|  |
| --- |
| chart review tool |
| Michigan Department of Health and Human Services |
| Maternal Infant Health Program |
| **BENEFICIARY**  |
| Name | Date First Contacted or Visited  |
|       |       |
| **FORMS CHECKLIST (5700/5701)** |
| Beneficiary Name Present | Date Referral to MIHP Received | Contacted w/in Appropriate Days\* |
| [ ]  Yes | [ ]  No |       | [ ]  Yes | [ ]  No |
| Alterations Done Inappropriately |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **CONTACT LOG (5649)** |
| MIHP Agency Name Present | Beneficiary Name Present | Alterations Done Inappropriately |
| [ ]  Yes | [ ]  No (Not Required)  | [ ]  Yes | [ ]  No  | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **CONSENT TO PARTICIPATE (5647/5652)** |
| MIHP Agency Name Present | Consent to Participate in Risk Identifier Checked (one box) |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Consent to Participate in MIHP Checked (one box) | Beneficiary/Legal Representative Signature Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Professional Signature Section Complete and Accurate\*\* | Date of Beneficiary/Legal Representative Signature |
| [ ]  Yes | [ ]  No |       |
| Dated on or before RI | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **CONSENT TO RELEASE PHI (5653/5645)** |
| MIHP Agency Name Present | All Necessary Dates & Initials | Consent to Release PHI Checked (one box) |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |

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| Beneficiary/Legal Representative Signature Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No |
| Professional Signature Section Complete and Accurate\*\* | Consented to Communication w/Medical Provider re: Infant |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Consented to Communication w/Medical Provider re: Caregiver | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **RISK IDENTIFIER** |
| Present | RI Screening Date | Profession Conducted RI |
| [ ]  Yes | [ ]  No |       | [ ]  RN | [ ]  LSW | [ ]  Neither |
| Completed Prior to any Professional Visit |
| [ ]  Yes | [ ]  No |
| If RI not Completed Prior to any Professional Visit, Emergency Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No [ ]  NA |
| Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **RISK IDENTIFIER SCORESHEET** |
| Risk Levels Marked | If no Risk Identified, Exception Approval Present | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **PLAN OF CARE, PART 1 [5637/5642]** |
| Beneficiary Name Present | Activity #5 (one box checked) |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Activity #11 (one box checked) | Activity #14 Entry (one or more item listed) |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Professional Signature Section Complete and Accurate\*\* | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |

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| **PLAN OF CARE, PART 2 [5690-5696/5630-5632, 5665, 5665-5667, 5669, 5670, 5672-5675]** |
| POC 2 Domains from RI Scoresheet Present | Unknown Risk Levels from RI Scoresheet are Marked Highest Possible Level on POC 2 |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| If Risk Level Changed, New Intervention Level Checked | If Risk Level Changed, Date of Change Documented |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| If Domains Added Based on Professional Judgement, Date of Addition Present | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **PLAN OF CARE, PART 3 [5697/5676]** |
| Beneficiary Name Present | Case Manager Name Present | Reassigned Case Manager Name Present |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| RN and LSW Signatures within 10 Business Days | Both Professionals Signatures are Dated Prior to any Professional Visit |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| If Professional Visit Occurred Prior to Signature Dates, Emergency Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| RN/LSW Updated Signatures within 10 Business Days when POC 2 Added | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **COMMUNICATION WITH MEDICAL PROVIDER** |
| Provider Communicated with Medical Provider re: Beneficiary | Followed Consent re: Beneficiary |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Provider Communicated with Medical Provider re: Caregiver | Followed Consent re: Caregiver |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **BENEFICIARY STATUS NOTIFICATION AT ENROLLMENT (5640)** |
