIZATION NOTE:** This field is used to identify the name of the provider who administered the vaccine. Type the clinic’s provider ID number or press <F1> to go to the Provider Look-up screen (SV03). When the field has been completed, go to step 11.

Please refer to Chapter 4 “Service/Activity Screens” under “4.2 Provider Look-up (SV03)” for more information.

7. Press <Enter> to go to the “Primary Diagnosis” field and type in the correct code or use <F1> help to complete this field, if appropriate.

8. Press <Enter> to go to the “Secondary Diagnosis” field and type in the correct code or use <F1> help to complete this field, if appropriate.

9. Press <Enter> to go to the “Other” field and type in the correct code or use <F1> help to complete this field, if appropriate.

10. Press <Enter> to go to the “Comments” field and type in any comment pertaining to this service.

11. Press <F4> to save the screen. A message “Record added” OR “Record edited” will be displayed in the top right corner of the screen.

12. The available fast path keys are <F8> to the Participant Profile screen (PA02), <F9> to the Case Notes screen (CM04), and <F10> to the “Procedure Specifics Information” pop-up box.

**WIC NOTE:** Completion of this screen establishes the screen flow for WIC program participants. The <F11> fast path key will be shown at the top of each screen and will take the user through the screen flow.
IMMUNIZATION NOTE: After the Service Entry screen (SV01) is saved, the \(<\text{F11}\>\) key is highlighted. The Cornerstone system recognizes the Immunization type of service codes and has established the fast path to the required immunization screens. Press \(<\text{F11}\>\) to fast path to the Immunizations History screen (PA13).

BCCP NOTE: The Breast and Cervical Cancer Program uses the “Procedure Specific Information” pop-up box. Please refer to Chapter 15 “Breast and Cervical Cancer Program (BCCP)” for information about completing this pop-up box.

Screen Layout #1

Screen Layout #2 – Procedure Specific Information
### Field Definitions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Completed Date</td>
<td>8</td>
<td>Date</td>
<td>Date of the service</td>
</tr>
<tr>
<td>Type of Service</td>
<td>4</td>
<td>Code</td>
<td>A code that indicates the type of service provided to the participant. Through the Service Entry screen (SV01), service types provide a way for users to move through the screens needed to complete a service.</td>
</tr>
<tr>
<td>Place of Service</td>
<td>4</td>
<td>Code</td>
<td>A description of the type of place where the service was provided (i.e. clinic)</td>
</tr>
<tr>
<td>Service Provider</td>
<td>9/36</td>
<td>Numeric/Assigned</td>
<td>A unique system-generated identification number assigned to the provider performing the service, followed by the name of the provider (if a service provider ID is entered)</td>
</tr>
<tr>
<td>Primary Diagnosis</td>
<td>5</td>
<td>Code</td>
<td>Primary diagnosis, if any</td>
</tr>
<tr>
<td>Secondary Diagnosis</td>
<td>5</td>
<td>Code</td>
<td>Secondary diagnosis, if any</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>Code</td>
<td>Other diagnosis, if any</td>
</tr>
<tr>
<td>Comments</td>
<td>60</td>
<td>Alpha/Numeric</td>
<td>Text field for adding notes about the service</td>
</tr>
<tr>
<td>Transportation Provided</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field that indicates whether transportation was provided to the participant for the service requested.</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>5</td>
<td>Choice</td>
<td>Code and description of the procedure</td>
</tr>
<tr>
<td>Number of Units</td>
<td>4</td>
<td>Numeric</td>
<td>The number of units of the procedure</td>
</tr>
<tr>
<td>Procedure Result</td>
<td>4</td>
<td>Choice</td>
<td>Code and description of the result of the procedure</td>
</tr>
<tr>
<td>Field</td>
<td>Type</td>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recommendations</td>
<td>Choice</td>
<td>4</td>
<td>Code and description of the recommended course of action to be taken</td>
</tr>
<tr>
<td>Referring Physician</td>
<td>Numeric</td>
<td>9/36</td>
<td>A unique system-generated identification number assigned to the provider performing the service, followed by the name of the provider (if a service provider ID is entered)</td>
</tr>
<tr>
<td>Payor Code</td>
<td>Choice</td>
<td>4</td>
<td>Code and name of program that is paying for the procedure</td>
</tr>
<tr>
<td>Procedure Charge</td>
<td>Choice</td>
<td>4/2</td>
<td>The monetary amount charged for the procedure</td>
</tr>
<tr>
<td>Results Received</td>
<td>Date</td>
<td>8</td>
<td>Date that the results were received</td>
</tr>
<tr>
<td>Bill Acknowledged</td>
<td>Date</td>
<td>8</td>
<td>Date that the bill was acknowledged</td>
</tr>
<tr>
<td>Bill Print</td>
<td>Date</td>
<td>8</td>
<td>Date that the bill was printed</td>
</tr>
<tr>
<td>Film Comparison</td>
<td>Yes/No</td>
<td>1</td>
<td>Enter ‘Y’ for Yes or ‘N’ for No if a film comparison was done.</td>
</tr>
<tr>
<td>Film Comparison Result</td>
<td>Choice</td>
<td>4</td>
<td>Code and description of the film comparison results</td>
</tr>
<tr>
<td>Film Comparison Result Date</td>
<td>Date</td>
<td>8</td>
<td>Date of the film comparison results</td>
</tr>
<tr>
<td>Bethesda System Used</td>
<td>Choice</td>
<td>4</td>
<td>Code and description of the Bethesda System used</td>
</tr>
<tr>
<td>Specimen Adequacy of Pap Test</td>
<td>Choice</td>
<td>1</td>
<td>Code and description of used to describe the specimen adequacy of the pap test</td>
</tr>
<tr>
<td>Specimen Type for Pap Test</td>
<td>Choice</td>
<td>1</td>
<td>Code and description used to describe the specimen type of the pap test</td>
</tr>
</tbody>
</table>
4.3 ACTIVITY ENTRY (SV02)

Overview

- Used by case management staff to enter participant-specific case management activities. Recording of time spent on case management activities is required in order to properly calculate the case management time involved with a participant. Activities that are not directly related to a specific participant are recorded on the Staff Time Entry screen (SV04).

- Used in the Family Case Management (FCM) program, Healthy Families Illinois (HFI) program and Healthy Births for Healthy Community (HBHC) to determine the costs to a local agency for performing case management activities for a family and to determine that an agency is meeting specified performance requirements for timely case finding, frequency of face-to-face contact, and home visits with participants.

- Screen can be used by Non-Case Management Staff to record Cost Based Reimbursement Activity. See Step #5.

- Used in the Early Intervention (EI) program to enter child and family specific service coordination activities.

- Agency case management staff identified as staff type “D” (direct service staff, including those working in FCM and Healthy Start), are required to complete this screen during time study periods (the first two weeks of January, April, July and October). It is strongly encouraged that case managers complete this screen each day, not only during time study periods.

**NOTE:** Paper copies of the Time and Activity Logs, signed by the agency administrator, must be retained by the agency for a period of five years for auditing purposes. Requesting the Case Manager Activity Report (HSPR0723) will create paper copies. *(Please refer to Chapter 11 “Reports” under “11.7.18 Case Manager Activity Report (HSPR0723)” for more information about this specific report.)*

- The validation on this screen prevents participants from being activated in overlapping case management periods.

Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. *(Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)*

2. Press <Ctrl+F1> to activate the Activity Entry window. The screen will display the most recent record.
• To add an activity entry for this participant, press <F5> and go to step 3.

• To edit an activity entry for this participant, use <Pg Up> and <Pg Dn> in the “Activity Date” or “Activity Code” fields to scroll through the records to select the record to be edited. Press <F6> and continue with step 6 to edit any fields, as necessary.

• To delete an activity entry, use <Pg Up> and <Pg Dn> in the “Activity Date” or “Activity Code” fields to scroll through the records to select the record to be deleted. Press <F7> to delete the record. The “Confirm delete?” pop-up box will be displayed. Type “Y” for yes to delete the record or “N” for no to cancel the delete. If deleted, the message “Record deleted” will be displayed in the top right corner of the screen. If no more action is required on this screen, skip the remaining steps and go to the next appropriate screen.

3. In the “Staff ID” field, type in the appropriate Cornerstone employee ID number or use <F1> help to display a list of employees. (Please refer to Chapter 2 “System Environment” under “2.5.2 Keyboard Functions” for more information about <F1> help.)
   • If the staff person is the same as the user that is signed on to the Cornerstone system, this field will be filled in with that ID by pressing <Enter> to move past the “Staff ID” field.

4. Press <Enter> to go to the “Activity Date” field. Type the date on which the activity occurred.
   • The date entered can not be a future date.
   • The date entered must be after the registration date entered on the Participant Enrollment screen (PA03) for this participant.

5. Press <Enter> to go to the “Activity Code” field and type in the correct code or use <F1> help.
   • For Cost Based Reimbursement – enter ‘541’
     • Service code is NOT an option.
     • CPT code is required.
     • Time spend must be added in 15 minute increments.

6. Press <Enter> to go to the “Service Code” field and type in the correct code or use <F1> help.
   • A service code is not necessary for activity code “100” (General Case Management) or “110” (Case Finding).
   • A service code is required for activity code “105” (Referral, Advocacy, Follow-up).

7. Press <Enter> to go to the “Time Spent” field and type in the amount of time spent in conducting the activity.
   • Time should be entered to the nearest five or ten minutes.
8. Press <Enter> to go to the “Site of Contact” field. Type in the correct code or use <F1> help.

9. Press <Enter> to go to the “Contact Type” field and type in the correct code or use <F1> help.

- The “Contact Type” field must be completed for all activity codes.
- In order for a participant’s status to be “A” (active) in the Family Case Management program, a successful contact must be recorded.

- The following contact types, when used with an activity code of 100, 105 or 110, will change a participant whose status on the Family Case Management program record is “E” (income/age eligible) to “A” (active):
  - 01 – Face-to-Face
  - 02 – Group
  - 03 – Telephone

- The following contact types are not considered successful and will not change a participant’s status to “A” (active), with the exception noted below:
  - 00 – Unable to Reach
  - 04 – Failed Home Visit
  - 05 – Correspondence
  - 06 – Client-Related Activity Without Contact
  - 07 – Assigned Client Refused Further Services
  - 08 – Family Inappropriately Assigned
  - 09 – Unknown

**NOTE:** For DCFS wards (participant category CFSP, CFSI or CFSC), contact type “06” will change a participant’s status to “A” (active).

10. The “System Generated” field defaults to “N” for no, to indicate that the activity entry was not generated by the Cornerstone system.

11. Press <Enter> to go to the “Comments” box and type any comments.

- If descriptions of time and activities are made in the “Comments” box, additional case notes are not necessary.

12. Press <F4> to save the record. A message “Record added” will be displayed in the top right corner of the screen.

- Repeat steps 2 through 12 to add, edit, or delete another activity entry.
13. The available fast path keys are <F8> to the Participant Profile screen (PA02), <F9> to the Case Notes screen (CM04), and <F10> to the Staff Time Entry screen (SV04).

**Screen Layout**

![Screen Layout Image]

**Field Definitions**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff ID</td>
<td>9</td>
<td>Numeric</td>
<td>Cornerstone ID of the case manager who performed the activity.</td>
</tr>
<tr>
<td>Activity Date</td>
<td>8</td>
<td>Date</td>
<td>The date the activity occurred.</td>
</tr>
<tr>
<td>Activity Code</td>
<td>4</td>
<td>Code</td>
<td>A code to indicate the specific activity (100, 105, or 110) that was performed.</td>
</tr>
<tr>
<td>Service Code</td>
<td>4</td>
<td>Code</td>
<td>A code that indicates the specific service for which the 105 activity involved.</td>
</tr>
<tr>
<td>Time Spent</td>
<td>4</td>
<td>Numeric</td>
<td>The amount of time spent on the activity.</td>
</tr>
<tr>
<td>Site of Contact</td>
<td>4</td>
<td>Code</td>
<td>Where the case manager was when he/she performed the activity.</td>
</tr>
<tr>
<td>Contact Type</td>
<td>4</td>
<td>Code</td>
<td>Method used in performing the activity; i.e. phone, face to face, etc.</td>
</tr>
<tr>
<td>System Generated</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field.</td>
</tr>
<tr>
<td>Field Name</td>
<td>Length</td>
<td>Field Type</td>
<td>Definition</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>-----------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Comments</td>
<td>50</td>
<td>Alpha/Numeric</td>
<td>Free-form text for comments regarding the activity.</td>
</tr>
</tbody>
</table>
4.4 STAFF TIME ENTRY (SV04)

Overview

- Used for the Family Case Management program (FCM) by case management staff (by case managers, case manager assistants, and outreach workers) and Healthy Births for Healthy Community (HBHC) staff to record time spent on non-participant (non-case management) related activities.

- Screen can be used by Non-Case Management Staff to record Cost Based Reimbursement Activities as well as view recorded ‘Participant Related Activities’.

- Code 200 Case Management Outreach and code 300 Case Management Administration are still limited to Case Management employees only. Remaining codes can be used by non Case Management staff.

- Used to record time spent on all activities other than case management.

- Used to record time spent on outreach.

- Used to record time spent by case managers working in other programs (for example, WIC or Immunizations).

- The screen displays both the non-participant related and participant related activities that have been recorded for the requested day. Use <Pg Up> and <Pg Dn> to scroll through past days.

Step by Step Instructions

To Enter Time

1. Verify the information in the Employee Standard Processing Block (ESPB) as that of the employee currently being processed. *(Please refer to Chapter 2 “System Environment” under “2.6.2 Employee Standard Processing Block (ESPB)/Employee Browse” for more information about the ESPB.)*

   NOTE: An alternative to doing an employee browse is to use <F1> help when the cursor is in the first “Employee ID” field to display the available employee names. *(Please refer to Chapter 2 “System Environment” under “2.5.2 Keyboard Functions” for more information about <F1> help.)*

2. Press <Ctrl+F1> to activate the Staff Time Entry window.

3. In the “Date” field, type in the date on which the activity occurred or use <Pg Up> and <Pg Dn> to scroll through the records to select the date on which the activity occurred.
4. Press **<Ctrl+F1>** to activate the Participant Related Activities window.
   - This window displays the total time spent on participant-related activities that have been entered on the Activity Entry screen (SV02). It shows the activity, the participant ID, the participant name, and the amount of time spent on case management activities on the date in the Staff Time Entry window.

   If an activity is displayed, it can be edited by following the steps below under **To Edit Time Already Entered**.

5. Press **<Ctrl+F1>** to activate the Non-Participant Related Activities window.

   **NOTE:** There are several non-participant related activity codes that allow for entering and reporting on activities/time not related to a participant or other Cornerstone defined activities. The first five codes have set descriptions: 700 – Child Health, 701 – Prenatal, 702 – General Public Health Nursing, 703 – Senior Wellness, 704 – Developmental Assessments. The remaining fifteen are 705-719 and have been given generic descriptions of “Clinic Defined Activity 1-15.” If a clinic uses the generic codes, they will need to develop their own scheme of what each of the generic codes means, since the names of the codes may not be changed.

6. Use the up and down arrow keys and/or **<Pg Up>** and **<Pg Dn>** to highlight the appropriate activity to be edited. Press **<F6>** to edit. The “Update Time” pop-up box will be displayed.

7. In the “Time Spent” field, type the amount of time spent on the activity, in hours and/or minutes.

8. Press **<F4>** to save the record. A message “Record updated” will be displayed in the top right corner of the screen.
   - The amount of time in the “Total Time” field automatically increases to include the time entered.

9. To add another non-participant related activity, press **<Ctrl+F1>** as many times as necessary to activate the Non-Participant Related Activities window and repeat steps 6 through 8.

10. The available fast path keys are **<F9>** to the Service Entry screen (SV01) and **<F10>** to the Activity Entry screen (SV02).

**To Edit Time Already Entered**

1. Follow steps 1 through 3 above under **To Enter Time**.

2. Press **<Ctrl+F1>** as many times as necessary to activate the Participant Related Activities or the Non-Participant Related Activities window.

3. Use the up and down arrow keys and/or **<Pg Up>** and **<Pg Dn>** to highlight the activity to be edited. Press **<F6>** to edit. The “Update Time” pop-up box will be displayed.
4. In the “Time Spent” field, type the correct time spent on the activity in hours and/or minutes over the time displayed.

5. Press <F4> to save. A message “Record updated” will be displayed in the top right corner of the screen.

6. The amount of time in the “Total Time” field automatically changes to reflect the time entered.

7. To edit another participant or non-participant related activity, press <Ctrl+F1> as many times as necessary to activate the Participant Related Activities window or the Non-Participant Related Activities window and repeat steps 2 through 6.
### Screen Layout #1

![Screen Layout #1 Image]

### Screen Layout #2

![Screen Layout #2 Image]
## Field Definitions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>8</td>
<td>Date</td>
<td>The date that the activity was completed.</td>
</tr>
<tr>
<td>Activity</td>
<td>36</td>
<td>Choice</td>
<td>User chooses with the highlight bar which activity to record time on.</td>
</tr>
<tr>
<td>Time Spent (in Pop-up Box)</td>
<td>4</td>
<td>Numeric</td>
<td>The amount of time spent on the activity, in hours and/or minutes.</td>
</tr>
</tbody>
</table>
4.9 Well Child Visit Summary (SV10)

Overview

- Used to determine what EPSDT visits (service type code “806”) have been conducted for a child by viewing a list of prior EPSDT visits and the age of the participant at the time of each visit.

- This screen contains information captured on the Service Entry screen (SV01) and is for inquiry only.

Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. *(Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)*

2. Press <Ctrl+F1> to activate the EPSDT Visit Summary window located in the middle portion of the screen. The “Select Service Type To Browse” field defaults to the “806” – Well Child/ EPSDT/Healthy Kids service code. If desired, the user can enter a different service code or use <F1> help to complete the field.

3. Press <Ctrl+F1> to activate the Service Code window located in the lower portion of the screen. Use the up and down arrow keys or <Pg Up> and <Pg Dn> to scroll through the existing records to select the record to be viewed.

4. With the record highlighted, the Service Entry screen (SV01) for that record can be viewed by pressing <F9>. *(Please refer to Chapter 4 “Service/Activity Screens” under “4.1 Service Entry (SV01)” for more information.)*

5. To exit this screen and return to the Cornerstone Main Menu, press <F3>. 
Screen Layout

Field Definitions

There are no field definitions. This screen is for inquiry only.
4.10 Well Child Visit Forecast (SV11)

Overview

• Used to determine when the next EPSDT visits are due to be scheduled for a child.

• This screen shows the date of the child’s last EPSDT visit, the age of the child at the visit, and the due dates for future EPSDT visits.

• This screen contains information captured on the Service Entry screen (SV01) with a service code of “806” – Well Child/EPSDT/Healthy Kids.

• This screen is for inquiry only.

Details

Future EPSDT visit due dates are based on the child’s last visit date, the child’s current age, and the normal time period between EPSDT visits for the child’s age. If a child does not have any EPSDT visits, then the child’s date of birth is considered the last visit date.

Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. (Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)

2. The screen automatically displays the Last EPSDT Visit Date, Age at Visit, and Next EPSDT Visit Due Dates for the participant.

3. To exit this screen and return to the Cornerstone Main Menu, press <F3>.
Field Definitions

There are no field definitions. This screen is for inquiry only.
3.6.6 IMMUNIZATIONS (PA12)

Overview

- Used to enter current or past single immunizations for a participant by vaccine type, date, provider, lot number, and place of service. The number in the series is automatically calculated. Immunizations can also be edited or deleted on this screen. To enter multiple immunizations on a single participant when the same provider gave all of the immunizations on the same date, use the Multiple Immunization Entry screen (PA23). (Please refer to “3.6.9 Multiple Immunization Entry (PA23)” in this chapter for more information.)

