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**To:            Prenatal Care Coordinators**  
**Mandatory Standardized Prenatal and Post Partum**  
**Subject:      Assessment Forms and Outcome Report as a Result of**  
**State-Wide Hoosier Healthwise Mandatory MCO Transition**

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## Overview

This article contains an update for certified prenatal care coordinators and community health workers regarding the mandatory standardized *Combined Initial and Reassessment Prenatal Care Coordination Assessment Form* (CIRPNCCAF), the *Postpartum Assessment Form* (PPAF), and *Medicaid Prenatal Outcome Report* data that are required of all PNCC providers. These new forms are effective 15 days from the date of this bulletin.

## ***Statewide Mandatory Risk-Based Managed Care Impact on Prenatal Care Coordination***

Mandatory risk-based managed care (RBMC) for all Hoosier Healthwise members, except Medicaid *Select* members, is expanding across Indiana. Prenatal Care Coordination (PNCC) Program providers should monitor IHCP provider bulletins and newsletters located on the IHCP Web site at <http://www.indianamedicaid.com> for the schedule for each county. PNCC providers throughout Indiana must contract with Hoosier Healthwise managed care organizations (MCOs) in their county to continue receiving reimbursement for services. The MCO maintains responsibility for the delivery and payment of PNCC services for its members. Prenatal care coordinators are encouraged to contract with all MCOs in their county. There are five state MCOs. Refer to the *IHCP Provider Monthly Newsletter NL200508*, for the most current information. The Indiana PNCC Program is being standardized to facilitate contracting with and providing services with all five of the MCOs.

*Note: Reimbursement rate for prenatal care coordinator services remains unchanged. Reimbursement for the appropriate ICD-9 code, billed on a CMS-1500 claim form, is a maximum of \$240.00 per qualifying member. Billing is submitted to the member's MCO. Data for the mandatory Medicaid Prenatal Outcome Report form that is attached to the Postpartum Assessment Form billing form is now incorporated into the standardized assessment forms to facilitate ease of data gathering.*

## ***Outcome Report Form***

The *Care Coordination Outcome Report* is used to report statistical data for care coordination services in Indiana. In the past, the *Care Coordination Outcome Report* was completed by the care coordinator and submitted with the postpartum visit billing claim when sent to EDS. Prenatal care coordinators no longer send claims or outcome reports to EDS unless a client is on Medicaid *Select* or not enrolled in an MCO. With RBMC mandatory in all counties, assessment forms are sent to the MCO in which the member is enrolled. To

cut down on reports received by the MCOs the data found on the *Care Coordination Outcome Report* has been incorporated into the CIRPNCCAF and the PPAF.

*Note: The areas highlighted in grey on the CIRPNCCAF and the PPAF contain information previously included on the Medicaid Prenatal Outcome Report. A copy of the appropriate assessment form is faxed to the MCO at the time of each claim. The outcome information is collected throughout the pregnancy and postpartum period. Contact each MCO for specific information on transmission of assessment forms.*

## **Standardized Assessment Forms**

PNCC services that will be reimbursed by Medicaid include a prenatal risk assessment, one initial assessment and follow-up, one reassessment and follow-up per trimester occurring after the initial assessment, and one postpartum assessment. In the past, PNCC providers used suggested forms for each of these assessments. To standardize the PNCC Program, all providers are required to complete the CIRPNCCAF and the PPAF.

*The Prenatal Risk Assessment Form is available on the IHCP Web site Forms page at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>.*

### **Combined Initial and Reassessment Prenatal Care Coordination Assessment Form and Form Locator**

Attachment 1 contains a copy of the *Combined Initial and Reassessment Prenatal Care Coordination Assessment Form* (CIRPNCCAF). Attachment 2 is a copy of the *Combined Initial and Reassessment Prenatal Care Coordination Assessment Form* (CIRPNCCAF) *Form Locator* to assist providers with identifying and documenting all prenatal assessment data elements.

### **Postpartum Assessment Form and Form Locator**

Attachment 3 is a copy of the revised *Postpartum Assessment Form* (PPAF) and Attachment 5 is a copy of the *Postpartum Assessment Form* (PPAF) *Form Locator* to assist providers with identifying and documenting all prenatal assessment data elements.

### **Prenatal Assessment Form**

Attachment 4 is a copy of the revised Prenatal Assessment Form.

*Note: These forms are available on the Forms page of the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Publications/forms.asp>.*

## **Contact Information**

IHCP eligibility can be verified by the following options:

- Calling the automated voice response (AVR) system at (317) 692-0819, Indianapolis local area, or 1-800-738-6770.
- Logon to Web interChange at <https://interchange.indianamedicaid.com/Administrative/logon.asp>.
- Dial up using the Omni Eligibility System and terminal at 1-800-931-9001.

Inquiries about this bulletin may be directed to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278

A complete list of contact information is available from the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Misc\\_PDF/Quick\\_Reference.pdf](http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf).

For inquiries about the *Combined Initial and Reassessment Prenatal Care Coordination Assessment Form* or the *Postpartum Assessment Form*, contact each MCO or:

**Bethany Johnson, R.N., M.S.N.**  
**Indiana State Department of Health**  
**(317) 233-1344**  
**[bmjohnso@isdh.in.gov](mailto:bmjohnso@isdh.in.gov)**

COMBINED INITIAL AND REASSESSMENT PRENATAL CARE COORDINATION ASSESSMENT FORM (CIRPNCCAF)

1. Agency		2. Address			7. MCO		8. Date						
3. Contact person				4. Phone		9. Contact person							
5. Prenatal care coordinator's provider number				6. Fax back # of prenatal care coordinator		10. Phone		11. Fax					
12. Medicaid #		13. SS#		14. LMP	15. EDC	33. Initial HV H1000	34. F/U	35. 1st Reassess H1004	36. 1st Reassess F/U	37. 2nd Reassess H1004	38. 2nd Reassess F/U		
16. Name			17. DOB (MM/DD/YY)			33a. Auth #	34.a.	35a. Auth #	36a.	37a. Auth #	38a.		
18. Race		19. Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N		20. Education		21. Marital Status		33b. Date	34b. Date	35b. Date	36b. Date	37b. Date	38b. Date
22. Phone 1		23. Phone 2		24. County of Residence			33c. Miles	34c. Miles	35c. Miles	36c. Miles	37c. Mile	38c. Mile	
25. Address 1			26. Address 2			33d. Wks gestation	34d. Wks gestation	35d. Wks gestation	36d. Wks gestation	37d. Wks gestation	38d. Wks gestation		
27. Prenatal care provider			28. Location			29. Phone		PNCC	39a. Prenatal care coord	39b. Prenatal care coord	39c. Prenatal care coord	39d. Prenatal care coord	39e. Prenatal care coord
30. PMP			31. Phone		32. Fax		40a. CHW		40b. CHW	40c. CHW	40d. CHW	40e. CHW	
41. RISK FACTORS		41a. Initial Assessment:			41b. Reassessment 1:			41c. Reassessment 2:					
ASSESSMENT		COMMENTS/TEACHING/HANDOUTS			CODES: X = Significant O = No Problem P = Potential N = See Note								
PREVIOUS PREGNANCY HX					Initial HV	F/U	1st Reassess	Reassess F/U	2nd Reassess	Reassess F/U			
42. Parity/gravida		42a.			42b.	42c.	42d.	42e.	42f.	42g.			
43. Substance use (tobacco, alcohol, drugs)		43a.			43b.	43c.	43d.	43e.	43f.	43g.			
44. STD/HIV		44a.			44b.	44c.	44d.	44e.	44f.	44g.			
45. Past pregnancy complications		45a.			45b.	45c.	45d.	45e.	45f.	45g.			
46. Weight problems		46a.			46b.	46c.	46d.	46e.	46f.	46g.			
47. Previous depression/PP depression		47a.			47b.	47c.	47d.	47e.	47f.	47g.			
48. Maternal medical history		48a.			48b.	48c.	48d.	48e.	48f.	48g.			
CURRENT PREGNANCY					Initial HV	F/U	1st Reassess	Reassess F/U	2nd Reassess	Reassess F/U			
49. Intendedness		49a. (Did she want to be pregnant sooner, now, later, or never?)			49b.	49c.	49d.	49e.	49f.	49g.			
50. First prenatal care appointment		50a. (Date and month of gestation)			50b.	50c.	50d.	50e.	50f.	50g.			
51. In prenatal care prior to initial PNCC enrollment?		51a. <input type="checkbox"/> Y <input type="checkbox"/> N			51b.	51c.	51d.	51e.	51f.	51g.			
52. Number of PNC visits		52a. (Total per trimester)			52b.	52c.	52d.	52e.	52f.	52g.			
53. Next prenatal visit (date)		53a.			53b.	53c.	53d.	53e.	53f.	53g.			
54. Missed appointments		54a. (Who rescheduled missed appointment?)			54b.	54c.	54d.	54e.	54f.	54g.			
55. Barriers to care		55a.			55b.	55c.	55d.	55e.	55f.	55g.			
Reason missed appointments:		NA = 00	Transportation = 01	Childcare = 02	Weather = 03	Forgot = 04	Illness = 05	Appt. Hours Inconvenient = 06	Job/School = 07	Unknown = 99	Other =		
56. Current pregnancy complications		56a.			56b.	56c.	56d.	56e.	56f.	56g.			
57. Significant bleeding		57a.			57b.	57c.	57d.	57e.	57f.	57g.			
58. Preterm labor symptoms		58a.			58b.	58c.	58d.	58e.	58f.	58g.			
59. Infections (BV, UTI, STD, Dental)		59a.			59b.	59c.	59d.	59e.	59f.	59g.			
60. Swelling, headache, blurred vision		60a.			60b.	60c.	60d.	60e.	60f.	60g.			
61. Illness since last visit/ER visit		61a.			61b.	61c.	61d.	61e.	61f.	61g.			
62. Fetal movement		62a.			62b.	62c.	62d.	62e.	62f.	62g.			
63. STD/HIV		63a.			63b.	63c.	63d.	63e.	63f.	63g.			
64. Douching		64a.			64b.	64c.	64d.	64e.	64f.	64g.			

Provided by: Indiana Health Coverage Programs (IHCP) **Information required for Medicaid Prenatal Outcome Report in grayed areas**  
 TR333 Combined Initial Reassessment Prenatal Form CIRPNCCAF

EDS – Title XIX  
 950 N. Meridian St., Suite 1150  
 Indianapolis, IN 46204

**COMBINED INITIAL AND REASSESSMENT PRENATAL CARE COORDINATION ASSESSMENT FORM (CIRPNCCAF)**

ASSESSMENT	COMMENTS/TEACHING/HANDOUTS	Initial HV	F/U	1st Reassess	Reassess F/U	2nd Reassess	Reassess F/U
65. Substance Use	65a.	65b.	65c.	65d.	65e.	65f.	65g.
66. Tobacco (amount)	66a.	66b.	66c.	66d.	66e.	66f.	66g.
67. Alcohol/drugs	67a.	67b.	67c.	67d.	67e.	67f.	67g.
68. Illicit drugs	68a.	68b.	68c.	68d.	68e.	68f.	68g.
69. Prescription/OTC drugs	69a.	69b.	69c.	69d.	69e.	69f.	69g.
70. Weight this visit	70a. (Wt. in pounds _____) (Pregpregnancy wt. _____)	70b.	70c.	70d.	70e.	70f.	70g.
71. Weight gain/loss	71a.	71b.	71c.	71d.	71e.	71f.	71g.
72. Cultural practices in pregnancy	72a.	72b.	72c.	72d.	72e.	72f.	72g.
73. Allergies	73a.	73b.	73c.	73d.	73e.	73f.	73g.
74. Mental health (illness)	74a.	74b.	74c.	74d.	74e.	74f.	74g.
<b>NUTRITION STATUS</b>							
75. Appetite	75a.	75b.	75c.	75d.	75e.	75f.	75g.
76. Diet (24 hour recall)	76a.	76b.	76c.	76d.	76e.	76f.	76g.
77. Breakfast <input type="checkbox"/> Y <input type="checkbox"/> N What:	77a.	77b.	77c.	77d.	77e.	77f.	77g.
78. Lunch <input type="checkbox"/> Y <input type="checkbox"/> N What:	78a.	78b.	78c.	78d.	78e.	78f.	78g.
79. Dinner <input type="checkbox"/> Y <input type="checkbox"/> N What:	79a.	79b.	79c.	79d.	79e.	79f.	79g.
80. Snacks <input type="checkbox"/> Y <input type="checkbox"/> N What:	80a.	80b.	80c.	80d.	80e.	80f.	80g.
81. Glasses of water	81a.	81b.	81c.	81d.	81e.	81f.	81g.
82. Adequate food supply	82a.	82b.	82c.	82d.	82e.	82f.	82g.
83. Prenatal vitamins/folic acid/iron	83a.	83b.	83c.	83d.	83e.	83f.	83g.
84. Minerals/herb supplements	84a.	84b.	84c.	84d.	84e.	84f.	84g.
85. On WIC (Picking up vouchers?)	85a.	85b.	85c.	85d.	85e.	85f.	85g.
86. On WIC prior to PNCC contact? <input type="checkbox"/> Y <input type="checkbox"/> N	86a.	86b.	86c.	86d.	86e.	86f.	86g.
87. Pica	87a.	87b.	87c.	87d.	87e.	87f.	87g.
<b>HOME ENVIRONMENT</b>							
88. Language spoken in home	88a.	88b.	88c.	88d.	88e.	88f.	88g.
89. Housing: Adequacy/safety	89a.	89b.	89c.	89d.	89e.	89f.	89g.
90. Number in household/adequate space	90a.	90b.	90c.	90d.	90e.	90f.	90g.
91. Cleanliness (roaches/vermin)	91a.	91b.	91c.	91d.	91e.	91f.	91g.
92. Utilities: Stove/refrigerator	92a.	92b.	92c.	92d.	92e.	92f.	92g.
93. Safety: Smoke detectors/guns	93a.	93b.	93c.	93d.	93e.	93f.	93g.
94. Neighborhood environment/safety	94a.	94b.	94c.	94d.	94e.	94f.	94g.
95. Plans to move? Where?	95a.	95b.	95c.	95d.	95e.	95f.	95g.
96. Moves frequently: > 3 times in 12 mos.	96a.	96b.	96c.	96d.	96e.	96f.	96g.
<b>PSYCHOSOCIAL</b>							
97. Perceived support level	97a.	97b.	97c.	97d.	97e.	97f.	97g.
98. Support person (Who?)	98a.	98b.	98c.	98d.	98e.	98f.	98g.
99. Relationship with father of baby	99a.	99b.	99c.	99d.	99e.	99f.	99g.
100. Domestic violence	100a.	100b.	100c.	100d.	100e.	100f.	100g.
101. Employment	101a.	101b.	101c.	101d.	101e.	101f.	101g.
102. Inadequate income to meet basic need	102a.	102b.	102c.	102d.	102e.	102f.	102g.
103. Job hazards	103a.	103b.	103c.	103d.	103e.	103f.	103g.
104. Perceived health status	104a.	104b.	104c.	104d.	104e.	104f.	104g.
105. Perceived mental health status	105a. Would you say your general health is excellent, very good, good, fair, or poor?	105b.	105c.	105d.	105e.	105f.	105g.

