CARE COORDINATION REFERRAL FORM

Predischarge: Complete preliminary information. Fax or mail one copy to the Birth Score Office.
Discharge: Complete all items. Fax or mail the top copy to the Birth Score Office.

Referring Hospital	Birth Hospital
Infant's Last Name	Infant's First Name
Infant's Birth Date	Infant's Medicaid #
Infant's Sex (circle one) M F Unknown	Mother's Social Security #
Mother's Last Name	Mother's First Name
Discharge Date	Birth Score

Infant Discharged to: (check one)
_____Natural Parent's Home
_____Foster Home (County of placement)_____
_____Adopted Parent's Home
_____Back Transfer (Name of Hospital)_____
_____Other (List)_____

Address where infant will live after hospital discharge:

Street: _____

City: _____ Zip: _____

Phone (home) _____ (other) _____

Eligibility Criteria (check all that apply)
_____ WV Medicaid or SSI (Required)

_____10 Day NICU Stay

_____Congenital Abnormality Code* (_____)

_____High Birth Score

_____Neonatologist Referral

_____Discharge on Technology
*Select numeric code from back of form

Directions to home. (Complete if street address or telephone number are missing)

Original: Birth Score Office
Copy: Infant's Chart Form revised 8/07

(Baby's Addressograph)

Local physician/clinic providing baby's care after discharge

Name: _____

City/State: _____

Discharge Diagnoses (check all that apply):
____Prematurity ____Reflux
____Apnea of Prematurity ____Resp. Distress
____Hyperbilirubinemia ____Suspected Sepsis
____Anemia of Prematurity ____BPD
____Other (list)

Discharge Medications (check all that apply):
____None ____Cisapride
____Caffeine ____Poly-Vi-Sol with Iron
____Theophylline ____Reglan
____Other (list)

Discharge Technology (Check all that apply):
____None ____Monitor
____Pulse Oximeter ____Oxygen
____Other (list)

Results of Newborn Hearing Screen: (If not on Birth Score)
Left Ear: ___Pass ___Fail ___Not Screened
Right Ear: ___Pass ___Fail ___Not Screened
Reason if not screened: _____

Other Instructions/Concerns:

PARENT CONSENT

I give permission for my baby's hospital information to be sent to the WV Birth Score office for statewide program evaluation, for medical risk evaluation referral for me and for early intervention or case management referral for my baby. I understand all information will be kept strictly confidential.

Parent/guardian signature Date

Relationship to infant if not the parent

Witness' signature Date

CRITERIA FOR REFERRAL:

Only those infants who are eligible for **WV Medicaid or SSI** will be referred to Care Coordination. Each of the following hospitals (Women and Children's, Ruby Children's, and Cabell Huntington) will refer to the Birth Score Office Medicaid/SSI eligible NICU/Special Care infants who meet one or more of the following criteria:

High Birth Score: A total Birth Score of 100 or higher, or a total Birth Score of less than 100 and one or more identified Developmental Risk Factors (5 minute APGAR of 3 or less, birth weight 1500 grams or less, and/or a Congenital Abnormality from list below).

NICU hospital length of stay 10 or more days:

Congenital Abnormality:

1. Down Syndrome (Trisomy 21)
2. Other Trisomies (13, 18)
3. Sex Chromosome Abnormalities (examples include Fragile X, XXX, XYY, XXY)
4. Other (examples include Cri Du Chat; deletions, duplications of chromosomes)
5. Seizures
6. Grade III or IV intracranial hemorrhages
7. Birth weight less than 10% for gestational age (SGA, IUGR)
8. Microcephaly less than 5%
9. Neural tube defects (examples include spina bifida, encephalocele)
10. Hydrocephaly less than 5%
11. Sensory impairment (hearing loss, visual impairment, glaucoma, cataracts, etc.)
12. Malformation of the brain or spinal cord.
13. Any other serious neurologic condition**.**
14. Cleft Palate/Lip.
15. Limb reduction abnormalities, skeletal dysplasia
16. Bronchopulmonary dysplasia (BPD)
17. Congenital infections (TOXO, CMV, Rubella, Herpes, HTLV III positive)
18. Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE)
19. Fetal Hydantoin Syndrome.
20. Metabolic disorders
21. Any diagnosed non-chromosomal syndrome

Neonatologist Referral: Referral from the attending neonatologist: may include concern for infant's welfare or safety due to parental substance abuse, parental handicap, environmental safety, significant parental concerns, etc.

Discharge on Technology: Discharged home on technology (apnea monitor, oxygen, g-tube, etc.)

NICU RESPONSIBILITIES AND TIME FRAMES

A. Each tertiary care center is responsible for:
   1. Identifying those NICU infants who are eligible for care coordination services.
   2. Completing pre-discharge and discharge care coordination referral forms.
   3. Faxing or mailing original referral forms to the Birth Score Office.

B. **Pre-discharge referrals** should be mailed or faxed to the Birth Score Office for each NICU infant who meets referral criteria upon identification of the infant's eligibility.

C. **Discharge referrals** should be forwarded as soon as possible after the infant's actual discharge. Discharge referrals should be mailed or faxed to the Birth Score Office no later than three (3) days after discharge. Referral on the day of discharge is ideal. This will enable Care Coordinators to make infant home visits within one week to 10 days of hospital discharge.

For questions and/or additional information regarding the NICU referral process contact the WV Birth Score-Developmental Risk Screen and Newborn Hearing Screen Program at (304)293-7302.

(Form revised 8/07)