- Infant, child, and adult immunizations can be recorded. Immunizations given by the local clinic, as well as those given by outside providers, may be recorded.

- User has the option to select a Wide Area Network (WAN) look-up on this screen by pressing the <F2> shared data key. As of March 9, 2005 the Cornerstone Central Office nightly processing downloads new immunization records to the appropriate clinic site via the Beginning of Day process. There must be a Program information screen (PA15) in order for a participant to receive the new immunization record. This has eliminated the need to use the WAN to obtain immunization records. Any questions regarding immunizations and the WAN prior to this date should be addressed by calling the Cornerstone Call Center.

- Immunizations can be given at the local clinic if the biologic inventory is available. The inventory will automatically be deducted from the clinic's biologic inventory when the “Lot Number” field is correctly filled in.

- Immunizations can be given at another Cornerstone facility and are copied in and added to the local data through the Beginning of Day process. If the Cornerstone system does not have a record of the immunization, the user can record the shot manually, if needed.

- Immunizations can be given at a non-Cornerstone facility, such as private physician’s offices. When vaccines are given at these locations, the records will be copied in and added to the local data through the Beginning of Day process if the other facility enters them into the TOTS system or bills for the vaccines to the Illinois Department of Public Aid. If neither of these apply, then there will not be any record of these shots in the Cornerstone system, unless they are entered manually.

- Immunization records that did not originate at the clinic will no longer be editable as of version 10.04 of Cornerstone. This includes Immunization Import records or records copied to the site through an F2 Share. The F7 – Delete function will still be available.

Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. (Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)

2. After the participant has been selected, previous immunizations may or may not be displayed.
   - If the client has received immunizations at the local clinic, the last immunization that
was given will be displayed. To view past immunizations performed at the local clinic, use <Pg Up> and <Pg Dn> in the “Immunization Code” field.

- If the client has not received any immunizations at the local clinic, a message “No immunizations have been entered for this participant” will be displayed.

3. Press <Ctrl+F1> to activate the Immunization window.

4. If immunizations have been recorded for this participant in the Cornerstone system, the earliest immunization record will be displayed. If no immunizations have been recorded, a message “No immunizations have been entered for this participant” will be displayed. In either case, the “Immunization Code” field is highlighted.

- To add an immunization record, press <F5> and go to step 5.

- To edit an immunization record, use <Pg Up> and <Pg Dn> in the “Immunization Code” field to scroll through the records to select the record to be edited. Press <F6> and continue with step 7 to edit any fields, as necessary.

- To delete an immunization record, use <Pg Up> and <Pg Dn> in the “Immunization Code” field to scroll through the records to select the record to be deleted. Press <F7> to delete the record. The “Confirm delete?” pop-up box will be displayed. Type “Y” for yes to delete the record or “N” for no to cancel the delete. If deleted, the message “Record Deleted. Press any key to continue…” will be displayed. If no more action is required on this screen, press any key, skip the remaining steps, and go to the next appropriate screen.

5. In the “Immunization Code” field. Type in the correct code or use <F1> help to complete this field. *(Please refer to Chapter 2 “System Environment” under “2.5.2 Keyboard Functions” for more information about <F1> help.)*

**NOTE:** An immunization code is required for every entry.

6. Press <Enter> to go to the “Immunization Date” field, and type in the current or past immunization date.

- The date must be between the participant’s date of birth and the current date.

7. Press <Enter> to go to the “Estimated Date” field. Type “Y” for yes or “N” for no, to indicate whether the immunization date is an estimate.

8. Press <Enter> to go to the “Exemption Code” field. Enter one of the following codes, if appropriate, to indicate the reason the client is exempt from this immunization:

- **M** Disease History
- **R** Religious contraindication
- **U** Medical contraindication – unprotect

9. Press <Enter> to go to the “Provider ID” field. This field is used to identify the Cornerstone provider who administered the vaccine. The Cornerstone provider ID
number is the 6-digit ID number assigned to the local site by the Central Office.

- **When the shot is given at the local clinic**, it is important that this field contain the local clinic's ID number. The provider ID can be found at the top of every Cornerstone screen. This ensures that the clinic's inventory is adjusted and fills in the “Place of Service” field with a code of “6” (clinic). Go to step 10.

- **When recording shots given at other Cornerstone sites**, type in the provider ID number or press <F1> to go to the Provider Look-up screen (SV03). *(Please refer to Chapter 4 “Service/Activity Screens” under “4.2 Provider Look-up (SV03)).* If the immunizations have already been recorded at another site, press <F2> to copy those immunizations off the WAN. This will copy-in and add any statewide data to the local data. Go to step 11.

  **NOTE:** There will be no lot number for the vaccine and the local clinic’s inventory is not adjusted, since the vaccine was administered at another location.

- **When recording shots given at non-Cornerstone facilities**, such as private physician’s offices, press <Enter> to go to the “Provider Name” field and type in the name of the provider. Go to step 11.

  **NOTE:** There will be no lot number for the vaccine and the local clinic’s inventory is not adjusted, since the vaccine was administered at another location.

10. Press <Enter> to go to the “Clinic Location” field. This field allows a clinic to tie an immunization to a specific location that the clinic administers shots. If defined at the local clinic, the <F1> help may by used to complete this field, otherwise the field is left blank.

11. Press <Enter> to go to the “Lot Number” field. The lot number indicates the manufacturer’s number listed on the vial of vaccine. The completion of this field will adjust the immunization inventory record to reflect the current entry.

  **NOTE:** This field must be completed if the immunization date is within the last 30 days.

- **If the immunization date is within the last 30 days**, this field defaults to the lot number with the nearest expiration date. To choose another lot number, use <F1> help to select another lot number.

- **If the immunization date is within the last 30 days and the message “No doses available in this lot” is displayed**, use <F1> help to select another lot number.

  If the immunization date is within the last 30 days and this field is blank, there is no inventory available at the current time or the immunization is not available at the local clinic.

- **If the immunization date is NOT within the last 30 days**, this field will be blank. In this case, this field is optional. If the user decides to complete this field, <F1> help may be used to select an available lot number and the inventory will be adjusted.

12. Press <Enter> to go to the next field.
• If an immunization code of “10” (tuberculin skin test) was entered in the “Immunization Code” field, the cursor will move to the “TB Result Code” field and one of the following codes must be entered:

- TBNG Negative
- TBNR Not Read
- TBPS Positive

• If the immunization code was not “10” the cursor will move to the:

- “Place of Service” field when the user is recording an immunization for another site or non-Cornerstone provider. Type in the correct code or use <F1> help to complete this field. Press <Enter> to go to the “Comments” field and type in comments, as appropriate, pertaining to the participant’s immunization record.

- “Comments” field when recording an immunization at the local clinic. The “Place of Service” field should already be filled in with the code of “6” (clinic). Type in comments, as appropriate, pertaining to the participant’s immunization record.

NOTE: The “Comments” field is a free-form text field that can be used to enter additional information about the immunization being recorded. This field may be used to record all documentation required for the Childhood Vaccine Injury Act.

13. Press <F4> to save the record. A message “Record added” OR “Record edited” will be displayed in the top right corner of the screen. If inventory was adjusted, a pop-up box will be displayed showing the lot number from which the used doses were incremented.

NOTE: If an immunization is entered for a participant that does not have an immunization program record previously entered on the Program Information screen (PA15), the Cornerstone system will display the message “No Active Immunization Program Record Exists – Create One?” Type “Y” for yes and an Immunization program record will be automatically generated or “N” for no.

14. The available fast path keys are <F8> to the Multiple Immunization Entry screen (PA23), <F9> to the Immunization History screen (PA13), OR <F10> to the Future Immunizations (PA14).
### Screen Layout

![Image of Cornerstone system interface](image)

### Field Definitions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Code</td>
<td>3</td>
<td>Code</td>
<td>Name of the immunization/ vaccine administered.</td>
</tr>
<tr>
<td>Immunization Date</td>
<td>8</td>
<td>Date</td>
<td>The date that an immunization was administered.</td>
</tr>
<tr>
<td>Estimated Date</td>
<td>1</td>
<td>Choice</td>
<td>Yes/No field indicating whether the immunization date is estimated or not.</td>
</tr>
<tr>
<td>Number in Series</td>
<td>1</td>
<td>Numeric</td>
<td>The dose number in the sequence for this immunization.</td>
</tr>
<tr>
<td>Exemption Code</td>
<td>4</td>
<td>Code</td>
<td>A code to identify the reason an immunization is exempt for the participant.</td>
</tr>
<tr>
<td>Provider ID</td>
<td>9/50</td>
<td>Numeric/Assigned</td>
<td>A unique system-generated identification number assigned to the provider giving the shot, followed by the name of the provider, if applicable.</td>
</tr>
<tr>
<td>Provider Name</td>
<td>50</td>
<td>Alpha/ Numeric</td>
<td>The name of the non-Cornerstone provider that gave the shot, if applicable.</td>
</tr>
<tr>
<td>Clinic Location</td>
<td>2</td>
<td>Numeric</td>
<td>A location at which program services were delivered. The codes are setup by Central Office to support multiple clinic sites utilizing the same Cornerstone server.</td>
</tr>
<tr>
<td>Lot Number</td>
<td>10</td>
<td>Numeric</td>
<td>A unique manufacturer’s number listed on a vial of vaccine, referring to a particular batch of the product.</td>
</tr>
<tr>
<td>TB Result Code</td>
<td>4</td>
<td>Code</td>
<td>The results of the TB skin test.</td>
</tr>
<tr>
<td>Place of Service</td>
<td>4</td>
<td>Code</td>
<td>A description of the type of place where the</td>
</tr>
<tr>
<td>Field Name</td>
<td>Length</td>
<td>Field Type</td>
<td>Definition</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>Comments</td>
<td>70</td>
<td>Alpha/Numeric</td>
<td>Free-form text field that can be used to enter additional information about the immunization being recorded.</td>
</tr>
</tbody>
</table>

immunization was provided.
3.6.7 IMMUNIZATION HISTORY (PA13)

Overview

- Used to inquire on the previous immunizations a client has received in the local clinic. The screen shows Series 1 through 6, but only part of the data is visible on the screen. Use <Tab> or the left and right arrow keys to see the data not visible on the screen.

- User has the option to select a Wide Area Network (WAN) look-up on this screen by pressing the <F2> shared data key. As of March 9, 2005 the Cornerstone Central Office nightly processing downloads new immunization records to the appropriate clinic site via the Beginning of Day process. There must be a Program information screen (PA15) in order for a participant to receive the new immunization record. This has eliminated the need to use the WAN to obtain immunization records. Any questions regarding immunizations and the WAN prior to this date should be addressed by calling the Cornerstone Call Center.

- This screen is for inquiry only.

Step by Step Instructions

1. Verify the information in the Participant Standard Processing Block (PSPB) as that of the participant currently being processed. *(Please refer to Chapter 2 “System Environment” under “2.6.1.1 Participant Standard Processing Block (PSPB)/Participant Browse” for more information about PSPB.)*

2. If this is the first time the client has been to the clinic, a message “No immunizations have been entered for this participant” will be displayed.

   If the client has previous immunizations on record, the screen will display all previous immunizations that the client has received. This includes immunizations given at the clinic and at other sites, if those records have been copied from the WAN.

3. To view other immunization records (if any), press <Ctrl+F1> to activate the Immunization History window. Use <Pg Up> and <Pg Dn> to scroll through the immunizations.

4. After viewing the client’s previous immunizations, the fast path keys may be used, as follows:

   To enter information about immunizations provided, press <F9>. This will take the user to the Immunizations screen (PA12).

   To automatically print the Child Immunization Record (HSPR0301), press <F10>. Before printing, a pop-up box with the message “Do additional immunizations need to be retrieved from the WAN?” will be displayed.

   - This question relates only to immunizations that have not already been copied from the WAN.

   - Type “Y” for yes or “N” for no.
• If the user chooses “Y” for yes, the Cornerstone system will go to the WAN. The report will include immunizations on the WAN not previously copied in, along with the immunizations previously copied from the WAN and immunizations given at the local clinic.

• If the user chooses “N” for no, the Cornerstone system will not go to the WAN. The report will include only those immunizations that were previously copied from the WAN along with the immunizations given at the local clinic.

Please refer to Chapter 11 “Reports” under “11.3.1 Child Immunization Record (HSPR0301)” for more information about the specific report.

Screen Layout

Field Definitions
There are no field definitions. This screen is for inquiry only.
3.6.8 FUTURE IMMUNIZATIONS (PA14)

Overview

- Used to inquire on recommended future immunizations, dose number in series, and recommended date for returning to receive vaccines. The Cornerstone system calculates this information based upon the recommendations of the Advisory Committee for Immunization Practices (ACIP).

- Upon entering the screen, the user will have the option of retrieving shared data from the Wide Area Network (WAN) OR will use local data only.

- This screen is for inquiry only.

Step by Step Instructions

1. When the screen is accessed, a pop-up box with the message “Do additional immunizations need to be retrieved from the WAN?” is displayed. Type “Y” for yes to get immunizations from the WAN or “N” for no to use the data currently at the local clinic. The future immunizations will be displayed.

   - Choosing the WAN: As of March 9, 2005 the Cornerstone Central Office nightly processing downloads new immunization records to the appropriate clinic site via the Beginning of Day process. There must be a Program information screen (PA15) in order for a participant to receive the new immunization record. This has eliminated the need to use the WAN to obtain immunization records. Any questions regarding immunizations and the WAN prior to this date should be addressed by calling the Cornerstone Call Center.

   - To leave the pop-up box without making a choice, press <Esc>. The user will remain on the Future Immunizations screen (PA14).

2. To view other immunization records (if any), press <Ctrl+F1> to activate the Future Immunizations window. Use <Pg Up> and <Pg Dn> to scroll through the immunizations.

3. After viewing the client’s future immunizations, the fast path keys may be used to go to the other immunization screens. Press <F9> to go to the Immunizations screen (PA12) OR <F10> to go to the Immunization History screen (PA13).

Screen Layout #1
Screen Layout #2

Field Definitions

There are no field definitions. This screen is for inquiry only.
3.4.1 PROGRAM INFORMATION (PA15)

Overview

- **Must be completed for each program in which the client participates.**

- Used to record required eligibility data for specific programs. When data is entered, the Cornerstone system checks income and household size values against the specific program’s eligibility rules.

- Information displayed is that which is found at the local site only. User has the option to select a Wide Area Network (WAN) look-up by pressing the <F2> shared data key on this screen. This will temporarily display any statewide data to the screen.

- The Program Information screen (PA15) is also used to accomplish a variety of other processes, such as transfers, terminations, re-certifications and wait listing.

*Please refer to Chapter 12 “Program Information Screen (PA15) for All Programs” for complete information about this screen.*

**Step by Step Instructions**

*Please refer to Chapter 12 “Program Information Screen (PA15) for All Programs” for the Step by Step Instructions for this screen.*
Field Definitions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Field Type</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>4</td>
<td>Code</td>
<td>A specific funded program provided by the Cornerstone agency.</td>
</tr>
<tr>
<td>Category</td>
<td>4</td>
<td>Code</td>
<td>A code that identifies the participant’s category.</td>
</tr>
<tr>
<td>Program Status</td>
<td>4</td>
<td>Code</td>
<td>Status in a given program.</td>
</tr>
<tr>
<td>As of Date</td>
<td>8</td>
<td>Assigned</td>
<td>Date of status change.</td>
</tr>
<tr>
<td>Ineligibility Reason</td>
<td>4</td>
<td>Code</td>
<td>A code that identifies the reason a participant is no longer eligible for program services. Required when the program status is “I” (ineligible).</td>
</tr>
<tr>
<td>Termination Reason</td>
<td>4</td>
<td>Code</td>
<td>A code that identifies the reason a participant ended enrollment in a specific program. Required when the program status is “T” (terminated).</td>
</tr>
<tr>
<td>Household Size</td>
<td>2</td>
<td>Numeric</td>
<td>The number of people in an economic unit (household).</td>
</tr>
<tr>
<td>Field Name</td>
<td>Length</td>
<td>Field Type</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Annual Income</td>
<td>6</td>
<td>Numeric</td>
<td>Dollar amount of income for the persons identified in the household size.</td>
</tr>
<tr>
<td>Proof On File</td>
<td>4</td>
<td>Code</td>
<td>A code that identifies the proof of income used to determine program eligibility.</td>
</tr>
<tr>
<td>Location Code</td>
<td>2</td>
<td>Code</td>
<td>Site of initial program contact. The codes are setup by Central Office to support multiple sites utilizing the same Cornerstone server.</td>
</tr>
<tr>
<td>Date of Initial Contact</td>
<td>8</td>
<td>Assigned</td>
<td>Date a participant is first registered into the Cornerstone system.</td>
</tr>
<tr>
<td>Open/Cert Date</td>
<td>8</td>
<td>Assigned</td>
<td>The date that an applicant is certified in the WIC program.</td>
</tr>
<tr>
<td>Actual Closed/ Term Date</td>
<td>8</td>
<td>Assigned</td>
<td>The actual date a program participant’s status changes to “T” (terminated).</td>
</tr>
<tr>
<td>Last Update Date</td>
<td>8</td>
<td>Date</td>
<td>Displays the last date that the record was updated.</td>
</tr>
<tr>
<td>Sched Closed/ Term Date</td>
<td>8</td>
<td>Assigned</td>
<td>The date a participant’s eligibility for the WIC program is scheduled to end.</td>
</tr>
<tr>
<td>Transfer From Clinic</td>
<td>6</td>
<td>Assigned</td>
<td>Identifies the site from which a participant transferred.</td>
</tr>
<tr>
<td>Transfer From Date</td>
<td>8</td>
<td>Assigned</td>
<td>The date a participant transferred from another site.</td>
</tr>
</tbody>
</table>
11.6.4 Ad Hoc Mailing Register (HSPR0604)

Brief Description

This report produces a list of participants who match the criteria entered on the Reports Selection (Mailing) screen (RP02). The report is based on the parameters specified, such as program code, program status, or program category. The report displays the participant ID and name, program (if requested), status (if requested), category (if requested), location (if requested), WIC priority and risk, a line to indicate whether a letter has been mailed, and the total number of participants who meet the criteria.

The user can use the Enterable Fields to do some specific searches of information. The search categories are as follows:
- Any or a combination of Grp/Part. ID, APORS, and Provider ID OR
- Any or a combination of County Code and Zip Code OR

When using a selected search, the OTHER search fields MUST be blank.

After the user presses <F9> to run the report a list of sort combinations will be displayed. The sort combinations are:
- Last Name, First Name, Middle Initial
- Program, Category, Status, Last Name, First Name, Middle Initial
- Program, Status, Category, Last Name, First Name, Middle Initial
- Zip Code, Last Name, First Name, Middle Initial (only if the zip code or county code is chosen)

Mailing labels can be generated, if requested. The report may be used for audit purposes. In addition to tracking materials that have been mailed to clients, this is the only report that can provide a list of active clients by program and category.

