

Illinois Department of Human Services - Bureau of Maternal Child Health
FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
Summary

Due to COVID-19 local agencies are operating under the BMCH Disaster Plan and not all program activities can be fully completed. Successful telephone contacts have been included in the face to face contact reports. Agencies are to provide services to the best of their abilities during this time ensuring the safety and well-being of the families we serve. Performance data is used to assess baseline work/effort of providers but the Department understands the challenges of the time and many activities are currently waived.

Agency	_____		
DHS Review Staff	_____		
Agency Contact	_____		
	<u>Sites Reviewed</u>		<u>Date(s)</u>
1)	_____		
2)	_____		
3)	_____		
	<u>Performance Quarter Reviewed</u>		<u>Corrective Actions</u>

Total FCM Clinic Sites administered by this agency	_____	<u>Performance</u>	0
# of clinic sites being reviewed during this evaluation	_____	<u>Chart Audit</u>	0
Percentage of Sites Reviewed	_____	<u>Agency Evaluation</u>	0
		TOTAL	<u>0</u>
	<u>Comments</u>		
Method used to select random sample	_____		
Staff present at Intake / Exit interviews	_____		
Service Delivery Model	_____		
Agency Staffing Patterns & Changes	_____		
Barriers to Program Delivery	_____		
Other Issues	_____		

**Illinois Department of Human Services - Bureau of Maternal Child Health
 FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
 Performance Report Outcomes**

Performance Indicator	Performance Standard	Quarterly Performance Data	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<u>Pregnant Women</u>				0
Adequate prenatal care visits throughout pregnancy as measured by timely entry of client data into Cornerstone Data Entry Screens: PA07 (Initial Prenatal); PA10 (Postpartum); PA15 (Program Information); SV01 (Service Entry). <i>(PPM 3.3.3)</i>	85%			
Reproductive Life Plan as measured by timely entry of client data into Cornerstone Data Entry Screens SV01:941 (Service Entry) with a hard copy in the client record. <i>(PPM 3.3.3)</i>	85%			
Prenatal education/preconception & interconception health education as measured by timely entry of data into Cornerstone Data Entry Screens SV01:PEWW (Service Entry). <i>(PPM 3.3.3)</i>	85%			
At least one (1) Prenatal Depression Screening completed ≥ 20 weeks gestation as measured by timely entry of client data into Cornerstone Data Entry Screens SV01:825 (Service Entry). Must include a hard copy in the client record or documentation of PCP acknowledgment of completion. <i>(PPM 3.3.3)</i>	85%			
At least one home visit during pregnancy as measured by timely entry into Cornerstone Data Entry Screens AS01:706 (Home Assessment) and SV02 (Activity Entry). <i>(PPM 3.3.3)</i>	85%			
A minimum of one (1) prenatal Face-to-Face contact per trimester active in FCM as measured by timely entry of client data into Cornerstone Data Entry Screens: PA07 (Initial Prenatal); SV02 (Activity Entry). <i>(PPM 3.3.1)</i>	85%			
<u>Postpartum Women (within 42 days of delivery)</u>				0
At least one (1) Postpartum Depression Screening completed as measured by timely entry of client data into Cornerstone Data Entry Screens: SV01:825 (Service Entry). Must include a hard copy in the client record or documentation of PCP acknowledgment of completion. <i>(PPM 3.3.4)</i>	85%			

**Illinois Department of Human Services - Bureau of Maternal Child Health
 FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
 Performance Report Outcomes**

Performance Indicator	Performance Standard	Quarterly Performance Data	Corrective Action, Recommendation, or Commendation	Department Findings Explained
Reproductive Life Plan as measured by timely entry of client data into Cornerstone Data Entry Screens SV01:942 (Service Entry) with a hard copy in the client record. (PPM 3.3.4)	85%			
Postpartum education/preconception & interconception health education as measured by timely entry of data into Cornerstone Data Entry Screens SV01:PEWW (Service Entry). (PPM 3.3.4)	85%			
Infants				0
Face-to-Face Visits with age-based assessments completed at newborn-1 month, 2-5 months, 6-9 months and 10-12 month visits from enrollment date as measured by timely entry of client data into Cornerstone Data Entry Screens SV02 (Activity Entry). (PPM 3.3.5)	85%			
One home visit at age 2 – 4 months with home assessment and safe sleep education provided as measured by timely entry of client data into Cornerstone Data Entry Screens AS01:706 (Home Assessment), SV02 (Activity Entry), and SV01:SSED (Service Entry). (PPM 3.3.5)	85%			
Completion of Immunization Education based on current CDC Guidelines as measured by timely entry of client data into Cornerstone Data Entry Screens SV01:IMED (Service Entry) at each Face-to-Face contact (SV02: newborn-1, 2-5 months, 6-9 months & 10-12 months visits). (PPM 3.3.5)	85%			
Developmental Screenings completed as measured by timely entry of client data into Cornerstone Data Entry Screens SV01:824 (Service Entry). Evidence of developmental screening can be through Agency administration of screening or documentation, as completed by another service provider that includes the date of screening completion. Minimum requirement of one screening (PPM 3.3.5)	85%			
Required number of age based well child visits as measured by timely entry of client data into Cornerstone Data Entry Screens: SV01:806 (Service Entry). (PPM 3.3.5)	85%			