| Present at Enrollment | Beneficiary Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Checkbox Section Complete and Accurate\*\* | Staff Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Sent within 14 Calendar Days of Risk Identifier Date | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **COMMUNICATION FORM (5638/5639)** |
| Communication Form Present | Beneficiary Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| RI Score Summary Matches POC 2 from RI | Professional Signature Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **BENEFICIARY STATUS NOTIFICATION AT TRANSFER (5640)** [ ]  NA |
| Present at Transfer | Beneficiary Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Checkbox Section Complete and Accurate\*\* | Staff Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Sent within 14 Calendar Days of Transfer | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **BENEFICIARY STATUS NOTIFICATION AT DISCHARGE (5640)** |
| Present at Discharge | Beneficiary Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Checkbox Section Complete and Accurate\*\* | “Discharge Summary Attached” Checked |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Staff Info Section Complete and Accurate\*\* | Sent within 14 Calendar Days of Discharge Summary Date |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **BENEFICIARY TRANSFER (5646, 5699/5646, 5708)** [ ]  NA |
| Consent to Transfer MIHP Records Present | Both Providers Listed |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |

|  |  |
| --- | --- |
| Health Info Checkbox (one or more boxes checked) | Consent Checkbox (one checked) |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Beneficiary Info Section Complete and Accurate\*\* | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Alterations Done Incorrectly | Transfer Checklist Present |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Alterations Done Incorrectly | Documents Received Prior to First Professional Visit |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| If First Professional Visit Done Prior to Documents Being Received, Emergency Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **DISCHARGE SUMMARY**  |
| Infant: 18 Month Birthday | Maternal: 60th Day Postpartum | Date of Discharge Summary |
|       | [ ]  NA |       | [ ]  NA |       | [ ]  NA |
| Infant: Completed within 30 Days of 18 Month Birthday | Maternal: Completed 30 days after End of Month in which 60th Day Postpartum Falls |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Alterations Done Incorrectly | Infant: Visits Continued Past 18 Months |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Infant: Authorized to Continue Past 18 Months |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **NOTIFICATION OF MULTIPLE CHARTS OPEN (5704)** |
| Present | All Beneficiaries Identified | Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Infant: Part of Multiple Birth | Infant: IRI Present for Sibling(s) | Infant: POC 2 Present for Sibling(s) |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Infant: POC 3 Present for Sibling(s) | Infant: Discharge Summary Present for Sibling(s) |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **MCIR** |
| Date MCIR Pulled | Infant: Date Infant Turned 5 Months Old |
|       |       | [ ]  NA |

|  |
| --- |
| Infant: Pulled for Visit at 5 Months Old or Subsequent Visit |
| [ ]  Yes | [ ]  No | [ ]  NA |
| If Infant MCIR not pulled in appropriate timeframe, reason documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Maternal: Pulled While Enrolled | If Maternal MCIR not pulled, reason documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Alterations Done Incorrectly |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
|  |
| **PROFESSIONAL VISIT PROGRESS NOTE REVIEW** |
| **Beneficiary Domains Present in POC 2** | **Risk Level** | **Visit Number First Addressed** |
| **Infant Domains** |  |  |  |  |
| [ ]  Family and Social Support |  | [ ]  Moderate |  |       |
| [ ]  Infant Health Care | [ ]  Low | [ ]  Moderate | [ ]  High |       |
| [ ]  Infant Safety |  |  | [ ]  High |       |
| [ ]  Infant Feeding |  | [ ]  Moderate | [ ]  High |       |
| [ ]  General Infant Development |  | [ ]  Moderate |  |       |
| [ ]  Substance Exposed Infant | [ ]  Low | [ ]  Moderate | [ ]  High |       |
| [ ]  Infant Breastfeeding |  | [ ]  Moderate | [ ]  High |       |
| **Maternal Domains** |  |  |  |  |
| [ ]  Pregnancy Health |  | [ ]  Moderate | [ ]  High |       |