Enterable Fields

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Format</th>
<th>Type</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report ID</td>
<td>XXXXXXXXXXX</td>
<td>Alpha/Numeric</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Possible Prelims</td>
<td>X</td>
<td>Choice</td>
<td>Optional</td>
</tr>
<tr>
<td>APORS</td>
<td>X</td>
<td>Choice</td>
<td>Optional</td>
</tr>
<tr>
<td>Grp/Part. ID</td>
<td>XXXX-XXXX-XXXX-XX</td>
<td>Alpha/Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Provider ID</td>
<td>9999999999</td>
<td>Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>County Code</td>
<td>999</td>
<td>Code</td>
<td>Optional</td>
</tr>
<tr>
<td>Zip Codes</td>
<td>999999, 999999, 999999</td>
<td>Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Pgm. Code</td>
<td>XXXX, XXXX, XXXX</td>
<td>Alpha</td>
<td>Optional</td>
</tr>
<tr>
<td>Pgm. Status</td>
<td>X, X, X, X, X</td>
<td>Alpha</td>
<td>Optional</td>
</tr>
<tr>
<td>Pgm. Category</td>
<td>XXXX, XXXX, XXXX, XXXX</td>
<td>Alpha/Numeric</td>
<td>Optional</td>
</tr>
<tr>
<td>Loc. Code (if defined)</td>
<td>99</td>
<td>Code</td>
<td>Optional</td>
</tr>
</tbody>
</table>
Frequency

This report is run as needed or required. The report prints out landscape but is shown portrait in this manual.
CORNERSTONE AD HOC APORS LIST FOR LOCAL HEALTH DEPARTMENTS

Step 1. Reports Module

Step 2. Mailing Option (contact Cornerstone Liaison if you don't have security)
   Control F1 to report selection
   Highlight HSPr0604 Ad Hoc mailing Register/Center

Step 3. Enter down to APORS Field
   Type Y (yes)

Step 4. Enter to print options

Step 5. Select print options
   To screen
   To printer

Step 6. F9 to run report
   Yes

Step 7. Sorting options:
   Last name, first name, middle name
   Program, category, status, last name, first name, middle initial
   Program, status, category, last name, first name, middle initial

Step 8. Select sorting options/enter

Step 9. Do you wish to print labels?
   No

Step 10. Report appears on screen or printer
   Report includes group identification number, name, program and status.
   Some infants who have been termed will be on report and this will be indicated.
CHAPTER VIII

Appendices

A. IDPH Infant Discharge Record (IDR)
B. IDHS Issue Notification Form
C. IDHS Primary Care Physician (PCP) Notification Form
D. IDHS HealthWorks (HWIL) of Illinois Narrative
E. ICD-9-CM Tabular List of congenital Anomalies
F. HRIF Program Coordinators
G. HRIF Provider List
H. IDPH APORS Hospital Contact Directory
I. HealthWorks Lead Agencies (HWLA) and Contact Directory
J. Request for Forms
K. DHS Clinical Review
L. Frequently Asked Questions (FAQ)
### INFANT DISCHARGE RECORD

**ADVERSE PREGNANCY OUTCOMES REPORTING SYSTEM**
**PERINATAL TRACKING SYSTEM**

**Reporting Hospital**

**City**

**Fac ID**

**Delivery Hospital**

**City**

**Fac ID**

**Patient ID #**

**Med Rec #**

**Adm Date__ __ __**

**Last Name**

**First Name**

**Delivery __ __ __**

**AKA**

**Name**

**D/C Date__ __ __**

<table>
<thead>
<tr>
<th>SEX</th>
<th>RACE</th>
<th>HISPANIC</th>
<th>ADMIT TO</th>
<th>DRUG TOXICITY</th>
<th>MATERNAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>White</td>
<td>Yes</td>
<td>INTENSIVE</td>
<td>1 Yes</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>Black</td>
<td>2 No</td>
<td>CARE UNIT</td>
<td>3 Opioid</td>
</tr>
<tr>
<td>3</td>
<td>Ambiguous</td>
<td>3 Asian</td>
<td>N/A</td>
<td>1 Yes</td>
<td>2 Negative</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
<td>9 Other</td>
<td>2 No</td>
<td>2 Barbiturate</td>
<td>No Test</td>
</tr>
</tbody>
</table>

**GESTATIONAL AGE_____ weeks**

**BIRTH WEIGHT__________ grams**

**BIRTH ____ of______**

**DIAGNOSES (including congenital anomalies)**

(IDPH ONLY)

**MOTHER (including congenital anomalies)**

(IDPH ONLY)

**FAMILY INFORMED OF LHIN VISIT 1 Yes 2 No**

**CURRENT SUPPORT SERVICES**

1 Community Social Services
2 DSSC
3 DOFS
4 Other
5 None

**Mother's Last Name**

**First Name**

**Maiden Name**

**Address**

**City**

**State**

**County**

**County Code**

**Zip**

**Mother's Med Rec #**

**Mother's SS #**

**Mother's Date of Birth**

**Mother's Phone**

**Father's First Name**

**Father's Last Name**

**Gravida____ Para F____ P____ A____ L____**

**Infant D/C Treatment**

**Infant Medication**

**HBIG given on / / / and HBV#1 given on / / /**

**Other Concerns**

**RN Contact at Hospital**

**Phone**

**Relative/Friend**

**Relationship**

**Address**

**Phone**

**FAMILY INFORMED OF LHIN VISIT 1 Yes 2 No**

**CURRENT SUPPORT SERVICES**

1 Community Social Services
2 DSSC
3 DOFS
4 Other
5 None

**Signature**

**Title**

**Report Date / / /**
Issue Notification Form

Agency Name ____________________________________________

Employee Name __________________________________________

Describe the issue needing to be resolved (please be specific and detailed):
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Describe the steps taken to resolve the above issue including names and positions of persons contacted:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Please mail or fax to:

HRIF Program Coordinator
Illinois Department of Human Services
Community Health & Prevention
535 W. Jefferson, 1st Floor
Springfield, Illinois 62702-5058
Fax: (217) 782-4890
PRIMARY CARE PHYSICIAN NOTIFICATION FOR...
REPORT OF HIGH RISK INFANT FOLLOW-UP PROGRAM

Illinois Department of Human Services

Agency Reporting ____________________________________________________________

Public Health Nurse Case Manager __________________________________________
contact number ____________________________________________________________

Last Name of Infant _______________________________________________________
First Name of Infant _______________________________________________________
Date of Birth ____________________ Sex __________
Chronological Age ___ wks. ___ mos.  Corrected Age ____ wks. ___ mos.

Street Address ________________________________ Apt. No. __________
City ____________________________ State __________________________
Mother’s last, first name ____________________________________________

Date of most recent Public Health Nurse Visit _____________________________

Assessment findings during last visit:
Physical exam* __________________________________________________________
________________________________________________________________________
________________________________________________________________________
Development assessment _________________________________________________
Anticipatory guidance provided ____________________________________________

Referrals made (as needed) _______________________________________________
________________________________________________________________________
________________________________________________________________________

Comments ______________________________________________________________
________________________________________________________________________
*Attached are copies of child’s immunization history and EPSDT visits
HWIL is a collaborative effort of the Departments of Human Services and Children and Family Services. The purpose of HWIL is to ensure that wards (0-21) in Department of Children and Family Services (DCFS) custody receive comprehensive, quality health care services for wards. DCFS is mandated by the B.H. Consent Decree to provide basic health care services for wards. DCFS contracted with the Illinois Department of Human Services (DHS), Division of Community Health and Prevention to assist in the development of the HWIL System. DHS as agreements with twenty downstate agencies to develop healthcare networks. These agencies are referred to as HealthWorks Lead Agencies (HWLA) and are responsible for: recruiting primary care physicians (PCP) and specialty care providers; training the medical case management agencies (MCM), DCFS staff, substitute care giver (SCG) and providers about the HWIL system; managing the communication and documentation among providers; and consulting with DCFS regarding best practices. DCFS has contracted with one lead agency in Chicago to implement HWIL for Cook County. DHS assists the Cook County lead agency, Aunt Martha’s/Chrysalis, with program implementation for Chicago and Cook County.

According to the B.H. Consent Decree, all children taken into custody by DCFS must receive an initial health screening (IHS) within 24 hours, preferably before placement into substitute care. The IHS sites must be accessible 24 hours a day, must be within one hour travel, and must complete the screening exam within one hour of arrival. Hospital emergency rooms are the primary IHS sites with a few health departments or other medical clinics in the county serving as IHS sites as well. The purpose of the IHS is to treat any acute medical needs; document the presence or absence of medical problems; document and treat any signs of physical abuse or neglect or sexual abuse; assess and treat any infectious or communicable diseases, and provide the DCFS caseworker with medical information to be used in making appropriate placement decision for the child.

Within 21 days after the IHS, new wards are to receive a comprehensive health evaluation (CHE) based on Early Periodic Screening Diagnostic and Treatment (EPSDT) standards. The MCM agencies are responsible for assisting the substitute care giver with the selection of a PCP, obtaining health care information from previous physicians and other medical providers, assuring that medical services – CHE’s, yearly physicals, EPSDT visits, and other medical/immunizations/dental/vision/hearing services are obtained; compiling health care information to send to the physician for the CHE’s, assuring that medical needs are being met; develop an individualized Health Care Plan, and complete the HealthWorks Health Summary (which includes information for the health section of the ward’s caseworker to be used for administrative case reviews (ACR)), which the caseworker attends if requested. The ward’s caseworker will use the information to develop the client service plan. The first report is due thirty (30) days after DCFS takes custody of the child. The subsequent reports are done every 6 months; entering all data on wards into the IDHS/Cornerstone system, maintaining a medical record for each ward, forwarding medical information to DCFS and ongoing medical case management for the DCFS wards, ages birth through age 5. Downstate, the older ward population, ages 6-21, are medically case managed by DCFS after the first 45 days of custody during which time a PCP is chosen and a CHE is completed.
### Classification of Diseases and Injuries

#### 14. Congenital Anomalies (740-759)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>740</td>
<td>Anencephalus and similar anomalies</td>
</tr>
</tbody>
</table>
| 740.0| Anencephalus  
      | Acrania  
      | Amyolencephalus  
      | Hemianencephaly  
      | Hemicephaly |
| 740.1| Craniorachischisis |
| 740.2| Iniencephaly |
| 741  | Spina bifida |

*Excludes:* spina bifida occulta (756.17)

The following fifth-digit subclassification is for use with category 741:

- 0 unspecified region
- 1 cervical region
- 2 dorsal (thoracic) region
- 3 lumbar region

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 741.0| With hydrocephalus  
      | Arnold-Chiari syndrome, type II  
      | Chiari malformation, type II  
      | Any condition classifiable to 741.9 with any condition classifiable to 742.3 |
| 741.9| Without mention of hydrocephalus  
      | Hydromeningocele (spinal)  
      | Hydromyelocele  
      | Meningocele (spinal)  
      | Meningomyelocele  
      | Myelocele  
      | Myelocystocele  
      | Rachischisis  
      | Spina bifida (aperta)  
      | Syringomyelocele |

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>742</td>
<td>Other congenital anomalies of nervous system</td>
</tr>
</tbody>
</table>

*Excludes:* congenital central alveolar hypoventilation syndrome (327.26)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 742.0| Encephalocele  
      | Encephalocystocele  
      | Encephalomyelocele  
      | Hydroencephalocele  
      | Hydromeningocele, cranial  
      | Meningocele, cerebral  
      | Meningoencephalocele |
| 742.1| Microcephalus |
ICD-9-CM Tabular List of Diseases (FY07)

Hydromicrocephaly
Microencephaly

742.2 Reduction deformities of brain
Absence of part of brain
Agenesis of part of brain
Agyria
Aplasia of part of brain
Arhinencephaly
Holoprosencephaly
Hypoplasia of part of brain
Microgynia

742.3 Congenital hydrocephalus
Aquaduct of Sylvius:
amanomaly
obstruction, congenital
stenosis
Atresia of foramina of Magendie and Luschka
Hydrocephalus in newborn
Excludes:
acquired (331.3-331.4)
due to congenital toxoplasmosis (771.2)
with any condition classifiable to 741.9 (741.0)

742.4 Other specified anomalies of brain
Congenital cerebral cyst
Macrencephaly
Macrogynia
Megalencephaly
Multiple anomalies of brain NOS
Porencephaly
Ulegyria

742.5 Other specified anomalies of spinal cord

742.51 Diastematomyelia

742.52 Hydromyelia
Hydromyelachisis

742.59 Other
Amyelia
Atelomyelia
Congenital anomaly of spinal meninges
Defective development of cauda equina
Hypoplasia of spinal cord
Myelatelia
Myelodysplasia

742.8 Other specified anomalies of nervous system
Agenesis of nerve
Displacement of brachial plexus
Familial dysautonomia
Jaw-winking syndrome
Marcus-Gunn syndrome
Riley-Day syndrome
Excludes:
neurofibromatosis (237.7)
742.9 Unspecified anomaly of brain, spinal cord, and nervous system
   Anomaly of brain, nervous system, and spinal cord
   Congenital, of brain, nervous system, and spinal cord:
   Disease of brain, nervous system, and spinal cord
   Lesion of brain, nervous system, and spinal cord
   Deformity of brain, nervous system, and spinal cord

743 Congenital anomalies of eye

743.0 Anophthalmos
   743.00 Clinical anophthalmos, unspecified
       Agenesis
       Congenital absence of eye
       Anophthalmos NOS
   743.03 Cystic eyeball, congenital
   743.06 Cryptophthalmos

743.1 Microphthalmos
   Dysplasia of eye
   Hypoplasia of eye
   Rudimentary eye
   743.10 Microphthalmos, unspecified
   743.11 Simple microphthalmos
   743.12 Microphthalmos associated with other anomalies of eye and adnexa

743.2 Buphthalmos
   Glaucoma
       congenital
       newborn
   Hydrophthalmos
   Excludes:
   glaucoma of childhood (365.14)
   traumatic glaucoma due to birth injury (767.8)

743.20 Buphthalmos, unspecified
743.21 Simple buphthalmos
743.22 Buphthalmos associated with other ocular anomalies
       Keratoglobus, congenital, associated with buphthalmos
       Megalocornea associated with buphthalmos

743.3 Congenital cataract and lens anomalies
   Excludes:
   infantile cataract (366.00-366.09)

743.30 Congenital cataract, unspecified
743.31 Capsular and subcapsular cataract
743.32 Cortical and zonular cataract
743.33 Nuclear cataract
743.34 Total and subtotal cataract, congenital
743.35 Congenital aphakia  
   Congenital absence of lens

743.36 Anomalies of lens shape  
   Microphakia  
   Spherophakia

743.37 Congenital ectopic lens

743.39 Other

743.4 Coloboma and other anomalies of anterior segment

743.41 Anomalies of corneal size and shape  
   Microcornea
   that associated with buphthalmos (743.22)

743.42 Corneal opacities, interfering with vision, congenital

743.43 Other corneal opacities, congenital

743.44 Specified anomalies of anterior chamber, chamber angle, and related structures  
   Anomaly:  
   Axenfeld's  
   Peters'  
   Rieger's

743.45 Aniridia

743.46 Other specified anomalies of iris and ciliary body  
   Anisocoria, congenital  
   Atresia of pupil  
   Coloboma of iris  
   Corectopia

743.47 Specified anomalies of sclera

743.48 Multiple and combined anomalies of anterior segment

743.49 Other

743.5 Congenital anomalies of posterior segment

743.51 Vitreous anomalies  
   Congenital vitreous opacity

743.52 Fundus coloboma

743.53 Chorioretinal degeneration, congenital

743.54 Congenital folds and cysts of posterior segment

743.55 Congenital macular changes

743.56 Other retinal changes, congenital

743.57 Specified anomalies of optic disc  
   Coloboma of optic disc (congenital)

743.58 Vascular anomalies
743.59 Other

743.6 Congenital anomalies of eyelids, lacrimal system, and orbit

743.61 Congenital ptosis

743.62 Congenital deformities of eyelids
   Ablepharon
   Absence of eyelid
   Accessory eyelid
   Congenital:
   ectropion
   entropion

743.63 Other specified congenital anomalies of eyelid
   Absence, agenesis, of cilia

743.64 Specified congenital anomalies of lacrimal gland

743.65 Specified congenital anomalies of lacrimal passages
   Absence, agenesis of:
   lacrimal apparatus
   punctum lacrimalis
   Accessory lacrimal canal

743.66 Specified congenital anomalies of orbit

743.69 Other
   Accessory eye muscles

743.8 Other specified anomalies of eye
   Excludes: congenital nystagmus (379.51)
   ocular albinism (270.2)
   optic nerve hypoplasia (377.43)
   retinitis pigmentosa (362.74)

743.9 Unspecified anomaly of eye
   Excludes: anomaly NOS of eye [any part]
   Congenital:
   anomaly NOS of eye [any part]
   deformity NOS of eye [any part]

744 Congenital anomalies of ear, face, and neck

Excludes: anomaly of:
   cervical spine (754.2, 756.10-756.19)
   larynx (748.2-748.3)
   nose (748.0-748.1)
   parathyroid gland (759.2)
   thyroid gland (759.2)
   cleft lip (749.10-749.25)

744.0 Anomalies of ear causing impairment of hearing

Excludes: congenital deafness without mention of cause (380.0-380.9)

744.00 Unspecified anomaly of ear with impairment of hearing

744.01 Absence of external ear
   Absence of:
auditory canal (external)
auricle (ear) (with stenosis or atresia of auditory canal)

744.02 Other anomalies of external ear with impairment of hearing
    Atresia or stricture of auditory canal (external)

744.03 Anomaly of middle ear, except ossicles
    Atresia or stricture of osseous meatus (ear)

744.04 Anomalies of ear ossicles
    Fusion of ear ossicles

744.05 Anomalies of inner ear
    Congenital anomaly of:
    membranous labyrinth
    organ of Corti

744.09 Other
    Absence of ear, congenital

744.1 Accessory auricle
    Accessory tragus
    Polytia
    Preauricular appendage
    Supernumerary:
    ear
    lobule

744.2 Other specified anomalies of ear
    Excludes: that with impairment of hearing (744.00-744.09)

744.21 Absence of ear lobe, congenital

744.22 Macrota

744.23 Microta

744.24 Specified anomalies of Eustachian tube
    Absence of Eustachian tube

744.29 Other
    Bat ear
    Darwin's tubercle
    Pointed ear
    Prominence of auricle
    Ridge ear
    Excludes: preauricular sinus (744.46)

744.3 Unspecified anomaly of ear
    Congenital:
    anomaly NOS of ear, NEC
    deformity NOS of ear, NEC

744.4 Branchial cleft cyst or fistula; preauricular sinus

744.41 Branchial cleft sinus or fistula
    Branchial:
    sinus (external) (internal)
    vestige
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744.42 Branchial cleft cyst
744.43 Cervical auricle
744.46 Preauricular sinus or fistula
744.47 Preauricular cyst
744.49 Other
   Fistula (of):
      auricle, congenital
      cervicoaural

744.5 Webbing of neck
   Pterygium colli

744.8 Other specified anomalies of face and neck
   744.81 macrocheilia
      Hypertrophy of lip, congenital
   744.82 Microcheilia
   744.83 Macrostomia
   744.84 Microstomia

744.89 Other
   congenital fistula of lip (750.25)
   musculoskeletal anomalies (754.0-754.1, 756.0)

Excludes:

744.9 Unspecified anomalies of face and neck
   Congenital:
      anomaly NOS of face [any part] or neck [any part]
      deformity NOS of face [any part] or neck [any part]

745 Bulbus cordis anomalies and anomalies of cardiac septal closure

745.0 Common truncus
   Absent septum between aorta and pulmonary artery
   Communication (abnormal) between aorta and pulmonary artery
   Aortic septal defect
   Common aortopulmonary trunk
   Persistent truncus arteriosus

745.1 Transposition of great vessels
   745.10 Complete transposition of great vessels
      Transposition of great vessels:
      NOS
      classical
   745.11 Double outlet right ventricle
      Dextratransposition of aorta
      Incomplete transposition of great vessels
      Origin of both great vessels from right ventricle
      Taussig-Bing syndrome or defect
   745.12 Corrected transposition of great vessels
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745.19 Other