Illinois Department of Human Services - Bureau of Maternal Child Health
FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
 Chart Audit Outcomes

		Month 1	Month 2	Month 3		
Monthly Achieved					Quarter Average	
Number of Charts Reviewed	Pregnant		Infants		Total	-

Chart Audit Performance Indicator	Performance Standard	# Reviewed or Expected	# Completed	Agency Achieved Performance	Corrective Action, Recommendation or Commendation	Department Findings Explained
Pregnant Women						0
A minimum of one of each assessment completed within 45 days of activation as measured in the following: - AS01:701 Other Service Barriers Assessment - AS01:711 Prenatal Risk Screening (PPM 3.3.3)	90%					
Develop individualized care plans within forty-five (45) calendar days of successful client contact. (Contract Exhibits) The case manager should update the individual care plan using any additional information received from the physician or other service Agencies. These updates should occur quarterly. (CM02, CM03). (PPM 3.3.2)	90%					
The case manager shall assure that any necessary referrals are made and advocate as necessary on the client's behalf for services identified in the individual care plan with evidence of documented follow-up to referrals as documented in Cornerstone Data Entry Screens: RF01 (Service Provider Selection). (PPM 3.3.3)	100%					
Infants						0
A minimum of one of each assessment completed within 45 days of activation as measured in the following: - AS01:712- Infant Risk Screening - AS01:701-Other Service Barriers Assessment - AS01:708 A-F - Anticipatory Guidance Assessment (at specific age intervals) (PPM 3.3.5)	90%					
Develop individualized care plans within forty-five (45) calendar days of successful client contact. (Contract Exhibits) The case manager should update the individual care plan using any additional information received from the physician or other service Agencies. These updates should occur quarterly. (CM02, CM03) (PPM 3.3.2)	90%					
The case manager shall assure that any necessary referrals are made and advocate as necessary on the client's behalf for services identified in the individual care plan with evidence of documented follow-up to referrals as documented in Cornerstone Data Entry Screen: RF01 (Service Provider Selection). (PPM 3.3.6)	100%					

Illinois Department of Human Services - Bureau of Maternal Child Health
FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
Chart Audit Outcomes

Chart Audit Performance Indicator	Performance Standard	# Reviewed or Expected	# Completed	Agency Achieved Performance	Corrective Action, Recommendation or Commendation	Department Findings Explained
All referrals to Early Intervention (EI), as documented on the Cornerstone system: RF01 (Service Provider Selection). Minimal documentation will include the reason for referral and documentation that follow-up has occurred. <i>(PPM 3.3.5)</i>	100%					

**Illinois Department of Human Services - Bureau of Maternal Child Health
 FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
 Agency Evaluation**

Evaluation Element	Evaluation Mechanism	Met, Not Met, N/A	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<u>Clinical Record & Client Process</u>				<u>0</u>
Consents: Release of information to providers of necessary services, HIPPA, Cornerstone <i>(PPM 1.52)</i>	Hard Copy of Consents			
Evidence of Coordination of Care - Primary Care Provider - Referral - EI Referral <i>(PPM 3.3.3 & 3.3.5)</i>	PA03 RF01 CM04 Hard Copy Client Record			
Educational materials given for Prenatal Education & Pediatric Health Education <i>(PPM 3.3.3 & 3.3.5)</i>	SV01:803 SV01:807			
<u>Quality Assurance</u>				<u>0</u>
Annual implementation of QA Plan with data analysis on key maternal / infant performance indicators identified. <i>(PPM 3.1.2)</i>	Agency QA Plan Interview w/ Program Coordinator			
Evidence of program coordinator completing oversight controls and ensuring employee compliance and program integrity through observation of direct services provided. <i>(PPM 3.1.2)</i>	Observation of Direct Services Provided to Clients			
<u>Agency Requirements & Provider Qualifications</u>				<u>0</u>
Assist and/or refer program participants apply for benefits under Medicaid or referral to the closest application agent <i>(PPM 3.3.2)</i>	PA03 PA42 RF01			
All case managers meet the qualifications as listed in the Policy Manual and proof of current licensure is available. <i>(PPM 3.1.1)</i>	Professional Licenses Certification/Educational background Professional Experiences Job/Position Description Direct Observation of Services Employee Confidentiality & Compliance Agreement for Programs Implicit Bias Training			
Paraprofessionals and lay workers are used to perform some case management functions under the supervision of the case manager as outlined in the Policy Manual <i>(PPM 3.1.3)</i>	Job/Position Description			

Illinois Department of Human Services - Bureau of Maternal Child Health
FAMILY CASE MANAGEMENT - SFY2021 PERFORMANCE DATA
Agency Evaluation

Evaluation Element	Evaluation Mechanism	Met, Not Met, N/A	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<u>Administration</u>				<u>0</u>
Agency Policies & Procedures are reviewed and updated annually to align with MCH Policy & Procedure Manual. This includes standing orders and / or outlined steps to be followed for abnormal findings on EPSDT exams, EPDS & developmental screenings. <i>(PPM 1.8.5)</i>	Agency Policy & Procedures			