| [ ]  Medical Considerations | [ ]  Low | [ ]  Moderate |  |       |
| [ ]  Family Planning | [ ]  Low | [ ]  Moderate |  |       |
| [ ]  Food/Nutrition | [ ]  Low | [ ]  Moderate | [ ]  High |       |
| [ ]  Tobacco |  | [ ]  Moderate |  |       |
| [ ]  Alcohol |  | [ ]  Moderate | [ ]  High |       |
| [ ]  Substance Misuse |  | [ ]  Moderate | [ ]  High |       |
| [ ]  Stress/Depression | [ ]  Low | [ ]  Moderate | [ ]  High |       |
| [ ]  Social Support |  | [ ]  Moderate |  |       |
| [ ]  Abuse/Violence |  | [ ]  Moderate | [ ]  High |       |
| [ ]  Housing |  | [ ]  Moderate | [ ]  High |       |
| [ ]  Transportation |  | [ ]  Moderate |  |       |
| [ ]  Breastfeeding | [ ]  Low | [ ]  Moderate | [ ]  High |       |
|  |
| **Safety Plan Required and Intervention Number**  | **Safety Plan Intervention Documented** |
| Stress/Depression | #13 | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Abuse/Violence | #12 | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Substance Exposed Infant | #9 | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Infant Safety | #6 | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
|  |
| **Referral Topic: List Below (Include those Initiated at Assessment Visit)** | **Visit Number Initiated (Assessment Visit=0)** | **Follow Up Visit Number** | **If Follow Up Did Not Occur within 3 Visits, Reason Documented on PVPN or Contact Log** |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
|       |       |       | [ ]  Yes | [ ]  No | [ ]  NA |
| **PROFESSIONAL VISIT PROGRESS NOTE #1** |
| Date | Beneficiary Info Section Complete and Accurate\*\* |
|       | [ ]  Yes | [ ]  No |
| Visit Last 30+ Minutes | If a Community Visit, Reason Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Content Addressed |
| [ ]  Plan of Care Domain | [ ]  Beneficiary Concern | [ ]  Professional Judgement |
| Beneficiary Reaction to Intervention Provided Complete | Checklist Section Complete |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Action Plan Checked  | Beneficiary Feedback and Desired Plan for Next Visit Complete |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Specific Plan for Next Visit - Staff Complete | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Profession Completing Visit |
| [ ]  RN | [ ]  LSW | [ ]  RD | [ ]  Other |
| Notes |
|       |
| **PROFESSIONAL VISIT PROGRESS NOTE #2** |
| Date | Beneficiary Info Section Complete and Accurate\*\* |
|       | [ ]  Yes | [ ]  No |
| Visit Last 30+ Minutes | If a Community Visit, Reason Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Content Addressed |
| [ ]  Plan of Care Domain | [ ]  Beneficiary Concern | [ ]  Professional Judgement |
| Beneficiary Reaction to Intervention Provided Complete | Checklist Section Complete |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Action Plan Checked  | Beneficiary Feedback and Desired Plan for Next Visit Complete |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Specific Plan for Next Visit - Staff Complete | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Profession Completing Visit |
| [ ]  RN | [ ]  LSW | [ ]  RD | [ ]  Other |
| Notes |
|       |
| **PROFESSIONAL VISIT PROGRESS NOTE #3** |
| Date | Beneficiary Info Section Complete and Accurate\*\* |
|       | [ ]  Yes | [ ]  No |
| Visit Last 30+ Minutes | If a Community Visit, Reason Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Content Addressed |
| [ ]  Plan of Care Domain | [ ]  Beneficiary Concern | [ ]  Professional Judgement |
| Beneficiary Reaction to Intervention Provided Complete | Checklist Section Complete |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Action Plan Checked  | Beneficiary Feedback and Desired Plan for Next Visit Complete |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Specific Plan for Next Visit - Staff Complete | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Profession Completing Visit | All High Risk Domains Addressed |
| [ ]  RN | [ ]  LSW | [ ]  RD | [ ]  Other | [ ]  Yes | [ ]  No [ ]  NA |
| If All High Risk Domains Have Not Been Addressed, Reason Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **PROFESSIONAL VISIT PROGRESS NOTE #4** |
| Date | Beneficiary Info Section Complete and Accurate\*\* |
|       | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| Visit Last 30+ Minutes | If a Community Visit, Reason Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Content Addressed |