Provided by: Indiana Health Coverage Programs (IHCP) *Information required for Medicaid Prenatal Outcome Report in grayed areas*  
 TR333 Combined Initial Reassessment Prenatal Form CIRPNCCAF

**COMBINED INITIAL AND REASSESSMENT PRENATAL CARE COORDINATION ASSESSMENT FORM (CIRPNCCAF)**

106. Perceived stress level	106a. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days, during the past 1020 days, was your mental health not good?	106b.	106c.	106d.	106e.	106f.	106g.
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**ADDITIONAL NOTES**

107. Initial assessment HV:

108. Initial assessment F/U:

109. Reassessment 2nd trimester:

110. Reassessment 2nd trimester F/U:

111. Reassessment 3rd trimester:

112. Reassessment 3rd trimester F/U:

**REFERRALS**

Date	Referral	Date	Referral	Date	Referral	Date	Referral
	113. Adoption		120. Family support/parenting/		127. Nutritionist/EFNEP		134. Smoking cessation
	114. Alcohol/drug abuse services		121. Family planning		128. Pediatrician		135. Township trustee
	115. Adult education/GED		122. Food/clothing/baby items		129. Postpartum Care		136. Transportation
	116. Childbirth education		123. Healthy families		130. Prenatal care		137. WIC
	117. DFC/food stamps/TANF		124. Human services		131. Rent/utility assistance		138.
	118. Domestic violence program		125. Medicaid		132. Shelter		139.
	119. Employment		126. Mental health		133. Social services		140.

Provided by: Indiana Health Coverage Programs (IHCP) *Information required for Medicaid Prenatal Outcome Report in grayed areas*  
 TR333 Combined Initial Reassessment Prenatal Form CIRPNCCAF

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 950 N. Meridian St., Suite 1150  
 Indianapolis, IN 46204

**COMBINED INITIAL AND REASSESSMENT PRENATAL CARE COORDINATION ASSESSMENT FORM (CIRPNCCAF)**

EDUCATION TOPICS							
Date	Education Topic	Date	Education Topic	Date	Education Topic	Date	Education Topic
	141. Breast-feeding		149. Family planning		157. Personal care		165. Shaken baby syndrome
	142. Community resources		150. HIV risks/testing		158. Prenatal care early/adequate		166. Smoking cessation
	143. Contraceptive methods		151. Kick counts		159. Preterm labor		167. STD signs of infection
	144. Coping skills		152. Labor and delivery		160. Postpartum depression		168. Vitamins/folic acid/iron
	145. Dental health		153. Lessons learned		161. Postpartum/NB care		169. Warning signs of pregnancy
	146. Domestic violence prevention		154. Normal discomforts		162. Safe sleep		170. When to call the doctor
	147. Drug/alcohol cessation		155. Nutrition		163. Seat belt/car seat		171.
	148. Immunization/well baby		156. Prenatal weight gain		164. Secondhand smoke		172.
PARTICIPANT TERMINATION FROM PROGRAM							
173. Client terminated prior to postpartum assessment? <input type="checkbox"/> Y <input type="checkbox"/> N				174. Reason terminated: <input type="checkbox"/> Refused service <input type="checkbox"/> Moved <input type="checkbox"/> Lost to F/U <input type="checkbox"/> Other			
If client terminated prior to postpartum assessment, complete the following. Send the <i>Medicaid Prenatal Outcome Report</i> to the MCO in effect at the time of the termination or with the last billing.							
TOTAL CARE COORDINATION SERVICES							
175. Total services provided		01 = Initial assessment + 2 reassessments + Outcome		02 = Initial assessment + 1 reassessment + Outcome		03 = Initial assessment + 2 reassessments	
		04 = Initial assessment + 1 reassessment		05 = Initial assessment + 2 reassessments		06 = Initial assessment only	
176. TOTAL NUMBER OF ENCOUNTERS BY:			176a. Prenatal care coordinator:			176b. Community health worker:	
PRENATAL CARE COORDINATOR/COMMUNITY HEALTH WORKER SIGNATURES							
Name	Title			Date of encounter			
177.							
178.							
179.							
180.							
181.							
182.							
183.							
184.							
185.							
186.							
187.							
188.							
189.							
190.							
191.							
192.							
193.							
194.							
195.							



## Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF) Form Locator

All entries required on the Medicaid Prenatal Outcome Report form are shaded on the CIRPNCCAF. On the Form Locator, these entries are marked with an asterisk (\*) in the Field column and Medicaid Prenatal Outcome Report is stated in the Instructions column.

Identifier	Field	Description	Instructions
<b>HEADING – Complete at time of initial assessment</b>			
1.	Agency		Enter the name of the agency for which the prenatal care coordinator works
2.	Address	Address of the agency for which the prenatal care coordinator works	Enter the mailing address of the agency for which the prenatal care coordinator works
3.	Contact person	Prenatal care coordinator	Enter the prenatal care coordinator or other agency-designated person the managed care organization (MCO) should contact with questions and billing problems.
4.	Phone	Prenatal care coordinator's primary telephone number.	Enter the telephone number at which the prenatal care coordinator can be reached by the MCO.
5.	* Prenatal care coordinator's provider number	Medicaid provider's number	Enter the Medicaid provider number of the prenatal care coordinator. Outcome Report
6.	Fax back # of prenatal care coordinator	Prenatal care coordinator's agency fax number	Enter the fax number at which the prenatal care coordinator can be reached by the MCO.
7.	MCO	Managed care organization – for a current, complete list of MCOs visit the IHCP Web site at <a href="http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/links.asp">http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/links.asp</a>	Enter the MCO that the participant is enrolled at time of assessment.
8.	Date	Date enrolled in MCO	Enter the date the participant became a member of the MCO. Always check the participant's status prior to each billable encounter. The participant may change providers or MCO during the pregnancy.
9.	Contact person	Contact within MCO provider's office	Enter the person within the MCO provider's office to be contacted for authorization, referral, and questions.
10.	Phone	Telephone number of contact within MCO provider's office	Enter the telephone number of the contact person in the MCO provider's office.
11.	Fax	Fax number of contact within MCO provider's office	Enter the fax number of the contact person with the MCO provider's office where copies of reports, billing, and such are sent.
<b>PARTICIPANT DEMOGRAPHICS - Complete at time of initial assessment</b>			
12.	* Medicaid #	RID - Recipient ID number The Medicaid RID number is a unique number assigned to an Indiana Health Coverage Programs (IHCP) member and remains the member's number for all IHCP interaction for life.	Enter the participant's 12-digit member identification number (Medicaid number) as it appears on the member's Hoosier Health Card. IHCP eligibility can be determined by calling the automated voice response (AVR) system at (317) 692-0819 in the Indianapolis local area, or 1-800-738-6770. If the participant is not an IHCP member at the time of the initial assessment, complete this field during a subsequent visit.
12.	* Medicaid # (continued)		It is the responsibility of the provider to check the participant's Medicaid status prior to each billable encounter. Services rendered to a participant who is no longer eligible are not reimbursed. Outcome Report

(Continued)



**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)**

**Form Locator**

Identifier	Field	Description	Instructions
13.	* SS#	Participant's Social Security number. Participant may refuse this information. This information is used when doing a birth cohort study to match information to birth certificates for data reports.	Enter the Social Security number as recorded on the Social Security card. Outcome Report
14.	LMP	Last menstrual period	Enter the participant's first day of her last menstrual period (LMP). Format for this field is MM/DD/YY.
15.	EDC	Estimated date of confinement (due date)	Based on participant's reply to LMP or results of an ultrasound enter the estimated date. Format for this field is MM/DD/YY.
16.	* Name	The member's last name as found on the member's Hoosier Health Card, Social Security card, birth certificate, or other valid identification.	Enter legal name of participant. Format for this field is Last Name, First Name Middle Initial. Check for correct spelling. Do not use nicknames. Outcome Report
17.	* DOB	Date of birth	At the initial assessment, record the participant's date of birth. Format for this field is MM/DD/YY. Outcome Report
18.	* Race	The Census Bureau defines racial breakdowns.	Enter the race of the participant as identified by the participant. <ul style="list-style-type: none"> <li>• Black</li> <li>• White</li> <li>• American Indiana</li> <li>• Asian/Pacific Islander</li> <li>• Multiracial</li> <li>• Other</li> </ul> Outcome Report
19.	* Hispanic	Y=Yes or N=No <i>Note: Hispanic is not a race category. Hispanic denoted "of Spanish origin". Hispanics can be any race. Both race and ethnicity must be recorded</i>	Check one. <ul style="list-style-type: none"> <li>• Y (Yes) if the participant identifies self as Hispanic, regardless of race.</li> <li>• N (No) if the participant is not Hispanic.</li> </ul> Outcome Report
20.	* Education	Highest year of education completed	Enter the number of years of formal education completed by the participant. Format for this field is two digits, e.g., 01, 02, 03. Record completion of GED as 12. Outcome Report

(Continued)

Asterisk (\*) indicates field entries to be copied to the Medicaid Prenatal Outcome Report.

**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator**

Identifier	Field	Description	Instructions
21.	* Marital Status	The marital status of the mother on the outcome report form is recorded at the time of the baby's birth. The mother's marital status may not necessarily relate to the mother's relationship to the baby's father.	Enter the marital status of the participant. <ul style="list-style-type: none"> <li>• Single (never married)</li> <li>• Married</li> <li>• Widowed</li> <li>• Divorced</li> <li>• Separated</li> </ul> Outcome Report
22.	Phone 1	Telephone number of participant	Enter a telephone number at which the participant may be reached. This may not necessarily be the participant's home number. Identify if the telephone number is not the participant's home number, e.g., work, mother's, aunt's, boyfriend's.
23.	Phone 2	Second telephone number where participant can be reached.	Enter a second telephone number at which the participant may be reached. This may not necessarily be the participant's home number. Identify if the telephone number is not the participant's home number, e.g., work, mother's, aunt's, boyfriend's, cell phone.
24.	* County of Residence	The county in which the participant lives may be different than the county the prenatal care coordination agency resides	Enter the county of residence of the participant. Outcome Report
25.	Address 1	Primary residence of the participant	Enter the address where the participant can be reached for home visits and mailings.
26.	Address 2	Secondary address	Enter a second address, i.e., a relative or friend, where the participant can be reached or where someone can contact the participant in an emergency.
27.	Prenatal Care Provider	Prenatal care specialist provider if different from the PMP.	Enter the name of the provider the participant has been referred to by her existing PMP or with whom she is enrolled for prenatal care.
28.	Location	Location where this prenatal care provider administers prenatal care to the participant.	Enter the location of the prenatal care provider such as office, maternal and child health (MCH).
29.	Phone	Telephone number where prenatal care provider can be reached.	Enter the telephone number and fax number of the prenatal care specialist providing prenatal care for the participant.
30.	PMP	Primary medical provider	If the participant is enrolled in Medicaid prior to the pregnancy, enter the name of the current PMP with whom the participant is enrolled. The PMP may not provide prenatal care. If the participant is not an IHCP member at the time of the initial assessment an obstetrician (OB) provider will be assigned at enrollment.
31.	Phone	Telephone number of the participant's PMP	Enter the telephone number of the participant's existing PMP so the prenatal care coordinator can contact the PMP concerning the pregnancy and prenatal care coordination.
32.	Fax	Fax number of the participant's PMP.	Enter the fax number of the participant's PMP, if known.

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
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Identifier	Field	Description	Instructions
<b>BILLING INFORMATION</b>			
33.	Initial HV H1000	H1000 is the ICD-9 or billing code for the initial assessment and follow-up. H1004 is the billing code for all reassessments and follow-ups.	Record the appropriate Health Care Procedure Code on the CMS-1500 billing form under Field 24D.
34.	F/U	Initial follow up	
35.	1st Reassess H1004		
36.	1st Reassess F/U		
37.	2nd Reassess H1004		
38.	2nd Reassess F/U		
33a., 35a., 37a.	Auth#	Authorization number by the PMP or the referral number by MCO  All Medicaid-eligible pregnant recipients may receive an initial assessment to establish risk. Prior to enrollment in an MCO the prenatal care coordinator bills EDS for this service prior to enrollment in a MCO. The prenatal care coordinator may enroll a pregnant women found through outreach in Medicaid at the time of enrollment into PNCC Program.	The prenatal care coordinator must work collaboratively with the prenatal care provider and the MCO to assure continuity of care. It is the responsibility of the prenatal care coordinator to contact the MCO to inform them of the care coordination relationship with their patient or member. If the PMP or MCO refuses to allow prenatal care coordination for a particular patient/member, the prenatal care coordinator will not be able to bill for services rendered. The prenatal care coordinator must include the authorization/referral code from the MCO contact with each billing form.
33b. – 38b.	Date	Date assessment completed	Enter the date the assessment was completed. Format for this field is MM/DD/YY.
33c. – 38c.	Miles	Miles to and from an out-of-office assessment.	Enter the round trip mileage for each assessment. The prenatal care coordinator is reimbursed for one round trip for each completed billable visit outside of the clinic or office. Mileage cannot be billed if the participant is not home or did not show for clinic appointment. Mileage can only billed for completed assessments.
33d. – 38d.	* Wks Gestation	Number of weeks pregnant. There are 40 weeks in a normal pregnancy	Enter the number of weeks gestation of the mothers pregnancy at the time of the assessment. Format for this field is two digits, e.g., 01, 02, 03.  Only the Initial HV H1000 goes on the Outcome Report. Outcome Report
39a – 39e.	Prenatal care coord	Prenatal care coordinator	Enter the name or initials of the prenatal care coordinator completing the assessment.
40a. – 40e.	* CHW	Community health worker (CHW)	Enter the initials of the CHW assisting in the reassessments.  <i>Note: There is no place for CHW initials for the Initial Assessment. The Initial Assessment must be done by the prenatal care coordinator.</i> Outcome Report