745.2 Tetralogy of Fallot
   Fallot's pentalogy
   Ventricular septal defect with pulmonary stenosis or atresia, dextroposition of
   aorta, and hypertrophy of right ventricle
Excludes: Fallot's triad (746.09)

745.3 Common ventricle
   Cor triloculare biaatriatum
   Single ventricle

745.4 Ventricular septal defect
   Eisenmenger's defect or complex
   Gerbode defect
   Interventricular septal defect
   Left ventricular-right atrial communication
   Roger's disease
Excludes: common atrioventricular canal type (745.69)
   single ventricle (745.3)

745.5 Ostium secundum type atrial septal defect
   Defect:
   atrium secundum
   fossa ovalis
   Lutembacher's syndrome
   Patent or persistent:
   foramen ovale
   ostium secundum

745.6 Endocardial cushion defects

745.60 Endocardial cushion defect, unspecified type

745.61 Ostium primum defect
   Persistent ostium primum

745.69 Other
   Absence of atrial septum
   Atrioventricular canal type ventricular septal defect
   Common atrioventricular canal
   Common atrium

745.7 Cor biloculare
   Absence of atrial and ventricular septa

745.8 Other

745.9 Unspecified defect of septal closure
   Septal defect NOS

746 Other congenital anomalies of heart

Excludes: endocardial fibroelastosis (425.3)

746.0 Anomalies of pulmonary valve
Excludes: infundibular or subvalvular pulmonic stenosis (746.83)
   tetralogy of Fallot (745.2)
746.00 Pulmonary valve anomaly, unspecified
746.01 Atresia, congenital
  Congenital absence of pulmonary valve
746.02 Stenosis, congenital
746.09 Other
  Congenital insufficiency of pulmonary valve
  Fallot’s triad or trilogy
746.1 Tricuspid atresia and stenosis, congenital
  Absence of tricuspid valve
746.2 Ebstein’s anomaly
746.3 Congenital stenosis of aortic valve
  Congenital aortic stenosis
  Excludes:
  subaortic stenosis (746.81)
  supravalvular aortic stenosis (747.22)
746.4 Congenital insufficiency of aortic valve
  Bicuspid aortic valve
  Congenital aortic insufficiency
746.5 Congenital mitral stenosis
  Fused commissure of mitral valve
  Parachute deformity of mitral valve
  Supernumerary cusps of mitral valve
746.6 Congenital mitral insufficiency
746.7 Hypoplastic left heart syndrome
  Atresia, or marked hypoplasia, of aortic orifice or valve, with hypoplasia of
  ascending aorta and defective development of left ventricle (with mitral
  valve atresia)
746.8 Other specified anomalies of heart
746.81 Subaortic stenosis
746.82 Cor triatriatum
746.83 Infundibular pulmonic stenosis
  Subvalvular pulmonic stenosis
746.84 Obstructive anomalies of heart, NEC
  UHIs disease
746.85 Coronary artery anomaly
  Anomalous origin or communication of coronary artery
  Arteriovenous malformation of coronary artery
  Coronary artery:
  absence
  arising from aorta or pulmonary trunk
  single
746.86 Congenital heart block
  Complete or incomplete atrioventricular [AV] block
746.87 Malposition of heart and cardiac apex
   Abdominal heart
   Dextrocardia
   Ectopia cordis
   Levocardia (isolated)
   Mesocardia

Excludes: dextrocardia with complete transposition of viscera (759.3)

746.89 Other
   Atresia of cardiac vein
   Hypoplasia of cardiac vein
   Congenital:
      cardiomegaly
      diverticulum, left ventricle
      pericardial defect

746.9 Unspecified anomaly of heart
   Congenital:
      anomaly of heart NOS
      heart disease NOS

747 Other congenital anomalies of circulatory system

747.0 Patent ductus arteriosus
   Patent ductus Botalli
   Persistent ductus arteriosus

747.1 Coarctation of aorta

747.10 Coarctation of aorta (preductal) (postductal)
   Hypoplasia of aortic arch

747.11 Interruption of aortic arch

747.2 Other anomalies of aorta

747.20 Anomaly of aorta, unspecified

747.21 Anomalies of aortic arch
   Anomalous origin, right subclavian artery
   Dextroposition of aorta
   Double aortic arch
   Kommerell’s diverticulum
   Overriding aorta
   Persistent:
      convolutions, aortic arch
      right aortic arch
   Vascular ring

Excludes: hypoplasia of aortic arch (747.10)

747.22 Atresia and stenosis of aorta
   Absence of aorta
   Aplasia of aorta
   Hypoplasia of aorta
   Stricture of aorta
   Supra (valvular)-aortic stenosis

Excludes: congenital aortic (valvular) stenosis or stricture, so stated (746.3)
   hypoplasia of aorta in hypoplastic left heart syndrome (746.7)
747.29 Other
   Aneurysm of sinus of Valsalva
   Congenital:
   aneurysm of aorta
dilation of aorta

747.3 Anomalies of pulmonary artery
   Agenesis of pulmonary artery
   Anomaly of pulmonary artery
   Atresia of pulmonary artery
   Coarctation of pulmonary artery
   Hypoplasia of pulmonary artery
   Stenosis of pulmonary artery
   Pulmonary arteriovenous aneurysm

747.4 Anomalies of great veins

747.40 Anomaly of great veins, unspecified
   Anomaly NOS of:
   pulmonary veins
   vena cava

747.41 Total anomalous pulmonary venous connection
   Total anomalous pulmonary venous return [TAPVR]:
   subdiaphragmatic
   supradiaphragmatic

747.42 Partial anomalous pulmonary venous connection
   Partial anomalous pulmonary venous return

747.49 Other anomalies of great veins
   Absence of vena cava (inferior) (superior)
   Congenital stenosis of vena cava (inferior) (superior)
   Persistent:
   left posterior cardinal vein
   left superior vena cava
   Scimitar syndrome
   Transposition of pulmonary veins NOS

747.5 Absence or hypoplasia of umbilical artery
   Single umbilical artery

747.6 Other anomalies of peripheral vascular system
   Absence of artery or vein, NEC
   Anomaly of artery or vein, NEC
   Atresia of artery or vein, NEC
   Arteriovenous aneurysm (peripheral)
   Arteriovenous malformation of the peripheral vascular system
   Congenital:
   aneurysm (peripheral)
   phlebectasia
   stricture, artery
   varix
Excludes:
   anomalies of:
   cerebral vessels (747.81)
pulmonary artery (747.3)
congenital retinal aneurysm (743.68)
hemangioma (228.00-228.09)
lymphangioma (228.1)

747.60 Anomaly of the peripheral vascular system, unspecified site
747.61 Gastrointestinal vessel anomaly
747.62 Renal vessel anomaly
747.63 Upper limb vessel anomaly
747.64 Lower limb vessel anomaly
747.69 Anomalies of other specified sites of peripheral vascular system

747.8 Other specified anomalies of circulatory system

747.81 Anomalies of cerebrovascular system
    Arteriovenous malformation of brain
    Cerebral arteriovenous aneurysm, congenital
    Congenital anomalies of cerebral vessels

Excludes:
ruptured cerebral (arteriovenous) aneurysm (430)

747.82 Spinal vessel anomaly
    Arteriovenous malformation of spinal vessel

747.83 Persistent fetal circulation
    Persistent pulmonary hypertension
    Primary pulmonary hypertension of newborn

747.89 Other
    Aneurysm, congenital, specified site not elsewhere classified

Excludes:
    congenital aneurysm:
    coronary (746.85)
    peripheral (747.6)
    pulmonary (747.3)
    retinal (743.58)

747.9 Unspecified anomaly of circulatory system

748 Congenital anomalies of respiratory system

Excludes:
    congenital central alveolar hypoventilation syndrome (327.25)
    congenital defect of diaphragm (756.6)

748.0 Choanal atresia
    Atresia of nares (anterior) (posterior)
    Congenital stenosis of nares (anterior) (posterior)

748.1 Other anomalies of nose
    Absent nose
    Accessory nose
    Cleft nose
    Deformity of wall of nasal sinus
    Congenital:
    deformity of nose
    notching of tip of nose
    perforation of wall of nasal sinus

Excludes:
    congenital deviation of nasal septum (754.0)
748.2 Web of larynx
   Web of larynx:
      NOS
      glottic
      subglottic

748.3 Other anomalies of larynx, trachea, and bronchus
   Absence or agenesis of:
      bronchus
      larynx
      trachea
   Anomaly (of):
      cricoid cartilage
      epiglottis
      thyroid cartilage
      tracheal cartilage
   Atresia (of):
      epiglottis
      glottis
      larynx
      trachea
   Cleft thyroid, cartilage, congenital
   Congenital:
      dilation, trachea
      stenosis:
      larynx
      trachea
      tracheocele
   Diverticulum:
      bronchus
      trachea
   Fissure of epiglottis
   Laryngocoele
   Posterior cleft of cricoid cartilage (congenital)
   Rudimentary tracheal bronchus
   Stridor, laryngeal, congenital

748.4 Congenital cystic lung
   Disease, lung:
      cystic, congenital
      polycystic, congenital
   Honeycomb lung, congenital
   Excludes:
      acquired or unspecified cystic lung (518.89)

748.5 Agenesis, hypoplasia, and dysplasia of lung
   Absence of lung (fissures) (lobe)
   Aplasia of lung
   Hypoplasia of lung (lobe)
   Sequestration of lung

748.6 Other anomalies of lung
   748.60 Anomaly of lung, unspecified
   748.61 Congenital bronchiectasis
   748.69 Other
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**Accessory lung (lobe)
Azigos lobe (fissure), lung**

**748.8 Other specified anomalies of respiratory system**
- Abnormal communication between pericardial and pleural sacs
- Anomaly, pleural folds
- Atresia of nasopharynx
- Congenital cyst of mediastinum

**748.9 Unspecified anomaly of respiratory system**
- Anomaly of respiratory system NOS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>Cleft palate and cleft lip</td>
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<td>749.01</td>
<td>Unilateral, complete</td>
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<td>749.02</td>
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<td>749.03</td>
<td>Cleft uvula</td>
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<td>749.04</td>
<td>Bilateral, complete</td>
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<td>749.05</td>
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<td>749.1</td>
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<tr>
<td>749.2</td>
<td>Congenital fissure of lip</td>
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<td>749.10</td>
<td>Harelip</td>
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<td>749.11</td>
<td>Labium leporinum</td>
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<td>749.12</td>
<td>Cleft lip, unspecified</td>
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<td>749.2</td>
<td>Cleft palate with cleft lip</td>
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<td>Congenital palatoschisis</td>
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<td>749.21</td>
<td>Cleft palate with cleft lip, unspecified</td>
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<tr>
<td>749.25</td>
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</table>

### Other congenital anomalies of upper alimentary tract

**Excludes:** dentofacial anomalies (524.0-524.9)
750.0 Tongue tie
   Ankyloglossia

750.1 Other anomalies of tongue
   750.10 Anomaly of tongue, unspecified
   750.11 Aglossia
   750.12 Congenital adhesions of tongue
   750.13 Fissure of tongue
      Bifid tongue
      Double tongue
   750.15 Macroglossia
      Congenital hypertrophy of tongue
   750.16 Microglossia
      Hypoplasia of tongue

750.19 Other

750.2 Other specified anomalies of mouth and pharynx
   750.21 Absence of salivary gland
   750.22 Accessory salivary gland
   750.23 Atresia, salivary gland
      Imperforate salivary duct
   750.24 Congenital fistula of salivary gland
   750.25 Congenital fistula of lip
      Congenital (mucus) lip pits
   750.26 Other specified anomalies of mouth
      Absence of uvula
   750.27 Diverticulum of pharynx
      Pharyngeal pouch
   750.29 Other specified anomalies of pharynx
      Imperforate pharynx

750.3 Tracheoesophageal fistula, esophageal atresia and stenosis
   Absent esophagus
   Atresia of esophagus
   Congenital:
   esophageal ring
   stenosis of esophagus
   stricture of esophagus
   Congenital fistula:
   esophagobronchial
   esophagotracheal
   Imperforate esophagus
   Webbed esophagus

750.4 Other specified anomalies of esophagus
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Dilatation, congenital, of esophagus
Displacement, congenital, of esophagus
Diverticulum of esophagus
Duplication of esophagus
Giant esophagus
Esophageal pouch

Excludes:
congenital hiatus hernia (750.6)

750.5 Congenital hypertrophic pyloric stenosis
  Congenital or infantile:
  constriction of pylorus
  hypertrophy of pylorus
  spasm of pylorus
  stenosis of pylorus
  stricture of pylorus

750.6 Congenital hiatus hernia
  Displacement of cardia through esophageal hiatus

Excludes:
congenital diaphragmatic hernia (756.5)

750.7 Other specified anomalies of stomach
  Congenital:
  cardiopasm
  hourglass stomach
  Displacement of stomach
  Diverticulum of stomach, congenital
  Duplication of stomach
  Megalagastria
  Microgastria
  Transposition of stomach

750.8 Other specified anomalies of upper alimentary tract

750.9 Unspecified anomaly of upper alimentary tract
  Congenital:
  anomaly NOS of upper alimentary tract [any part, except tongue]
  deformity NOS of upper alimentary tract [any part, except tongue]

751 Other congenital anomalies of digestive system

751.0 Meckel's diverticulum
  Meckel's diverticulum (displaced) (hypertrophic)
  Persistent:
  omphalomesenteric duct
  vitelline duct

751.1 Atresia and stenosis of small intestine
  Atresia of:
  duodenum
  ileum
  intestine NOS
  Congenital:
  absence of small intestine or intestine NOS
  obstruction of small intestine or intestine NOS
  stenosis of small intestine or intestine NOS
  stricture of small intestine or intestine NOS
  Imperforate jejunum
751.2 Ateosis and stenosis of large intestine, rectum, and anal canal
   Absence:
   anus (congenital)
   appendix, congenital
   large intestine, congenital
   rectum
   Ateosis of:
   anus
   colon
   rectum
   Congenital or infantile:
   obstruction of large intestine
   occlusion of anus
   stricture of anus
   Imperforate:
   anus
   rectum
   Stricture of rectum, congenital

751.3 Hirschsprung’s disease and other congenital functional disorders of colon
   Aganglionosis
   Congenital dilation of colon
   Congenital megacolon
   Macrocolon

751.4 Anomalies of intestinal fixation
   Congenital adhesions:
   omental, anomalous
   peritoneal
   Jackson’s membrane
   Majorotation of colon
   Rotation of cecum or colon:
   failure of
   incomplete
   insufficient
   Universal mesentery

751.5 Other anomalies of intestine
   Congenital diverticulum, colon
   Dolichocolon
   Duplication of:
   anus
   appendix
   cecum
   intestine
   Ectopic anus
   Megaloappendix
   Megaloduodenum
   Microcolon
   Persistent cloaca
   Transposition of:
   appendix
   colon
   intestine

751.6 Anomalies of gallbladder, bile ducts, and liver
751.60 Unspecified anomaly of gallbladder, bile ducts, and liver

751.61 Biliary atresia
   Congenital: absence of bile duct (common) or passage
   hypoplasia of bile duct (common) or passage
   obstruction of bile duct (common) or passage
   stricture of bile duct (common) or passage

751.62 Congenital cystic disease of liver
   Congenital polycystic disease of liver
   Fibrocystic disease of liver

751.69 Other anomalies of gallbladder, bile ducts, and liver
   Absence of:
      gallbladder, congenital
      liver (lobe)
   Accessory:
      hepatic ducts
      liver
   Congenital:
      choledochal cyst
      hepatomegaly
   Duplication of:
      biliary duct
      cystic duct
      gallbladder
      liver
   Floating:
      gallbladder
      liver
   Intrahepatic gallbladder

751.7 Anomalies of pancreas
   Absence of pancreas
   Accessory pancreas
   Agenesis of pancreas
   Annular pancreas
   Ectopic pancreatic tissue
   Hypoplasia of pancreas
   Pancreatic heterotopia

Excludes: diabetes mellitus:
   congenital (250.0-250.9)
   neonatal (775.1)
   fibrocystic disease of pancreas (277.0-277.09)

751.8 Other specified anomalies of digestive system
   Absence (complete) (partial) of alimentary tract NOS
   Duplication of digestive organs NOS
   Malposition, congenital of digestive organs NOS

Excludes: congenital diaphragmatic hernia (756.6)
   congenital hiatus hernia (750.5)

751.9 Unspecified anomaly of digestive system
   Congenital:
      anomaly NOS of digestive system NOS
      deformity NOS of digestive system NOS
### 752  Congenital anomalies of genital organs

**Excludes:** syndromes associated with anomalies in the number and form of chromosomes (758.0-758.9) testicular feminization syndrome (259.5)

#### 752.0  Anomalies of ovaries
- Absence, congenital, of ovary
- Accessory ovary
- Ectopic ovary
- Streak of ovary

#### 752.1  Anomalies of fallopian tubes and broad ligaments

- **752.10**  Unspecified anomaly of fallopian tubes and broad ligaments
- **752.11**  Embryonic cyst of fallopian tubes and broad ligaments
  - Cyst:
    - epoophoron
    - fimbrial
    - parovarian
- **752.19**  Other
  - Absence of fallopian tube or broad ligament
  - Accessory fallopian tube or broad ligament
  - Atresia of fallopian tube or broad ligament

#### 752.2  Doubling of uterus
- Didelphic uterus
- Doubling of uterus [any degree] (associated with doubling of cervix and vagina)

#### 752.3  Other anomalies of uterus
- Absence, congenital, of uterus
- Agenesis of uterus
- Aplasia of uterus
- Bicornuate uterus
- Uterus unicorns
- Uterus with only one functioning horn

#### 752.4  Anomalies of cervix, vagina, and external female genitalia

- **752.40**  Unspecified anomaly of cervix, vagina, and external female genitalia
- **752.41**  Embryonic cyst of cervix, vagina, and external female genitalia
  - Cyst of:
    - canal of Nuck, congenital
    - Gartner's duct
    - vagina, embryonal
    - vulva, congenital
- **752.42**  Imperforate hymen
- **752.49**  Other anomalies of cervix, vagina, and external female genitalia
  - Absence of cervix, clitoris, vagina, or vulva
  - Agenesis of cervix, clitoris, vagina, or vulva
  - Congenital stenosis or stricture of:
    - cervical canal
    - vagina

**Excludes:** double vagina associated with total duplication (752.2)
752.5 Undescended and retractile testicle
752.51 Undescended testis
  Cryptorchism
  Ectopic testis
752.52 Retractile testis

752.6 Hypospadias and epispadias and other penile anomalies
752.61 Hypospadias
752.62 Epispadias
  Anaspadias
752.63 Congenital chordee
752.64 Micropenis
752.65 Hidden penis
752.69 Other penile anomalies

752.7 Indeterminate sex and pseudohermaphroditism
  Gynandriism
  Hermaphroditism
  Ovotestis
  Pseudohermaphroditism (male) (female)
  Pure gonadal dysgenesis

 Excludes:
  pseudohermaphroditism:
    female, with adrenocortical disorder (255.2)
    male, with gonadal disorder (257.8)
    with specified chromosomal anomaly (758.0-758.9)
    testicular feminization syndrome (259.5)

752.8 Other specified anomalies of genital organs

 Excludes:
  congenital hydrocele (778.6)
  penile anomalies (752.61-752.69)
  phimosis or paraphimosis (605)

