

Instructions

Infant Risk Identifier

DEMOGRAPHICS

Infant Demographic Information

- Screening Date: The date that the *IRI* was fully administered. If it took more than one appointment to administer the *IRI*, insert the date of the last appointment. The date of the last appointment must be within 14 days of the date of the first appointment.
- Medicaid ID: If you do not yet have the beneficiary's Medicaid ID number, leave this field blank. However, be sure to enter the number as soon as you receive it. You may insert "pending" on the worksheet for internal purposes, but you will not be able to do this on the electronic form.
- SSN: Tell beneficiary that Social Security Number is optional.
- First Name, Middle Initial, and Legal Last Name: Insert beneficiary's full legal name, as it appears on his or her mihealth card. This is the name that is in CHAMPS. CHAMPS allows for punctuation, including hyphens, apostrophes, spaces and accent marks. If the beneficiary does not have a mihealth card, and you help the mother or other caregiver to apply for Medicaid online, the name she enters on the application is the name that will appear in CHAMPS.

NOTE: If the beneficiary has a Medicaid ID number, when you enter it into the electronic *Risk Identifier*, the system will pull the beneficiary's name from CHAMPS and populate this field.

Caregiver Demographic Information

- Non-Traditional Caregiver: Check the "foster parent" box if the caregiver is a court-ordered foster parent. Check the "other" box for any other caregiver who is not the infant's biological mother. This means that a father, grandmother, aunt, etc., are all designated as non-traditional caregivers.
- Medicaid ID: The mother may or may not have a Medicaid ID number. If she has a Medicaid ID number or had a Medicaid ID number which is no longer active, enter the number so MDHHS can link the records of mothers who participated in MIHP while they were pregnant and after their infants were born. If she does not have a Medicaid number, leave this field blank. If the mother is not the caregiver, leave this field blank.
- First Name, Middle Initial, and Legal Last Name: Insert caregiver's complete name, including any and all punctuation (e.g., hyphens, spaces, apostrophes, accent marks, etc.). If caregiver has had a Medicaid ID number at any time, CHAMPS will prepopulate this field.
- SSN: Tell the caregiver that this is an optional field.
- "Unmarried" means never married.

Instructions

Infant Risk Identifier

MATERNAL/INFANT BASICS

Infant Basic Information

- No clarifications.

Maternal Basic Information

- Mother's age at time of birth: Enter mother's age at time of infant's birth.
- How many grades of school have you completed: Check one box only, indicating the highest educational level completed.
- Trade School: A specialized program at a vocational/technical school or community college in fields such as allied health and health care, business, cosmetology, mechanics, design, electronics and technology, law, etc. Most, but not all, require a high school diploma or GED.

MATERNAL FAMILY PLANNING

- No clarifications.

MATERNAL SMOKING

- If smoking, how many cigarettes do you smoke on the average day?
 - ½ to 1 pack = 11 to 20 cigarettes
 - 1 to ½ packs = 21 to 30 cigarettes
 - More than 1½ packs = more than 30 cigarettes

MATERNAL ALCOHOL

- No clarifications.

MATERNAL DRUGS

- Check the "Methadone/Subutex/Suboxone" box whether or not beneficiary is using these substances as part of a treatment program.

MATERNAL STRESS

- No clarifications.

Instructions

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MATERNAL DEPRESSION & MENTAL HEALTH

Depression Follow Up Screening (Edinburgh Post Natal Depression Scale)

- Maximum score: 30 points. Always look at last question (suicidal thoughts.) If beneficiary responds (1), (2), or (3) to the last question, call her medical care provider or arrange for her to get to the ER.

MATERNAL ABUSE AND VIOLENCE

- Are you afraid of someone listed above? This means current partner, ex-partner, stranger, family member, or other.
- Have you ever been involved with CPS with any of your children? If the caregiver replies “Yes” to this question, this domain will score out high. You can’t override this risk level in the data system when you enter the data. However, you can change the risk level to moderate at the next visit if the beneficiary’s situation matches the risk information in Column 2 of the POC 2.