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Identifier	Field	Description	Instructions
<b>RISK FACTORS</b>			
41.	* RISK FACTORS	All participants must be risked during the initial assessment using the new <i>Medicaid Prenatal Risk Assessment Form</i> . List all the identified risk factors found on the <i>Medicaid Prenatal Risk Assessment Form</i> starting with the lowest number.	Enter the number of all identified risk factors from the <i>Medicaid Prenatal Risk Assessment Form</i> . Enter the numbers identified during the initial assessment, and each reassessment. For example, enter <b>14</b> if the participant had a previous preterm delivery. Enter <b>25</b> if the mother has lack of housing during this pregnancy.
41.	* RISK FACTORS (continued)		If the participant does not have any risk factors at the time of the initial assessment she is not eligible for continued reimbursable services. Participants are to be re-risked at each reassessment. Outcome Report
41.a	* Initial Assessment		Outcome Report
41.b	* Reassessment 1		Outcome Report
41.c	* Reassessment 2		Outcome Report
<b>ASSESSMENT</b>			
The Assessment factors are recommended factors to thoroughly assess the health and welfare of the participant. However, a listed factor does not mean it must be assessed at each encounter. The prenatal care coordinator should use her skills of observation and communication to identify if a certain factor should or should not be asked at this particular time. If the participant is upset about something, is reluctant to divulge certain information, and such, skip the question and complete it at a later time, such as during a follow-up. In most instances, the relationship with the participant is more important than completing each factor on the assessment form. Some factors can be observed or obtained from a client record. At minimum of one home visit is required during the pregnancy and prior to delivery. The initial assessment should be conducted in the home or shelter where the participant resides.			
<b>COMMENTS/TEACHING/HANDOUTS</b>			
This section is used to record comments that may be entered into the notes or stand alone to help the prenatal care coordinator with subsequent assessments. For instance, if the participant plans to move, record the new address in the comments section. Teaching and handouts provided for each factor in response to identified problems are recorded here. Assessment Codes are used for charting purposes.			
<b>ASSESSMENT CODES:</b>			
N/A	<b>X = Significant</b>	The participant has a significant problem associated with a factor at the time of the assessment.	Enter an <b>X</b> in the corresponding row and column.
N/A	<b>O = No problem</b>	The participant shows no problem associated with a factor at the time of the assessment.	Enter an <b>O</b> in the corresponding row and column.
N/A	<b>P = Potential</b>	The participant shows a potential problem associated with a factor, e.g., the participant's place of business may be laying off workers, or the prenatal care coordinator may identify a problem, but the participant denies there is a problem at this time (the time of the assessment).	Enter a <b>P</b> in the corresponding row and column.
N/A	<b>N = See note</b>	There is a need to record more information about a factor in the progress notes on the second page of the form.	Enter an <b>N</b> in the corresponding row and column.

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Identifier	Field	Description	Instructions
PREVIOUS PREGNANCY HX			
42.	Parity/gravida	<i>Parity</i> is the number of the live births a woman has had. <i>Gravida</i> is the number of pregnancies the woman has had regardless of outcome.	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How many times have you been pregnant?</li> <li>• How many live births have you had?</li> </ul> Record as a significant problem if the mother has had multiple abortions/miscarriages. P1/G3 reflects that the woman has had three pregnancies and one live birth. Ascertain if the other pregnancies were fetal demise, miscarriage, or elective abortion.
43.	Substance use (tobacco, alcohol, drugs)		The prenatal care coordinator should ask: During your last pregnancy: <ul style="list-style-type: none"> <li>• Did you smoke cigarettes? How many cigarettes did you smoke? Did you decrease the number you smoked or quit before you delivered?</li> <li>• Did you drink alcohol? How many times did you drink five or more alcoholic drinks in one setting?</li> <li>• Did you use any street drugs? What did you use?</li> </ul> Record as a significant problem if the client has a history of using drugs, binge drinking, smoking more than a half pack of cigarettes a day.
44.	C. STD/HIV		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Did you have any vaginal infections during your last pregnancy?</li> <li>• What kind of vaginal infection did you have?</li> <li>• During your last pregnancy did you have blood test for human immunodeficiency virus (HIV) (the virus that causes acquired immune deficiency syndrome – AIDS)?</li> <li>• Have you been tested for HIV prior to this pregnancy?</li> </ul> Record as a significant problem such as if the client has syphilis, HIV, history of recurrent sexually transmitted diseases (STDs) or currently has an STD, or if the partner refuses treatment. Record as a potential problem if the client has not been diagnosed but describes possible symptoms of an STD, or if the client has ever been diagnosed with Herpes, or Group B Strep.
45.	Past pregnancy complications		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• During past pregnancies did you have any other problems we have not talked about yet?</li> </ul> Record as a significant problem if the client had problems detrimental to the fetus or mother. Record as a potential problem if the client thinks she may have had a problem but cannot remember what the specific problems were.
46.	Weight problems		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How much weight did you gain during your last pregnancy?</li> <li>• Was this a similar weight gain with your other pregnancies?</li> <li>• How much did the doctor tell you to gain?</li> </ul> Recommended weight gain guidelines for pregnant women: <ul style="list-style-type: none"> <li>• If you are normal weight <i>prior</i> to pregnancy: Gain 25 to 35 pounds during pregnancy.</li> <li>• If you are overweight <i>prior</i> to pregnancy: Gain 15 to 25 pounds during pregnancy.</li> </ul>

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Identifier	Field	Description	Instructions
46.	Weight problems (continued)		<ul style="list-style-type: none"> <li>If you are underweight <i>prior</i> to pregnancy: Gain 28 to 40 pounds during pregnancy (depending on your pre-pregnancy weight).</li> <li>With a multiple pregnancy you will need to gain more weight during pregnancy depending on the number of babies you are carrying. See your health care provider.</li> <li>Adolescents should gain 35 to 40 pounds throughout the pregnancy.</li> </ul> Record as a significant problem if the weight the mother experienced with the last pregnancy constituted extreme obesity or underweight. Record as a potential problem if the mother is overweight, states she gained over 40 pounds with every pregnancy, states she does not want to gain weight, or is a teenager.
47.	Previous depression, PP depression	PP = Postpartum	The prenatal care coordinator should ask: In the months after you had your last baby would say that you were <ul style="list-style-type: none"> <li>Not depressed at all</li> <li>A little depressed</li> <li>Moderately depressed</li> <li>Very depressed</li> <li>Very depressed and had to get help</li> </ul> Record as a significant problem if the client states she has had postpartum depression symptoms with the last pregnancy, or is currently on medication for depression. Record as a potential problem if the client states she is depressed, or has been on medication in the past.
48.	Maternal medical history	Medical conditions of the mother that may impact the mother or baby during pregnancy, e.g., diabetes, obesity, epilepsy, heart disease, hypertension.	Record the mother's medical history. Assess whether mother has shared this information with her provider. Identify health problems on the <i>Medicaid Prenatal Risk Assessment Form</i> .
<b>CURRENT PREGNANCY</b>			
49.	Intendedness	Obtain this information during the initial assessment. From this assessment appropriate counseling referrals can be made.	All prenatal care coordinators should ask: Thinking back to just before you were pregnant, how did you feel about becoming pregnant? <ul style="list-style-type: none"> <li>I wanted to be pregnant sooner.</li> <li>I wanted to be pregnant later.</li> <li>I wanted to be pregnant at the time.</li> <li>I did not want to be pregnant then or at any time in the future.</li> </ul> Record as a significant problem if the client states she does not want to be pregnant, does not want the baby, or wanted an abortion but was unable to.
50.	* First prenatal care appointment		This information should be obtained at the initial assessment. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>When is or was your first prenatal care appointment with a doctor, nurse practitioner, or nurse midwife in a clinic or office?</li> <li>Did you get prenatal care as early in your pregnancy as you wanted? Yes or No</li> </ul>

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Identifier	Field	Description	Instructions
50.	* First prenatal care appointment (continued)		Enter the date and how many weeks gestation she was at the time of the first prenatal care visit. Record as a significant problem if the client entered prenatal care late in the pregnancy. Enter potential problem if the client entered care after the first trimester. Outcome report.
51.	* In prenatal care prior to initial PNCC enrollment?	Part of prenatal care coordination is conducting outreach activities to find pregnant women and assist them in getting prenatal care. Not all cases are found prior to prenatal care.	Check one: Y = Yes, N = No. This information goes on the outcome report form. Outcome report.
52.	* Number of PNC visits	The number of prenatal care (PNC) visits the participant has had with a doctor, nurse practitioner, or nurse midwife in a clinic or office.	Obtain this information at each assessment. Enter the number of the prenatal visits the participant has had at the time of each assessment or during each trimester. The total number of visits at the time of delivery is recorded on the Outcome Report. Outcome Report
53.	Next prenatal visit (date)	Date of the next scheduled prenatal visit.	Obtain this information at each assessment. Enter the date of the visit. If the participant does not have a scheduled appointment or does not know when it is, help the participant to find out this information and help her plan how she will get there.
54.	* Missed appointments		Obtain this information at each assessment. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Have you missed scheduled prenatal visits?</li> <li>• How many?</li> <li>• Have you rescheduled missed appointments?</li> <li>• Who rescheduled the appointments?</li> </ul> Record as a significant problem if the client has missed two or more consecutive prenatal care appointments.
54.	* Missed appointments (continued)		Record as a potential problem if the client has missed appointments sporadically, but keeps rescheduled appointments. Outcome Report
55.	* Barriers to care	There may be more than one reason the client missed an appointment.	Obtain this information at each assessment. The prenatal care coordinator should ask: What things keep you from keeping scheduled prenatal care visits? <ul style="list-style-type: none"> <li>• I had no one to care for my children.</li> <li>• I had no way to get to the clinic or office.</li> <li>• I did not have enough money to pay for my visits.</li> <li>• I did not know where to go.</li> <li>• I had too many other things going on.</li> </ul>

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Identifier	Field	Description	Instructions
55.	* Barriers to care (continued)		<ul style="list-style-type: none"> <li>I did not have my Medicaid card.</li> <li>I could not get appointments.</li> <li>I could not get off from work or school to go.</li> <li>I did not feel comfortable there.</li> <li>I do not want to go there.</li> </ul> Enter the appropriate code based on identified barriers. <b>Reason missed appointments:</b> <ul style="list-style-type: none"> <li>00 = N/A</li> <li>01 = Transportation</li> <li>02 = Childcare</li> <li>03 = Weather</li> <li>04 = Forgot</li> <li>05 = Illness</li> <li>06 = Appointment Hours Inconvenient</li> <li>07 = Job/School</li> <li>99 = Unknown</li> <li>Other =</li> </ul> Are the barriers something that the prenatal care coordinator can help the client overcome, such as transportation or childcare? Are the barriers more difficult to overcome, such as an inability to be absent from work for appointments? Provide referrals and education as needed. Facilitate appointments for the participant. Outcome Report
56.	Current pregnancy complications		Obtain this information at each assessment. The prenatal care coordinator should assess the client for each item.
57.	Significant bleeding	Significant bleeding after 13 weeks gestation could be a sign of placenta previa abruption or other life-threatening problems.	
58.	Preterm labor symptoms	Preterm labor occurs before the 37th week of pregnancy.	The prenatal care coordinator should ask: about these symptoms: <ul style="list-style-type: none"> <li>Contractions more than five per hour.</li> <li>Menstrual-like cramps.</li> <li>Backache that does not go away.</li> <li>Change in vaginal discharge causing a leaking of liquid, blood, or green/brown discharge.</li> <li>Abdominal pain or flu-like symptoms.</li> <li>Feeling of pressure or feeling as if baby falling out.</li> </ul>

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Identifier	Field	Description	Instructions
59.	Infections (BV, UTI, STD, Dental)	BV = bacterial vaginosis UTI = urinary tract infection STD = sexually transmitted disease Dental = gum infection, periodontal disease Bacterial or viral infections during pregnancy can be life-threatening to the fetus or newborn. Infections are the number one cause of preterm labor.	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Have you been told by a doctor that you have a kidney or bladder infection, a vaginal infection, infection in your gums or teeth?</li> <li>• Do you feel that you might have an infection? What makes you think you so?</li> </ul>
60.	Swelling, headache, blurred vision	Swelling of the hands and face, headache that won't go away, blurred vision or black spots before eyes, and sudden weight gain are symptoms of preeclampsia or pregnancy-induced hypertension.	
61.	Illness since last visit/ER visit.	Illness with a high fever can be detrimental to the fetus. Pregnancy can increase the risk for complications from the flu, such as pneumonia.	
62.	Fetal movement	(Fetal movement is a sign of fetal well-being. Mothers should be encouraged to check counts after 28 weeks gestation.)	Assess fetal movement. Inform the mother to self-monitor kick counts daily at home. <ul style="list-style-type: none"> <li>• Perform count at same time every day.</li> <li>• Choose a time of day that fetus is most active.</li> <li>• Consider performing after stimulating activity, such as, after walking or exercise.</li> <li>• Lie on left side in comfortable location.</li> <li>• Count fetal movements to a count of ten in one hour.</li> </ul>
63.	I. STDS/HIV		Obtain this information at each assessment. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Have you been told by a doctor or other health care worker that you have human immunodeficiency virus (HIV), a sexually transmitted disease (STD), venereal disease (VD), or any other vaginal infection such as bacterial vaginosis, Group B Strep, Herpes, or Trich?</li> </ul> Record as a significant problem if the client has Group B Strep, HIV, bacterial vaginosis, or Herpes. Record as a potential problem if the client has an STD but has been or is receiving treatment. Provide education, encourage finishing all of the prescribed medications, review signs and symptoms, and encourage the client to alert her doctor if she has any symptoms.
64.	Douching	There is a significant relationship between frequent douching during pregnancy, the development of bacterial vaginosis and preterm labor.	Obtain this information at the initial assessment and at follow-up reassessments as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Have you douched at any time during this pregnancy?</li> <li>• How often do you douche? Several times a week, once a week, once a month, several times a month, never, or other?</li> </ul> Record as a significant problem if the client is douching during the pregnancy. Provide education on the relationship between douching, bacterial vaginosis, and preterm labor

