

Instructions

Infant Discharge Summary

1200 (11/01/15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further written instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

The *Discharge Summary* is a comprehensive electronic form that captures demographic data, risk levels, interventions provided, progress during infant interventions, and referrals made. The *Discharge Summary* must be complete and accurate with respect to each data field. It must reflect the *POC 2* and *Professional Visit Progress Note* documentation. For example, the *Discharge Summary* “Progress During Interventions” entries should precisely reflect *Progress Note* documentation.

The paper *Discharge Summary* may be only be used as a worksheet. The *Discharge Summary* must be printed out from the MIHP electronic database and filed in the beneficiary’s paper chart or downloaded or scanned into an electronic health record. The electronic version of the *Discharge Summary* will require you to complete all fields.

DEMOGRAPHIC INFORMATION AT THE TOP OF THE DISCHARGE SUMMARY

- **Beneficiary First and Last Name:** Insert the beneficiary’s name as shown in the CHAMPS database. If you insert the Medicaid ID number before you insert the beneficiary’s name, this will be prepopulated in CHAMPS.
- **Infant Medicaid #:** When completing the discharge in the SSO system, the Medicaid number is prepopulated from the electronic *IRI*. If the Medicaid number is not on the *IRI*, you will not be able to complete the *Discharge Summary*.
- **SS#:** Tell beneficiary that Social Security Number is optional.
- **Date Infant Risk Identifier Completed:** This is the date you administered the *Infant Risk Identifier (IRI)*. Use the date that you documented on the *Infant Forms Checklist*.
- **Birth Health Status:** This is a one-time snapshot of infant’s health status at the time of birth. Leave this field blank on the worksheet. It will be prepopulated by the *IRI* when you enter your *Discharge Summary* data in the MIHP database.
- **Number of Visits:** Do not count the *Risk Identifier* visit here. Count professional visits only.
- **Substance Exposed Infant:** Check this box if SEI interventions were used at any time during the course of service. This box needs to be checked or you will not be able to enter any data in the SEI section of *Discharge Summary*.

- Infant Services: “Completed” box: You have several options to indicate why this discharge is being done. If you check “completed” (rather than “cannot be located;” “parent/guardian declined services;” “infant deceased;” or “family moved”), insert the date of the last MIHP billable service (i.e., date of *Risk Identifier* visit, last professional visit, last CBE or PE class, or last transportation service). If you choose one of the other options, don’t check the completed box and don’t insert a date.
- Enrolled in WIC: Check “Yes” if beneficiary was participating in WIC at time of MIHP discharge.
- Medicaid Health Plan Contacted at time of Enrollment in MIHP: If the beneficiary was not enrolled in an MHP at time of enrollment, check “no,” even if she enrolled in an MHP at a later date. This field is not required for tribal MIHPs.

RISK DOMAIN (COLUMN 1)

All MIHP infant risk domains and maternal considerations risk domains from the *IRI* are listed in this column.

RISK (COLUMN 2)

The electronic *Discharge Summary* captures the beneficiary’s risk level for each identified domain at the time of MIHP enrollment (Initial Risk) and the time of discharge (Summary Risk). It also captures the beneficiary’s highest level of interim risk (Highest Interim Risk), which is defined as the highest level of risk documented for a given domain during the period that the beneficiary was in MIHP. The risk level options are: no, low, moderate, high and unknown.

1. Initial Risk Level (R)

This is the risk level for a given domain at the time of MIHP enrollment. Only the risks that score out on the *Risk Identifier Score Sheet* are indicated as initial risks on the *Discharge Summary*. This field is pre-populated from the *Risk Identifier*.

2. Summary Risk Level (S)

This is the risk level for a given domain at the time of discharge. Although Initial Risk Level is determined by the *Risk Identifier*, the Summary Risk Level is determined by professional judgment based on observation.