752.81 Scrotal transposition

752.89 Other specified anomalies of genital organs
  Absence of:
    prostate
    spermatic cord
    vas deferens
  Anorchism
  Aplasia (congenital) of:
    prostate
    round ligament
    testicle
  Atresia of:
    ejaculatory duct
    vas deferens
  Fusion of testes
  Hypoplasia of testis
  Monorchism
  Polorchism
752.9  Unspecified anomaly of genital organs
  Congenital:
  anomaly NOS of genital organ, NEC
  deformity NOS of genital organ, NEC

753  Congenital anomalies of urinary system

753.0  Renal agenesis and dysgenesis
  Atrophy of kidney:
  congenital
  infantile
  Congenital absence of kidney(s)
  Hypoplasia of kidney(s)

753.1  Cystic kidney disease
  Excludes: acquired cyst of kidney (593.2)
    753.10  Cystic kidney disease, unspecified
    753.11  Congenital single renal cyst
    753.12  Polycystic kidney, unspecified type
    753.13  Polycystic kidney, autosomal dominant
    753.14  Polycystic kidney, autosomal recessive
    753.15  Renal dysplasia
    753.16  Medullary cystic kidney
      Nephronophthisis
    753.17  Medullary sponge kidney
    753.19  Other specified cystic kidney disease
      Multicystic kidney

753.2  Obstructive defects of renal pelvis and ureter
    753.20  Unspecified obstructive defect of renal pelvis and ureter
    753.21  Congenital obstruction of ureteropelvic junction
    753.22  Congenital obstruction of ureterovesical junction
      Adynamic ureter
      Congenital hydrourerter
    753.23  Congenital ureterocele

753.29  Other

753.3  Other specified anomalies of kidney
  Accessory kidney
  Congenital:
  calculus of kidney
  displaced kidney
  Discoid kidney
  Double kidney with double pelvis
  Ectopic kidney
Fusion of kidneys
Giant kidney
Horseshoe kidney
Hyperplasia of kidney
Lobulation of kidney
Malrotation of kidney
Trifid kidney (pelvis)

753.4 Other specified anomalies of ureter
Absent ureter
Accessory ureter
Deviatiion of ureter
Displaced ureteric orifice
Double ureter
Ectopic ureter
Implantation, anomalous, of ureter

753.5 Exstrophy of urinary bladder
Ectopia vesicae
Extroversion of bladder

753.6 Atresia and stenosis of urethra and bladder neck
Congenital obstruction:
bladder neck
urethra
Congenital stricture of:
urethra (valvular)
urinary meatus
vesicourethral orifice
Imperforate urinary meatus
Impervious urethra
Urethral valve formation

753.7 Anomalies of urachus
Cyst (of) urachus
Fistula (of) urachus
Patent (of) urachus
Persistent umbilical sinus

753.8 Other specified anomalies of bladder and urethra
Absence, congenital of:
bladder
urethra
Accessory:
bladder
urethra
Congenital:
diverticulum of bladder
hernia of bladder
Congenital urethrocystal fistula
Congenital prolapse of:
bladder (mucosa)
urethra
Double:
urethra
urinary meatus
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753.9 Unspecified anomaly of urinary system
    Congenital:
      anomaly NOS of urinary system [any part, except urachus]
      deformity NOS of urinary system [any part, except urachus]

754 Certain congenital musculoskeletal deformities

Includes: nonteratogenic deformities which are considered to be due to intrauterine malposition and pressure

754.0 Of skull, face, and jaw
    Asymmetry of face
    Compression facies
    Depressions in skull
    Deviation of nasal septum, congenital
    Dolichocephaly
    Plagiocephaly
    Polter's facies
    Squashed or bent nose, congenital

Excludes: dentofacial anomalies (524.0-524.9)
          syphilitic saddle nose (090.5)

754.1 Of sternocleidomastoid muscle
    Congenital sternocleidomastoid torticollis
    Congenital wryneck
    Contracture of sternocleidomastoid (muscle)
    Sternomastoid tumor

754.2 Of spine
    Congenital postural:
    lordosis
    scoliosis

754.3 Congenital dislocation of hip
    754.30 Congenital dislocation of hip, unilateral
    Congenital dislocation of hip NOS
    754.31 Congenital dislocation of hip, bilateral
    754.32 Congenital subluxation of hip, unilateral
    Congenital flexion deformity, hip or thigh
    Predislocation status of hip at birth
    Preluxation of hip, congenital
    754.33 Congenital subluxation of hip, bilateral
    754.35 Congenital dislocation of one hip with subluxation of other hip

754.4 Congenital genu recurvatum and bowing of long bones of leg
    754.40 Genu recurvatum
    754.41 Congenital dislocation of knee (with genu recurvatum)
    754.42 Congenital bowing of femur
    754.43 Congenital bowing of tibia and fibula
    754.44 Congenital bowing of unspecified long bones of leg
754.5 Varus deformities of feet
Excludes: acquired (736.71, 736.75, 736.79)

754.50 Talipes varus
    Congenital varus deformity of foot, unspecified
    Pes varus

754.51 Talipes equinovarus
    Equinovarus (congenital)

754.52 Metatarsus primus varus

754.53 Metatarsus varus

754.59 Other
    Talipes calcaneovarus

754.6 Valgus deformities of feet
Excludes: valgus deformity of foot (acquired) (736.79)

754.60 Talipes valgus
    Congenital valgus deformity of foot, unspecified

754.61 Congenital pes planus
    Congenital rocker bottom flat foot
    Flat foot, congenital
Excludes: pes planus (acquired) (734)

754.62 Talipes calcaneovalgus

754.69 Other
    Talipes:
    equinovalgus
    planovalgus

754.7 Other deformities of foot
Excludes: acquired (736.70-736.79)

754.70 Talipes, unspecified
    Congenital deformity of foot NOS

754.71 Talipes cavus
    Cavus foot (congenital)

754.79 Other
    Asymmetric talipes
    Talipes:
    calcaneus
    equinus

754.8 Other specified nonteratogenic anomalies

754.81 Pectus excavatum
    Congenital funnel chest

754.82 Pectus carinatum
    Congenital pigeon chest [breast]

754.89 Other
    Club hand (congenital)
ICD-9-CM Tabular List of Diseases (FY07)

Congenital:
- Deformity of chest wall
- Dislocation of elbow
- Generalized flexion contractures of lower limb joints, congenital
- Spade-like hand (congenital)

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<th>755</th>
<th>Other congenital anomalies of limbs</th>
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755.0 Polydactyly

755.00 Polydactyly, unspecified digits
- Supernumerary digits

755.01 Of fingers
- Accessory fingers

755.02 Of toes
- Accessory toes

755.1 Syndactyly
- Symphalangy
- Webbing of digits

755.10 Of multiple and unspecified sites

755.11 Of fingers without fusion of bone

755.12 Of fingers with fusion of bone

755.13 Of toes without fusion of bone

755.14 Of toes with fusion of bone

755.2 Reduction deformities of upper limb

755.20 Unspecified reduction deformity of upper limb
- Ectromelia NOS of upper limb
- Hemimelia NOS of upper limb
- Shortening of arm, congenital

755.21 Transverse deficiency of upper limb
- Amelia of upper limb
- Congenital absence of:
  - fingers, all (complete or partial)
  - forearm, including hand and fingers
- Upper limb, complete
- Congenital amputation of upper limb
- Transverse hemimelia of upper limb

755.22 Longitudinal deficiency of upper limb, NEC
- Phocomelia NOS of upper limb
- Rudimentary arm

755.23 Longitudinal deficiency, combined, involving humerus, radius, and ulna
- (complete or incomplete)
- Congenital absence of arm and forearm (complete or incomplete) with or without metacarpal deficiency and/or phalangeal deficiency, incomplete
Phocomelia, complete, of upper limb

755.24 Longitudinal deficiency, humeral, complete or partial (with or without distal deficiencies, incomplete)
Congenital absence of humerus (with or without absence of some but not all distal elements)
Proximal phocomelia of upper limb

755.25 Longitudinal deficiency, radioulnar, complete or partial (with or without distal deficiencies, incomplete)
Congenital absence of radius and ulna (with or without absence of some but not all distal elements)
Distal phocomelia of upper limb

755.26 Longitudinal deficiency, radial, complete or partial (with or without distal deficiencies, incomplete)
Agenesis of radius
Congenital absence of radius (with or without absence of some but not all distal elements)

755.27 Longitudinal deficiency, ulnar, complete or partial (with or without distal deficiencies, incomplete)
Agenesis of ulna
Congenital absence of ulna (with or without absence of some but not all distal elements)

755.28 Longitudinal deficiency, carpals or metacarpals, complete or partial (with or without incomplete phalangeal deficiency)

755.29 Longitudinal deficiency, phalanges, complete or partial
Absence of finger, congenital
Aphalangia of upper limb, terminal, complete or partial
Terminal deficiency of all five digits (755.21)
Transverse deficiency of phalanges (755.21)

Excludes:

Reduction deformities of lower limb

755.30 Unspecified reduction deformity of lower limb
Ectromelia NOS of lower limb
Hemimelia NOS of lower limb
Shortening of leg, congenital

755.31 Transverse deficiency of lower limb
Amelia of lower limb
Congenital absence of:
foot
leg, including foot and toes
lower limb, complete
toes, all, complete
Transverse hemimelia of lower limb

755.32 Longitudinal deficiency of lower limb, NEC
Phocomelia NOS of lower limb

755.33 Longitudinal deficiency, combined, involving femur, tibia, and fibula
(complete or incomplete)
ICD-9-CM Tabular List of Diseases (FY07)

Congenital absence of thigh and (lower) leg (complete or incomplete) with or without metacarpal deficiency and/or phalangeal deficiency, incomplete
Phocomelia, complete, of lower limb

755.34 Longitudinal deficiency, femoral, complete or partial (with or without distal deficiencies, incomplete)
Congenital absence of femur (with or without absence of some but not all distal elements)
Proximal phocomelia of lower limb

756.36 Longitudinal deficiency, fibular, complete or partial (with or without distal deficiencies, incomplete)
Congenital absence of tibia and fibula (with or without absence of some but not all distal elements)
Distal phocomelia of lower limb

755.36 Longitudinal deficiency, tibia, complete or partial (with or without distal deficiencies, incomplete)
Agenesis of tibia
Congenital absence of tibia (with or without absence of some but not all distal elements)

755.37 Longitudinal deficiency, fibular, complete or partial (with or without distal deficiencies, incomplete)
Agenesis of fibula
Congenital absence of fibula (with or without absence of some but not all distal elements)

755.38 Longitudinal deficiency, tarsals or metatarsals, complete or partial (with or without incomplete phalangeal deficiency)

755.39 Longitudinal deficiency, phalanges, complete or partial
Absence of toe, congenital
Aphalangia of lower limb, terminal, complete or partial
Excludes: terminal deficiency of all five digits (755.31), transverse deficiency of phalanges (755.31)

755.4 Reduction deformities, unspecified limb
Absence, congenital (complete or partial) of limb NOS
Ameelia of unspecified limb
Ectromelia of unspecified limb
Hemimelia of unspecified limb
Phocomelia of unspecified limb

755.5 Other anomalies of upper limb, including shoulder girdle

755.50 Unspecified anomaly of upper limb

755.51 Congenital deformity of clavicle

755.52 Congenital elevation of scapula
Sprengel's deformity

755.53 Radioulnar synostosis

755.54 Madelung's deformity

755.55 Acrocephalosyndactyly
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Aport's syndrome
755.56 Accessory carpal bones
755.57 Macroductyia (fingers)
755.58 Cleft hand, congenital
    Lobster-claw hand
755.59 Other
    Cleidocranial dysostosis
    Cubitus:
    valgus, congenital
    varus, congenital
Excludes:      club hand (congenital) (754.89)
                 congenital dislocation of elbow (754.89)
755.6 Other anomalies of lower limb, including pelvic girdle
755.60 Unspecified anomaly of lower limb
755.61 Coxa valga, congenital
755.62 Coxa vara, congenital
755.63 Other congenital deformity of hip (joint)
    Congenital anteversion of femur (neck)
Excludes:      congenital dislocation of hip (754.30-754.35)
755.64 Congenital deformity of knee (joint)
    Congenital:
    absence of patella
    genu valgum [knock-knee]
    genu varum [bowleg]
    Rudimentary patella
755.65 Macroductyia of toes
755.66 Other anomalies of toes
    Congenital:
    hallux valgus
    hallux varus
    hammer toe
755.67 Anomalies of foot, NEC
    Astrogaloascaphoid synostosis
    Cuneocuneonavicular bar
    Coalition of calcaneus
    Talonavicular synostosis
    Tarsal coalitions
755.69 Other
    Congenital:
    angulation of tibia
deformity (of):
    ankle (joint)
    sacroiliac (joint)
    fusion of sacroiliac joint
### 755.3 Other specified anomalies of unspecified limb

### 755.9 Unspecified anomaly of unspecified limb

**Congenital:**
- anomaly NOS of unspecified limb
- deformity NOS of unspecified limb

**Excludes:** reduction deformity of unspecified limb (755.4)

### 756 Other congenital musculoskeletal anomalies

**Excludes:** those deformities classifiable to 754.0-754.8

#### 756.0 Anomalies of skull and face bones
- Absence of skull bones
- Acrocephaly
- Congenital deformity of forehead
- Craniosynostosis
- Crouzon's disease
- Hypertelorism
- Imperfect fusion of skull
- Oxyccephaly
- Platybasia
- Premature closure of cranial sutures
- Tower skull
- Trigonocephaly

**Excludes:**
- acrocephalosynactaly [Apert's syndrome] (755.55)
- cleft facial anomalies (524.0-524.9)
- skull defects associated with brain anomalies, such as:
  - anencephalus (740.0)
  - encephalocoele (742.0)
  - hydrocephalus (742.3)
  - microcephalus (742.1)

#### 756.1 Anomalies of spine

##### 756.10 Anomaly of spine, unspecified

##### 756.11 Spondyloysis, lumbosacral region
- Prespondyloysis /olisthesis (lumbosacral)

##### 756.12 Spondylothesis

##### 756.13 Absence of vertebra, congenital

##### 756.14 Hemivertebra

##### 756.15 Fusion of spine [vertebra], congenital

##### 756.16 Klippel-Feil syndrome

**Excludes:**
- spina bifida occulta
- spina bifida (aperta) (741.0-741.9)

##### 756.19 Other
- Platyspondyia
- Supernumerary vertebra

#### 756.2 Cervical rib
- Supernumerary rib in the cervical region
756.3 Other anomalies of ribs and sternum
   Congenital absence of:
      rib
      sternum
   Congenital:
      fissure of sternum
      fusion of ribs
      Sternum bifidum
Excludes: nonartrogenic deformity of chest wall (754.81-754.89)

756.4 Chondrodystrophy
   Achondroplasia
   Chondrodystrophia (fetalis)
   Dyschondroplasia
   Enchondromatosis
   Ollier's disease
Excludes: lipochondrodystrophy [Hurler's syndrome] (277.5)
          Marquis' disease (277.5)

756.5 Osteodystrophies
   756.50 Osteodystrophy, unspecified
   756.51 Osteogenesis imperfecta
      Frailitas ossium
      Osteopathtesis
   756.52 Osteopetrosis
   756.53 Osteopetrosis
   756.54 Polyostotic fibrous dysplasia of bone
   756.55 Chondroectodermal dysplasia
      Ellis-van Creveld syndrome
   756.56 Multiple epiphyseal dysplasia
   756.59 Other
      Albright (-McCune)-Sternberg syndrome

756.6 Anomalies of diaphragm
   Absence of diaphragm
   Congenital hernia:
      diaphragmatic
      foramen of Morgagni
   Evagination of diaphragm
Excludes: congenital hiatus hernia (750.6)

756.7 Anomalies of abdominal wall
   756.70 Anomaly of abdominal wall, unspecified
   756.71 Prune belly syndrome
      Eagle-Barrett syndrome
      Prolapse of bladder mucosa
   756.79 Other congenital anomalies of abdominal wall
      Exomphalos
Gastrochisis
Omphalocele

Excludes umbilical hernia (551-553 with .1)

756.8 Other specified anomalies of muscle, tendon, fascia, and connective tissue

756.81 Absence of muscle and tendon
  Absence of muscle (pectoral)

756.82 Accessory muscle

756.83 Ehlers-Danlos syndrome

756.89 Other
  Amyotrophy congenita
  Congenital shortening of tendon

756.9 Other and unspecified anomalies of musculoskeletal system
  Congenital:
    anomaly NOS of musculoskeletal system, NEC
    deformity NOS of musculoskeletal system, NEC

757 Congenital anomalies of the integument

Includes: anomalies of skin, subcutaneous tissue, hair, nails, and breast

Excludes: hemangioma (228.00-228.09)
  pigmented nevus (216.0-216.9)

757.0 Hereditary edema of legs
  Congenital lymphedema
  Hereditary trophedema
  Milroy's disease

757.1 Ichthyosis congenita
  Congenital ichthyosis
  Harlequin fetus
  Ichthysoid form erythroderma

757.2 Dermatoglyphic anomalies
  Abnormal palmar creases

757.3 Other specified anomalies of skin
  757.31 Congenital ectodermal dysplasia

757.32 Vascular hamartomas
  Birthmarks
  Port-wine stain
  Strawberry nevus

757.33 Congenital pigmentary anomalies of skin
  Congenital poikiloderma
  Urticaria pigmentosa
  Xeroderma pigmentosum

Excludes: albinism (270.2)

757.39 Other
  Accessory skin tags, congenital
  Congenital scar
  Epidermolysis bullosa
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Keratoderma (congenital)

Excludes: pilonidal cyst (685.0-685.1)

757.4 Specified anomalies of hair
   Congenital:
   alopecia
   atrichosis
   beaded hair
   hypertrichosis
   monilethrix
   Persistent lanugo

757.5 Specified anomalies of nails
   Anonychia
   Congenital:
   clubnail
   kolonychia
   leukonychia
   onychauxis
   pachyonychia

757.6 Specified anomalies of breast
   Absent breast or nipple
  Accessory breast or nipple
   Supernumerary breast or nipple
   Hypoplasia of breast

Excludes: absence of pectoral muscle (756.81)

757.8 Other specified anomalies of the integument

757.9 Unspecified anomaly of the integument
   Congenital:
   anomaly NOS of integument
   deformity NOS of integument

758 Chromosomal anomalies

includes: syndromes associated with anomalies in the number and form of chromosomes

Use additional codes for conditions associated with the chromosomal anomalies

758.0 Down's syndrome
   Mongolism
   Translocation Down's syndrome
   Trisomy:
   21 or 22

758.1 Patau's syndrome
   Trisomy:
   13
   D1

758.2 Edward's syndrome
   Trisomy:
   18
   E3

758.3 Autosomal deletion syndromes
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758.31 Cri-du-chat syndrome
   Deletion 5p

758.32 Velo-cardio-facial syndrome
   Deletion 22q11.2

758.33 Other microdeletions
   Miller-Dieker syndrome
   Smith-Magenis syndrome

758.39 Other autosomal deletions

758.4 Balanced autosomal translocation in normal individual

758.5 Other conditions due to autosomal anomalies
   Accessory autosomes NEC

758.6 Gonadal dysgenesis
   Ovarian dysgenesis
   Turner’s syndrome
   XO syndrome

Excludes: pure gonadal dysgenesis (752.7)

758.7 Klinefelter’s syndrome
   XXY syndrome

758.8 Other conditions due to chromosome anomalies

758.81 Other conditions due to sex chromosome anomalies

758.89 Other

758.9 Conditions due to anomaly of unspecified chromosome

759 Other and unspecified congenital anomalies

759.0 Anomalies of spleen
   Aberrant spleen
   Absent spleen
   Accessory spleen
   Congenital splenomegaly
   Ectopic spleen
   Lobulation of spleen