| [ ]  Plan of Care Domain | [ ]  Beneficiary Concern | [ ]  Professional Judgement |
| Beneficiary Reaction to Intervention Provided Complete | Checklist Section Complete |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Action Plan Checked  | Beneficiary Feedback and Desired Plan for Next Visit Complete |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Specific Plan for Next Visit - Staff Complete | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Profession Completing Visit |
| [ ]  RN | [ ]  LSW | [ ]  RD | [ ]  Other |
| Notes |
|       |
| **PROFESSIONAL VISIT PROGRESS NOTE #5** |
| Date | Beneficiary Info Section Complete and Accurate\*\* |
|       | [ ]  Yes | [ ]  No |
| Visit Last 30+ Minutes | If a Community Visit, Reason Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Content Addressed |
| [ ]  Plan of Care Domain | [ ]  Beneficiary Concern | [ ]  Professional Judgement |
| Beneficiary Reaction to Intervention Provided Complete | Checklist Section Complete |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Action Plan Checked  | Beneficiary Feedback and Desired Plan for Next Visit Complete |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Specific Plan for Next Visit - Staff Complete | Professional Info Section Complete and Accurate\*\* |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Profession Completing Visit |
| [ ]  RN | [ ]  LSW | [ ]  RD | [ ]  Other |
| Notes |
|       |
| **REQUIRED DISCIPLINES** |
| RN & LSW Both Conducted a Visit | If Not, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |

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| **PLAN OF CARE, 2** |
| All Domains Addressed Prior to Discharge | If Not, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **MATERNAL HOME VISITS** |
| Home Visit Occurred During Pregnancy | If Not, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Home Visit Occurred Postpartum | If Not, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **SAFETY PLAN** |
| If Safety Plan Required, Intervention Documented | If Required and not Documented, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **ACTION PLAN** |
| Action Plan is Documented (checkbox) | If not Documented, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **STRESS/DEPRESSION REFERRAL** |
| If Stress/Depression Domain Present in POC 2, Referral Documented | If Referral Not Documented, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **REGISTERED DIETICIAN REFERRAL** |
| Food/Nutrition Domain Present and High Risk | If Yes, Internal RD Conducted a Visit or RD Referral Documented |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| If RD Did not Conduct a Visit and No RD Referral Occurred, Reason Documented on Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **MATERNAL-ONLY PROVIDER: INFANT MIHP REFERRAL** |
| Referral to Infant MIHP Provider Documented |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **PHYSICIAN ORDER: RD SERVICES** |
| RD Conducted a Professional Visit | Order for RD Services Present in Chart |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| MIHP Provider Name Present on Order | Medical Provider Contact Info Present on Order |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Medical Provider Signature, Credentials, Date Present on Order | Rationale Present |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|  |
| **PHYSICIAN ORDER: MORE THAN 9 VISITS** [ ]  NA |
| More than 9 Visits Conducted | Order for Additional Visit Present in Chart |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| MIHP Provider Name Present on Order | Medical Provider Contact Info Present on Order |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Medical Provider Signature, Credentials, Date Present on Order | Rationale Present |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **PHYSICIAN ORDER: MORE THAN 18 VISITS** [ ]  NA |
| More than 18 Visits Conducted | Order for Additional Visit Present in Chart |
| [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  NA |
| MIHP Provider Name Present on Order | Medical Provider Contact Info Present on Order |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Medical Provider Signature, Credentials, Date Present on Order | Rationale Present |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **DEVELOPMENTAL SCREENING REVIEW** [ ]  NA |
| Birth Date | Gestational Age |
|       |       |
| **BRIGHT FUTURES** |
| Date Conducted | “Not Yet” Present |
|       | [ ]  Yes | [ ]  No |