Always use the last risk level documented on the *POC 2* as the Summary Risk Level on the *Discharge Summary*. The Summary Risk Level **MUST** match the most recent risk level identified on the *POC 2*. You can change the risk level on the *POC 2* on the discharge date, as long as the beneficiary meets the risk criteria in Column 2.

You may only indicate “none” as the Summary Risk Level if there was no risk in a particular domain throughout the course of care.

If a beneficiary is lost to service, you will need to base your Summary Risk Level determination on the information you received at your last beneficiary contact. In this situation, there may be fields in the *Discharge Summary* that you can't answer, but no "unknown" option is offered. In this case, click "other" and write "unknown" or "lost to care" or other explanation of why the birth outcome is unknown.

Provide interventions at or below the beneficiary's current documented level of risk. If you provide interventions above the beneficiary's documented level of risk for any domain, the electronic *Discharge Summary* will not record them in the "Interventions Provided" section. This means that the information will not be captured in the MIHP database at this time.

In order to provide the most appropriate care, you should increase the risk level when the beneficiary's situation matches the risk information in Column 2 of the *POC 2*, so you can implement a higher level of interventions.

3. Interim Risk Level (HI)

This is the highest level of risk for a given domain during the entire period that the beneficiary was in MIHP, as documented on the *POC 2*. For example, if housing was stable at intake, then the beneficiary became homeless, then she found stable housing again, and these changes were documented on the *POC 2*, the highest interim risk would be the risk level identified during the time that she was homeless.

HI risk captures the highest risk level for all *POC 2* domains, including those that were added based on professional judgment after the *Risk Identifier* data was entered into the MIHP database and the *Score Sheet* was received.

Highest Interim Risk is taken from the *POC 2*. When there's a change in risk level, it should be noted on the *POC 2* along with the date of the change. The risk level change must be based on the criteria in Column 2 of the *POC 2*.

INTERVENTIONS PROVIDED (COLUMN 3)

Provide the requested Column 3 information for all risk domains that were included in the beneficiary's *POC 2*. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.

In the first column of boxes, check the box indicating the highest level of interventions that was provided, as documented on the *POC 2* and *Professional Visit Progress Notes*. The options are low, moderate, high and emergency. However, all four options are not applicable to all risk domains.

Across the row for that level:

- Check “None” if no interventions were provided for any reason other than that the beneficiary refused them. For example: beneficiary was lost to service before interventions could be implemented; this was a lower priority domain for the beneficiary and she ran out of visits; etc.
- Check “Partial” if some, but not all, interventions were provided and insert the number for each intervention that was provided. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.
- Check “All” if all of the interventions at and below the beneficiary’s highest level of risk for that domain were provided. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.
- Check “Refused” if the beneficiary refused to discuss that domain and no interventions were provided.

PROGRESS DURING INFANT INTERVENTIONS (COLUMN 4)

Provide the requested Column 4 information for all risk domains that were included in the beneficiary’s *POC 2*. In this column you are also required to provide information for some risk domains whether or not they were included in the beneficiary’s *POC 2*. The required fields are italicized, underlined, and highlighted on the *Infant Discharge Summary Worksheet*, but are not designated as such on the electronic version. These fields are identified on the *Worksheet* to assist you as you complete the electronic version.

There are four common fields that appear in multiple domains which are defined below:

- Education Provided: This means education that was provided by MIHP, including review of MIHP education packet materials, text4baby messages, and supplementary materials in conjunction with the *POC 1* or the *POC 2*.
- Referred/Education Referred: This means that an MIHP staff encouraged the beneficiary to access another resource to obtain education or other services/supports. It does not mean that the beneficiary accepted the referral or actually accessed the resource.
- Refused or Refused Assistance: This means that the beneficiary refused education or referral to another resource.
- Education or Risks Addressed: This means that the topic was discussed with the beneficiary during the course of care.

