

# High Risk Infant Follow-Up Chart Review Tool – FY21 Performance

Agency Name		Site		X = Present O = Absent NA = Not Applicable
MCH Nurse Consultant				
Chart Review Date		Site Review Date		

Cornerstone ID Number							TOTALS	
Client Type (I: 0-12 months, C: ≥ 13 months)								
DOB / Age of Client							X	O
<b>Profile: PA02</b>	Assigned Case Manager is an RN							
<b>Enrollment: PA03</b>	Primary Care Provider							
<b>Program Info: PA15</b>	Indicate Category: APOR or HRIF							
	Date of Initial Successful contact							
	Transfer in from another agency / date							
<b>Birth Screen: PA11</b>	APORS Status: Y or N (matches PA15)							
	Birth Weight							
	Diagnosis							
<b>Assessment: AS01</b> Completed within 45 days of enrollment (minimum 1X when active in program)	700: General (Q 45-51)							
	701: Other Service Barrier							
	708 Q81-92: Nutritional assessment							

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Cornerstone ID Number							TOTALS	
Client Type (I: 0-12 months, C: ≥ 13 months)								
DOB / Age of Client							X	O
Service Entry: SV01 (minimum 1X when active in the program)	807: Pediatric Health Education (materials discussed and/or given i.e. EPSDT, dental, lead, etc. & comment on educ. Provided, or P&P in place specifying this).							
	824: Developmental Screening (within the first 12 months of life using the approved tool).							
<b>Documentation of Follow-Up</b>								
Date of APORS Report								
Date APORS Report Received at health Department								
Documentation of contact attempt within seven (7) business days								
First F2F within 14 business days APORS Report								
If dually enrolled in Youthcare, transition back to Youthcare after case closure								
<b>Infant / Child</b>								
Standardized Developmental Screening Tool Used:								
2-Week Visit	SV02: Face-to-Face							
	708 Q27-52: Physical Assessment done							
	708 A-I							
	SV01: 806							
	SV01: IMED							

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Cornerstone ID Number							TOTALS	
Client Type (I: 0-12 months, C: ≥ 13 months)							X	O
DOB / Age of Client								
4 Month Visit (age 2-5 months)	SV02: Home Visit @ 2-4 mo. age							
	706 Home Visit Assessment							
	708 Q27-52: Physical Assessment							
	708 B-C							
	SV01: 806							
	SV01: IMED							
	SV01: SSED							
6 Month Visit (age 6-9 months)	SV02: Face-to-Face							
	708 Q27-52: Physical Assessment done							
	708 D-E							
	SV01: 806							
	SV01: IMED							
12 Month Visit (10-15 months)	SV02: Face-to-Face							
	708 Q27-52: Physical Assessment done							
	708 F-G							
	SV01: 806							
	SV01: IMED							
18 Month Visit (16-21 months)	SV02: Face-to-Face							
	708 Q27-52: Physical Assessment done							
	708 H							
	SV01: 806							
	SV01: IMED							
24 Month Visit	SV02: Face-to-Face							

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Cornerstone ID Number							TOTALS	
Client Type (I: 0-12 months, C: ≥ 13 months)							X	O
DOB / Age of Client								
<b>(22-24 months)</b>	<b>708 Q27-52: Physical Assessment done</b>							
	<b>708 I</b>							
	<b>SV01: 806</b>							
	<b>SV01: IMED</b>							
<b>Care Plan Goals, Planned Services, &amp; Referrals CM02, CM03, RF01</b>	<b>CM02 – Goals</b>							
	<b>CM03 – Planned services</b>							
	<b>Updates on care plan with dates</b>							
	<b>Was a developmental delay noted (Y/N)</b>							
	<b>RF01: Referrals as indicated &amp; documented</b>							
	<b>RF01: EI Referral</b>							
<b>Signed consent forms present (Cornerstone, HIPAA, ROI)</b>								
<b>Comments</b>								