

PRENATAL/ICC WOMAN HEALTHY START CARE COORDINATION RECORD REVIEW

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

Initial Contact (IC)	Yes	No	N/A	Comments	
Screen/Referral received by Coordinator within 10 working days of screening date (15 working days if not screened in county of residence)				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 contact actually made				Date:	Level at IC:
Each risk factor assessed for intervention					
Each intervention appropriate for risk					
Written 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	Documentation must reflect that each risk factor was assessed for intervention				
	Yes	Info	Referral	F/U	Was Intervention Appropriate?
No HS education					
Unmarried					
Children at home <5 yrs old					
Children at home with medical/special needs					
Not good time for pregnancy					
Has felt down, depressed, hopeless					
Has felt alone when facing problems					
History of mental health services/counseling					
Someone tried to hit or hurt participant					
Has trouble paying bills					
Race Black					
Used alcohol					
Uses tobacco					
Did not desire to be pregnant at all prior to pregnancy					
First pregnancy					
Last pregnancy problems					
Age <18					
Pre-pregnancy BMI <19.8, >35					
Pregnancy interval <18 months					
2 nd trimester entry into prenatal care					
Has illness requiring ongoing medical care					
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 assessment 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					Date: Level at 1st CC Encounter:
Care Coordination (CC)					
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					Updated in HMS?
Family Support Plan					
FSP updated within the time frame					
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:
Current CC Level (circle)		Level 1	Level 2	Level 3	
Dates of any change in level from 1 st CC encounter (dd/mm/yy)					
"Other" Healthy Start Services" Provided by Care Coordinator	Number of Encounters	Is CC Qualified to provide the service?		Was the curriculum or plan of treatment followed and documented?	
Parenting Education					
Childbirth Education					
Psychosocial Counseling					
Tobacco Cessation					
Nutrition Counseling					
Breastfeeding Education					
Interconceptional E&C					