

Perinatal Program Review

COUNTY:
 ADMINISTRATOR:
 RESPONDENT:
 DATE:
 REVIEWER:

Criteria for Compliance and Quality Assurance	Compliance		Documentation / Comments	F/U Date
	Yes	No		
Review Items – all perinatal services				
1. Outreach efforts to target population are maintained.*				
2. Information and referral efforts include up to date and culturally competent resources.*				
3. Efforts are coordinated with other local services.*				
4. Data collection (Using the state PN data form or county data system) meets program requirements.**				
5. There are written guidelines for patient education appropriate for gestational age. <input type="checkbox"/> Describe how health education is done, i.e., class, one-to-one.				

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<ul style="list-style-type: none"> ❑ Individual teaching outlines are available for class sessions. ❑ Printed materials are current, accurate and appropriate for the population served ❑ Printed materials are available in English and other languages as appropriate. 				
6. Breast-feeding is encouraged.				
7. Services are provided in a manner that protects patient dignity and are culturally sensitive.				
Maternity Case Management (MCM)				
<ul style="list-style-type: none"> • Maternity Case Management services for all clients follow the DHS OMAP Medical Services rules (OAR 410-130-0595) regardless of payment source. Refer to Oregon Administrative Rules at http://www.oregon.gov/DHS/ph/pnh/oar.shtml 				
1. There is documentation of an initial assessment performed by a licensed Maternity Case Manager (MD, PA, NP, CNM, LDEM, MSW, or RN). The				

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initial assessment includes current status of needs and strengths in the following areas: <ul style="list-style-type: none"> <input type="checkbox"/> Physical <input type="checkbox"/> Psychosocial <input type="checkbox"/> Behavioral <input type="checkbox"/> Developmental <input type="checkbox"/> Educational <input type="checkbox"/> Mobility <input type="checkbox"/> Environmental <input type="checkbox"/> Nutritional <input type="checkbox"/> Emotional (Note: The optional two-page OMAP form 2470 includes all criteria.)				
2. There is a client service plan which lists goals and actions required to meet the needs of the client as identified in the initial assessment and includes a client discharge plan or summary when case management services are discontinued.				
3. There is documentation of coordination of services with the client's prenatal care provider and other providers as needed.				
4. There is a written client service plan that contains at a minimum: <ul style="list-style-type: none"> <input type="checkbox"/> Nutritional assessment with basic counseling and a referral to a nutritional 				

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<p>counselor if indicated.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral to services included in the client service plan. <input type="checkbox"/> Client advocacy as necessary to facilitate access. <input type="checkbox"/> Assistance with delivery plans <input type="checkbox"/> Forwarding of the initial assessment and client service plan and as needed contact with prenatal care provider. <input type="checkbox"/> As needed follow-up with client and referrals. 				
<p>5. Intensive case management services are provided for the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clients who have current (within the last year) documented alcohol, tobacco, or other drug abuse history <input type="checkbox"/> Clients who are 17 or under <input type="checkbox"/> Clients who have other conditions identified in the initial assessment 				
<p>6. Intensive counseling by a registered dietitian or qualified nutritional counselor (OAR 410-130-0595 (7)) is provided for high risk clients who have one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic disease i.e., diabetic, renal disease <input type="checkbox"/> Hematocrit less than 34 (first trimester) or 32 (second trimester or third 				

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trimester) <input type="checkbox"/> Pregravid weight under 100 or over 200 lbs. <input type="checkbox"/> Pregnancy weight gain outside the appropriate WIC guidelines <input type="checkbox"/> Eating disorder <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> Pregnancy induced hypertension (preclampsia) <input type="checkbox"/> Other conditions identified by the Maternity Case Manager, physician or prenatal care provider for which adequate services are not accessible through another program.				
7. There is documentation of patient preventive education for the following: <input type="checkbox"/> Maternal and fetal HIV transmission <input type="checkbox"/> Early childhood caries <input type="checkbox"/> Tobacco use and exposure (using the 5 A's with all smoking clients) <input type="checkbox"/> Lead exposure and screening <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Immunizations <input type="checkbox"/> Maternal oral health. (Note: The optional OMAP form 2471 includes these topics.)				

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8. There is documentation of at least two educational topics covered at each Case Management Visit. (Note: if using the optional OMAP form 2471 with the MCM manual or other written educational guideline, a date and initials meet documentation criteria.				
<p>9. A Home Environment Assessment (when needed) includes an assessment of the health and safety of the client's living conditions with training, education as indicated in the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Housing and living situation <input type="checkbox"/> Safety <input type="checkbox"/> Exposure to toxins <input type="checkbox"/> Pet health issues <p>(Note 1: The optional OMAP form 2472 includes all criteria.).</p> <p>Note 2: When more than one Home Environment Assessment is provided, there must be documentation of the need for a repeat assessment, such as the client moved.</p>				
10. Telephone case management includes documentation of all required components of a				

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Case Management Visit.				
Prenatal clinic (PNC)				
1. Patients without Medicaid or other insurance coverage are charged according to ability to pay based on an approved sliding fee scale*.				
2. Contracts with community providers for prenatal and postpartum care are available for review and contain*: <ul style="list-style-type: none"> <input type="checkbox"/> A minimum expected number of visits. <input type="checkbox"/> An assurance by the provider that the client will not be billed for services purchased by the health departments. <input type="checkbox"/> The amount the provider will be reimbursed for services that does not exceed the current Medicaid rates for prenatal and postpartum care. 				
3. Clinical services in health departments assure that: <ul style="list-style-type: none"> <input type="checkbox"/> There is a licensed OB-GYN medical doctor available for consultation and back-up <input type="checkbox"/> There are written provisions for obstetrical 				

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emergency services. <input type="checkbox"/> Clients are scheduled at minimal appropriate frequencies. <input type="checkbox"/> Clinic schedule: <input type="checkbox"/> Current clinic caseload: <input type="checkbox"/> Waiting time for new patient appointment does not exceed two weeks.				
4. Supplies and equipment necessary for services are available, i.e., fetoscope, fundal height tape, litmus paper.				
5. Patient care procedures are in writing and reflect current practice.				
Oregon Mothers Care (OMC) Site				
1. An OMC Coordinator has been identified and works with OMC advocate/contact person(s), if different, to develop and maintain the OMC access activities* . (Negotiated with CLHO Exec).				
2. There is active OMC outreach in the				

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community.				
3. There is an organized OMC referral process (ie. positive pregnancy test to OMC).				
4. OMC appointments are made – scheduled or walk-in – in a consistent and timely manner.				
5. First prenatal appointments are either made for a client or referred to provider.				
6. Any problems with providers accepting referrals are addressed.				

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