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Identifier	Field	Description	Instructions
65.	Substance use	Substance use includes use of tobacco, alcohol, prescription drugs, and over-the-counter drugs.	Obtain this information at the initial assessment and at follow-up reassessments as needed. Record as a significant problem if the client is using drugs, binge drinking, or smoking more than a half pack of cigarettes a day. Record as a potential problem if the client is smoking less than half a pack, drinking occasionally, has used drugs before pregnant, but denies use now. Refer for treatment if needed.
65.	Substance use (continued)		Encourage the client to not use any over-the-counter medicines without first consulting her provider. Many patients view over-the-counter and herbal products as harmless because they are available without a prescription. These patients fail to realize that these are drugs with side effects, contraindications, and interactions similar to those of prescription drugs
66.	* Tobacco (amount)		Obtain this information at the initial assessment and at follow-up reassessments as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>In the three months before this pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes).</li> <li>How many cigarettes or packs of cigarettes do you smoke on an average day now?</li> </ul> Outcome Report
67.	* Alcohol/drugs		Obtain this information at the initial assessment and at follow-up reassessments as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>During the three months before this pregnancy, how many alcoholic drinks did you have in an average week?</li> <li>How many alcoholic drinks do you have now in an average week?</li> <li>What drugs are you using now?</li> </ul> Outcome Report
68.	* Illicit drugs		Obtain this information at the initial assessment and at follow-up reassessments as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>In the three months before this pregnancy, did you use any drugs such as marijuana, meth (methamphetamine), crack, cocaine, uppers, downers, or any other street drugs?</li> <li>What drugs are you using now?</li> </ul> Outcome Report
69.	Prescription/OTC drugs		Obtain this information at the initial assessment and at follow-up reassessments as needed.
69.	Prescription/OTC drugs (continued)		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Are you taking any over-the-counter or prescribed medications at this time?</li> </ul>
70.	* Weight this visit		Obtain this information at the initial assessment and at each subsequent assessment. Complete items: <ul style="list-style-type: none"> <li>(wt in pounds _____)</li> <li>(Pre-pregnancy wt _____)</li> </ul>

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Identifier	Field	Description	Instructions
70.	* Weight this visit (continued)		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How much did you weigh just before you got pregnant?</li> <li>• How much did you weigh at your last doctor visit?</li> </ul> Use a prenatal weight grid to plot and follow weight gain throughout the pregnancy. Enter the total number of pounds the client gained from pre-pregnancy to date. Record as a significant problem if the client is extremely obese or underweight. Record as a potential problem if the mother is overweight, states she gained over 40 pounds with every pregnancy, states she does not want to gain weight, or is a teenager. Outcome Report
71.	Weight gain/loss	Too much weight gain could cause certain health conditions during pregnancy, like gestational diabetes and preeclampsia. Too little weight gain could cause a low birth weight baby.	Obtain information at each assessment. Record as a significant problem if the client is not gaining or is losing weight or if the client has gained more than ten pounds in one week. Record as a potential problem if the client is not gaining according to schedule.
72.	Cultural practices in pregnancy	Every pregnancy/birth occurs within a specific social, cultural, and spiritual context. The use of culturally-grounded complementary and alternative treatments and medicines is related to a complex interaction of beliefs, values, perceptions, and religious, and cultural orientations towards health and life. Some practices are effective whereas others may be harmful.  Use of herbal preparations, dietary supplements, any medically significant religious beliefs, unusual dietary habits, and attitude toward the pregnancy are included in cultural practices during pregnancy.	Obtain this information at the initial assessment and at follow-up reassessments as needed. Questions regarding the patient's religious beliefs could elicit possible conflicts with regard to dietary practices, blood transfusions, anesthesia, and labor, and delivery. The prenatal care coordinator should ask about spiritual and cultural beliefs, values, and practices of patient and partner affecting their use of contraception. <ul style="list-style-type: none"> <li>• What are your family customs and roles, especially around childrearing?</li> </ul> Enter cultural practices or beliefs that may impact the care of the pregnant woman or the outcome of the pregnancy.
73.	Allergies		Identify if the client has any allergies to medicines or foods. Enter all allergies the client identifies.
74.	Mental health (illness)	Identify other factors that may influence the outcome of this pregnancy	Obtain this information at the initial assessment. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Have you ever been diagnosed with a mental illness by a health professional?</li> <li>• During this pregnancy are you taking any medication for this illness?</li> </ul> Enter the appropriate code for identified other factors.
<b>NUTRITION STATUS</b>			
75.	Appetite	Loss of appetite while pregnant can occur but is uncommon and is due to the progesterone effects on the smooth muscle of the stomach.	Obtain this information at the initial assessment and at follow-up reassessments as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How is your appetite is during this pregnancy?</li> </ul> Enter the appropriate code for identified factors.

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Identifier	Field	Description	Instructions
76.	Diet 24 hour recall	In a diet or food recall, the woman is asked to recall everything she ate and drank within a specified period, usually 24 hours. Because food intake fluctuates from day to day, it is important to try to ascertain whether the intakes on the day reported were typical or whether they reflected unusual intake because of illness, a party, or another infrequent event.  A healthy diet consists of: <ul style="list-style-type: none"> <li>• 3 to 4 servings from milk group</li> <li>• 3 servings from meat group</li> <li>• 3 to 5 servings of vegetables</li> <li>• 2 to 4 servings of fruit</li> <li>• 6 to 11 servings from bread, cereal, pasta group</li> </ul>	Obtain this information at the initial assessment and at follow-up reassessments as needed.  Record as a significant problem if the client's diet is lacking in more than one food area and is a normal recall for her.  Record as a potential problem if the diet is lacking in nutrition, but may not be a normal 24-hour day for her.
77.	Breakfast		Check one: Y = Yes, N = No. Enter what was eaten.
78.	Lunch		Check one: Y = Yes, N = No. Enter what was eaten.
79.	Dinner		Check one: Y = Yes, N = No. Enter what was eaten.
80.	Snacks		Check one: Y = Yes, N = No. Enter what was eaten.
81.	Glasses of water	A pregnant woman should drink eight glasses of water a day. Premature labor can be induced by dehydration and stopped, many times, by rehydration. A client who is not drinking any water is at risk for a significant problem. Glasses of soda do not count.	Obtain this information at the initial assessment and at follow-up reassessments as needed.  Record as a potential problem if the client is consuming large amounts of soda or caffeinated drinks and very few glasses of water, milk or juice.
82.	Adequate food supply		Obtain this information at the initial assessment and at follow-up reassessments as needed.  The prenatal care coordinator should ask: During the past three months, which one of the following statements best describes the food eaten by you and your family? <ul style="list-style-type: none"> <li>• We all had enough food to eat.</li> <li>• We sometimes did not have enough food to eat</li> <li>• We often did not have enough food to eat</li> </ul> Record as a significant problem if the client runs out of food every month or lack of adequate food supply affects the overall nutrition of the pregnant mother. Refer family to food stamps, food pantries, Women, Infants, and Children (WIC) Program, Expanded Food and Nutrition Education Program (EFNEP).
83.	Prenatal vitamins/folic acid/iron	Prenatal vitamins contain some iron and folic acid but the client may need extra supplements if anemic.	Obtain this information at the initial assessment and follow-up as needed.  The prenatal care coordinator should ask the client: <ul style="list-style-type: none"> <li>• How many times a week do you take a prenatal vitamin?</li> </ul>

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)**

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Identifier	Field	Description	Instructions
83.	Prenatal vitamins/folic acid/iron (continued)	Prenatal vitamins contain some iron and folic acid but the client may need extra supplements if anemic.	Record as a significant problem if the client is not taking her prenatal vitamins and has a poor diet intake, is not taking her iron and is significantly anemic. Assess why she is not taking them and refer her to her provider.
84.	Mineral/herb supplements	Some herbs are not safe during pregnancy. Instruct the client to discuss her use with her doctor to make sure they are not contraindicated.	Obtain this information at each assessment. The prenatal care coordinator should ask the client: • Are you taking any mineral or herbal supplements? Enter the appropriate code for identified factors.
85.	* On WIC (picking up vouchers?)		Obtain information as to whether the participant is enrolled in WIC at the initial assessment. At each reassessment obtain information as to whether the participant is picking up her WIC vouchers. Assess barriers to picking up WIC vouchers. Prenatal care coordinators and CHWs can be proxies to pick up WIC vouchers for participants who are unable. Enter the appropriate code for identified factors. Outcome report
86.	* WIC prior to prenatal care coordinator contact?	The participant may or may not be in care or in WIC at the time of the initial assessment. The prenatal care coordinator refers the participant to WIC in this case.	Check one: Y = Yes, N = No. Outcome report.
87.	Pica	A woman who has pica has unusual cravings for things with no nutritional value. Typically, she will have cravings for items such as clay, dirt, chalk, charcoal, laundry starch, plaster, paint chips, ash, baking soda, baking powder, toothpaste, wax, hair, soap, coffee grounds, burnt matches, tissues, paper, cigarette butts or ice. Pica cravings may be related to an underlying physical or mental illness. Some pica eating is cultural in nature. Eating non-food substances it is potentially harmful to both the mother and the baby. Pica may interfere with the nutrient absorption of healthy food substances. Pica substances are also a concern because non-food items may contain toxic or parasitic ingredients	This information should be obtained at the initial assessment and at each subsequent assessment. Record as a significant problem if the client is eating non-food substances to the point that it is affecting her nutritional intake or causing vomiting, constipation, anemia or other problems. The prenatal care coordinator should ask: • Many women have cravings when they are pregnant such as ice cream and pickles. Sometimes women crave other things such as clay, dirt, laundry starch, burnt matches, etc. Have you had any of these cravings? What have you craved? How often are you eating this ??

**HOME ENVIRONMENT**

During the initial home visit the prenatal care coordinator **observes** the environment for problems first and then asks the participant for her perception of home environment problems, if needed. Factors that have been observed or assessed during the initial assessment do not need to be covered at each reassessment unless the participant has moved to a new environment, something has changed in the living environment from the previous assessment, or if the prenatal care coordinator is following up on a problem identified at the previous assessment.

(Continued)

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Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)

Form Locator

Identifier	Field	Description	Instructions
88.	Language spoken in home	The U.S. Census Bureau records both language spoken at home and ability to speak English in households where one or more persons (age 5 years old or over) speak a language other than English. Persons are asked to indicate their ability to speak English based on the following categories: <ul style="list-style-type: none"> <li>• Very well</li> <li>• Well</li> <li>• Not well</li> <li>• Not at all</li> </ul>	This information should ideally be identified before the first home visit so an interpreter can accompany the prenatal care coordinator, if needed, and to assure culturally competent educational materials and resources are shared with the participant. Record the language spoken in the home and the need for an interpreter.
89.	Housing: Adequacy/safety		Obtain this information at the initial assessment and update if needed. <i>Observe the dwelling</i> for structural soundness, broken doors, windows, holes in floors, walls, hanging or loose electrical wires, etc. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Counting you, how many people live in your house, apartment, or trailer?</li> <li>• Do you need help with anything in your home such as utilities, beds home repairs, etc.?</li> </ul> Cleanliness of a home is a <i>subjective observation</i> . However, a home with visible signs of roaches, mice, rats, etc. or that had molding food, trash, pet excrement on the floor is not safe. Record appropriate code based on the condition of the home environment. Assess if the mother needs help. Refer to the public health department, for assistance with utilities and appliances or other appropriate agencies to help the participant and her family meet their needs. Provide safety education as needed.
90.	Number in household/adequate space		Obtain this information at the initial assessment and update, if needed. Does there appear to be adequate living space for all persons? If not, <b>ask</b> .
91.	Cleanliness (roaches/vermin)		Obtain this information at the initial assessment and update, if needed.
92.	Utilities: Stove/refrigerator		Obtain this information at the initial assessment and update, if needed. Observe for signs of turned off utilities such as candles for light, heating with the oven or space heaters. Assess the safety of their use.
93.	C. Safety: Working smoke detectors/guns in home		Does the prenatal care coordinator see smoke detectors during the visit? If not the prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Do you have smoke detectors? Where are they installed? Do they work? When was the last time they were tested?</li> <li>• Does the family have guns in the home?</li> <li>• Are they kept out of reach of children?</li> </ul> Record appropriate code. Refer to the local fire department, county health department or other county agency that provides smoke detectors to families in need.

(Continued)

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator**

Identifier	Field	Description	Instructions
94.	Neighborhood environment/safety		Obtain this information at the initial assessment and follow-up at reassessments if needed. Observe neighborhood for trash, sidewalks, streetlights, evidence of gangs, stray dogs, groups of teens congregating on corners, abandoned homes with broken windows, etc. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Do you feel safe in your neighborhood?</li> <li>• How much stress does it cause you and your family?</li> <li>• Do you allow your children to play outside?</li> <li>• Do you know your neighbors?</li> <li>• Who can you call for assistance if you need it?</li> <li>• Do you have to walk through unsafe areas to catch the bus to the clinic?</li> </ul> Assess the support system. Record appropriate code.
95.	Plans to move? Where?	If this is a transient family ask at every visit if the family plans to or needs to move and where they plan to move.	Record as a significant problem code if the family has moved three or more times in one year, or is currently being evicted. Record as a potential problem code if the family is planning to move due to neighborhood, or bills.
96.	Moves frequently: > 3 times in 12 mos	A family that moves frequently is often a non-functional family. Frequent moves can be stressful to the family, may be sign of illegal activity or lack of income to support the family	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How many times have you moved in the last 12 months?</li> </ul> Record as a significant problem if the family has moved over three times in the past 12 months. Record as a potential if the family has been evicted in the past. Assess financial need and refer to the township trustee, consumer credit counseling service, or parenting classes that include financial management.
<b>PSYCHOSOCIAL</b>			
97.	* Perceived support level	Studies have found perceived support to be the critical component of social support in its stress-buffering effects on health.	Obtain this information during the initial assessment. The following prompting questions should be asked this way: <ul style="list-style-type: none"> <li>• During this pregnancy do you feel that your overall support is enough, too much, or not enough?</li> <li>• During this pregnancy do you feel that support from your partner is enough, too much, or not enough?</li> <li>• During this pregnancy do you feel that support from your mother is enough, too much, or not enough?</li> </ul>
97.	* Perceived support level (continued)		Record as a significant problem if the client perceives she has no support from partner, family, or friends. Record as a potential problem if the client perceives she has support, but needs or wants more. Outcome Report
98.	Support person (Who?)	Partner social support is significantly associated with pregnancy wantedness, decreased stress, and improved outcomes.	Record the appropriate code for identified factors. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Who do you identify as your main support?</li> </ul>

(Continued)

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Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator

Identifier	Field	Description	Instructions
99.	Relationship with father of baby	Fathers can have a positive influence on prenatal care. There are many ways to measure father involvement, including: <ul style="list-style-type: none"> <li>Looking at relationship status (whether a couple is living together, romantic but not living together, or in a non-romantic relationship)</li> <li>Examining whether the father provides financial support or other support during pregnancy.</li> <li>Whether the father plans to provide support in the future.</li> </ul>	Record the appropriate code for identified factors.
100.	Domestic violence		This information should be covered during the initial assessment and all reassessments. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>During this pregnancy has your husband or partner pushed, slapped, kicked, choked, or physically hurt you in any other way?</li> <li>Has someone else slapped, kicked, choked, or physically hurt you in any other way?</li> </ul> Record as a significant problem if the client admits to ongoing domestic violence. Record as a potential problem if the client is observed with bruises, appears frightened of partner, or if partner is present at all assessments and talks for the client. Provide education and help the client develop a plan for leaving a violent situation if and when it is safe and appropriate.
101.	Employment		Obtain this information at the initial assessment and at subsequent assessments, as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>How many people in the household, including yourself, are working either full time or part time? (If no one is working ask the next question).</li> </ul>
101.	Employment (continued)		<ul style="list-style-type: none"> <li>What other sources of income does your household have? (Prompt: TANF, SSI, township trustee, unemployment, child support, alimony, money from family or friends, other.)</li> </ul> Record the appropriate code for the factors identified. Refer to agencies for assistance, as appropriate.
102.	Inadequate of income to meet basic need		Obtain this information at the initial assessment and each subsequent assessment, as appropriate. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>In the last three months has the household gone without basic items such as laundry soap, socks, clothing, or other basic items because the household income was not enough to meet basic needs?</li> <li>What have you done?</li> <li>What help do you need?</li> </ul> Record the appropriate code for the factors identified. Refer to agencies for assistance, as needed.
103.	Job hazards		

(Continued)

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)**

**Form Locator**

Identifier	Field	Description	Instructions
104.	Perceived health status		Obtain this information at the initial assessment and follow-up at each reassessment, as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Would you say your general health is excellent, very good, good, fair, or poor?</li> <li>• What makes you say your general health is _____?</li> <li>• Have you discussed your health concerns with your doctor?</li> </ul> Record the appropriate code for the factors identified.
105.	Perceived mental health status		Obtain this information at the initial assessment and follow-up at each reassessment, as needed. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days, during the past 30 days, was your mental health not good?</li> </ul> Record the appropriate code for the factors identified. Refer for counseling as needed.
106.	Perceived stress level	Studies suggest that high levels of stress may pose special risks during pregnancy. The risk of very low birth weight is one and one-half times greater if the mother perceived that she "almost always" felt stress during her pregnancy.	Obtain this information at the initial assessment and each subsequent reassessment. The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• How much stress do you feel you are experiencing at this time in your pregnancy? Rate the level of your stress ranging from 1 (no stress) to 5 (most stress).</li> </ul> Record as a significant problem if the client perceives her stress level to be the highest (4-5). Record as a potential problem if the client perceives her stress to be low to moderate (2-3). Assess sources of stress and refer for appropriate assistance. Provide education on dealing with stress. Refer if appropriate.