759.1 Anomalies of adrenal gland
   Aberrant adrenal gland
   Absent adrenal gland
   Accessory adrenal gland

Excludes: adrenogonadal disorders (266.2)
   congenital disorders of steroid metabolism (265.2)

759.2 Anomalies of other endocrine glands
   Absent parathyroid gland
   Accessory thyroid gland
   Persistent thyroglossal or thyroglossal duct
   Thyroglossal (duct) cyst

Excludes: congenital:
   goiter (246.1)
   hypothyroidism (243)
759.3 Situs inversus
    Situs inversus or transversus:
    abdominal
    thoracic
    Transposition of viscera:
    abdominal
    thoracic
Excludes: dextrocardia without mention of complete transposition (746.87)

759.4 Conjoined twins
    Cranioptagus
    Dicephalus
    Pygopagus
    Thoraopagus
    Xiphopagus

759.5 Tuberous sclerosis
    Bourneville’s disease
    Epilola

759.6 Other hamartoses, NEC
    Syndrome:
    Peutz-Jeghers
    Sturge-Weber (-Dimitri)
    von Hippel-Lindau
Excludes: neurofibromatosis (237.7)

759.7 Multiple congenital anomalies, so described
    Congenital:
    anomaly, multiple NOS
    deformity, multiple NOS

759.8 Other specified anomalies
    759.81 Prader-Willi syndrome
    759.82 Marfan syndrome
    759.83 Fragile X syndrome

759.89 Other
    Congenital malformation syndromes affecting multiple systems, NEC
    Laurence-Moon-Biedl syndrome

759.9 Congenital anomaly, unspecified
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<th>HRIF Program Coordinators</th>
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<tr>
<td>Glendean Sisk, RN, CRADC, MPH</td>
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<td>Susan E. Williams, RN, BSN</td>
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<td>535 West Jefferson Street, 1st Floor</td>
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<td>Sangamon (Edwardsville Region)</td>
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Springfield
(Edwardsville Region)  Debbie Tisckos, RN  1671
Sangamon County Department of Public Health -
Jefferson Site
1415 E. Jefferson St.
Springfield, IL 62703
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Schuyler
(Peoria Region)  Judy McCurdy, RN  1690
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Rushville, IL 62681
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Fax: 217-322-2138
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Scott
(Edwardsville Region)  Phyllis Jefferson, RN  1710
Scott County Health Department
335 W. Cherry Street
Winchester, IL 62694
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Fax: 217-742-8304
e-mail: pjefferson@scottcoilhealth.org

Shelby
(Champaign Region)  Sue Berryman, RN, DON  1730
Shelby County Health Department
1700 West South Third St.
Shelbyville, IL 62565
Phone: 217-774-9555
Fax: 217-774-2355
e-mail: sue@shelbyhealth.net

Stark
(Peoria Region)  Sandy Sommer, RN  1750
Stark County Health Department
4424 US Highway 34
Kewanee, IL 61433
Phone: 309-852-3115
Fax: 309-852-0595
e-mail: s Sommer@henrystark health.org

St. Clair (Edwardsville Region)
(Caseyville, Du Quoin, Southern tip Collinsville
and St. Clair county, excluding Canteen,
Centreville, E. St. Louis, Stites & Cahokia)  Karoline Stock, RN  1190
St. Clair County Health Department
19 Public Square, Suite 150
Belleville, IL 62220-1624
Phone: 618-233-7703 x 4483
Fax: 618-236-0821
e-mail: karoline.stock@co.st-clair.il.us

E. St. Louis Township, (E. St. Louis); Canteen
Township (Washington Pk., Fairmount City
SW area of Caseyville); Centreville Township
(Cahokia, Alorton Centreville, Sauget); Stites
Township (Brooklyn, Lovejoy)  Lynn Shelton, RN  1631
East Side Health District
650 N. 20th Street
East St. Louis, IL 62205
Phone: 618-874-4713 x 239
Fax: 618-274-6325
e-mail: lshelton@eshd.org

Stephenson
(Rockford Region)  Julia Marynus, RN  1770
Stephenson County Health Department
10 West Linden Street
Freeport, IL 61032-3310
Phone: 815-235-8394
Fax: 815-599-8411
e-mail: julia.marynus@aeroinc.net

Tazewell
(Peoria Region)  Pam Bowen, RN  1790
Tazewell County Health Department
21306 Illinois Route 9
Tremont, IL 61568-9252
Phone: 309-925-5511 x 249
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<tr>
<th>Region</th>
<th>Name</th>
<th>Phone</th>
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<tr>
<td>Union</td>
<td>Linda Crossland, BS, LDN</td>
<td>618-634-9461 x 161</td>
<td>618-634-9011</td>
<td><a href="mailto:lcrossland@s7hd.org">lcrossland@s7hd.org</a></td>
</tr>
<tr>
<td>Wabash</td>
<td>Kendra Grounds, RN</td>
<td>618-263-3873 x 240</td>
<td>618-262-4215</td>
<td><a href="mailto:kgrounds@wabashhealth.org">kgrounds@wabashhealth.org</a></td>
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<tr>
<td>Warren</td>
<td>Lynne Haase, RN</td>
<td>309-627-2812</td>
<td>309-627-2793/2305</td>
<td><a href="mailto:mhaase@idphnet.com">mhaase@idphnet.com</a></td>
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<tr>
<td>Washington</td>
<td>Joyce Carson, RN</td>
<td>618-327-3644</td>
<td>618-327-4229</td>
<td><a href="mailto:wchd189@yahoo.com">wchd189@yahoo.com</a></td>
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<tr>
<td>Wayne</td>
<td>Susan Bullard, RN</td>
<td>618-842-5166</td>
<td>618-842-3305</td>
<td><a href="mailto:sbullard5@verizon.net">sbullard5@verizon.net</a></td>
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<tr>
<td>White</td>
<td>Casey Carlile, RN</td>
<td>618-382-2227</td>
<td>618-382-7552</td>
<td><a href="mailto:casey@egyptian.org">casey@egyptian.org</a></td>
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<td>Whiteside</td>
<td>Pam VanderVinne</td>
<td>815-626-2230 x 1213</td>
<td>815-626-2231</td>
<td><a href="mailto:pvanderv@idphnet.com">pvanderv@idphnet.com</a></td>
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<td>(Rockford Region)</td>
<td>Whiteside County Health Department</td>
<td>1300 W. Second St. Rock Falls, IL 61071</td>
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<td>Will</td>
<td>Sharon Wesel, RN</td>
<td>630-679-7001</td>
<td>630-679-7015</td>
<td><a href="mailto:swesel@willcountyhealth.org">swesel@willcountyhealth.org</a></td>
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<td>(West Chicago Region)</td>
<td>Will County Health Department</td>
<td>501 Ella Ave. Joliet, IL 60433</td>
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<tr>
<td>Williamson</td>
<td>Kim Spruell, RN</td>
<td>618-993-8111</td>
<td>618-993-6455</td>
<td><a href="mailto:kspruell@bicountyhealth.org">kspruell@bicountyhealth.org</a></td>
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<td>(Marion Region)</td>
<td>Franklin-Williamson Bi-County Health Department</td>
<td>Williamson Co. Airport - 120 Express Dr Marion, IL 62959-9808</td>
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<tr>
<td>Winnebago</td>
<td>Carol Deutsch-Schmidt, RNC, MS</td>
<td>815-720-4319 Cell: 815-713-8371</td>
<td>815-962-0816</td>
<td><a href="mailto:cdeutsch-schmidt@wchd.org">cdeutsch-schmidt@wchd.org</a></td>
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<td>(Rockford Region)</td>
<td>Winnebago County Health Department</td>
<td>Millenium Center - 220 South Madison Street Rockford, IL 61104</td>
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<td>Woodford</td>
<td>Crystal Remmert</td>
<td>309-467-3064 x 4708</td>
<td>309-467-5104</td>
<td><a href="mailto:cremmert@woodford-county.org">cremmert@woodford-county.org</a></td>
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<td>(Peoria Region)</td>
<td>Woodford County Health Department</td>
<td>1831 S. Main Street Eureka, IL 61530</td>
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Hospital Contacts for APORS
Illinois Department of Public Health

Abraham Lincoln Memorial Hospital (0578)
Gloria Goodman Family Maternity Suites 217-732-5054
217-732-5040

Adventist Bolingbrook Hospital (1031)
Diane Leonard 630-312-6410

Adventist GlenOaks Hospital (0239)
Eloisa Rosales Special Additions Birth Center 630-545-5200

Adventist Hinsdale Hospital (0241)
Nariza Bangayan NICU 630-856-6450
Diane Blaine Women's and Children's Services 630-856-4393

Adventist La Grange Memorial Hospital (0147)
Cheryl Carlisle Health Information Management 708-245-8532

Advocate Christ Medical Center (0146)
Sandra Clark Special Care Nursery 708-684-1578
Shelly Devos Special Care Nursery 708-684-5787
Loretta Frank Family Centered Care 2E/2W 708-684-5794
Mary Murino Family Centered Care 708-684-4380
Melissa Roeder Women's & Infant's Health-Rm 245 North 708-684-1146

Advocate Condell Medical Center (0507)
Donna Clark New Life Center/Nursery 847-990-5460

Advocate Good Samaritan Hospital (0240)
Peggy Biernat NICU-Unit 32 630-275-3425
Debbie Burke NICU-Unit 32 630-275-3200
Kathleen Forner Family Care Unit 630-275-3479
Mary Kay McNulty Family Care Unit 630-275-3403
Linda Parchem NICU 630-275-3300

Advocate Good Shepherd Hospital (0508)
Susan Juscyzyk Special Care Nursery
Karen Lutz Special Care Nursery 847-381-9600 ext 5313
Jeanne Rayniak Special Care Nursery 847-381-9600

Advocate Illinois Masonic Medical Center (6032)
Lynn Hanley Case Management Services 773-296-5930
Pat Szymanski-Lamas Case Management 773-296-5094
Cassandra Wood Case Management Services 773-296-5930
**Advocate Lutheran General Hospital (0160)**
Constance Astacio Labor and Delivery 847-723-5380
Diane DePaul 5 South 847-723-5665
Pam Jones NICU 847-723-5487
Tammi Lothson Mother/Baby Unit-3 East 847-723-5268
Debbie Lunardini Labor and Delivery 847-723-8593
Sherri Moormann Mother/Baby Unit-3 East 847-723-5600
Joyce Wright NICU 847-723-5285

**Advocate South Suburban Hospital (0171)**
Susan Towler Family Birth Center-3W 708-213-3175

**Advocate Trinity Hospital (6058)**
Kathy Minogue OB 773-967-5357
Dara Nuzzo Nursery 773-967-5447

**Alexian Brothers Medical Center (0145)**
Patty Bovis Women and Infant Services 847-437-5500 ext 4426
Jan Mercil Women and Infant Services 847-981-3545

**Alton Memorial Hospital (0653)**
Bette Stahl Obstetrics/L&D/Nursery 618-463-7455
Amy Toenyes OB/L&D/Nursery 618-463-7471

**Anderson Hospital (0655)**
Shelley Draucker Newborn Nursery 618-288-5711 ext. 5360
Karen Simpson OB 618-288-5711 ext 505

**Barnes-Jewish Hospital (9632)**
Kathy Kohl Special Care Nursery 314-362-1388
Rebecca Peters Special Care Nursery-4th Floor-East Pavilion 314-362-5170

**Blessing Hospital (0001)**
Kathy Mixer Newborn Nursery 217-223-8400 ext. 8403

**BroMenn Regional Medical Center (0615)**
Brenda Eames Mother/Baby Unit 309-268-5283
Lee Ann Wallace Women and Children's Services 309-268-5278

**Cardinal Glennon Children's Hospital (9630)**
Bertha Erhardt Neonatal Services-NICU 2nd Floor 314-577-5635
Cristie Rossel Neonatal Services-NICU 2nd Floor 314-577-5631

**Carle Foundation Hospital (0083)**
Chantel Ellis OB Services 217-326-2604
Julie Markel NICU 217-383-3266
Connie McElroy Postpartum 217-383-3267
Cindy Scott May 217-306-0381
Centegra Memorial Medical Center (0603)
Rose Johnson OB 815-334-3190
Susan Wucka Family Birth Center 815-334-3901

Centegra Northern Illinois Medical Center (0604)
Joanne Harris OB-Family Birth Center 815-759-4846
Sue Kreiss OB/SCN 815-759-4802

Central DuPage Hospital (0236)
Rita Brennan Women's & Children's Services 630-933-6459
Evangeline Burns Mother-Baby 630-933-2388
Sue McCoy NICU 630-933-6083

CGH Medical Center (1014)
Cynthia Beck CGH Birthing Center-OB 3rd Floor 815-625-0400
Debora Beveroth Obstetrics 815-625-0400 ext 5504

Children's Memorial Hospital (6017)
Micki Arrizola NICU-Box 253
Dina Iovinelli NICU-Box 253 773-880-3948 ext. 3

Crawford Memorial Hospital (0190)
Shirley McCammon Birth Center 618-546-2546

Decatur Memorial Hospital (0629)
Kim Collins Newborn Nursery 217-876-3458
Robin Grubbs Family Birth Center 217-876-3401

Delnor Community Hospital (0460)
Kimberly Czaruk New Life Maternity 630-208-4069
Regina Fraiya Maternal Child Services 630-208-4533
Beth Strom New Life Maternity Center 630-208-4067
Alpa Thaker New Life Maternity Center 630-208-4163

Edward Hospital (0237)
Marlene Bianchi NICU 630-527-3076
Patricia Bradley OB Services 630-527-3686

Elmhurst Memorial Hospital (0238)
Joan Goebel Family Birthing Center 630-941-4527
Donna Tauchen Family Birthing Center 630-941-4527 ext. 41297

Evanston Hospital (0148)
Donna Burman Labor & Delivery 847-570-2222
Tina Edwardson Infant Special Care Unit, 1st Floor 847-570-1703
Karen Howell L&D-Ground Flr-Women's Hosp 847-570-2225
Kim Spivey High Risk/OB Gyne & Mother-Baby 847-570-2234 ext. 2018
Laura Taranowski Infant Special Care Unit, 1st Floor 847-570-2244
Fairfield Memorial Hospital (0992)
Melanie Maas OB/Nursery 618-847-8231

FHN Memorial Hospital (0909)
Theresa Wilson Maternal Child 815-599-6244

Galesburg Cottage Hospital (0493)
Melissa Stewart Cottage Family Birthing Center 309-345-4299
Heide Thomas Obstetrics/Newborn Nursery 309-345-4228

Gateway Regional Medical Center (0657)
Sharon Huffine Women & Newborn Services 618-798-3040

Genesis Medical Center, Illini Campus (0831)
Trisha DePorter Newborn Nursery 309-792-4224
Maggie Dubin OB 309-792-7738

Gibson Area Hospital (0287)
Dawn Merkle OB 217-785-2513

Good Samaritan Regional Health Center (0415)
Donna Shopinski OB 618-241-1256

Gottlieb Memorial Hospital (0152)
Gwen Loes Family Centered Care 708-681-3200 ext 1223
Tina Scheffler Birth Center 708-450-4910
Kristi White Family Centered Care-2 West 708-681-3200 ext 1205

Graham Hospital (0311)
Jan Dearing OB 309-647-5240 ext 2378

Greenville Regional Hospital (0025)
Deborah Devore Family Birth Center 618-664-1230 ext 3451

Hammond-Henry Hospital (0379)
Shelly Bartoluzzi OB 309-944-9165
Penny Park OB 309-944-9165

Heartland Regional Medical Center (1041)
Carmen Yuengel OB/Nursery 618-998-7768

Highland Park Hospital (0509)
Lacey Harper Newborn Nursery 847-480-3714
Kay Meyer LDRP/Family Birthplace-Room 1314 847-480-2854
Karen Plewe LDRP 847-480-3763

ngalls Hospital (0156)
Debbie Herman OB 708-915-4600
Rose Ann Rooney Maternity Suites 708-915-5326
Iroquois Memorial Hospital (0392)
Linda McTaggart OB 815-432-7999

Jackson Park Hospital and Medical Center (6034)
Gloridean Smith Nursery 773-947-7341
Judi Wardian Maternal Child Services/OB 773-947-7708

Jersey Community Hospital (0427)
Pamela Spencer OB 618-498-8440

John H. Stroger, Jr. Hospital of Cook County (6020)
Anita Diaz OB/Gyn Nursing Division-Rm 4471 312-864-4189
Zina Jones OB/Gyn Nursing Division-Rm 5344 312-864-5030
Roni Sapaula Nursing & NICU-Room 4530 312-864-4062
Eulalee Walters Nursing (Pediatrics) 312-864-4262

Katherine Shaw Bethea Hospital (0552)
Sandra Dennis Obstetrics 815-285-5643
Tiffany Farster OB 815-285-5641

Kewanee Hospital (0380)
Mary Hahn Family Birthing Center 309-853-6095
Betty Oliver Family Birthing Center 309-853-6034

Kishwaukee Community Hospital (0201)
Heidi Lindhorst First Impressions Birthing Center 815-756-1521 ext 3317
Beth Post Newborn Nursery 815-756-1521 ext 153471

Lake Forest Hospital (0510)
Chris Somberg Maternity Services 847-535-8520
Susan Stricklin Maternity Services 847-535-6153

Lincoln Park Hospital (6026)
Evelyn Cruz OB 773-883-3737

Little Company of Mary Hospital (0157)
Mary Grimm Maternal Child Services 708-229-5377
Mary Ward Mayster NICU 708-229-5390

Loyola University Medical Center (0150)
Newborn, Maureen Davey Postpartum, Labor & Delivery 708-216-3992
Sheryl Fondon Neonatal-Bldg 107, Room 5829 708-216-8261
jill Ortiz NICU
Elaine Trulis Neonatal-Bldg 107, Room 5829 708-216-8261

MacNeal Hospital (0161)
Susana Gonzalez OB 708-783-3792
Shona Minasian OB Dept. 708-783-2221
McDonough District Hospital (0591)
Marsha Weaver OB/Gyn 309-833-4101 ext 13471

Memorial Hospital (0846)
Sheri Engel 618-257-5858
Penney Haas OB 618-257-4511
Patricia Howe Stork Stopp 217-357-6836

Memorial Hospital of Carbondale (0403)
Debbie Emery NICU 618-549-0721 ext 65291
Cindy Frenkle Maternal Child Health 618-649-0721 ext 65208
Jennifer Hamilton-Gilpin NICU 618-549-0721 ext. 64837

Memorial Medical Center (0875)
Debby Lee Family Maternity Suites-7B 217-788-3569

Mercy Hospital & Medical Center (6041)
Carol Nowacki Mercy-3rd Floor 312-567-2335
Chinyere Nwoke Labor & Delivery 312-567-2485

Methodist Medical Center of Illinois (0755)
Mariola Kabat Maternal/Child Services 309-672-3183

Metro South Medical Center (0174)
Debbie Honan Nursery 708-597-2000 ext 5871

Morris Hospital (0334)
Theresa Whillock Family Birthing Suites 815-942-2932 ext 7315

Mount Sinai Hospital Medical Center (6043)
Anna Calusen NICU 773-257-6694
Loreta Miller Mother-Baby Unit 773-257-5389
Crystal White Newborn Nursery 773-257-5225

Northwest Community Hospital (0162)
Kathy Ferket NICU 847-618-5420
Cindy Hartwig Women’s Services 847-618-4210
Margo Joy NICU 847-618-4230
Mary Terry Mother Baby Unit 847-618-5223