INFANT DOMAINS

Infant Health

- Seen by Medical Provider Regularly: Infant is seen when sick and had at least 3 out of 6 well-child visits from birth to one year or had 4 out of 8 well-child visits from birth to 18 months.
- Seen by Medical Provider Illness Only: Infant is seen only when sick; had no well-child visits during course of MIHP services.
- Seen by Medical Provider Sporadic: Infant is seen when sick and had one or two well-child visits during course of MIHP service.
- Referred: This means referred to CSHCS or referred to a medical provider or health department for education or immunizations.
- Location of Medical Provider: This means the primary medical care provider. Check one box only.

Breastfeeding

- Breastfeeding duration: If mother continues to breastfeed at the time of discharge, count the number of months from the date baby was born to the last billable visit.

Infant Safety

- Car Seat: Check this box if the family has a car seat for the infant.
- Lead Risk: Check this box if conditions in infant's environment indicate risk of exposure to lead (i.e., housing, occupation, hobbies, folk remedies or cosmetics, high lead level in water, etc.).
- 2nd Hand Smoke: Check this box if infant is directly exposed to tobacco smoke.

Infant Feeding and Nutrition

- Infant Primarily Fed: Check one box only.

Infant Development

- Infant Development Education Referred: This means referral to a developmental assessment clinic or developmental play group.

Family Support

- Family Support Education Referred: This means referral to play and learn groups, family resource centers, parent education programs, parent support groups, family literacy programs, online parent communities, etc.

MATERNAL CONSIDERATIONS

Family Planning

- Method identified: Beneficiary has selected the family planning method she will use including condoms and natural family planning. “Abstinence” or the statement “I don’t plan to have sex” scores out as a risk on the *Risk Identifier*.
- Plan in place: Beneficiary has identified steps she will take to access and use the method she has selected or has actually implemented these steps.
- Chronic Disease: Although Chronic Disease is not a Maternal Considerations domain, check the “yes” box if you have discussed beneficiary’s chronic disease (asthma, hypertension, diabetes) and developed a plan to address it. If not, check no.

Tobacco Smoking

Substance Use: Alcohol

- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Substance Use: Drugs

- Current Drug Use: This is based on beneficiary self-report or professional observation.
- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Stress/Depression/Mental Health

- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Abuse/Violence

Basic Needs Housing

- Check the “Stable” box if the beneficiary thinks her housing situation is stable. Check the “Safe” box if the beneficiary thinks her housing situation is safe. Check the “Homeless” box if the beneficiary does not have her own place of residence. She is homeless if she is residing in a shelter or temporarily staying with family or friends.

Basic Needs Food

- Food Adequate: This means the family has enough food to meet their needs each month, even if they are using a Bridge Card, WIC, Project Fresh, food pantry, etc. to obtain it.

SUBSTANCE EXPOSED INFANT

The Substance Exposed Infant (SEI) section of the *Discharge Summary* is completed only if there is documentation that the infant meets the substance exposed infant criteria and one or more

of the three sets of SEI interventions were implemented (positive at birth, primary caregiver use, and environment). The format is similar to that of the other risk domains, but there are some differences:

1. In the Risk column (Column 2), you are only asked to provide the Initial Risk Level and the Summary Risk Level. You are not prompted to document the Highest Interim Risk Level. The risk level options are low, moderate, high and emergency.
 - The Initial Risk Level is taken from the *POC 2, Column 2* because the SEI risk domains don't score out on the *Risk Identifier*. Therefore, there is no "unknown" risk level.
 - The Summary Risk Level is the level at discharge, based on professional judgment. It is appropriate to check the "no risk" box for the SEI domains on the Infant Discharge Summary if the following conditions are met:
 - Positive at birth: If the risk was due to a suspicion of substance use but the drug screen was negative and the suspicion was not substantiated.
 - Primary caregiver use: If the risk was due to a suspicion of substance use and the suspicion was not substantiated.
 - Environment: If the risk was due to a suspicion of substance use and the suspicion was not substantiated.