**ADDITIONAL NOTES**

Record additional notes for each assessment and follow-up as needed to further describe problems.

107.	Initial assessment HV		
108.	Initial assessment F/U		
109.	Reassessment 2nd trimester		
110.	Reassessment 2nd trimester F/U		
111.	Reassessment 3rd trimester		
112.	Reassessment 3rd trimester F/U		

**REFERRALS**

Referrals made – check all that apply. Check all types of referrals given to the client or a member of the family during the pregnancy.

113.	* Adoption	Referral to an agency for adoption counseling.	Outcome Report
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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator**

Identifier	Field	Description	Instructions
114.	* Alcohol/drug abuse services	Referral to an outside agency for treatment, counseling, or support for a substance abuse problem.	Outcome Report
115.	* Adult education/GED	Referral to GED programs, return to school programs, IMPACT, job core, college, or technical or vocational training.	Outcome Report
116.	* Childbirth education	Referral to a childbirth education class with the care coordination agency or outside the agency.	Outcome Report
117.	* DFC/food stamps/TANF	Referral to the county Department of Family and Children (DFC) for food stamp and Temporary Assistance for Needy Families (TANF) assistance.	Outcome Report
118.	Domestic violence program	Referral to county agencies that offer domestic violence assistance or shelter.	
119.	* Employment	Referral to work force development, unemployment agency or other sources of employment assistance.	Outcome Report
120.	* Family support/parenting/	Referral to a family support center for specific group sessions about parenting, life skills, or mentoring.	Outcome Report
121.	* Family planning	Referral to an outside agency for family planning counseling, women's health, contraceptives.	Outcome Report
122.	* Food/clothing/baby items	Referral to a pantry, BABES store or other outside agency for assistance with food, clothing or baby items.	Outcome Report
123.	Healthy families	Referral to a Healthy Families provider within the county for prenatal assessment and ongoing home visit.	
124.	* Human services	Referral to any human service agency outside of the project, such as, Community Action Program (CAP), YWCA, family support, parenting, Lutheran Services, Catholic Charities, Salvation Army, Hispanic centers, mentor programs, Consumer Credit Counseling Service, etc.	Outcome Report
125.	* Medicaid	Referral to an enrollment center or the local DFC to apply for Medicaid.	Outcome Report
126.	* Mental health	Referral to a mental health clinic or agency for counseling and treatment of depression, postpartum depression, domestic violence, abuse, or other mental health services.	Outcome Report
127.	* Nutritionist/EFNEP	Referral to a nutritionist for a nutrition problem, referral to WIC, or lactation consultant for breast-feeding support. Referral to EFNEP for intense home visiting to assist client and family in food preparation, learning healthy eating, learning to make food dollars stretch.	Outcome Report

(Continued)

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator**

Identifier	Field	Description	Instructions
128.	* Pediatrician		Outcome Report
129.	* Postpartum Care		Outcome Report
130.	* Prenatal care		Outcome Report
131.	* Rent/utility assistance	Referral to an outside agency specifically for rent or utility financial assistance.	Outcome Report
132.	Shelter	Referral to a homeless, domestic violence or other shelter for women.	
133.	* Social services	Referral to any social agency outside of the project such as counseling, child protective services, renter's rights, legal assistance, human service agencies, childcare.	Outcome Report
134.	* Smoking cessation	Referral to an agency or program outside of the project that provides group or individual counseling for smoking cessation.	Outcome Report
135.	Township trustee	Referral for temporary financial assistance with rent, housing, utilities, medications.	
136.	Transportation	Referral to county transportation services, or Medicaid transportation providers.	
137.	* WIC	Referral to WIC, or lactation consultant for breast-feeding support.	Outcome Report
138.	(Unassigned)		
139.	(Unassigned)		
140.	(Unassigned)		
<b>EDUCATION TOPICS</b>			
Education given - Check all that apply. Check all types of education given to the client or a member of the family during the pregnancy.			
141.	Breast-feeding		Should be discussed with all pregnant women during the initial visit and throughout the pregnancy.
142.	Community resources		Should be provided to all clients. Leave a list of community resources the client can call when needed.
143.	Contraceptive methods		Discuss with all clients in the third trimester. All participants have the right to choose a method of contraception, including abstinence.
144.	Coping skills		Provide education and guidance to assist the family's ability to cope with every day stresses and difficulties as needed. Education would include materials on problem solving, and available resources for stress management.

(Continued)

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Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator

Identifier	Field	Description	Instructions
145.	Dental health		Should be discussed with all pregnant women alerting them to the dangers of periodontal disease in pregnancy. Provide all clients with information on good dental health and periodontal disease in pregnancy at the initial assessment and provide referral as needed.
146.	Domestic violence prevention		Information about domestic violence resources, the cycle of violence, the preparedness cards should be provided to all clients that are in a domestic violence situation or a suspected or potential domestic violence situation as needed.
147.	Drug/alcohol cessation		Education materials on the effects of drugs and alcohol on the mother and fetus should be shared with all women at the initial assessment and repeated as needed.
148.	Immunization/well baby		Provide to all clients in the third trimester prior to delivery.
149.	* Family planning		Should be discussed with all clients regardless of religious affiliation. Discuss with the client about planning for future pregnancies. Family planning services should be provided to all clients in the last trimester. <b>The prenatal care coordinator must refer all clients to an outside agency for family planning services if care coordination agency cannot discuss contraception.</b> Outcome Report
150.	* HIV risks/testing		Should be discussed with all participants at the initial assessment. Outcome Report
151.	Kick counts		Provide education on fetal movement to all clients beginning in the seventh month of pregnancy.
152.	Labor and delivery		Provide information about what to expect, what to pack for the hospital, making a labor and delivery plan with the doctor in the third trimester.
153.	Lessons learned		Give the <i>Six Lessons Learned</i> handout from state fetal and infant mortality reviews to all clients at the initial assessment and discuss each item.
154.	* Normal discomforts		Should be taught at each assessment in each trimester. Outcome Report
155.	Nutrition		Should be taught at each assessment in each trimester.
156.	* Prenatal weight gain		Discuss with each participant at the initial assessment and again as needed. Outcome Report
157.	Personal care		Should be taught at each assessment in each trimester.
158.	* Prenatal care early/adequate		Early prenatal care should be discussed with all clients prior to 12 weeks gestation. Educate all clients about keeping prenatal appointments. Outcome Report
159.	* Preterm labor		Teach to all participants at 20-24 weeks gestation. Outcome Report
160.	Postpartum depression		Should be discussed with all participants and their families in the third trimester.

(Continued)

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**Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator**

Identifier	Field	Description	Instructions
161.	* Postpartum/NB care		Discuss with all participants in the third trimester and again at time of postpartum assessment. Outcome Report
162.	* Safe sleep		Discuss with all participants in the third trimester. Outcome Report
163.	Seat belt/car seat		Should be taught to all participants at the initial assessment, each reassessment, as needed, and in the third trimester prior to delivery.
164.	Secondhand smoke		Discuss with all participants living a smoke filled environment at the initial assessment, each reassessment, and prior to bringing the new baby home from the hospital.
165.	Shaken baby syndrome		Discuss in the third trimester.
166.	Smoking cessation		Discuss with all participants who are smoking during the pregnancy.
167.	STD signs of infection		Teach signs, symptoms, and treatment to all participants at the initial visit and as needed.
168.	Vitamins/folic acid/iron		Discuss the need for taking them with all participants at the initial assessment and as needed.
169.	Warning signs of pregnancy		Teach at each assessment in each trimester.
170.	When to call the doctor		Should be taught at each assessment in each trimester as needed.
171.	(Unassigned)		
172.	(Unassigned)		
<b>PARTICIPANT TERMINATION FROM PROGRAM</b>			
173.	Client terminated prior to postpartum assessment?		Check one: Y = Yes, N= No. Answer the question as to whether services to the participant were terminated prior to the postpartum assessment.
174.	Reason terminated	Services to a participant may be terminated for a number of reasons including the participant refusing to continue with PNCC services, moved out of agency area of service, unable to locate participant or lost to follow-up.	Check the box that best responds to why services no longer provided to the participant. <ul style="list-style-type: none"> <li>• Refused service</li> <li>• Moved</li> <li>• Lost to follow up</li> <li>• Other</li> </ul>
N/A	If client terminated prior to postpartum assessment, complete the following. Send the <i>Medicaid Prenatal Outcome Report</i> to the MCO in effect at the time of the termination or with the last billing. Historically the <i>Medicaid Prenatal Outcome Report</i> form was attached to the <i>Postpartum Assessment Billing Form</i> to receive reimbursement. Participants may be lost to follow-up prior to completion of the postpartum assessment. In this case a <i>Medicaid Prenatal Outcome Report</i> form is not turned in because there is no postpartum billing. A participant may have received many services in the time she was enrolled with care coordination team but this data has not been available for analysis. It is important to collect all data on the program to show efficacy of the program and to support the need for increased reimbursement. <b>The Medicaid Prenatal Outcome Report form is collected at anytime during the pregnancy prior to the postpartum assessment if the participant is terminated from PNCC services.</b>		

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Combined Initial and Reassessment Prenatal Care Coordination Assessment Form (CIRPNCCAF)  
 Form Locator

Identifier	Field	Description	Instructions
<b>TOTAL CARE COORDINATION SERVICES</b>			
175.	* Total services provided	This section shows the total number of reimbursable services this participant received.	<ul style="list-style-type: none"> <li>• <b>01</b> = Full range of reimbursable services, including an initial assessment, two reassessments, and a postpartum assessment provided</li> <li>• <b>02</b> = The member received an initial assessment, one reassessment, and a postpartum assessment.</li> <li>• <b>03</b> = The participant received an initial assessment and a postpartum assessment.</li> <li>• <b>04</b> = The participant received an initial assessment and one reassessment, no postpartum assessment.</li> <li>• <b>05</b> = The participant received an initial assessment and two reassessments, no postpartum assessment.</li> <li>• <b>06</b> = The participant received only an initial assessment.</li> </ul> Outcome Report
<b>TOTAL NUMBER OF ENCOUNTERS BY:</b>			
176a.	* Prenatal care coordinator		This is the only place that the number of all encounters is recorded. Record the number of the encounters made by the prenatal care coordinator in the boxes provided. Format for this field is a two-digit number, e.g., 03, 10. Outcome Report
176b.	* Community health worker		This is the only place that the number of all encounters is recorded. Record the number of the encounters made by the community health worker in the boxes provided. Format for this field is a two-digit number, e.g., 03, 10. Outcome Report
<b>PRENATAL CARE COORDINATOR/COMMUNITY HEALTH WORKER SIGNATURES</b>			
177.-195.	Name, Title, Date of encounter		Record the name of the prenatal care coordinator or the CHW. Record the title corresponding with the name Record the date of the encounter.

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**POSTPARTUM ASSESSMENT FORM (PPAF)**

1. Agency		7. MCO		8. Date	
2. Address		9. Contact person			
3. Contact person		10. Phone		11. Fax	
4. Prenatal Care Coordinator's Provider Number		12. Code		13. Authorization	
5. Phone	6. Fax	14. Date of visit		15. # Weeks postpartum	
16. Mother's name		17. Mother's Medicaid #		18. Infant's name	
20. Address		21. Phone		19. Infant's Medicaid #	
23. Infant's DOB	24. Birth weight	25. Weeks gestation	26. # Live births	27. Living with mother? <input type="checkbox"/> Y <input type="checkbox"/> N	
CODES: X = Significant    O = No problem    P = Potential    N = See note					
<b>ASSESSMENT FACTORS</b>			<b>CODE O/P</b>		
<b>HOME ENVIRONMENT</b>			<b>COMMENTS/TEACHING/HANDOUTS/REFERRALS</b>		
28. Language spoken in home		28a.	28b.		
29. Number in household (Total, < 5 yrs, > 5 yrs)		29a.	29b.		
30. Housing adequate/safe/good condition		30a.	30b.		
31. Cleanliness (roaches, vermin)		31a.	31b.		
32. Working utilities/stove/refrigerator		32a.	32b.		
33. Working smoke detectors		33a.	33b.		
34. Secondhand smoke exposure		34a.	34b.		
35. Mother smokes? How many per day?		35a.	35b.		
36. Other		36a.	36b.		
<b>BASIC CARE ITEMS</b>					
37. Bassinet/crib safe		37a.	37b.		
38. Diapers/clothing/thermometer		38a.	38b.		
39. Infant car seat		39a.	39b.		
40. Feeding supplies		40a.	40b.		
41. Other		41a.	41b.		
42. <b>MOTHER'S HEALTH</b>			42a. 42b. Mother's weight at delivery: _____ lbs. Total weight gain: _____ lbs.		
43. General postpartum well being		43a.	43b.		
44. Nutrition intake adequate		44a.	44b.		
45. Physical activity/fatigue		45a.	45b.		
46. Emotional status (PP blues, depression)		46a.	46b.		
47. PP exam (Date of exam)		47a.	47b.		
48. Birth control plan?		48a.	48b. 01 = Abstinence 02 = Other 03 = No 99 = Unknown		
49. Other		49a.	49b.		
<b>PSYCHOSOCIAL</b>					
50. Support during pregnancy		50a.	50b. During pregnancy did she believe support to be <input type="checkbox"/> Enough, <input type="checkbox"/> Not enough, <input type="checkbox"/> Too much		
51. Support at this time		51a.	51b. At this time does she believe support to be <input type="checkbox"/> Enough, <input type="checkbox"/> Not enough, <input type="checkbox"/> Too much		
52. Family/father of baby involved		52a.	52b.		
53. Domestic violence		53a.	53b.		
54. Substance use		54a.	54b.		
55. Tobacco (amount)		55a.	55b.		
56. Alcohol/drugs		56a.	56b.		
57. Illicit drugs		57a.	57b.		
58. Prescription/OTC drugs		58a.	58b.		
59. Missed appointments		59a.	59b.		
60. Barriers to care		60a.	60b.		
61. Cultural practices		61a.	61b.		
62. Plans to return to work/school		62a.	62b.		
63. Perceived stress level		63a.	63b.		
64. Inadequate income to meet basic needs		64a.	64b.		
65. Moves frequently (moved since delivery)		65a.	65b.		
66. Medicaid status		66a.	66b.		
67. Adequate food supply		67a.	67b.		
68. Other		68a.	68b.		

