

## Instructions

### Maternal Risk Identifier

#### DEMOGRAPHICS

- Screening Date: The date that the *MRI* was fully administered. If it took more than one appointment to administer the *MRI*, 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.
- First Name, Middle Initial, and Legal Last Name: Insert beneficiary's full legal name, as it appears on 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 her 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.
- SSN: Tell the beneficiary that this is an optional field.
- Marital Status: "Unmarried" means never married.

#### BASICS (2 of 2)

- 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.
- Group Home: An Adult Foster Care home for persons who require assistance with the activities of daily living due to an intellectual or other developmental disability, serious mental illness, or a disabling physical condition.
- Homeless: A beneficiary who does not have a regular place of residence which she considers to be her home. She may be residing in a shelter or staying with family or friends.

#### HOUSEHOLD MEMBERS

- Member in household: This includes both related and unrelated persons. Make sure to inform beneficiary that she does not need to provide name of each person.

#### HEALTH HISTORY - PREGNANCY

- Did any of your pregnancies end in miscarriage, (etc.)? If yes, most recent pregnancy no. For each Yes response, give the number of the most recent pregnancy ending in that particular way. For example, if a woman had two miscarriages in the 4<sup>th</sup> month of

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pregnancy or later, one resulting from her 1st pregnancy and the second resulting from her 4<sup>th</sup> pregnancy, insert “4”.

- Do you have a history of pregnancy complications? If Yes, what were the complications:  
Note anything at all that the beneficiary defines as a complication.

### HEALTH HISTORY – HYPERTENSION, ASTHMA, DIABETES

- No clarifications.

### HEALTH HISTORY – HIV SEXUALLY TRANSMITTED INFECTION

- Have you ever been told that you have sexually transmitted infection? If beneficiary responds Yes to more than one STI, you will be required to answer the follow-up questions for each STI on the electronic version, so be sure to capture this information on the worksheet.

### HEALTH HISTORY – OTHER

Sickle Cell: This means sickle cell disease and does not include sickle cell trait.

### FAMILY PLANNING

- No clarifications.

### PRENATAL CARE

- Don't know: Beneficiary does not know how many weeks pregnant she was at first prenatal care visit.
- OB provider refused to schedule an appointment because my pregnancy is advanced: Advanced means that beneficiary sought prenatal care when she was in her 3<sup>rd</sup> trimester (weeks 28 through 42).
- I haven't had my Medicaid card or Guarantee of Payment letter: If beneficiary has not yet received her Medicaid card, or Guarantee of Payment letter, check this box.

### NUTRITION

- Some weight loss during pregnancy: Any weight loss at all in the first trimester. Weight loss greater than 2 pounds in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester.
- Severe weight loss: Loss of 15% or more of pre-pregnancy body weight.
- Fetal growth restriction: Below 10<sup>th</sup> percentile for gestational age, as determined by an ultrasound.
- Do you take any of the following: Supplements (Boost, Ensure, etc.): This refers to liquid supplements only.
- Strict vegetarian or vegan diet: Vegetarians don't eat meat, chicken, or fish, but do eat dairy products and/or eggs. (NOTE: Some people who eat fish call themselves

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vegetarians.) Vegans do not eat meat, chicken, fish, dairy products, eggs, honey, or any other food derived from animals.

#### BREASTFEEDING

- Have you ever breastfed other children? If No, skip the next 3 questions.
- How long did you breastfeed with last pregnancy? If beneficiary did not breastfeed with last pregnancy, go to next question.
- Do you know how to access a lactation consultant or breastfeeding support? This includes a certified lactation consultant, a WIC breastfeeding peer counselor, the Black Mothers' Breastfeeding Association Club, etc.)

#### SMOKING

- How many cigarettes do/did you smoke on an average day? "Did you smoke" means if beneficiary quit during pregnancy. Also:
  - ½ to 1 pack = 11 to 20 cigarettes
  - 1 to ½ packs = 21 to 30 cigarettes
  - More than 1½ packs = more than 30 cigarettes
- Will you be somewhere where the baby is exposed to smoke? This means on a regular basis – not just occasionally or inadvertently.
- What is your plan to avoid smoke exposure to the baby? This means how you will keep your baby out of smoke-filled areas.

#### ALCOHOL

- No clarifications.

#### DRUG USE

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

#### STRESS

- No clarifications.

#### DEPRESSION AND 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.

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#### SOCIAL SUPPORT

- Is there someone you can count on to help you during this pregnancy and with your new baby? If Yes, go to the next question. If No, skip the next question.
- Who do you count on for support? Support is defined by the beneficiary. To her, it may mean assistance from an individual who provides:
  - Emotional support (e.g., listens to and encourages me)
  - Social support (e.g., hangs out with me, laughs with me)
  - Practical support (e.g., watches my baby, drives me to the store)
- Are you involved in any support groups or other resources? “Other resources” may include childbirth education classes, parenting education programs, play and learn groups, family resource centers, family literacy programs, faith-based groups, etc.

#### ABUSE AND VIOLENCE

- Are you afraid of someone listed above? This means current partner, ex-partner, stranger, family member, or other.

#### BASIC NEEDS – HOUSING

- Do you have a smoke detector in the house? This means a *working* smoke detector.
- Do you live in an old house with ongoing renovations that generate a lot of dust? “Old” means built before 1978.
- Do you or others in your household have any hobbies or activities likely to cause lead exposure? These include: pottery and ceramics; making jewelry; making stained glass; furniture refinishing; hunting and fishing; and firearms practice.

#### BASIC NEEDS – FOOD/TRANSPORTATION

- Food: In the last 12 months, did you (or other adults in your household) ever cut the size of your meals or skip meals because there was not enough money for food? How often did this happen? If the answer to the first question is Yes, ask the beneficiary to select the most appropriate of the three options given. “Almost every month” means 10 – 12 months; “Some months but not very much” means 3 – 9 months; “In only 1 or 2 months” means 1 or 2 months.)
- 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 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?”

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#### **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.

#### **NOT ABLE TO DELETE AND RE-ENTER MATERNAL RISK IDENTIFIER**

You do not have the option of deleting and re-entering the *Maternal Risk Identifier* within 30 days after completing it (except for the Medicaid number) in the database, as you have with the *Infant Risk Identifier*, in order to correct errors. If deleting a *Maternal Risk Identifier* is necessary, contact your consultant.

#### **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.