MIHP Case Manager Chart Review

Beneficiary Name: _____ Date: _____

QUARTER:

☐ **October-December** ☐ **January- March** ☐ **April – June** ☐ **July- September**

1**. Has beneficiary been seen at least once in each month during this quarter?**

☐ Yes ☐ No ☐ If no, reason documented

2. Has beneficiary been seen more than once in a month. If yes, is reason documented?
☐ Yes ☐ No

3. Was the Plan of Care modified?
☐ Yes ☐ No If yes, which domains should be added? Domain: _____

4. Were all the all required domains addressed?
☐ Yes ☐ No If no, indicate the domain that should be implemented. Domain: _____

5. Were all high-risk domains addressed within first 3 visits?
☐ Yes ☐ No
If no, indicate the high-risk domains that should be addressed.
Domains:_____

6. If beneficiary scored out as high risk in the Stress/Depression, Abuse/Violence, or Substance Exposed Infant domain, was a safety plan addressed?
☐ Yes ☐ No If no, indicate the high-risk domains requiring that safety plan be addressed.
Domain: _____

7. Have the appropriate referrals been made?
☐ Yes ☐ No If no, which referrals need to be followed up on? _____

8. Have all referrals been followed up on within three visits?
☐ Yes ☐ No If no, which referrals need to be followed up on? _____

9. When is the next ASQ-3 screening due? _____☐ NA

10. When is the next ASQ:SE-2 screening due? _____ ☐ NA

10. Did the beneficiary receive an additional home (H1001) visit?
☐ Yes ☐ No

11. Did the beneficiary receive care coordination services (T2022)?
☐ Yes ☐ No

12. Did the beneficiary receive complex visits (99600)?
☐ Yes ☐ No