

# Maternal Infant Health Program Infant Chart Review Tool

Reviewer: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Case Status: Open \_\_\_ Closed \_\_\_

Beneficiary Name: \_\_\_\_\_

Chart Number: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Beneficiary Checklist Form (Form I001 Effective 10.1.13)	
<b>All Information on checklist form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Checklist not in chart	
Beneficiary name	
Coordinator name	
Date referral received	
Referral Source	
Date missing or box not checked on following form (s):	
Infant Risk Identifier	
Consent to Complete Risk Identifier	
Consent to Release Protected Health Information	
Maternal Plan of Care, Part 1, Education Packet	
Maternal Plan of Care, Part 2, Interventions By Risk Level	
Plan of Care, Part 3, Signature Page for Interventions by Risk Level	
Prenatal Communication/Notification of MIHP Enrollment	
Professional Visit Progress Note (s)	
Prenatal Communication/Notification of Change in Risk Factors	
Infant Discharge Summary	
Comments:	

Consent to Release Protected Health Information (Form M401 Effective 10.1.13)	
<b>All Information on form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
No Agency name	
<b>Maternal Component</b>	
a) Yes/No Box not checked	
No Provider Name	
b) Information in Health information release grid missing (Name of provider or facility/Date/Initials)	
<b>Infant Component</b>	
c) My infant's/infants' health information may be released to his/her health care provider: yes/no/	
d) My infant's/infants' health information release grid missing (Name of provider/Date/Initials)	
I Do give Consent Box not checked	
I Do Not give Consent Box not checked	
Beneficiary Name (Print)	
Legal Representative/Relationship to Beneficiary	
Signature of Beneficiary or Legal Representative	
Signature of MIHP Interviewer	
Date(s)	
Comments:	

Infant Risk Identifier Maternal Component (Form I024 Effective 10.1.13)	
<b>All information on Infant Risk Identifier (Maternal Component) form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Name of person completing Maternal Risk Identifier	
Discipline	
Date	
Location of visit	
Comments:	

Referral	
Agency attempted to contact the beneficiary within 14 business of getting referral: Yes ___ No ___	
Comments:	

Consent to Transfer MIHP Record to a Different Provider (Form 402 Effective 10.1.13)	
No Transfer(s)	
<b>All information on Consent to Transfer MIHP Record form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
From current provider missing	
To the following provider missing	
My Health Information box not checked	
My infant's/Infants' health information box not checked	
I DO consent to the release of protected health information as specified in this form box not checked	
I DO NOT consent to the release of protected health information as specified in this form box not checked	
Beneficiary Name (Print)	
Legal Representative/Relationship to Beneficiary	
Signature of Beneficiary or Legal Representative	
Signature of MIHP Interviewer	
Date	
Comments:	

Infant Risk Identifier Maternal Component/Risk Scoring					
Risk identification completed: Yes ___ No ___ NA ___					
Domain	Scoring Results				
	L	M	H	UK	No Risk
Family Planning					
Smoking					
Alcohol					
Drug Use					
Stress/Depression					
Abuse/Violence					
Basic Needs/Housing					
Basic Needs/Food					
Overall Score					
Comments:					

Consent to Participate in Risk Identifier Interview Consent to Participate in MIHP (Form 400 Effective 10.1.13)	
<b>All Information on form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Agency name left blank	
I Do or Do Not consent to participate in MIHP Risk Identifier Interview	
I Do or Do Not consent to Participate in MIHP	
Beneficiary Name (Print)	
Legal Representative/Relationship to Beneficiary (For Infants Only)	
Signature of Beneficiary or Legal Representative	
Signature of MIHP Reviewer	
Dates	
Comments:	

Infant Risk Identifier Infant Component (Form I023 Effective 10.1.13)	
<b>All Information on form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Name of person completing Maternal Risk Identifier	
Discipline	
Date	
Location of visit	
Comments:	

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Infant Risk Identifier Infant Component / Risk Scoring					
Scoring Results in the chart		Yes ___ No ___			
Domain	Scoring Results				
	L	M	H	UK	No Risk
Family Support					
Birth Health					
Feeding Nutrition					
Infant Safety					
Health Care					
Development					
Overall Score					
Comments:					

Bright Futures Questions Form 1023 Effective 10.1.13	
<b>Correct Bright futures (BF) General Infant Development used: Yes ___ No ___</b>	
<b>Note BF used:</b>	
BF0	
BF1	
BF2	
BF4	
BF9	
BF12	
BF15	
Comments:	