**Information required for Medicaid Prenatal Outcome Report in grayed areas**

**POSTPARTUM ASSESSMENT FORM (PPAF)**

CODES: X = Significant O = No problem P = Potential N = See note			
ASSESSMENT FACTORS		CODE O/P	COMMENTS/TEACHING/HANDOUTS/REFERRALS
<b>NEWBORN HEALTH</b>			
69. General appearance (alert, well, jaundiced)	69a.	69b.	
70. Hearing exam at hospital passed	70a.	70b.	
71. Cord (clean, dry, good hygiene)	71a.	71b.	
72. Elimination ( $\geq$ 6 wet diapers, BM normal)	72a.	72b.	
73. Sleep (wakes for feedings, 18-20 hours)	73a.	73b.	
74. Sleep position (placed on back to sleep)	74a.	74b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
75. Has PMP (assigned or chosen)	75a.	75b.	
76. Doctor exam (had exam/scheduled)	76a.	76b. <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of exam
77. Immunizations started (at PMP visit)	77a.	77b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
78. Development (delays)	78a.	78b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
79. ER visits/hospitalizations	79a.	79b.	
80. Other	80a.	80b.	
<b>INFANT FEEDING</b>			
81. Breast-feeding (at discharge, now)	81a.	81b.	
82. Formula (ounces in 24 hours)	82a.	82b.	
83. Feeding problems	83a.	83b.	
84. On WIC	84a.	84b. <input type="checkbox"/> Yes <input type="checkbox"/> No	
85. Started solids	85a.	85b.	
<b>ASSESSMENT OF PARENTING</b>			
86. Attachment (cuddles, eye contact)	86a.	86b.	
87. Stimulation (talks to, strokes)	87a.	87b.	
88. Parenting skill	88a.	88b.	
89. Other	89a.	89b.	
90. <b>NOTES:</b>			
		91. Signature	
If this was a fetal or infant death, complete the <i>Medicaid Prenatal Outcome Report</i> and the Fetal and Infant Mortality Review (FIMR) Assessment Report.			
<b>REFERRALS/CODES – Check all that apply.</b>			
<input type="checkbox"/> 92. Alcohol/drug abuse services	<input type="checkbox"/> 99. First Steps	<input type="checkbox"/> 106. Mental health services	<input type="checkbox"/> 113. Social services
<input type="checkbox"/> 93. Adult education/GED	<input type="checkbox"/> 100. Food stamps	<input type="checkbox"/> 107. Medicaid	<input type="checkbox"/> 114. Transportation
<input type="checkbox"/> 94. Domestic violence program	<input type="checkbox"/> 101. Food/clothing pantry	<input type="checkbox"/> 108. Nutritionist/WIC	<input type="checkbox"/> 115. Women’s health
<input type="checkbox"/> 95. EFNEP	<input type="checkbox"/> 102. Housing	<input type="checkbox"/> 109. Parenting	<input type="checkbox"/> 116. Women’s shelters
<input type="checkbox"/> 96. Employment assistance	<input type="checkbox"/> 103. HIV care coordination	<input type="checkbox"/> 110. Postpartum care	<input type="checkbox"/> 117. Other
<input type="checkbox"/> 97. Family planning	<input type="checkbox"/> 104. Immunizations	<input type="checkbox"/> 111. Shelter/homeless	<input type="checkbox"/> 118.
<input type="checkbox"/> 98. Financial	<input type="checkbox"/> 105. Infant PMP	<input type="checkbox"/> 112. Smoking cessation	<input type="checkbox"/> 119.
<b>EDUCATION TOPICS/CODES – Check all that apply.</b>			
<input type="checkbox"/> 120. Abstinence	<input type="checkbox"/> 126. Domestic violence prevention	<input type="checkbox"/> 132. Infant feeding	<input type="checkbox"/> 138. Parenting
<input type="checkbox"/> 121. Anticipatory guidance	<input type="checkbox"/> 127. Family planning	<input type="checkbox"/> 133. Infant sleep position	<input type="checkbox"/> 139. Postpartum care
<input type="checkbox"/> 122. Child abuse prevention	<input type="checkbox"/> 128. General advice	<input type="checkbox"/> 134. Infant care, general	<input type="checkbox"/> 140. Safety
<input type="checkbox"/> 123. Breast-feeding	<input type="checkbox"/> 129. Illness care	<input type="checkbox"/> 135. Injury prevention	<input type="checkbox"/> 141. Secondhand smoke
<input type="checkbox"/> 124. Community resources	<input type="checkbox"/> 130. Immunization schedule	<input type="checkbox"/> 136. Newborn care	<input type="checkbox"/> 142. Smoking cessation
<input type="checkbox"/> 125. Coping skills	<input type="checkbox"/> 131. Infant stimulation	<input type="checkbox"/> 137. Nutrition	<input type="checkbox"/> 143. WIC
<b>TOTAL CARE COORDINATION SERVICES</b>			
144. Total care provided	144a. 01 = Initial assessment + 2 reassessments + outcome	144d. 04 = Initial assessment + 1 reassessment	
	144b. 02 = Initial assessment + 1 reassessment + outcome	144e. 05 = Initial assessment + 2 reassessments	
	144c. 03 = Initial assessment + outcome	144f. 06 = Initial assessment only	
145. Total Number of encounters by:	145a. Prenatal care coordinator	145b. Community health worker	

**Information required for Medicaid Prenatal Outcome Report in grayed areas**





## Postpartum Assessment Form (PPAF) Form Locator

All entries required on the *Medicaid Prenatal Outcome Report* form are shaded on the PPAF. On the Form Locator, these entries are marked with an asterisk (\*) in the *Field* column and *Medicaid Prenatal Outcome Report* is stated in the *Instructions* column.

Identifier	Field	Description	Instructions
<b>HEADING</b>			
1.	Agency		Enter the name of the agency for which the prenatal care coordinator works.
2.	Address	Address of the agency for which the prenatal care coordinator works.	Enter the mailing address of the agency for which the prenatal care coordinator works.
3.	Contact person	Prenatal care coordinator	Enter the prenatal care coordinator or other agency-designated person the managed care organization (MCO) should contact with questions and billing problems.
5.	* Prenatal care coordinator's provider number	Medicaid provider's number	Enter the Medicaid provider number of the prenatal care coordinator. Outcome Report
5.	Phone	Prenatal care coordinator's primary telephone number.	List the telephone number where the prenatal care coordinator can be reached by the MCO.
6.	Fax	Prenatal care coordinator's agency fax number.	Enter the fax number at which the prenatal care coordinator can be reached by the MCO.
7.	MCO	Managed care organization – for a current, complete list of MCOs visit the IHCP Web site at <a href="http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/links.asp">http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/links.asp</a>	Enter the MCO in which the participant is enrolled at time of assessment.
8.	Date	Date enrolled in MCO.	Enter the date the participant became a member of the MCO. Always check the participant's status prior to each billable encounter. The participant may change providers or MCO during the pregnancy.
9.	Contact person	Contact within MCO provider's office.	Enter the person within the MCO provider's office to be contacted for authorization, referral, and questions.
10.	Phone	Telephone number of contact within MCO provider's office.	Enter the telephone number of the contact person in the MCO provider's office.
11.	Fax	Fax number of contact within MCO provider's office	Enter the fax number of the contact person with the MCO provider's office where copies of reports, billings, and such are sent.
12.	* Code	ICD-9 Billing Code – 99501	Enter on CMS-1500 billing form
13.	Authorization #	Authorization number by the primary medical provider (PMP) or referral number by MCO.	The prenatal care coordinator works collaboratively with the prenatal care provider and MCO to assure continuity of care. It is the responsibility of the prenatal care coordinator to contact the PMP or MCO to inform them of the care coordination relationship with the patient or member. If the PMP or MCO refuses to allow the prenatal care coordinator for a particular patient or member, the prenatal care coordinator cannot bill EDS/MCO for services rendered. The prenatal care coordinator must include the two-digit referral code from the MCO contact with each billing form.
<b>PARTICIPATION DEMOGRAPHICS</b>			
14.	Date of visit	Date of postpartum assessment home visit	Enter the date of the visit. Format for this field is MMDDYY.
15.	* # Weeks postpartum	Number of weeks postpartum at time of home visit assessment. Medicaid allows reimbursement up to 60 days postpartum.	Enter the number of weeks postpartum as a two-digit number between 01 and 06. Outcome Report
16.	Mother's name	The member's last name as found on the member's Hoosier Health Card, Social Security card, birth certificate, or other valid identification.	Enter legal name of participant. Format for this field is Last Name, First Name Middle Initial. Check for correct spelling. Do not use nicknames.

(Continued)

**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
17.	Mother's Medicaid #	RID# - Recipient ID Number	Enter the participant's 12-digit member identification number (Medicaid number) as it appears on the member's Hoosier Health card.
18.	Infant's name	The member's last name as found on the member's Hoosier Health Card, Social Security card, birth certificate, or other valid identification.	Enter legal name of participant. Format for this field is Last Name, First Name Middle Initial. Check for correct spelling. Do not use nicknames.
19.	* Infant's Medicaid Number	RID# - Recipient ID Number	Enter the participant's 12-digit member identification number (Medicaid number) as it appears on the member's Hoosier Health card. The number may not be available at the time of the postpartum visit. Outcome Report
20.	Address	Location where mother and infant are currently living.	Enter the address where the participant can be reached for home visits and mailings.
21.	Phone	Telephone number of the participant.	Enter the participant's telephone number.
22.	Marital status at time of delivery	The marital status of the mother on the outcome report form is recorded at the time of the baby's birth. The mother's marital status may not necessarily relate to the mother's relationship to the baby's father.	Enter the marital status of the participant. <ul style="list-style-type: none"> <li>• Single (never married)</li> <li>• Married</li> <li>• Widowed</li> <li>• Divorced</li> <li>• Separated</li> </ul> Outcome Report
23.	* DOB	Infant's date of birth (date of delivery).	Enter the birth date of the infant. Format for this field is MM/DD/YY. Outcome Report
24.	* Birth weight	Birth weight in pounds and ounces.	Enter the number of pounds and ounces that the baby weighed at birth. For example, a baby that weighed 7 pounds and 11 ounces would be entered as 0-7-1-1. Outcome Report
25.	* Weeks gestation	Gestational age of infant at birth in weeks. There are 40 weeks in an average pregnancy.	Record the number of weeks into the pregnancy when the baby was born. Outcome Report
26.	* # Live births	Number of live babies born of this pregnancy.	Record the appropriate response using a two-digit number. Outcome Report
27.	* Living with mother	Is the child currently living with the birth mother? If not, when will the child live with the birth mother?	Enter the appropriate code based on the member's response. Check one: Y = Yes or N = No. If the answer is N = No, do not complete the remaining questions. Outcome Report

**ASSESSMENT FACTORS**

The postpartum assessment is the last of the Medicaid reimbursed encounters with the participant and must include the newborn infant. A postpartum assessment is not reimbursed unless an initial assessment identifying the participant as "at risk" has occurred prior to delivery. A *Medicaid Prenatal Outcome Report* is to be completed after the postpartum visit and submitted with the postpartum billing. If this was a fetal or infant death complete the *Medicaid Prenatal Outcome Report* and the *Infant Death & Low Birthweight Review*.

The Assessment Factors are recommended factors that should be assessed to determine the health and welfare of the participant and the newborn infant. The prenatal care coordinator uses observation and communication skills to identify if a certain factor should be asked at this particular time. Some factors can be observed or obtained from a client record. Assessment Codes are used for charting purposes.

N/A	X = Significant	The participant has a significant problem associated with a factor at the time of the assessment.	Enter an X in the corresponding row and column.
N/A	O = No problem	The participant shows no problem associated with a factor at the time of the assessment.	Enter an O in the corresponding row and column.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
N/A	P = Potential	The participant shows a potential problem associated with a factor, e.g., the participant's place of business may be laying off workers, or the prenatal care coordinator may identify a problem, but the participant denies there is a problem at this time (the time of the assessment).	Enter a P in the corresponding row and column.
N/A	N = See note	There is a need to record more information about a factor in the progress notes on the second page of the form.	Enter an N in the corresponding row and column.

**COMMENTS/TEACHING/HANDOUTS/REFERRALS**

This section is used to record comments that may be entered into the notes or stand alone to help the prenatal care coordinator with subsequent assessments. For instance, if the participant plans to move, record the new address in the comments section. Teaching and handouts provided for each factor in response to identified problems are recorded here.

**HOME ENVIRONMENT**

The postpartum assessment must be conducted in the home or shelter where the participant and infant reside. Factors under this section should have been observed or assessed during previous assessments. There is not a need to ask these questions again unless the participant has moved to a new environment, or something has changed in the living environment from previous assessments. The prenatal care coordinator first **observes** the environment for problems and then asks the participant for her perceptions of home environment problems, if needed.