Northwestern Memorial Hospital (6045)
Heidi Close Prentice-9th Floor 312-926-8513
Rosalind Duggan Prentice 9th floor 312-472-3804
Susan Fouks Labor and Delivery-PWH-525 312-926-7606
Lillis Ridolfi Prentice Women's 312-472-3803
Jodi Trotter Special Care Nursery-Prentice 3rd Flr 312-926-0035

Norwegian American Hospital (6046)
Sonia R. Butacan Nursery 773-292-8252
Imelda Garcia Labor & Delivery 773-292-8200 ext. 4452
Daisy Rodriguez Women's Health Services 773-292-8226
OSF Saint Anthony Medical Center (1055)
Mary Gambino Center for Life 815-395-5226
Belinda Hopper Center for Life 815-395-5378

OSF Saint Francis Medical Center (0757)
Diane Hindeliter Women's Services
Vickie Nelson Newborn Nursery 309-624-9651
309-265-3945
Mary Wheeler Newborn Nursery 309-256-3945 (cell)

OSF Saint James-John W. Albrecht Medical Center (0566)
Teri Arteman OB
Linda Harms OB 815-842-4972

OSF St. Mary Medical Center (0495)
Sharon Clevenger OB 309-344-3161 ext 3381

Ottawa Regional Hospital and Healthcare Center (0526)
Jackie Gamons Family Birth Center 815-431-5405

Palos Community Hospital (0168)
Karen Callahan Maternal Child Services 708-923-5750
Kim McArthur Maternal Child Services 708-923-5750

Passavant Area Hospital (0732)
Sharon Strubbe Maternal Infant Health Center 217-245-9541 ext 3211

Pekin Hospital (0921)
Karen DeMarini OB 8N 309-353-0840
Darlene Hammond OB 8N 309-353-0900

Perry Memorial Hospital (0048)
Nancy Popejoy Women's Health Care Unit 815-876-2161

Proctor Hospital (0756)
Laura Catron Family Maternity Center 309-691-1099

Provena Covenant Medical Center (0086)
Renell Compasto Maternal Child Health Services 217-337-4632
Margee Poole Maternal Child Health Services 217-337-2122

Provena Mercy Medical Center (0466)
Marsha Becker Women's & Children's Services/Special Care 630-801-2766
Christine Murphy Women's and Children's Services 630-801-5612

Provena Saint Joseph Hospital (0468)
Lori Harms Family Birthplace 847-695-3200 ext. 5202
Provena Saint Joseph Medical Center (1028)
Sherry Hayes Family Birthing Suites 815-725-7133 ext 3781
Patti Kubski Family Birthing Suites 815-725-7133 ext 2165
Jody Reddell NICU 815-725-3513
Jill Weitendorf Family Birthing Suites 815-725-7133 ext 3378

Provena St. Mary's Hospital (0482)
Jillian Jackubowski Family Birthing Unit 815-937-2142
Linda Jones Women and Children's Services 815-937-2486

Provena United Samaritans Medical Center (0945)
Georgene Hickman Family Life Center-OB 217-443-5211

Provident Hospital of Cook County (6047)
Lisa Blutcher Nursing Administration-2nd Floor 312-572-1806
Annis Fisher Mother Baby-5 East 312-572-2501

Resurrection Medical Center (6050)
Carol Craig Family Birthplace 773-792-7918
Rose Molepske Special Care Nursery 773-774-8000 ext. 5322
Marilyn Stockman Newborn Nursery 773-594-8437

Richland Memorial Hospital (0818)
Stephanie Ochs Family Maternity Services 618-395-6037

Riverside Medical Center (0480)
Tina Martis OB 815-935-7311
Doreen Norris-Stojak Riverside Health Care 815-933-1671 ext. 4612

Rockford Memorial Hospital (1054)
Pam Allen NICU 815-971-6565
Trudy Fleming Mother Baby Unit
Diane Naill Pre-Admission Maternity Interview-L&D 815-971-5760

Roseland Community Hospital (6052)
Brenda Jones Newborn Nursery 773-995-3432
Precious Martinez Newborn Nursery 773-995-3432
Eva Quiroz OB Nursery 773-995-3432

Rush University Medical Center (6053)
Deb Gist NICU/SCN-6 Jelke 312-942-5191
Joan Mikol Labor & Delivery 312-942-5073
Marcia Patterson Labor & Delivery 312-942-2254
Sarah Testa Special Care Nursery 312-942-5068
Peggy Wood New Life Family Center-Rm. 640 Kellogg 312-942-4027
Rush-Copley Medical Center (0461)
Gayle Appel Mother Baby 630-978-6285
Sharon Colin NICU 630-978-6731
Julie Polhill NICU 630-978-6295
Erin Riddell Mother/Baby 630-978-6297
Jennifer Toerpe NICU 630-499-2483

Sarah Bush Lincoln Health Center (0134)
Vicki Clark Women & Chlidren's Center 217-258-4079

Sherman Hospital (0467)
Teri Stajduhar Special Care Nursery-SH0545 847-429-2773
Karen Thomson Special Care Nursery-SH0545 847-429-8769

Silver Cross Hospital (1027)
Cindy Lanham OB/Gyne Dept. 815-740-1100 ext 7580
June Sturgeon Nursery 815-740-7044
Deborah Szpila OB/Gyne Dept. 815-740-1234 ext 7593
Kathy Young OB/Gyne Dept. 815-740-7313

St. Alexius Medical Center (0155)
Judith Kroeger Mother-Baby 847-843-2000 ext 6695
Korina Sanchez Newborn Nursery 847-755-8150

St. Anthony Hospital (6061)
Lisa Adamczyk Mother/Baby & Nursery 773-484-4274

St. Anthony's Health Center (0656)
Julie Ashlock Women's Pavilion-4 South 618-465-4563

St. Anthony's Memorial Hospital (0264)
Nancy Kendrick Women & Children 217-347-1519

St. Bernard Hospital (6062)
Dana Beatty Maternal Child 773-962-3978
Alice Gates Health Information Management 773-962-4476
Susan King Nursery 773-962-4015
Jacqueline Ross Labor and Delivery 773-962-4015

St. Elizabeth’s Hospital (0847)
Margaret Darr Mother Child Center 618-234-2120 ext 1257

St. Francis Hospital (0718)
Elisa Feldmann Maternity 217-324-8473
Judy Kosmatka Family Birthplace 847-316-2513
Melanie Walsh Family Birthplace/SCN 847-316-2398

St. James Hospital&Health Centers-Chicago Heights Campu (0175)
Pauline Jacobs Lullaby Birthplace 708-747-4000 ext 1333
St. John's Hospital (0876)
Susan Clements Birth Center 217-544-6464
Eileen Streb Birth Center 217-544-6464 ext 30390
Patricia Titone NICU 217-544-6464 ext 30490

St. Joseph Hospital (6065)
Robin Garcia Special Care Nursery 773-665-3675
Mary Ann Harper Maternal Child 773-665-3280

St. Joseph's Hospital (0122)
Helen Essenpreis Labor and Delivery 618-526-5464
Deb Hustedde-Wuebbels Women and Infant Center 618-526-4511 ext 464

St. Louis Children’s Hospital (9631)
Donna Richardson Newborn Medicine campus box 8116 314-454-2244

St. Margaret’s Hospital (0049)
Beth Snyder OB/SNF 815-664-1343

St. Mary of Nazareth Hospital Center (6066)
Barbara Lepe Family Birthplace 312-770-2884
Ellen Zakrzewski Family Birthplace-2nd Floor 312-770-2884

St. Mary's Health Center (St. Louis) (9633)
Dawn Harrington NICU (1776) 314-768-8702
Brenda Hinson NICU (1776) 314-768-8753

St. Mary's Hospital (0530)
Tina Chorak OB-3rd Floor 815-673-4573
Staci Eigsti Maternal/Child 217-464-2334
Debra Hammond OB 618-436-6690

Swedish Covenant Hospital (6067)
Carmel Eiger Family Birthing Center 773-878-8200 ext 4323
June Ko Newborn Nursery 773-989-3834
Jo Ann Meigs Family Birthing Center 773-878-8200 ext.4354

SwedishAmerican Hospital (1056)
Diana Kramer Family Birth Place (Mother/Baby, NICU, & 815-489-4161
Patti Lashock Family Birthplace 815-489-4930

Touchette Regional Hospital (0844)
Theresa Schultz Newborn Nursery
Lori Stevenson OB/Newborn Nursery 618-332-5282

Trinity Medical Center-Seventh Street Birthplace (0833)
Jane Wiggins OB/NB 309-779-5929
University of Chicago Hospitals/Comer Children’s Hospital (6071)
Brenda Garrett NICU-MC 8004, Room K283 773-834-0593
Elaine Mister NICU-MC 8004, Room K283 773-834-0592
Jamie O’Malley MH TN 200 MC 1090 773-702-6643

University of Illinois Medical Center at Chicago (6072)
Carmen Nieves U M Dept - MC 778 312-996-3442
Diana Tirol Mother/Baby Unit-Antepartum - MC 599 312-413-4448

Valley West Community Hospital (0202)
Deborah Thorson Obstetrics/Newborn Nursery 815-786-3760

Vista Medical Center East (0515)
Mary Jo Hernandez New Family Center 847-360-4333 ext 5219

Washington County Hospital (0981)
Sue Maschhoff OB 618-327-2307

Westlake Hospital (0179)
Pamela Dyer Family Birthplace-Nursery 3 East 708-938-7137
Deborah Lunardini Family Birthplace-Nursery 3 East 708-938-7727
~ HealthWorks Lead Agencies & Contact Coordinators ~

Amy Morrell, HealthWorks
Adams County Health Dept
330 Vermont Street
Quincy, IL 62301

Phone: 217-222-8440, ext. 122
Fax: 217-222-8460
e-mail: amorrell@co.adams.il.us

Karen McKinzie, Healthworks
Champaign Urbana Public Health Dept
201 W. Kenyon Road
Champaign, IL 61820

Phone: 217-531-4313
Fax: 217-351-5174
e-mail: kmckinzie@c-uphd.org

Doris Feery, HealthWorks
DuPage County Health Dept
111 North County Farm Road
Wheaton, IL 60187

Phone: 630-682-7979, ext. 5357
Fax: 630-682-1249
e-mail: dfeery@dupagehealth.org

Linda Hampton, HealthWorks
Effingham County Health Dept
901 West Virginia - Box 685
Effingham, IL 62401

Phone: 217-342-9237
Fax: 217-347-2879
e-mail: Lindah@effcohealth.org

Appendix I

~ HealthWorks Lead Agencies & Contact Coordinators ~

Medical Case Management Agencies

Adams County
Brown County
Calhoun County
Greene County
Hancock County
Jersey County
Pike County
Schuyler County

Medical Case Management Agencies

Champaign County
Ford County
Iroquois County

Nancy Tufte, Adm. Asst.
217-531-4314
e-mail: ntufte@c-uphd.org

Barb Babyar
630-682-7979 x 7514
e-mail: bbabyar@dupagehealth.org

Lindah@effcohealth.org

Judy Overbeck - Medical Case Manager
judyo@effcohealth.org

Clay County
Crawford County
Effingham County
Fayette County
Hamilton County
Jasper County (covers Richland County)
Jefferson County
Lawrence County
Marion County
Wabash (covers Edwards County)
Wayne County
<table>
<thead>
<tr>
<th>HealthWorks Lead Agencies &amp; Contact Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl Golliher, HealthWorks</td>
</tr>
<tr>
<td>Jackson County Health Dept</td>
</tr>
<tr>
<td>415 Health Dept. Road</td>
</tr>
<tr>
<td>Post Office Box 307</td>
</tr>
<tr>
<td>Murphysboro, IL 62966</td>
</tr>
<tr>
<td>Phone: 618-684-3143, ext. 164</td>
</tr>
<tr>
<td>Fax: 618-687-1255</td>
</tr>
<tr>
<td>e-mail: <a href="mailto:cherylg@jchdonline.org">cherylg@jchdonline.org</a></td>
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<th>Medical Case Management Agencies</th>
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<tr>
<td>Medical Case Management Agencies</td>
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<tr>
<td>Egyptian County Health Dept.</td>
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<tr>
<td>(over the counties of Gallatin, Saline &amp; White)</td>
</tr>
<tr>
<td>Franklin-Williamson Bi-County</td>
</tr>
<tr>
<td>Jackson County</td>
</tr>
<tr>
<td>Perry County</td>
</tr>
</tbody>
</table>

| Vanessa Sims, Assistant                           |
| Phone: 618-687-3143 x 161                         |
| Fax:                                              |
| e-mail: vanessas@jchdonline.org                  |

| Jeannie Walsh                                    |
| Kane County Health Dept                          |
| 1240 N. Highland Ave.                            |
| Aurora, Illinois 60506                           |
| Phone: 630-264-7698                              |
| Fax: 630-264-8059                                |
| e-mail: healthworks@co.kane.il.us                |

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<tr>
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<tr>
<td>Kane County</td>
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<tr>
<td>Kendall County</td>
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</tbody>
</table>

| Diane Ritter                                     |
| Phone: 630-264-7678                              |
| Fax:                                              |
| e-mail: RitterDiane@co.kane.il.us                |

| Amy Valle                                        |
| Phone: 630-444-3081                              |
| Fax:                                              |
| e-mail: valleamy@co.kane.il.us                   |

| Glynis Cailteaux, HealthWorks                    |
| Kankakee County Health Dept                      |
| 2390 W. Station Street                           |
| Kankakee, IL 60901-3000                          |
| Phone: 815-802-9324                              |
| Fax: 815-802-9321                                |
| e-mail: GCailteux@kankakeehealth.org             |

<table>
<thead>
<tr>
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<tr>
<td>Medical Case Management Agencies</td>
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<tr>
<td>Kankakee County</td>
</tr>
<tr>
<td>Lori Zelinski - HWIL Case Manager</td>
</tr>
</tbody>
</table>

| Mary Ellen Potter (Interim)                       |
| LaSalle County Health Department                 |
| 717 Etna Road                                    |
| Ottawa, Illinois 61350                          |
| Phone: 815-433-3366 x 250                        |
| Fax:                                              |
| e-mail: mpotter@idphnet.com                      |
~ HealthWorks Lead Agencies & Contact Coordinators ~

Carmen Perez, HealthWorks
Lake County Health Dept
3010 Grand Avenue
Waukegan, IL 60085

Phone:  847-377-8070
Fax:  847-782-6101
e-mail: cperez@co.lake.il.us

Heather Vose, HealthWorks
Logan County Health Dept
109 Third Street / Box 508
Lincoln, IL 62656-0508

Phone:  217-735-2317 x 238
Fax:  217-732-6943
e-mail: hvose@lcdph.org
Jan Hashman - Assistant
217-735-2317 x 239
jhashman@lcdph.org

Michelle Boatman, HealthWorks
Macon County Health Dept
1221 East Condit Street
Decatur, IL 62521-1405

Phone:  217-423-6953 x 1313
Fax:  217-423-6804
e-mail: michelleh@maconcountyhealth.org

Nancy Giles, Secretary
217-423-6953 x 1312
~ HealthWorks Lead Agencies & Contact Coordinators ~

Kathy Bennett, HealthWorks
McHenry County Health Dept
2200 North Seminary Avenue / Annex A
Woodstock, IL 60098

Phone:  815-334-4518
Fax:  815-338-7661
e-mail:  ksbennet@co.mchenry.il.us
Lisa Hanley
Lori Seagren

Marie McCurdy, HealthWorks
McLean County Health Dept
200 West Front Street
Bloomington, IL 61701

Phone:  309-888-5461
Fax:  309-888-5543
e-mail: marie.mccurdy@mcleancountyil.gov
DeWitt County
Livingston County
Piatt County

Diana Scott, HealthWorks
Peoria County Health Dept
2116 North Sheridan Road
Peoria, IL 61604

Phone:  309-679-6601
Fax:  309-679-6607
e-mail: dscott@peoriacounty.org
Peoria County
Marshall County

Brooke Hendrickx, HealthWorks
Rock Island County Health Dept
2112 25th Avenue
Rock Island, IL 61201

Phone:  309 - 558-2858
Fax:  309-793-0405
e-mail: BrookeHendrickx@co.rock-island.il.us
Bureau County (covers Putnam County)
Henderson County (covers Warren County)
Henry County (covers Stark County)
Knox County
McDonough County
Mercer County
Rock Island County

Franki Cunningham, Supv
309-558-2580  e-mail: fcunningham@co.rock-island.il.us
Amanda Rodell, Program Asst.
800-431-5066
## HealthWorks Lead Agencies & Contact Coordinators

<table>
<thead>
<tr>
<th>Stacy Larry</th>
<th>Medical Case Management Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern 7 Health Dept</td>
<td>Southern 7 Health Dept covers the counties of Alexander, Hardin, Johnson, Massac, Pope, Pulaski &amp; Union</td>
</tr>
<tr>
<td>37 Rustic Campus Drive, Ullin, IL 62992</td>
<td></td>
</tr>
<tr>
<td>Phone: 618-634-9405 x 144, Fax: 618-634-2656, e-mail: <a href="mailto:s7slarry@hotmail.com">s7slarry@hotmail.com</a></td>
<td>Brenda Larry, 618-634-9405 x 115, <a href="mailto:blarry@s7hd.org">blarry@s7hd.org</a></td>
</tr>
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</table>

<table>
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<tr>
<th>Monica Hurt, HealthWorks</th>
<th>Medical Case Management Agencies</th>
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<tr>
<td>Southern IL Health Care Foundation</td>
<td>Bond County</td>
</tr>
<tr>
<td>6000 Bond Avenue, Centreville, IL 62207</td>
<td>Clinton County</td>
</tr>
<tr>
<td></td>
<td>East Side Health Dist (St. Clair County)</td>
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<td></td>
<td>Monroe County</td>
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<td></td>
<td>Randolph County</td>
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<td></td>
<td>St. Clair County</td>
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<tr>
<td></td>
<td>Washington County</td>
</tr>
<tr>
<td></td>
<td>Coordinated Youth Services</td>
</tr>
<tr>
<td>Phone: 618-332-8917, Fax: 618-337-6021, e-mail: <a href="mailto:mhurt@sihf.org">mhurt@sihf.org</a></td>
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<tr>
<th>Pam Hull, HealthWorks</th>
<th>Medical Case Management Agencies</th>
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<tr>
<td>Vermilion County Health Dept</td>
<td>Vermilion County</td>
</tr>
<tr>
<td>200 South College, Danville, IL 61832</td>
<td></td>
</tr>
<tr>
<td>Phone: 217-431-2662 ext.287, Fax: 217-431-7485, e-mail: <a href="mailto:phull@vchd.org">phull@vchd.org</a></td>
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<tr>
<th>Rosemary Jones, HealthWorks</th>
<th>Medical Case Management Agencies</th>
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<tr>
<td>Will County Health Dept</td>
<td>Grundy County</td>
</tr>
<tr>
<td>501 Ella Avenue, Joliet, IL 60433</td>
<td>Will County</td>
</tr>
<tr>
<td>Phone: 815-774-7302, Fax: 815-774-4481, e-mail: <a href="mailto:rjones@willcountyhealth.org">rjones@willcountyhealth.org</a></td>
<td></td>
</tr>
</tbody>
</table>
~ HealthWorks Lead Agencies & Contact Coordinators ~

Jan Juric, HealthWorks
Winnebago County Health Dept
921 W. State Street
Rockford, IL 61102

Phone:  815-720-4339
Fax:    815-962-0816
e-mail: jjuric@wchd.org

Medical Case Management Agencies
Boone County
DeKalb County
Jo Daviess County
Lee County
Ogle County
Stephenson County
Whiteside County
Carroll County
Winnebago County
SEND REQUEST FOR FORMS TO:

VALERIE JENKINS
ILLINOIS DEPARTMENT OF HUMAN SERVICES
535 W. JEFFERSON STREET, 1st FLOOR
SPRINGFIELD, IL 62702-5058
PHONE: (217) 524-3319
FAX: (217) 782-4890
E-MAIL: Valerie.Jenkins@illinois.gov

Name:

Agency:

Department:

Street Address:

City/Zip Code:

Telephone #

PLEASE SEND THE FOLLOWING:

FORM                  QUANTITY

___ Congratulations Your Baby Is Going Home–English (DHS 4310)      _____

___ Congratulations Your Baby is Going Home–Spanish (DHS 4310S)       _____

___ Is it the Baby Blues or Something More–English (DHS 4661)      _____

___ Is it the Baby Blues or Something More–Spanish (DHS 4661S)     _____

___ Other ______________________________                    (__________)    _____

*Maternal Discharge Record–Form #IL444-4210 can be ordered by contacting the Illinois Department of Public Health @ 217/785-4540

**Report of Local Health Nurse–Infant Form #IL482-0926 is no longer available
### Outcome Indicator Assessment Table

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<th># Expected</th>
<th># Completed</th>
<th>% in Compliance</th>
<th>Data from IDHS Reports</th>
<th>Performance Standard or State Average</th>
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<td>Face-to-Face (Woman)</td>
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<td>Face-to-Face (Infant)</td>
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<td>Immunizations 3-2-2</td>
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<td>90%</td>
</tr>
<tr>
<td>EPSDT Visits for FCM Infants Age 1 ≥ 3</td>
<td></td>
<td></td>
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<td>80%</td>
</tr>
<tr>
<td>Developmental Screenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Prenatal &amp; postpartum depression screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95%</td>
</tr>
</tbody>
</table>

*No data in gray areas (data on each Outcome Indicator from one source only, either Quarterly Report or Chart Audit summary)
### College of Education - Department of Educational Leadership and Policy Studies

#### Evaluation Item: 630 Contract/C-Stone Quarterly Reports

<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
<th>EVALUATION MECHANISMS</th>
<th>MET</th>
<th>NOT MET</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>630.20e Monitoring. At least annually, appropriate professional health personnel of the Division and its consultants shall review each project for appropriateness of services and quality of care furnished to recipients in accordance with the project plan.</td>
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</tbody>
</table>

**I. Agency Requirements and Provider Qualifications**

**A.** The agency must agree to help program participant apply for benefits under the All Kids Health Insurance Program or refer them to the closest application agent.