2. In the 3rd column, you are prompted to document the beneficiary's stage of change, initially (I) and at discharge (S). The stage-of-change options are as follows:

P	Pre-contemplation (Ignorance is Bliss)
C	Contemplation (Sitting on the Fence)
Pr	Preparation (Testing the Waters)
A	Action (Ready to Go)
M	Maintenance (Still Going Strong)
R	Relapse (Slip/Fall from Grace)

3. Complete the last two columns ("Interventions Provided" and "Progress During Infant Interventions") as for the other risk domains.

INFANT EDUCATION

- Group Parenting Education Referred: Provided: This means your agency provided and billed for this service for this beneficiary.
- Group Parenting Education Referred: NA: This means that you did not provide this service nor refer beneficiary to another entity for this service.

- Group Parenting Education Attended: This means the beneficiary attended at least ½ of the classes or had ½ of the curriculum provided by your agency or by another entity subsequent to your referral.
- Immunizations Schedule: Education Referred: This means referral for additional education or to obtain immunizations.
- Immunizations Schedule: Education Refused: This means beneficiary refused referral for additional education or to obtain immunizations.
- Well Child Schedule: Education Referred: This means referral for additional education or to medical care provider for well child visit.
- Well Child Schedule: Education Refused: This means beneficiary refused referral for additional education or to medical care provider for well child visit.

REFERRALS MADE

- Leave the boxes blank if no referrals were made.
- Parenting Support: This means referral to play and learn groups, family resource centers, parent education programs, parent support groups, family literacy programs, online parent communities, etc. This does not include referral to home visit support.

ADDITIONAL COMMENTS

- Document any important information which has not been captured by the other fields on this form.

NAME OF PROFESSIONAL COMPLETING SUMMARY

- Name: This is the electronic signature, officially verifying the name of the professional who completed the *Discharge Summary*.
- Professional Credentials: Check the appropriate box.

DATE OF DISCHARGE

- This is the date that the *Discharge Summary* has been totally completed in the SSO system. The date is auto-generated after all of the data has been entered. You have 14 days from this date to send the *Discharge Summary* to the medical care provider.

INTERNAL QA PROCESS

The *Discharge Summary* may not be inactivated in the event of a data entry error. It is strongly recommended that you establish an internal quality assurance procedure to be implemented before you submit the *Discharge Summary* data. For example, you could ask someone else on staff to review the data with fresh eyes before you submit the data to the database.

DELETING THE DISCHARGE SUMMARY

If a beneficiary is discharged but then returns to service, simply delete the *Discharge Summary*.

When a beneficiary transfers from one MIHP provider to another, the transferring agency does not complete a *Discharge Summary*. It would have to be deleted in order for the receiving agency to be able to serve the beneficiary.

COMPLETING DISCHARGE SUMMARIES ON MULTIPLE INFANTS

Although *Discharge Summaries* are done for all of the infants in a sibship, only the *Discharge Summary* for the infant whose Medicaid ID number is being used for billing purposes is completed in its entirety, and only the interventions provided for the infant being billed are reflected on this *Discharge Summary*. For each of the other infants, an abbreviated *Discharge Summary* is done as follows:

1. Complete the section at the top of page 1.
2. In the “Risk” column for each domain, enter the Initial Risk Level from the *Risk Identifier* and document that same level as the Summary and Highest Interim Risk Levels.
3. In the “Interventions Provided” column, do not check off any interventions.
4. In the “Progress During Interventions” column, complete the items to the best of your ability.

COMPLETING DISCHARGE SUMMARIES ON AN INFANT IN FOSTER CARE

If an infant is in foster care at the time of discharge, indicate the intervention numbers that were achieved with both the mother and the foster family on the *Discharge Summary*. Note in the comments section of the *Discharge Summary* that you have been working with the foster parent and do not know mother’s status at discharge.