28.	Language spoken in home		This information can be obtained from previous assessments or from chart. Assess if there is a change in persons living in the home. Record the primary language spoken in the home.
29.	* Number in household (Total, < 5 yrs, > 5 yrs)	A household with a number of children can be a cause of stress, lack of resources, etc.	Record the number of children less than 5 years old; include the newborn and the number of children over 5 years old but less than 18 years old. Outcome Report
30.	Housing adequate/safe/good condition	Assess living space for number in household.	Is there adequate and safe space for the infant? Enter the appropriate code for the number of persons in the home and the adequacy of living space.
31.	Cleanliness (roaches, vermin)	Cleanliness of a home is a subjective observation. Clutter, a house in need of dusting, does not mean the mother is dirty, but she may be tired and without help to care for the home. However, a home with visible signs of infestation by insects and vermin, or with molding food, trash, pet excrement on the floor is not safe.	Record the appropriate code that describes the sanitary condition of the home. Assess if the mother is in need of help. Refer to the public health department for vermin or excessive roaches.
32.	Working utilities/stove/refrigerator		Obtain this information at the initial assessment and at follow-up assessments as needed. Reassess this information at the postpartum exam (PPE). Record the appropriate code that reflects working utilities and appliances. Refer for assistance with utilities and appliances as needed. Provide safety education as needed.
33.	Working smoke detectors		Does the prenatal care coordinator see any smoke detectors during the visit? If not, ask if there are any, where, and always ask if they are working. When is the last time they checked the batteries? Record appropriate code. Refer to the local fire department, county health department or other county agency that provides smoke detectors to families in need.

(Continued)

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Postpartum Assessment Form (PPAF)  
 Form Locator

Identifier	Field	Description	Instructions
34.	* Secondhand smoke exposure		Record as a significant problem code if the infant is exposed daily in the home. Record as a potential problem if family members that smoke often come to visit. Provide education and referral for smoking cessation. Outcome Report
35.	* Mother smokes? How many per day?		Assess if mother smokes regardless of whether she quit smoking during the pregnancy. Record as a significant problem if the mother smokes around the infant, is breast-feeding, smokes in the home. Provide education and referral for smoking cessation. Outcome Report
36.	Other	Other factors not listed here.	Record appropriate code.
<b>BASIC CARE ITEMS</b>			
37.	Bassinet/crib safe	Following IPN Safe Sleep Guidelines assess that the infant's sleeping environment is safe.	Does the crib meet safety standards? Is the bassinet secure? Record appropriate code.
38.	Diapers/clothing/thermometer	Assess baby supplies.	Does the participant have adequate supplies for the baby? If not is this temporary or due to a lack of resources? Does the mother have a thermometer and does she know how to use it? Provide education on taking the baby's temperature, signs of illness, when to call the doctor. Record appropriate code. Refer to clothing pantries, other resources as needed.
39.	Infant car seat	Indiana law requires that all newborns be discharged from the hospital in an approved car seat.	Assess if the participant has a car seat. Is she using it appropriately? Is it an approved car seat? Record appropriate code and comments.
40.	Feeding supplies	Assess if she has adequate supplies to feed the baby, regardless of whether the mother is breast- or bottle-feeding.	Record appropriate code.
41.	Other	Other factors not listed here.	Record appropriate code.
42.	<b>MOTHER'S HEALTH</b>	Mothers weight at delivery.	How much has the mother gained throughout the pregnancy? Record the mother's pregnancy weight gain at time of delivery.
43.	General postpartum well being		Observe mothers appearance. Ask the mother how she is feeling since she has had the baby. Record the appropriate code.
44.	Nutrition intake adequate		Assess mothers eating habits since delivery. Perform a 24-hour diet recall, if needed. Record appropriate code and comments.
45.	Physical activity/fatigue		Ask the mother about her level of activity and fatigue at this time. Record appropriate code
46.	Emotional status (PP blues, depression)	Perceived mental health status.	Assess the mother for symptoms of postpartum baby blues or postpartum depression. Use the <i>Indiana Perinatal Depression Guide</i> (IPN). Through observations of the mother the prenatal care coordinator may feel the mother is depressed. However this next question checks the mother's perception of her mental status.

(Continued)

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Postpartum Assessment Form (PPAF)  
 Form Locator

Identifier	Field	Description	Instructions
46.	Emotional status (PP blues, depression) (continued)	Perceived mental health status.	The prenatal care coordinator should ask all mothers: <ul style="list-style-type: none"> <li>Now thinking about your mental health, which includes stress, depression, and problems with emotion, for how many days since you delivered your baby was your mental health not good?</li> </ul> Record appropriate code. Provide education and referral as needed.
47.	* PP exam (had exam or scheduled)		Ask the mother if she has seen her provider since the delivery for a PPE. If she has not, ask if she has appointment scheduled and if there are any barriers to keeping her appointment. Record data of PPE appointment. If none, facilitate making appointment. Follow up to assure appointment kept. Record as a significant problem if the mother has not had a PPE or does not have a scheduled appointment. Record as a potential problem if the mother is going back to work prior to her scheduled postpartum appointment. Provide education on the need for a postpartum check up and assist in making and keeping an appointment. Outcome Report
48.	* Birth control plan	The goal is to keep the mother from becoming pregnant again until two years after this delivery.	The prenatal care coordinator should ask the mother: <ul style="list-style-type: none"> <li>Do you plan to have more children?</li> <li>When would you like to have more children?</li> <li>What do you plan to do to keep from having more children before you want them?</li> </ul> Record as a significant problem if the mother plans to get pregnant again right away. Record as a potential problem if the mother has no plans. Outcome Report
49.	Other	Lochia is a period-like discharge from the vagina consisting of leftover blood, mucus, and placental tissue after delivery. Lochia may last from 2-6 weeks post delivery. The flow should taper off gradually. The flow will change in color from bright red to pink to a yellow-white. Red lochia should not last more than two weeks, but may start again if the mother is doing too much.	Lochia (clots, color, amount). Assess the status of the mother's postpartum bleeding. Record as a significant problem code if the mother continues to have bright red lochia that is heavy and has large clots. Refer to physician for any signs of infections or abnormal bleeding. Breasts, episiotomy, abdominal incisions: Ask the mother if she has any redness, swelling, warmth in breasts, at site of episiotomy, or c-section incision. Record as a significant problem code if there are any signs of postpartum infection at these sites. Provide education on warning signs, self-care, and calling the physician.
<b>PSYCHOSOCIAL</b>			
50.	* Support during pregnancy	Now that the mother has delivered assess her perception of her support during the pregnancy.	All prenatal care coordinators are to ask the same question: <ul style="list-style-type: none"> <li>During the pregnancy did you believe your overall support to be enough, not enough or too much?</li> </ul> Check the appropriate box. Outcome Report
51.	* Support at this time		All prenatal care coordinators are to ask the same question: <ul style="list-style-type: none"> <li>At this time do you believe your overall support to be enough, not enough or too much?</li> </ul> Check the appropriate box. Outcome Report
52.	Family/father of baby involved		Assess what family members are involved in her support. She may tell you this in response to item 51.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
52.	Family/father of baby involved (continued)		Assess if the father of the baby is involved in supporting her and the baby. She may tell you this in response to item 51. If not ask her about paternity. Record appropriate code and comments.
53.	Domestic violence		All prenatal care coordinators should ask: <ul style="list-style-type: none"> <li>Since you have come home with the new baby has your husband or partner pushed, slapped, kicked, choked, or physically hurt you in any other way?</li> </ul>
53.	Domestic violence		<ul style="list-style-type: none"> <li>Has someone else slapped, kicked, choked, or physically hurt you in any other way?</li> </ul> Record appropriate code and comments.
54.	Substance use:		Record appropriate code and comments
55.	Tobacco (amount)		Even if the mother has quit use of substances during the pregnancy the prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Since you have been home from the hospital have you smoked any cigarettes?</li> <li>How many cigarettes or packs of cigarettes do you smoke on an average day, now? (A pack has 20 cigarettes)</li> </ul>
56.	Alcohol/drugs		Even if the mother has quit use of substances during the pregnancy the prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Since you have been home from the hospital have you had any alcohol to drink?</li> <li>How many alcoholic drinks do you have now in an average week?</li> <li>What drugs are using now that you have had the baby?</li> </ul>
57.	Illicit drugs		Even if the mother has quit use of substances during the pregnancy the prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Since you have had the baby, have you used any drugs such as marijuana, meth (methamphetamine), crack, cocaine, uppers, downers, or any other street drugs?</li> </ul>
58.	Prescription/OTC drugs		Even if the mother has quit use of substances during the pregnancy the prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Are you taking any over-the-counter or prescribed medications at this time?</li> </ul>
59.	Missed appointments		Has the mother missed any medical appointments for either herself or the baby? Record appropriate code.
60.	Barriers to care	There may be more than one reason the client missed an appointment. Language or literacy barriers. Clients that do not speak any English and do not have an adult to accompany them to clinic possess a significant problem. A client who cannot read at all also can pose a significant problem.	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>What things keep you from having scheduled prenatal care visits?</li> </ul> Prompts: <ul style="list-style-type: none"> <li>I had no one to care for my children.</li> <li>I had no way to get to the clinic or office.</li> <li>I did not have enough money to pay for my visits.</li> <li>I did not know where to go.</li> <li>I had too many other things going on.</li> <li>I did not have my Medicaid card.</li> <li>I could not get appointments.</li> <li>I could not get off from work/school to go.</li> </ul>

(Continued)

Asterisk (\*) indicates field entries to be copied to the Medicaid Prenatal Outcome Report.

Postpartum Assessment Form (PPAF)  
 Form Locator

Identifier	Field	Description	Instructions
60.	Barriers to care (continued)		Are the barriers something that the prenatal care coordinator can help the client overcome such as transportation or childcare? Are the barriers more difficult to overcome such as not able to get off work for appointments? Provide referrals and education as needed. Does the prenatal provider supply interpreters, educational materials and consent forms in the client's language? Has the client shared with the provider that she cannot read before signing consent forms? Record appropriate code based on identified barriers.
61.	Cultural practices	Every pregnancy/birth occurs within a specific social, cultural, and spiritual context. The use of culturally-grounded complementary and alternative treatments and medicines is related to a complex interaction of beliefs, values, perceptions, and religious, and cultural orientations towards health and life. Some practices are effective whereas others may be harmful.	The prenatal care coordinator should become aware of postpartum practices among all cultures with which she works. Ask the mother if there are certain things she must do herself or with the baby as a part of her culture. The prenatal care coordinator should ask about spiritual and cultural beliefs, values, and practices of patient and partner affecting their use of contraception. <ul style="list-style-type: none"> <li>What are your family customs and roles, especially around childrearing?</li> </ul> Record appropriate code.
62.	Plans to return to work/school.		Record appropriate code and comments.
63.	Perceived stress level	Studies suggest that high levels of stress may pose special risks and lead to postpartum depression.	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>How much stress do you feel you are experiencing since you came home with the new baby? Rate the level of your stress ranging from 1 (no stress) to 5 (most stress).</li> </ul> Record as a significant problem if the mother states she feels a high level of stress since coming home with the new baby.
64.	Inadequate income to meet basic needs.		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Since you have had the baby has the household gone without basic items such as food, laundry soap, clothing, or other basic items because the household income was not enough to meet basic needs?</li> <li>What have you done?</li> <li>What help do you need?</li> </ul> Prompt the mother, if needed. Record appropriate code. Give referrals to appropriate agencies to assist with needs.
65.	Moves frequently (moved since delivery)	A family that moves frequently is often a non-functional family. Frequent moves can be stressful to the family, may be sign of illegal activity or lack of income to support the family	The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>What caused you to move since you have had the baby?</li> </ul> Record as a significant problem if the family has been evicted. Assess financial need and refer to the township trustee, consumer credit counseling service, and parenting classes that include financial management.
66.	Medicaid status		Has the mother applied for a Medicaid number for the baby? Record appropriate code.
67.	Adequate food supply		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>Since you have had the baby has anyone in your household gone without eating three meals a day or gone to bed hungry because of lack of food supply?</li> </ul> Record appropriate code. Refer to Women, Infants, and Children (WIC) Program and other appropriate resources.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
68.	Other	Record other psychosocial factors that may impact the health and well being of the family.	Transportation: Assess how the mother plans to get to her postpartum and well baby check ups. Refer for transportation assistance as needed. Record appropriate code.
<b>NEWBORN HEALTH</b>			
69.	General appearance (alert, well, jaundiced)		Observe the appearance of the infant. Is the infant alert? Clean? Appears well? Jaundiced? Other? Record appropriate code.
70.	Hearing exam at hospital passed		Ask the mother if the baby passed the newborn hearing exam at the hospital. If not, ask her if she has an appointment for follow-up and if she needs help in keeping the appointment. Record appropriate code.
71.	Cord (clean, dry, good hygiene)		Assess the umbilical cord. Ask the mother if the cord is dry, has a discharge, odor, has fallen off. Record appropriate code.
72.	Elimination (≥ 6 wet diapers, BM normal)	A newborn should have at least six wet diapers a day. Infants normally have at least one soft stool a day. Stools can be yellow in the breast-fed baby to green and brown in formula-fed babies. The stools may be loose, soft, pasty, or seedy. Breast-fed babies have more stools than formula fed babies.	Assess how many wet diapers the baby has per day. Record appropriate code. Provide education and refer to the physician for problems and concerns.
73.	Sleep (wakes for feedings, 18-20 hours)		How long, how often is the baby sleeping? Is the baby waking up for feedings? Does the mother have a concern the baby is too sleepy? Record appropriate code. Provide education and referral as needed.
74.	* Sleep position (placed on back to sleep)		All prenatal care coordinators should ask: <ul style="list-style-type: none"> <li>• How do you put your baby down to sleep: on its side, its back or its stomach?</li> <li>• How often does you baby sleep in the same bed with another person?</li> <li>• Is the baby being placed on its back to sleep?</li> </ul>
74.	* Sleep position (placed on back to sleep)		Check one: Yes or No. Record appropriate code for problems. Provide education on back to sleep. Outcome Report
75.	* Has PMP (assigned or chosen)	All IHCP members younger than 21 years old are eligible for the Early and Periodic Screening Diagnosis and Treatment program (EPSDT) called HealthWatch. Providers that participate in Hoosier Healthwise are required to provide EPSDT screening. Information about HealthWatch is available in a HealthWatch pamphlet available from EDS at 1-800-577-1278 or the Indiana State Department of Health (ISDH) Family Helpline at 1-800-433-0746. Because the Hoosier Healthwise program is statewide, the mother needs to choose a PMP for the newborn. Ideally, this decision is made prior to the birth of the baby. The mother should contact Hoosier Healthwise to select a PMP at Hoosier Healthwise at 1-800-889-9949	Does the infant have a PMP, assigned or chosen? Check one: Yes or No. The prenatal care coordinator should explain the HealthWatch program to the mother and empower her to ask her doctor for it. Give the mother a copy of the brochure to show her doctor. Record appropriate code for problems. Provide education and referral as needed. Outcome Report