1. Ensure enrollment or SV01 code 807

**Code:** 630.220b2

<table>
<thead>
<tr>
<th>Code part</th>
<th>Contract</th>
<th>All Kids log Case Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>630/Contrac</td>
<td></td>
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<tr>
<td>t/C-Stone Quarterly Reports</td>
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</tbody>
</table>

**B.** Direct service staff for the program must meet the standards; proof of licensure must be available. Case managers must meet the qualifications as listed in the MCH Code.

**Code:** 630.220b6 630.220c

<table>
<thead>
<tr>
<th>Code</th>
<th>All Kids log Case Notes</th>
<th>Copies of licenses/certification on file. Job/position descriptions. Interview with manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>630.220b6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>630.220c</td>
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</tr>
</tbody>
</table>

**C.** Case Manager Assistants: para-professionals and lay workers may be used to perform some case management functions under the supervision of the case manager.

1. Intake, follow-up with participants or providers to ensure that participants are accessing needed services, provision of support and assistance that participants may require to access services.

2. Outreach activities.

**Code:** 630.220c3

<table>
<thead>
<tr>
<th>Code</th>
<th>Policy and Procedures Chart Review Discussion with program supervisor or staff Position descriptions Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>630.220c3</td>
<td></td>
</tr>
</tbody>
</table>
II. Clinical Record: The Participants’ clinical record shall contain, but is not limited to:

General Case Management Activities
A. Documentation of:

1. Missed appointments and attempts to follow-up on missed appointments of those participants the case manager or physician have identified as non-compliant.

2. Each service rendered by the case manager
   a) Home visits (average of prenatal & infants)
   b) Face-to-face infants
   Face-to-face prenatals
   c) Well Child Visits
   d) Perinatal depression screening
   e) Family Planning Status

3. Release of information to providers of necessary services

4. Coordination of Care
<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>N/A</th>
<th>COMMENTS</th>
<th>KEY:</th>
<th>CO: Commendation</th>
</tr>
</thead>
</table>

III. 630.220c1 Case Management Process

A. Assessment of needed health and social services assessment(s) to determine need for health, mental health, educational, vocational, substance abuse treatment, child care, transportation, oral health, prenatal and postpartum depression screening, and family planning status & other services


B. Development of an Individual Care Plan

1. List of all service providers involved

2. List of agencies to which participant referred

3. Problem list and plans for resolution

<p>| Code: 630.220e1b &amp; 630.220e2 Performance Standard 90% | Policy &amp; Procedures Chart review Cornerstone screens: Care Plan Goals-CM02 Planned |</p>
<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Evidence of updates and follow-up activity.</td>
<td>Contract</td>
<td>Services-CM03 Case Notes-CM04, RF01, RF03</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C. Perform standardized development screening by age 1 year, i.e., (if not performed on site, referral to CFC is made and followed). If receiving EI services, developmental screening not required but screening dates must be documented on SV01. Denver II or Ages &amp; Stages Questionnaire or any approved screening tool as indicated by the IHFS Handbook for Providers of Healthy Kids Services</td>
<td>Contract Performance Standard 100%</td>
<td>SV01 824 Code Case notes RF01/RF03</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Referrals</td>
<td>Code: 630.220e1c</td>
<td>Cornerstone screens: Case Notes-CM04 &amp;/or Service Provider Selection (RF01, 03) CM02, CM03</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Referrals of participants to appropriate providers within the community for services identified in the individual care plan.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a. WIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Family Planning</td>
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<tr>
<td>c. Well Child Care</td>
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<tr>
<td>d. Perinatal depression screening if not provided by FCM agency</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Documentation of follow-up for referrals</td>
<td>Contract</td>
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<tr>
<td>EVALUATION ITEM</td>
<td>Code part 630/Contract t/C-Stone Quarterly Reports</td>
<td>EVALUATION MECHANISM</td>
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<td>NOT MET</td>
<td>N/A</td>
<td>COMMENTS</td>
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<td>Made</td>
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<td>RF01</td>
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<tr>
<td>a. WIC</td>
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<td>b. FP</td>
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<td>c. PPC</td>
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<tr>
<td>d. Perinatal depression screening if not provided by FCM agency.</td>
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</tr>
<tr>
<td>3. Referrals to EI are completed on all Infants and children 0-3 if indicated by developmental screening.</td>
<td>Performanc e Standard 100%</td>
<td>814 on CM02, CM03</td>
<td></td>
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</tr>
<tr>
<td>1. Provide Healthy Start/Grow Smart brochures from HCFS</td>
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<tr>
<td>2. Post information on accessing free Transportation or code 938 or 813.</td>
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<tr>
<td>3. Educational materials given: SV01 code 807 (Agency policy)</td>
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</tbody>
</table>
### EVALUATION ITEM

<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>EVALUATION MECHANISMS</th>
<th>ME T</th>
<th>NOT ME T</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client satisfaction survey</td>
<td></td>
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<tr>
<td>2. Data analysis on key maternal/infant outcomes identified in the plan.</td>
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<tr>
<td>*Take QA Plan and progress report on site</td>
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</tbody>
</table>

### IV. APORS High Risk Case Management

Includes all service components of case management emphasizing compliance with the recommendations regarding the high-risk condition(s), and MUST be performed by the case manager.

#### A. Eligibility

High Risk Case Management eligibility is determined by:
1. when identified through the Adverse Pregnancy Outcome Reporting System
2. or by agency defined conditions

- **Eligibility Code:**
  - 630.220e7

- **Policy & Procedures Cornerstone documentation complies with policies Observation Interview with the contact person and/or assigned case manager HRIF Manual PA 15 Screen

#### B. Services

1. Standardized Developmental Screenings
   - a. are completed at 2-6 month age range and at 12 and 24 months unless infant receiving ongoing EI services

- **Services Code:**
  - 640.100

- **Completed Screening Tool in client chart**
<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>EVALUATION MECHANISMS</th>
<th>MET</th>
<th>NOT MET</th>
<th>N/A</th>
<th>COMMENTS</th>
<th>KEY: R: Recommendation RQ: Required (typed bold)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. A standardized developmental screening tool is completed by a Registered Professional Nurse trained in administering the screening.</td>
<td>SV01 – document agency or CFC testing/screening</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Home Visits / Face-to-Face Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The first contact is made within seven days of receipt of the referral notice from the hospital.</td>
</tr>
<tr>
<td>2. A follow-up home or face-to-face visit including physical assessment is completed within 2 weeks of initial referral.</td>
</tr>
<tr>
<td>3. Subsequent visits are at 4, 6, 12, 18 and 24 Months including physical assessment. Documentation in 708 assessment ques.27-52.</td>
</tr>
<tr>
<td>4. One home visit is required for all APORS infants.</td>
</tr>
<tr>
<td>5. Rationale is provided if the case is closed prior to 24 months.</td>
</tr>
</tbody>
</table>

Code: 630.220e7 640.100 640.220e7

Policy & Procedures Chart Review Discussion with Program Supervisor or staff Cornerstone Reports HRIF Manual
<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>MET</th>
<th>NOT MET</th>
<th>N/A</th>
<th>COMMENTS</th>
<th>KEY:</th>
<th>CO: Commendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Referrals</td>
<td>Code: 640.100 630.220e1c</td>
<td>RF01, 03 CM02, 03, 04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R: Recommendation</td>
</tr>
<tr>
<td></td>
<td>Clients are appropriately referred based on</td>
<td></td>
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<td></td>
<td></td>
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<td>RQ: Required (typed bold)</td>
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<td></td>
<td>the results of the physical assessment/</td>
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<td>developmental screening and the RN’s</td>
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<td>judgment.</td>
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</tbody>
</table>

### V. EPSDT

<table>
<thead>
<tr>
<th>A. Does the agency have written standing orders, signed by the medical director, allowing the nurses to do EPSDT exams under his/her authority?</th>
<th>EPSDT Manual</th>
<th>Standing orders present</th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Are written policies/protocols in place at the agency/outlining what steps to follow for abnormal findings on EPSDT exams and developmental screenings performed by nurses?</td>
<td>Code Contract</td>
<td>Policy/ Procedure/ Protocol</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| 1. Is the agency billing Medicaid for EPSDT?  
  If no, answer 1.a                                                     | Code Contract | Policy/ Procedure/ Protocol |   |   |   |   |   |
| 1.a. Physical assessments are completed by  
  a Registered Nurse who has knowledge                         | Code Contract | Policy/ Procedure/ Protocol |   |   |   |   |   |
<table>
<thead>
<tr>
<th>EVALUATION ITEM</th>
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<th>NOT MET</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>in pediatric assessment skills at each visit</td>
<td>Code Contract Healthy Kids Manual</td>
<td>Certificates of Completion for IDHS Pediatric Assessment Course on file for RN(s)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### VI. Review Activities

**A. Number of charts reviewed and how the random sample was selected.**

**B. Other Review Activities**

**C. List Staff at Intake / Exit Interview**

**D. HRIF Log of Infant Discharge Records (Yes/No)**

**E. # IDRs received**
- # IDRs received ____________ for time period ________________ to ________________.
- # Followed ____________
- # in log not followed ____________ _________%
- Unable to locate ____________
- Refused ____________
- Moved in state ____________
- Moved out of state ____________
- If moved, referred to LHN ____________
- Inappropriate referrals ____________
- Deceased ____________
- Other (Specify)
VII. Agency Updates

A. Significant changes in staff/leadership

B. Program Model – HRIF
   1. Service Delivery Model / Management of APORS Clients
   2. Staffing patterns and changes
   3. Barriers to program delivery

C. Other

Corrective Action Plan

Please respond to the following required actions by: ____________________________________________

To: _____________________________________ at ____________________________________________
   (Name)                                                                       E-mail address
| **BUREAU OF MATERNAL INFANT HEALTH & BUREAU OF COMMUNITY HEALTH NURSING**  
<p>| <strong>HIGH RISK INFANT FOLLOW-UP Chart Review Tool – FY10</strong> |
| <strong>Date:</strong> | <strong>Response Codes:</strong> | Present = X | <strong>Site:</strong> | Absent = O | <strong>Reviewer:</strong> | Not Applicable = N/A |
| Patient Case/Cornerstone Number: | |  | <strong>Date of Birth:</strong> | | |  |
| Type of File (I C): | |  | <strong>Type of File (I C):</strong> | | |  |
| <strong>Totals</strong> | |  | <strong>Record of Infant Discharge Record (IDR):</strong> | | |  |
| Date IDR Received at Health Department | |  | <strong>First F2F/Home Visit within 14 days of IDR receipt:</strong> | | |  |
| Documentation of Contact Attempt within seven days | |  | <strong>Follow-Up Provided:</strong> | | |  |
| If no follow-up, rationale provided | |  | <strong>Case Manager is an R.N. (PA 02):</strong> | | |  |
| Birth Screen (PA11): | |  | <strong>Enrollment PA03:</strong> | | |  |
| <strong>Primary Care Provider</strong> | |  | <strong>Current services:</strong> | | |  |
| <strong>Program Info. PA15:</strong> | |  | <strong>Date of initial successful contact:</strong> | | |  |
| <strong>Choose APORS or HRIF along with CM Code</strong> | |  | <strong>Assessments AS01:</strong> | | |  |
| 700 - General | |  | 701 – Other Service Barrier | | |  |
| 706 – Home Assessment | |  | Nutritional Assessment/WIC Active 708b q.81 Infant | | |  |
| Other Risk Assessment or Screening, e.g. Genetic Risk Assessment per agency protocol | |  | 708 A-R – Anticipatory Guidance | | |  |
| Developmental Assessment (SV01-824) | |  | Social Emotional Screening (SV01-826) (optional) | | |  |
| Developmental delay noted (Y/N) | |  | Prenatal/Perinatal depressions screening (SV01-825) Guardian’s record. | | |  |
| Individual Care Plan | |  | <strong>Goals – CM02:</strong> | | |  |
| Planned Services – CM03 | |  | <strong>EI – CFC referral if indicated (CM03-814):</strong> | | |  |
| Referrals, (RF01); FP, and appropriate follow up | |  | <strong>Counseling/Education (AS01, SV02, CM04):</strong> | | |  |
| Updates on care plan with dates | |  | <strong>Consents:</strong> | | |  |
| Signed Consent Forms (Hard Copy) | |  | | | |  |</p>
<table>
<thead>
<tr>
<th>Home Visits/Face-to-Face</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 Week Visit</strong></td>
</tr>
<tr>
<td>F2F @ 2 weeks of referral</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td><strong>4 Month Visit</strong></td>
</tr>
<tr>
<td>F2F @ 4 months of age</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td><strong>6 Month Visit (SV 01-824)</strong></td>
</tr>
<tr>
<td>F2F @ 6 months of age</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td>Standardized Developmental Screening @ 2-6 months (unless receiving EI services w/ supporting documentation in record)</td>
</tr>
<tr>
<td><strong>12 Month Visit (SV 01-824)</strong></td>
</tr>
<tr>
<td>F2F @ 12 months of age</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td>Standardized Developmental Screening (unless receiving EI services w/ supporting documentation in record)</td>
</tr>
<tr>
<td><strong>18 Month Visit</strong></td>
</tr>
<tr>
<td>F2F @ 18 months of age</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td><strong>24 Month Visit (SV 01-824)</strong></td>
</tr>
<tr>
<td>F2F @ 24 months of age</td>
</tr>
<tr>
<td>Physical Assessment done (708Q27-52)</td>
</tr>
<tr>
<td>Standardized Developmental Screening (unless receiving EI services w/ supporting documentation in record)</td>
</tr>
</tbody>
</table>

Reports of F2F/Home Visit(s) sent to Physician when abnormal physical, developmental findings are present; all referrals made and services received are documented on Report.

A minimum of one home visit by 12 months of age.

Rationale provided if case closed before 24 months.

All referrals documented on RF01 screen and appropriate follow-up done & documented.

Education/materials given (EPSDT services, IZ, dental, lead, etc.) must be documented on the SV 01 screen. Use code 807 and comment on education provided unless agency policy in place specifying this.

All Kids: **if not enrolled, referred & documented on RF01.**

Transportation info posted: Use SV01 (code 938) if referred to First Transit for Medicaid transportation.

Healthy Start/Grow Smart brochures or substitute given 12 mos or less [Medicaid only]. Code 934

Family planning addressed: SV01 Code 804 or PA10. Comment on method used or to whom referral made. Document referral on RF01.

Comments:
IDHS High risk Infant Follow-Up Program  
Frequently Asked Questions

Q. #1 Should complete use of the Report of Local Health Nurse form be discontinued? What about copies sent to physician? Referring hospital?

- Complete use of the form is to be discontinued. Copies to the Primary Care Physician and the Reporting Hospital no longer need to be sent.
- It is no longer necessary to notify the Reporting Hospital after completion of a High Risk Infant Follow-up visit by the public health nurse.
- Use the attached form to notify the Primary Care Physician following the public health nurse HRIF visits.

Q. #2 Will a face-to-face visit in WIC be counted as a nurse follow-up visit with infant?

No, a face-to-face visit in WIC does not necessarily mean that the requirements for a High Risk Infant Follow-up visit have been met. The public health nurse visit provided to an APORS qualified infant or a non-IDR HRIF infant should include, at a minimum, the physical assessment, developmental assessment and age specific anticipatory guidance. When an infant is receiving services at the health department, such as WIC, a follow-up visit may be conducted by the public health nurse at that time.

Q. #3 On the Cornerstone Birth Screen (PA11), does ‘Y’ for APORS get changed to ‘N’ if the child is not longer APORS?

No, do not change the ‘Y’ indicator under any circumstances.

Q. #4 Sometimes the agency can’t enter infant and activate for HRIF program if they can’t reach the family or the family can’t be found because the IDR information is not complete. How are these reported? Infant will count on IDPH reports as referral but no follow-up services will be provided.

The agency will need to document on a tracking log to be kept at the agency all infants they are not able to contact, those whose families refuse APORS services, those whose families accept services but refuse to sign a Cornerstone consent, or for any other circumstances which differ from APORS program policy. If the agency chooses to do so, the IDPH Perinatal Tracking and Management Systems APORS Hospital Discharge Information report may be used as a tracking log to track the cases.

Q. #5 The IDPH Perinatal Tracking report often does not include all APORS infants. The health department may have many referrals with IDRs that do not show up on the IDPH report. Should this be reported?

Any discrepancies or questions regarding the IDPH Perinatal Tracking and Management System APORS Hospital Discharge Information Report should be reported to the HRIF Coordinator at the Illinois Department of Human Services, Division of Community Health and Prevention: Susan E. Williams @ (217) 557-3105.
Q. #6 If an infant is found to meet APORS criteria after hospital discharge, the agency indicated ‘Y’ APORS on Birth Screen – PA11. Is this correct?

No, only infants meeting APORS criteria that are identified during the inpatient hospitalization following birth are considered APORS eligible and should be marked as ‘Y’ for APORS on the PA11 Birth Screen in Cornerstone.

Q. #7 What should the agency do when an IDR is received from the hospital for an APORS infant?

If no Infant Discharge Record is sent to the agency, work locally with hospital staff to resolve the problem. If further assistance is needed, contact the IDHS HRIF Coordinator: Susan E. Williams @ (217) 557-3105.