| Type of Screening Required for Follow-up (Bright Futures required for infants less than 1 month) |
| [ ]  Bright Futures | [ ]  ASQ-3 |
| Notes |
|       |
| Bright Futures Follow Up Conducted | Date Conducted |
| [ ]  Yes | [ ]  No | [ ]  NA |       |
| Correct Screener Used | "Not Yet" Present |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| **ASQ-3** |
| Date of First Visit | Date of First ASQ-3 |
|       |       |
| Reason Not Completed at First Visit Documented | Correct Screener Used |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  White | [ ]  Grey | [ ]  Black |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided | Rescreen Requirement |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  4 months | [ ]  2 months | [ ]  NA |

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| Notes |
|       |
| Date of Second ASQ-3 | Reason Not Completed | Correct Screener Used |
|       | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  White | [ ]  Grey | [ ]  Black |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided | Rescreen Requirement |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  4 months | [ ]  2 months | [ ]  NA |
| Notes |
|       |
| Date of Third ASQ-3 | Reason Not Completed | Correct Screener Used |
|       | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  White | [ ]  Grey | [ ]  Black |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided | Rescreen Requirement |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  4 months | [ ]  2 months | [ ]  NA |
| Notes |
|       |
| Date of Fourth ASQ-3 | Reason Not Completed | Correct Screener Used |
|       | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  White | [ ]  Grey | [ ]  Black |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided | Rescreen Requirement |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  4 months | [ ]  2 months | [ ]  NA |
| Notes |
|       |
| Date of Fifth ASQ-3 | Reason Not Completed | Correct Screener Used |
|       | [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Yes | [ ]  No | [ ]  NA |

|  |  |
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| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  White | [ ]  Grey | [ ]  Black |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided | Rescreen Requirement |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  4 months | [ ]  2 months | [ ]  NA |
| Notes |
|       |
| **ASQ: SE-2** |
| 2 Month Tool Completed | Date of Completion |
| [ ]  Yes | [ ]  No | [ ]  NA |       |
| Reason Not Completed, Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| In Correct Timeframe (1 month, 0 days – 2 months, 30 days) |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  White | [ ]  Grey | [ ]  Black | [ ]  NA |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| 6 Month Tool Completed | Date of Completion |
| [ ]  Yes | [ ]  No | [ ]  NA |       |
| Reason Not Completed, Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| In Correct Timeframe (3 months, 0 days – 8 months, 30 days) |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  White | [ ]  Grey | [ ]  Black | [ ]  NA |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |

|  |  |
| --- | --- |
| 12 Month Tool Completed | Date of Completion |
| [ ]  Yes | [ ]  No | [ ]  NA |       |
| Reason Not Completed, Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| In Correct Timeframe (9 months, 0 days – 14 months, 30 days) |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  White | [ ]  Grey | [ ]  Black | [ ]  NA |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| 18 Month Tool Completed | Date of Completion |
| [ ]  Yes | [ ]  No | [ ]  NA |       |
| Reason Not Completed, Documented on PVPN or Contact Log |
| [ ]  Yes | [ ]  No | [ ]  NA |
| In Correct Timeframe (15 months, 0 days – 20 months, 30 days) |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Information Summary Complete and Accurate\*\* | Outcome |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  White | [ ]  Grey | [ ]  Black | [ ]  NA |
| Referral Present | Outcome of Referral |
| [ ]  Yes | [ ]  No | [ ]  NA | [ ]  Enrolled | [ ]  Declined | [ ]  Didn’t Qualify | [ ]  In Progress |
| Learning Materials Provided |
| [ ]  Yes | [ ]  No | [ ]  NA |
| Notes |
|       |
| \*See Operations Guide for specifics |
| \*\*Complete and Accurate: all data elements are present and information is accurate |
| Alterations: NA indicates no alterations were made. |