MATERNAL BASIC NEEDS

Housing

Food

Transportation

- Do you have access to routine transportation? If No, please check all that apply. “Potential unavailability” means beneficiary has access to a car, but it is shared with other household members. “Unreliable” means the beneficiary’s car frequently breaks down or she relies on family or friends to transport her, but she can’t always count on their availability.
- Do you know how to get transportation assistance from your Medicaid Health Plan? Check the “No” box if the caregiver says “no” or is not in a Medicaid Health Plan.
- Do you have a way to make appointments or access emergency assistance? This means “Do you have transportation to get to your appointments or to get to the hospital (or other facility) if you have an emergency?”

PARENTING

- Child Interaction Assessment: Check the “None” box if you observe that the mother had no interaction with her baby during your visit, even though the baby was present and awake.

INFANT FAMILY SUPPORT, PARENTING AND CHILDCARE

- Are you planning to start work or school in the near future? “Near future” means within 6 months.

Instructions

Infant Risk Identifier

- Are you a first-time parent? A first-time mother is one who has not previously had a live birth. A pregnant woman who has had a miscarriage, stillbirth, or abortion in the past, but not a live birth, is a first-time parent.
- If No, how many sibling children are there? This is the total number of children in the household for whom the mother is responsible. It includes the infant beneficiary, full siblings, half-siblings, step-children and foster children. If the mother shares a house with other adults, do not count the children of the other adults in the total.

INFANT BIRTH HEALTH STATUS

- No clarifications.

INFANT HEALTH CARE

- No clarifications.

INFANT SAFETY

- Where does your baby usually sleep? Check “crib” if the infant sleeps in a crib or in a Pack ‘N Play. If the infant sleeps in a bassinet, check “other” and write in “bassinet.” Any time the “other” box is checked, this domain will score out as high.
- In what position do you lie your infant down to sleep? “Front” means on the infant’s stomach.
- Are you afraid that you or anyone in your household may hurt your baby? If Yes, who? “Caretaker” means someone in the household who is responsible for watching over the baby for long or short periods of time; a babysitter/child care provider.

INFANT FEEDING AND NUTRITION

- At what age did your baby start taking formula? Enter age in months. Enter zero (0) if baby started taking formula at less than one month.
- How often does your baby eat? This means how many times the infant eats in a 24-hour period.

INFANT GENERAL DEVELOPMENT (BRIGHT FUTURES)

- When selecting the appropriate *Bright Futures* questions, you need to adjust for prematurity if the infant was born before 40 weeks gestation. Adjusted age is calculated by subtracting the number of weeks born before 40 weeks of gestation from the chronological age. This adjustment is made automatically when the data is entered electronically into the MDHHS database. However, if you select the wrong questions when you administer the *Infant Risk Identifier*, the screening results won’t be valid.

Instructions

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MATERNAL/INFANT COMPLETE AND FINALIZE

- Comments: Document any relevant information that was not captured by the *Risk Identifier*. This field is used for your purposes only at this time.
- Screener Name: The screener must be completed by an RN or SW.
- Date: This field will be auto-populated.
- Entered By Name: The *Risk Identifier* data may be entered from the worksheet into the MIHP database by any MIHP staff person who has been authorized to use the State of Michigan MILogin System. Data entry does not have to be done by the RN or SW.

INTERNAL QA PROCESS

It is suggested that before you press the “finalize screening” button, you ask a colleague to review the data you have entered to make sure it is correct.

DELETE AND RE-ENTER INFANT RISK IDENTIFIER

If you discover that a data entry error has been made, you can delete and re-enter the *Infant Risk Identifier* within 30 days after completing it (except for the Medicaid number) in the database.

ENTERING RISK IDENTIFIER AND SCORE SHEET IN BENEFICIARY’S CHART

The *Risk Identifier* and *Score Summary Sheet* must be entered into the beneficiary’s chart before any professional visits can be conducted.