

# Family Case Management 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								Total	
Client Type (P, I)								X	O
DOB / Age of Client									
<b>All Clients</b>									
<b>PA02</b>	Assigned Case Manager								
<b>PA03</b>	Primary Care Provider								
<b>PA06</b>	Infants grouped with Mother								
<b>PA15</b>	Enrollment Date & History (F8)								
<b>Pregnant</b>									
<b>Medical Screens</b>	PA07 Initial Prenatal	EDC Date							
		Month Prenatal care began							
		# of Prenatal medical visits prior to enrollment							
<b>Assessments: AS01 Completed within 45 days of enrollment</b>	711: Prenatal Risk Assessment								
	701: Other Service Barrier								
<b>Service Entry: SV01</b>	802: Prenatal Care								
	803: Prenatal Education								
	825: Depression Screening ≥ 20 weeks gestation								
	940: Postpartum Depression Brochure (if 825 ≥ 10)								
	941: Reproductive Life Plan (with Family Planning method documented)								
	PEWW: Well Women Education								

# Family Case Management Chart Review Tool – FY21 Performance

Cornerstone ID Number								Total	
Client Type (P, I)									
DOB / Age of Client								X	O
<b>Activity Entry: SV02</b>	Face-to-Face (1 per trimester active)								
	Home Visit (1 during pregnancy)								
	AS01: 706 Home Assessment								
<b>Postpartum</b>									
<b>Medical Screen: PA10</b>	Postpartum Data	# of Prenatal medical visits							
		Length of Pregnancy in weeks							
<b>Service Entry: SV01 Completed within 42 days</b>	825: Depression Screening								
	940: Postpartum Depression Brochure								
	942: Reproductive Life Plan (with Family Planning method documented)								
	PEWW: Well Women Education								
<b>Activity Entry: SV02</b>	Face to Face: within 42 days postpartum								
<b>Infant</b>									
<b>Medical Screen: PA11</b>	Birth Data: Birth Weight								
<b>Assessments: AS01 Completed within 45 days of enrollment</b>	712: Infant Risk Assessment								
	701: Other Service Barrier								
<b>Service (SV01), Assessment (AS01), and Activity (SV02) Entry by Age Group</b>	SV01: 807 Pediatric Health Education (Min. x1)								
	SV01: 824 Developmental Screening (Min. x1, Recommended 6-12 months old)	Normal							
		Referral							
	Birth to 1 month old (Newborn visit)	SV02: Face-to-Face							
		AS01: 708A							
		SV01: 806 Well Child							
SV01: IMED Immunization Education									

# Family Case Management Chart Review Tool – FY21 Performance

Cornerstone ID Number							Total	
Client Type (P, I)								
DOB / Age of Client							X	O
	2-month-old to 5-month-old (4-month visit)	SV02: Home Visit						
		AS01: 706 Home Assessment						
		AS01: 708 B/C						
		SV01: 806 Well Child						
		SV01: IMED Immunization Education						
		SV01: SSED Safe Sleep Education						
	6-month-old to 9-month-old (6-month visit)	SV02: Face-to-Face						
		AS01: 708 D/E						
		SV01: 806 Well Child						
		SV01: IMED immunization Education						
	10-month-old to 12-month-old (12-month visit)	SV02: Face-to-Face						
		AS01:708F						
SV01: 806 Well Child								
SV01: IMED Immunization Education								
<b>All Clients</b>								
<b>Care Plan: CM02 &amp; CM03</b>	Goals							
	Planned Services (Updated Quarterly)							
<b>Service Provider Selection: RF01</b>	Referral completed as appropriate based on assessments (Follow-up, Status, Refusal)							
	EI (Early Intervention) Referral (Delay or Request)							
<b>Signed Consent Forms Present (Cornerstone, HIPAA, ROI)</b>								
<b>Comments</b>								