(Continued)

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Postpartum Assessment Form (PPAF)  
 Form Locator

Identifier	Field	Description	Instructions
76.	* Doctor exam (had exam/scheduled)	All newborns should receive a check up during the first month.	Has the baby had its first doctor exam? If the mother and baby left the hospital in less than 24 hours, the baby should have a check-up during the first two or three days. The baby should return to the birth hospital for a newborn screening as soon as possible. Some hospitals make arrangements to have a nurse visit the newborn to perform the newborn blood screening so that the infant does not have to return to the hospital. Prenatal care coordinators should make sure that newborn screening has been completed. Obtain test results by calling the ISDH at 1-800-433-0746. Check one: Yes or No. Provide education and referral as needed. Outcome Report
77.	* Immunizations started (at PMP visit)	Many hospitals do not routinely provide Hepatitis B immunizations at birth. According to American Academy of Pediatrics recommendations, the first Hepatitis B immunizations should be given at birth or by one month of age.	Has the baby started its immunizations? If the baby's mother tested positive for Hepatitis B, the infant should receive the first Hepatitis B injection and Hepatitis B immune globulin at birth. The second injection should be given at one month, and the third Hepatitis B injection should be given between six and 18 months. For a complete immunization schedule, refer to the HealthWatch pamphlet. Check one: Yes or No. Record appropriate code for problems. Provide education and referral as needed. Outcome Report
78.	* Development (delays)	Children born very prematurely, of low birth weight, or to mothers with a substance abuse problem throughout the pregnancy should automatically be referred to First Steps.	Does the baby have developmental delays? Check one: Yes or No.
78.	* Development (delays)		The Indiana Department of Education has a useful tool entitled "From Crib to Kindergarten, A Guide to Your Child's Development" that provides indicators of a child's developmental milestones from one month to five years old. Prenatal care coordinators can obtain a supply of this tool from the Department of Education to provide mothers at the postpartum visits by calling 1-800- 833-2198 or (317) 232-0857. Record appropriate code for problems. Provide education and referral as needed. Outcome Report
79.	ER visits/hospitalizations		The prenatal care coordinator should ask: <ul style="list-style-type: none"> <li>• Since the baby has been home have you had to take it to the emergency room for any reason? How often? Why?</li> <li>• Has the baby been hospitalized for any reason? When? How long? Why?</li> </ul> Record appropriate code. Provide education and referral as needed
80.	Other	Other factors not listed that may impact the health of the baby.	Record appropriate code.
<b>INFANT FEEDING</b>			
81.	Breast-feeding (at discharge, now)		Assess if the mother was breast-feeding at the time of hospital discharge. Is she still breast-feeding now? Record Yes or No for each question.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
82.	Formula (ounces in 24 hours)		Assess how much formula the baby is taking in 24 hours. How is the mother preparing the formula? Record appropriate code. Provide education and referral as needed
83.	Feeding problems		Assess for problems feeding such as frequent projectile vomiting, refusing to eat, etc. Record appropriate code. Provide education and referral as needed
84.	* On WIC		Is the baby on WIC? Is the mother continuing to get the vouchers? Check one: Yes or No. Provide education and referral as needed. Outcome Report
85.	Started solids	Infants should not start solids before 4-6 months.	Record appropriate code. Provide education and referral as needed
<b>ASSESSMENT OF PARENTING</b>			
86.	Attachment (cuddles, eye contact)		Observe the mother's interaction with the infant. Does she cuddle the baby, maintain eye contact, smile at the infant, make positive statements about the infant? Record appropriate code. Provide education and referral as needed.
87.	Stimulation (talks to, strokes)		Observe for signs of stimulation for the infant. Does the mother talk with the infant, stroke the infant or rub its back, provide a stimulating environment with age appropriate colors? Record appropriate code. Provide education and referral as needed.
88.	Parenting skill		Observe for interaction with other children, verbalized unrealistic expectations, voiced concerns with parenting. Record appropriate code. Provide education and referral as needed.
89.	Other	Other parenting factors not listed that may impact the health and well being of the infant.	Record appropriate code. Provide education and referral as needed.
90.	<b>NOTES</b>		Record additional notes for each assessment factor and referral as needed to further describe problems.
91	Signature		Prenatal care coordinator completes and signs the form.
If this was a fetal or infant death, complete the Medicaid Prenatal Outcome Report and the Fetal and Infant Mortality Review (FIMR) Assessment Report.			
<b>REFERRALS/CODES:</b> Check all types of referrals given to the client or a member of the family during the pregnancy.			
92.	* Alcohol/drug abuse services		Referral to an outside agency for treatment, counseling, or support for a substance abuse problem. Outcome Report
93.	* Adult education/GED		Referral to general education diploma (GED) programs, return to school programs, Indiana Manpower and Comprehensive Training (IMPACT), Job Corp, college, or technical or vocational training. Outcome Report
94.	Domestic violence program		Referral to county agencies that offer domestic violence assistance or shelter.
95.	EFNEP	Expanded Food and Nutrition Education Program (EFNEP)	Referral for intense home visiting to assist client and family in food preparation, learning healthy eating, learning to make food dollars stretch.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
96.	* Employment assistance		Referral to IMPACT, or other community programs with employment assistance programs. Outcome Report
97.	Family planning		Referral to an outside agency for family planning counseling, women's health, contraceptives.
98.	* Financial		Referral to consumer credit counseling, financial assistance programs, rent or utility assistance programs, township trustees, Temporary Assistance for Needy Families (TANF), Medicaid. Rent/Utility assistance: Referral to an outside agency specifically for rent or utility assistance. Outcome Report
99.	First Steps		Referral any infant with evidence of a development delay or at risk for a development delay due to birth problems, or poor pregnancy outcome.
100.	Food stamps		Referral to local Division of Family and Children(DFC) office for application for food stamps.
101.	* Food/clothing pantry		Referral to outside agency or church for assistance with food and clothing. Outcome Report
102.	Housing		Referral to the county Department of Housing and Urban Development (HUD) or housing authority, township trustees, or other available county resources.
103.	HIV care coordination		Refer mother and infant if the mother was and infant are positive for HIV.
104.	Immunizations		Referral outside the agency for immunizations for the newborn or other children in the household.
105.	* Infant PMP		The mother should have chosen her infant's primary medical provider prior to delivery. If the mother has not chosen a PMP at the time of the postpartum assessment refer the mother to a local PMP. Outcome Report
106.	* Mental health services		Referral to a mental health clinic or agency for counseling and treatment of depression, postpartum depression, domestic violence abuse, or other mental health services. Outcome Report
107.	Medicaid		Referral to an enrollment center or the local division of Family and Children to apply for Medicaid. Refer the infant for Medicaid if the mother has not already applied. Refer other children in the household for Medicaid or CHIP.
108.	* Nutritionist/WIC		Referral to a nutritionist for a nutrition problem, referral to WIC, or lactation consultant for breast-feeding support. Outcome Report
109.	* Parenting		Referral to a specific group session about parenting skills, or mentoring. Outcome Report
110.	* Postpartum care		Referral for postpartum care or family planning. Outcome Report
111.	Shelter/homeless		Referral to a homeless shelter.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
112.	* Smoking cessation		Referral to an agency or program outside of the project that provides group or individual counseling for smoking cessation. Outcome Report
113.	* Social services		Referral to any social agency outside of the project such as human service agencies, transportation, childcare, child protective services, renter's rights, legal assistance. Outcome Report
114.	Transportation		Referral to county transportation services, or Medicaid transportation providers.
115.	Women's health		Referral for ongoing women's health after the 60-day postpartum period.
116.	* Women's shelters		Referral to a domestic violence shelter. Outcome Report
117.	Other		
118.	(Unassigned)		
119.	(Unassigned)		
<b>EDUCATION TOPICS/CODES</b> –Check all types of education given to the client or a member of the family during the pregnancy.			
120.	Abstinence		All participants should receive education about abstinence as a family planning choice.
121.	Anticipatory guidance		Educate mothers on normal newborn behavior.
122.	Child abuse prevention		Provide information to all parents on shaken baby syndrome.
123.	Breast-feeding		Educate and encourage mothers to continue breast-feeding for the health of the baby.
124.	Community resources		Leave a list of community resources the client can call when needed.
125.	Coping skills		Finding balance in the role of mother.
126.	Domestic violence prevention		Teach the mother at risk how to make an escape plan. Leave information on important resources and numbers to call for help.
127.	* Family planning		Teach the mother how to plan for future children and help the mother to choose the best plan for her. Outcome Report
128.	General advice		Offer general advice on parenting, childcare, etc., as needed.
129.	Illness care		Provide education on the signs and symptoms of normal and problem health for the postpartum mother and the newborn and when to get treatment.
130.	Immunization schedule		Provide information on the immunization schedule for infants and provide information on why infants need to be immunized.
131.	Infant stimulation		Provide Healthy Beginnings (ISDH) information from the Governor's program of early brain development.
132.	Infant feeding		Provide a feeding schedule that discusses when to start solids.
133.	* Infant sleep position		Provide handouts and teaching on the Back To Sleep Campaign (IPN) and Safe Sleeping (IPN). Outcome Report
134.	Infant care, general		Review the normal well childcare schedule and encourage the mother to keep all appointments.

(Continued)

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**Postpartum Assessment Form (PPAF)  
 Form Locator**

Identifier	Field	Description	Instructions
135.	Injury prevention		Provide information on safety checklists for the home, discuss car seat safety, teach about gun safety, and checking batteries in smoke detectors yearly.
136.	* Newborn care		Provide information and handouts on what is normal newborn behavior and when to be concerned. Outcome Report
137.	Nutrition		Provide education to the mother on adequate postpartum nutrition, good nutrition when breast-feeding.
138.	Parenting		Provide resources for parenting information; provide guidance to answer parent's questions about parenting.
139.	* Postpartum care		Educate the mother on the importance of having a postpartum check-up. Provide information on normal postpartum health and care of self. Outcome Report
140.	Safety		Discuss seat belt use, and other safety issues as needed.
141.	* Secondhand smoke		Provide education on the harmful effects of secondhand smoke. Encourage the parents to never smoke near the baby. Outcome Report
142.	Smoking cessation		Provide educational resources for smoking cessation.
143.	WIC		Provide education on WIC formula. Make sure the mother realizes WIC is for supplementing formula only and if the baby drinks more than 26 ounces a day the mother will have to buy formula each month.
<b>TOTAL CARE COORDINATION SERVICES</b>			
144.	* Total care coordination service provided	This section shows the total number of reimbursable services this participant received.	Outcome Report
144a.	* 01 = Initial assessment + 2 reassessments + outcome		Full range of reimbursable services, including an initial assessment, two reassessments, and a postpartum assessment provided Outcome Report
144b.	* 02 = Initial assessment + 1 reassessment + outcome		The member received an initial assessment, one reassessment, and a postpartum assessment. Outcome Report
144c.	* 03 = Initial assessment + outcome		The participant received an initial assessment and a postpartum assessment. Outcome Report
144d.	* 04 = Initial assessment + 1 reassessment		The participant received an initial assessment and one reassessment, no postpartum assessment. Outcome Report
144e.	* 05 = Initial assessment + 2 reassessments		The participant received an initial assessment and two reassessments, no postpartum assessment. Outcome Report
144f.	* 06 = Initial assessment only		The participant received only an initial assessment. Outcome Report
145.	* Total number of encounters by:		Outcome Report
145a.	* Prenatal care coordinator		Record the number of encounters made by the prenatal care coordinator. Outcome Report
145b.	* Community health worker		Record the number of encounters made by the CHW. Outcome Report

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**PRENATAL RISK ASSESSMENT FORM**

1. Patient Name	2. RID Number	3. LMP
4. Provider Name	5. Medicaid Provider ID Number	6. EDD
7. Provider Telephone Number	8. MCO *	

**\*\* AT RISK OF PRETERM BIRTH OR POOR PREGNANCY OUTCOME MEDICAL FACTORS (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 9. Anemias, acquired and hereditary   | <input type="checkbox"/> 19. Other (for medical high risk – pregnancy)                   |
| <input type="checkbox"/> 10. Current drug or alcohol abuse   | <input type="checkbox"/> 20. Other specified complications of pregnancy                  |
| <input type="checkbox"/> 11. Current malignancy or leukemia  | <input type="checkbox"/> 21. Pregnancy with history of abortion                          |
| <input type="checkbox"/> 12. Diabetes  | <input type="checkbox"/> 22. Preterm complications, history of or with current pregnancy |
| <input type="checkbox"/> 13. Excessive vomiting in pregnancy   | <input type="checkbox"/> 23. Preterm labor in current pregnancy or previous pregnancy    |
| <input type="checkbox"/> 14. History of a previous pregnancy resulting in a congenital anomaly or complication to infant | <input type="checkbox"/> 24. Potential structural complications of pregnancy or delivery |
| <input type="checkbox"/> 15. Infections affecting pregnancy  | <input type="checkbox"/> 25. Primigravida, less than 17 years or more than 35 years      |
| <input type="checkbox"/> 16. Hypertension and related disorders in current or previous pregnancy                         | <input type="checkbox"/> 26. Renal complications and infections                          |
| <input type="checkbox"/> 17. Maternal diseases or history affecting pregnancy  | <input type="checkbox"/> 27. Respiratory disease, history of or acquired                 |
| <input type="checkbox"/> 18. Multiple gestation/grand multipara  | <input type="checkbox"/> 28. Smoking, more than 10 cigarettes per day                    |

**PSYCHOSOCIAL FACTORS THAT MAY AFFECT CURRENT PREGNANCY OUTCOME (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> 29. Acute Reaction to Stress                        | <input type="checkbox"/> 35. Missed Prenatal Appointments, consecutive           |
| <input type="checkbox"/> 30. Domestic Violence                               | <input type="checkbox"/> 36. Other and Unspecified Disorders of Eating           |
| <input type="checkbox"/> 31. High Risk Sexual Behavior                       | <input type="checkbox"/> 37. Other Personal History Presenting Hazards to Health |
| <input type="checkbox"/> 32. Lack of Housing Resources                       | <input type="checkbox"/> 38. Other Psychosocial Circumstances                    |
| <input type="checkbox"/> 33. Late Initial Visit, after 14 weeks of pregnancy | <input type="checkbox"/> 39. Prenatal Care Non-compliance, most recent pregnancy |
| <input type="checkbox"/> 34. Lead Exposure                                   | <input type="checkbox"/> 40. Unwanted Pregnancy                                  |

41. Other risk factors affecting medical or psychosocial condition not described in any above listing (Include ICD-9 Diagnosis Codes).

42. Provider Signature	43. Date
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\* Managed care organization – for a current, complete list of MCOs visit the IHCP Web site at <http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/links.asp>

\*\* Refer to provider notifications for update information.