ASQ-3	Yes	No
NA ___ (Beneficiary enrolled in Early-On)		
ASQ-3 Summary Information Sheet in Chart		
ASQ-3 Correctly Scored		
ASQ-3s Screenings repeatedly conducted at time intervals specified in the Operation Guide		
If score was below cut off was are referral to Early-On made		
Comments:		

ASQ-SE	Yes	No
NA ___ (Beneficiary enrolled in Early-On)		
ASQ-3 Summary Information Sheet in Chart		
ASQ-3 Correctly Scored		
ASQ-3s Screenings repeatedly conducted at time intervals specified in the Operation Guide		
If score was below cut off was are referral to Early-On made		
Comments:		

Plan of Care Part 1 (Form I002 Effective 10.1.13)	
<b>All Information on Plan of Care Part 1 form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Beneficiary	
Care Coordinator	
Text4baby and/or MIHP Education Packet	
RN Signature	
SW Signature	
Date	
Signatures within 10 business days	
Comments:	

Plan of Care Part 2 - Infant Component (Forms I003, I004, I005, I020, Effective 10.1.13)	
<b>Correct Plan of Cares pulled based on Risk Identifier score page: Yes ___ No ___</b>	
<b>All information on Plan of Care Part 2 - Infant Component form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
No POC pulled for Risk Domain Identified on Risk Identifier	
POC Pulled but is not on Risk Identifier Score Page with no explanation on why pulled	
Column 1	
Correct Intervention level not checked	
No date for change in risk level	
Column 2	
Risk information box for observation or supplemental forms not checked if needed	
Column 4	
Information received discussed not checked if completed at visit	
Date Output Achieved not noted if output was achieved	
Additional Domain form not completed	
Comments:	

Infant Plan of Care Part 2 Maternal Considerations POC2s (Form I007 Effective 10.1.13)	
<b>Correct Plan of Care 2s pulled based on maternal component Risk Score Page Yes ___ No ___</b>	
<b>All information on Plan of Care Part 2 form completed Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
No POC for Risk Identified on Risk Identifier	
POC Pulled but is not in Risk Identifier with no explanation on why pulled	
Column 1	
Correct Intervention level not checked	
No date for change in risk level	
Column 2	
Risk information box for observation or supplemental forms not checked if needed	
Column 4	
Information received discussed not checked if completed at visit	
Date Output Achieved not noted if output was achieved	
Additional Domain form not completed	
Comments:	

Plan of Care Part 3 (Form 008 Effective 10.1.13)	
<b>All information on Plan of Care Part 3 form completed: Yes ___ No ___</b>	
<b>If No, note what was missing:</b>	
Beneficiary	
Care Coordinator	
Signature of Nurse	
Signature of Social Worker	
Date (s)	
Care Plan Revision	
Domain	
Signature of Nurse	
Signature of Social Worker	
Date(s)	
Comments:	

Infant Care Communication Notification of MIHP Enrollment (I009 Form A Effective 10.1.13)	
<b>Copy of Signed Letter in Chart: Yes ___ No ___ NA ___</b>	
Medical Provider Notified within 14 calendar days of enrollment	
Comments:	

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Maternal Infant Health Program (MIHP) Infant Care Communication (Form I010 Effective 10.1.13)	
All information on Prenatal Communication form completed: Yes ___ No ___	
<b>If No, note what was missing:</b>	
Initial box not checked	
Status/Update box not checked	
Name of Beneficiary	
Physician	
Birth Date	
Clinic	
Date Enrolled in MIHP	
No Risk Identified	
Infant Health	
Infant Safety	
Feeding and Nutrition	
General Development	
Family Support (Parenting and Childcare)	
Risk checked does not match Risk Score Page	
Signature	
Date	
Comments:	

Infant Care Communication Notification of Change in Risk Factors (Form I012 Effective 10.1.13)	
Copy of Signed and dated Letter in Chart Yes ___ No ___ NA ___	
NA (No update needed)	
Comments:	

Medical Provider Infant Discharge Summary (I014 Form C Effective 10.1.13)	
Copy of Signed Letter in Chart Yes ___ No ___	
Comments:	

Infant Discharge Summary (Form I200 Effective 10.1.13)	
All information Discharge Summary form completed Yes ___ No ___	
<b>If No, note what was missing:</b>	
<b>Demographic</b>	
Beneficiary Name	
Parent/Guardian	
Medicaid #	

