

Illinois Department of Human Services - Bureau of Maternal Child Health
HIGH RISK INFANT FOLLOW-UP - 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 HRIF 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>		
Program & Service Delivery Models	_____		
Agency Staffing Patterns & Changes	_____		
Barriers to Program Delivery	_____		
Method used to select random sample	_____		
Staff present at Intake / Exit Interviews	_____		
Other Issues	_____		

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Performance Report Outcomes**

Performance Measure	Performance Standard	Quarterly Performance Data	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<u>Infants & Children</u>				0
Subsequent Face-to-Face Visits completed at 2-5 months, 6-9 months, 10-15 months, 16-21 months, and 22-24 months from birth as measured by timely entry of client data into Cornerstone Data Entry Screens: SV02 (Activity Entry). <i>(PPM 4.3.2)</i>	90%			
At least 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) <i>(PPM 4.3.1)</i>	75%			
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 (Activity Entry). <i>(PPM 4.3.2)</i>	90%			
A developmental assessment completed within the first 12 months of life as measured by timely entry of client data into Cornerstone Data Entry Screen 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. <i>(PPM 4.3.2)</i>	90%			
Completed Well Child / EPSDT exams at 4, 6, 12, 18 and 24 months visits as measured by timely entry of client data into Cornerstone Data Entry Screen: SV01:806 (Service Entry). <i>(PPM 4.3.2)</i>	90%			
Children linked to a Primary Care Physician as measured by timely entry of client data into Cornerstone Data Entry Screen: PA03 (Participant Enrollment) and chart review <i>(PPM 4.3.2)</i>	90%			

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 Chart Audit Outcomes

		Month 1	Month 2	Month 3		
Monthly Achieved					Quarter Average	
Number of Charts Reviewed	APOR		HRIF		Total	0

Chart Audit Performance Indicator	Performance Standard	# Reviewed or Expected	# Completed	Agency Achieved Performance	Corrective Action, Recommendation or Commendation	Department Findings Explained
Infants & Children						0
Initial Face-to-Face contacts with infants (0-12 months) within fourteen (14) business days of APORS referral as measured through chart review of the printed Infant Discharge Record (IDR) and the Cornerstone entry SV02 (activity Entry). <i>(PPM 4.3.1)</i>	90%					
A minimum of one of each assessment completed within 45 calendar days as measured in the following: - AS01:700 - General Q45 51 - AS01:708 Q81-92 - Nutrition Assessment - AS01:701 - Other Service Barriers Assessment <i>(PPM 4.3.3)</i>	90%					
Completion of the age appropriate anticipatory guidance (AS01:708 A-I) and physical assessment (AS01:708 Q27-52) completed at the 2 week, 4 month, 6 month, 12 month, 18 month and 24 month visits.	100%					
The case manager shall assure that any necessary referrals are made based on assessments 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). <i>(PPM 4.3.3)</i>	100%					
All referrals to Early Intervention (EI) , as documented on the Cornerstone system Service Provider Selection (RF01). Minimal documentation will include the reason for referral and documentation that follow-up has occurred. <i>(PPM 4.3.3)</i>	100%					
Develop individualized care plans within forty-five (45) calendar days of successful client contact with updates quarterly based on assessments, and changes to client's health. <i>(PPM 4.3.3)</i>	90%					

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Agency Evaluation**

Evaluation Element	Evaluation Mechanism	Met, Not Met, N/A	Corrective Action, Recommendation, or Commendation	Department Findings Explained
<u>Agency Requirements & Provider Qualifications</u>				<u>0</u>
High risk case management of infants and children is provided to clients meeting the eligibility criteria set forth in the MCH Policy Manual. This would include the APORS Referral List from the IDPH Database with the following information: Number of referrals received from certain timeline, number of accepted services, and number of not followed. (PPM 4.2)	Agency Policy & procedures Chart Audit Risk Assessment HRIF Log IVRS Review Interview with assigned CM PA15 Screens			
All case managers meet the qualifications as listed in the Policy Manual and proof of current licensure and Implicit Bias training is available. (PPM 4.1.1)	Copies of professional licenses Certification on file Implicit bias training Observation of services provided			
<u>Clinical Record</u>				<u>0</u>
First contact is made within seven (7) business days of receipt of the referral notice from the hospital for APORS referred clients. (PPM 4.3.1)	Agency Policy & Procedure Chart Review Program Info (PA15) SV02 Activity			
Consents: Release of information to providers of necessary services, HIPAA, Cornerstone (PPM 1.5.2)	Hard Copy of Consents			
<u>Quality Assurance</u>				<u>0</u>
Annual implementation of QA Plan with data analysis on key infant performance measures identified. (PPM 4.1.2)	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. (PPM 4.1.2)	Professional Licenses Certification/Educational background Professional Experiences Job/Position Description			
<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 outlined steps to be followed for abnormal findings on EPSDT exams and developmental screenings. (PPM 1.8.5)	Agency Policy & Procedures Standing Orders			