

# MIHP CASE MANAGER CHART REVIEW (Optional)

Michigan Department of Health and Human Services  
Maternal Infant Health Program

Beneficiary Name	Date	Quarter <input type="checkbox"/> Oct-Dec <input type="checkbox"/> Jan-March <input type="checkbox"/> April-June <input type="checkbox"/> July-Sept
1. Has beneficiary been seen monthly (at least once in a given month) this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, is the reason documented?		
2. Does he POC need to be modified? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, which domains should be added?		
3. Are all of the appropriate interventions being implemented in each domain? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, indicate the domain and which interventions should be implemented. Domain: _____ Intervention #s: _____		
4. Were all high-risk domains addressed within the first three visits? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, indicate the high-risk domains that need to be addressed. Domain: _____		
5. If beneficiary scored out as high risk in the Stress/Depression, Abuse/Violence, or Substance-Exposed Infant domain, was a safety plan addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, indicate the high-risk domains requiring that safety plan be addressed. Domain: _____		
6. Have the appropriate referrals been made this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, what referrals need to be made?		
7. Have all referrals been followed up on within three visits in this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, which referrals need to be followed up on?		
8. When is the next ASQ-3 screening due?	9. When is the next ASQ: SE-2 screening due? <input type="checkbox"/> NA	
10. What has beneficiary said about the extent to which MIHP services are meeting her needs this quarter? (check one) <input type="checkbox"/> MIHP is meeting her needs/she is satisfied with services. <input type="checkbox"/> MIHP is meeting some of her needs/she is somewhat satisfied with services. <input type="checkbox"/> MIHP is not meeting some of her needs/she is somewhat dissatisfied with services. <input type="checkbox"/> MIHP is not meeting her needs/she is dissatisfied.		
11. What did beneficiary say she needed from MIHP this quarter?		
12. Comments		

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