Date Infant Risk Identifier Completed	
Substance Exposed Infant	
Date of Birth	
Birth Health Status	
Family Moved To:	
Enrolled in WIC	
Medicaid Health Plan Contacted at Time of Enrollment in MIHP	
Medical Care Provider Notified at Enrollment and at Discharge	
<b>Infant</b>	
<b>Column 1</b>	
Domains from POC not noted	
<b>Column 2</b>	
Appropriate Risk level (N/L/M/H/U) in R row not checked	
Appropriate Summary Risk Level (N/L/M/H/U) in S row not checked	
Appropriate Summary Risk Level (N/L/M/H/U) in HI row not checked	
<b>Column 3</b>	
Appropriate risk level not checked	
ALL/Partial/None or Refused not checked	
<b>Column 4</b>	
Appropriate progress during maternal interventions not checked	
<b>Maternal Considerations</b>	
<b>Column 1</b>	
Domains from POC not noted	
<b>Column 2</b>	
Appropriate Risk level (N/L/M/H/U) in R row not checked	
Appropriate Summary Risk Level (N/L/M/H/U) in S row not checked	
Appropriate Summary Risk Level (N/L/M/H/U) in HI row not checked	
<b>Column 3</b>	
Appropriate risk level not checked	
ALL/Partial/None or Refused not checked	
<b>Column 4</b>	
Appropriate progress during maternal interventions not checked	
<b>Last Page Questions</b>	
Group Parenting Education (Provided/Referred)	
Group Parenting Attended (Yes/No/Unknown/Refused)	
Currently Breastfeeding (Yes/No/Unknown)	
Immunization Schedule: (Education Provided/Referred/Refused)	
Well Child Schedule: (Education Provided/Referred/Refused)	

Referrals (Family Planning/Plan First!/Immunization/Medical/Dental/Counseling/Basic Needs/Infant Mental Health/Substance Abuse Services/Child Protective Services (CPS)/Domestic Violence Services/WIC/Child Care/Baby Items/Education/Employment)	
Home Visitation/Support Program (Describe)	
Other (Describe)	
Agency Name	
Signature	
Credentials	
Date	
Comments:	

Substance Abuse Plan of Care Part 2/Positive At Birth (Form I301 Effective 10.1.13)	
NA/Infant Not Positive at Birth	
All information on Plan of Care Part 2 - Positive at Birth form completed: Yes ___ No ___	
<b>If No, note what was missing:</b>	
No Positive at Birth POC 2 Pulled	
Positive at Birth POC Pulled but is not in Risk Identifier with no explanation on why pulled	
<b>Column 1</b>	
Correct Intervention level not checked	
No date for change in risk level	
<b>Column 2</b>	
Risk information box for observation or supplemental forms not checked if needed	
<b>Column 4</b>	
Information received discussed not checked if completed at visit	
Date Output Achieved not noted if output was achieved	
Additional Domain form not completed	
Comments:	

# Maternal Infant Health Program Infant Chart Review Tool

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Substance Abuse Plan of Care Part 2/Primary Care Giver Use (Form I303 Effective 10.1.13)	
NA/No Primary Care Giver Use	
All Information on Plan of Care Part 2 - Primary Care Giver Use form completed Yes ___ No ___	
<b>If No, note what was missing:</b>	
No Primary Care Giver Use POC pulled	
Primary Care Giver Use POC Pulled but is not in Risk Identifier with no explanation on why pulled	
<b>Column 1</b>	
Correct Intervention level not checked	
No date for change in risk level	
<b>Column 2</b>	
Risk information box for observation or supplemental forms not checked if needed	
<b>Column 4</b>	
Information received discussed not checked if completed at visit	
Date Output Achieved not noted if output was achieved	
Additional Domain form not completed	
Comments:	

Substance Abuse Plan of Care Part 2/Environment (Form I308 Effective 10.1.13)	
NA/No Environmental Exposure	
All Information on Plan of Care Part 2 Environmental Exposure form completed Yes ___ No ___	
<b>If No, note what was missing:</b>	
No Environment POC2 pulled	
Environment POC Pulled but is not in Risk Identifier with no explanation on why pulled	
<b>Column 1</b>	
Correct Intervention level not checked	
No date for change in risk level	
<b>Column 2</b>	
Risk information box for observation or supplemental forms not checked if needed	
<b>Column 4</b>	
Information received discussed not checked if completed at visit	
Date Output Achieved not noted if output was achieved	
Additional Domain form not completed	
Comments:	