HEALTHY START INFANT CARE COORDINATION RECORD REVIEW

Review Date:_____ Participant's Initials: _____ DOB: _____
Care Coordinator's Initials:___ Reviewer's Name:
HS Care Coordination Provider: _____ Site:_____

Initial Contact (IC)	**Yes**	**No**	**N/A**	**Comments**
HS Screen Date: _____ Score: _____ Date received : by CHD_____ by Coordinator_____ Referred (by other than screen) Date: _____				
IC attempt within five days from receipt of screen				**Date:**
2nd IC attempt within 10 days of 1st				**Date:** **Total # of IC attempts:**
If high risk, face-to-face attempt prior to closure				
IC actually made				**Date:** **Level at IC**:
Each risk factor assessed for intervention				
Each intervention appropriate for risk				
Follow-up with provider within 30 days of 1st attempt to contact				**Date:**
IPC completed on IC				**Plan :** Tracking Initial Assessment Declined
All IC components present in record				No Services Needed Unable to Contact
Closed at IC and encounter/level met				

Risk Factor Identified by Screen or Assessment		**RISK-BASED INTERVENTION Documentation must reflect that each risk factor was assessed for intervention**			
	Yes	**Info**	**Referral**	**F/U**	**Was Intervention Appropriate?**
Abnormal Conditions (assisted ventilation 30 min. or more, NICU admissions, RDS, seizure, surfactant replacement therapy).					
Birth weight less than 2000 grams or less than 4 pounds, 7 ounces					
Infant transferred within 24 hours of delivery					
Mother is not married					
Principal source of payment Medicaid					
Maternal race black					
Father's name not present or unknown					
Mother used tobacco in one or more trimesters					
Prenatal visits less than 2 or unknown					
Maternal age less than 18 or unknown					
Other risk factors identified (Specify)					

Initial Assessment (IA)	**Yes**	**No**	**N/A**	**Comments**
IA attempt within 10 days of IC				**Total # of IA attempts:**
IA actually completed				**Date:** **Level at IA:**
Face-to-face attempt prior to closure as unable to locate				
IA of risk and need done				
Each risk factor assessed for intervention				

Each intervention appropriate for risk					
IPC for IA follow-up done					
Follow-up with provider within 30 days of IA					
Closed at IA and encounter/level met					
Care Coordination (CC)					**Date: Level at 1st CC encounter:**
Tracking contacts completed					Total # of CC Tracking Attempts:
Face-to-face contacts completed					Total # of CC Face to Face Attempts:
IPC evaluated at each encounter					
Family Support Plan					
Appropriate referrals education and follow-up					
Number of encounters is consistent with level					If "no," note reason:
Appropriate closure					**Date:**
Closure activities documented					
Face-to-face attempt prior to closure as unable to locate					
Lost to follow up					**Date:**
CC level of need and risk		**Level 1**	**Level 2**	**Level 3**	
Dates of any change in level from 1st CC encounter (dd/mm/yy)					
"Other" Healthy Start Services Provided by Care Coordinator	**# of encounters**	**CC Qualified Per HSSG**			**Was the Curriculum or Plan Followed and Documented in the Record?**
Parenting Education					
Childbirth Education					
Psychosocial Counseling					
Tobacco Cessation					
Nutrition Counseling					
Breastfeeding Education					
Interconceptional E & C					

INSTRUCTIONS FOR THE HEALTHY START INFANT CARE COORDINATION RECORD REVIEW CHECKLIST

NOTE: The Healthy Start Care Coordination Record Review Checklist contains confidential information and should only be used by authorized personnel as a quality assurance/quality improvement tool. The checklist is designed to provide the record reviewer with a format for recording care coordination services provided. Items expected to be found in the record are consistent with Healthy Start standards and provide the reviewer with information needed to determine whether appropriate and adequate risk- based interventions (i.e., risk appropriate care) were provided. The checklist may be used by supervisors, in-house peer reviewers, or external auditors.

The checklist includes sections for 1) descriptive information; 2) initial contact; 3) recording of risk factors identified by screen and/or assessment; risk-based intervention provided to address the risk factors; 4) initial assessment 5) ongoing care coordination services provided and 6) other Healthy Start services received. Note that not every service will be provided to each participant since the provision of services is based on the presence of risk and a corresponding need for intervention. However, in the event the participant has a risk factor that does not require intervention from the provider or for which the participant refuses intervention, documentation should always reflect that the risk was addressed. In addition, if there are no resources available to address the risk factor, this too should be discussed with the participant.

1. DESCRIPTIVE INFORMATION: Record the review date, participant's initials and DOB, EDC, reviewer's name, the county and whether the participant receives prenatal health care in the public or private sector.

2. INITIAL CONTACT: The left column contains services and activities related to the participant's HS Screen and initial contact. The next three columns to the right provide space to check "YES", "NO", or "N/A" (not applicable) for each service or activity in the left column. The far right column in this area gives space for comments, dates, and indication of whether the record reflected, after the completion of the initial contact, a plan of care that included "Tracking ","Initial Assessment", "Declined", "Receiving care coordination", "No services needed," or "Unable to Contact". This information should be found in the record and describes the HS care coordinator's plan and the HS participant's intensity of need at the time of initial contact.

3. RISK FACTOR IDENTIFIED BY SCREEN/ASSESSMENT & RISK-BASED INTERVENTION: The left column contains a list of risk factors from the Healthy Start screen and blank spaces to specify any other risk factors that may have been identified during interactions with the participant. The second column provides a space to check "YES" to specify all risk factors that apply to the participant whose record is being reviewed. The third and fourth columns provide spaces to indicate whether information and/or referrals were made related to the particular risk factor. The fifth column provides a space to check whether appropriate follow-up for the risk factor was provided and requires the reviewer to assess the seriousness of the risk factor and the interventions provided. **Each identified risk factor must be adequately addressed for appropriate follow-up to have occurred.** Adequacy of intervention depends on the seriousness of the risk, the desires of the participant, and the resources of the provider and community, and is therefore, a subjective determination on the part of the reviewer. Providers and record reviewers must take these factors into consideration when determining whether appropriate intervention was provided. The last column is for comments.

4. INITIAL ASSESSMENT and CARE COORDINATION: The left column lists items that correspond to standards and criteria for initial assessment and ongoing care coordination. The next three columns to the right provide space to check "YES", "NO", or "N/A" (not applicable) for each service or activity in the left column. The far right column in this area gives space for comments, dates, and indication of whether the record reflected, after the completion of the initial assessment and ongoing care coordination, a plan of care that included a participant level, and plans for future encounters. The last column provides space to document comments and attempts made to provide telephone or face-to-face contacts. **Were referrals, participation in prenatal/infant health care, and other services tracked to assure access to these services? If it was known that the participant missed a scheduled appointment ("no show"), did someone re-connect with the participant to explore barriers? Did all participants have an Individualized Plan of Care and a Family Support Plan in the record if the participant received level 3 care coordination? Was a rationale documented when the case was closed?**

5. OTHER HS SERVICES PROVIDED: Document the number of Other HS Services provided by the CC, if the CC was qualified to provide the services and if the documentation followed the appropriate curriculum.