

# **Public Health Home Visitor Documentation Requirements Checklists**

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# Demographic and Service Coordination

Document at start of service and PRN if changes

- Name
- Date of birth
- Date of referral
- Estimated date of delivery (if applicable)
- Address
- Phone number
- Client parent name(s) (if applicable)
- Referral source
- Referral reason
- Date of first outreach to client
- Evidence of referral feedback to referent in record
- Date of visit
- Location of visit
- Primary care provider name and phone number
- Dental care provider name and phone number
- Other service provider's names and phone numbers
- Insurance/CCO

## Nursing Documentation

- Nursing Assessment
- Subjective data documented (every visit)
  - Objective data documented, including:
    - Current medical diagnoses (if applicable – once and PRN)
    - Medications (if applicable – once and PRN)
    - Medical Equipment (if applicable – once and PRN)
    - Immunization status (per schedule)
    - Maternal blood pressure (if applicable – every visit)
    - Prenatal height and weight and weight gain plotted on grid (if applicable – every visit)
    - Child grown grids (if applicable – every visit)
- Screening Tools

# Nursing Documentation (continued)

Prenatal and Postpartum	Adult Caregiver	Infant/Child	Child/Youth
<ul style="list-style-type: none"> <li><input type="checkbox"/> History and Physical (including weight and BP)</li> <li><input type="checkbox"/> Gestational Diabetes Mellitus</li> <li><input type="checkbox"/> Environmental and Environmental Exposure</li> <li><input type="checkbox"/> Social Determinants of Health</li> <li><input type="checkbox"/> Substance Use</li> <li><input type="checkbox"/> Intimate Partner Violence (IPV)</li> <li><input type="checkbox"/> Mood Disorder</li> <li><input type="checkbox"/> Breastfeeding</li> <li><input type="checkbox"/> Reproductive Life Planning</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Social Determinants of Health</li> <li><input type="checkbox"/> Environmental and Environmental Exposure</li> <li><input type="checkbox"/> Substance Use</li> <li><input type="checkbox"/> Intimate Partner Violence</li> <li><input type="checkbox"/> Mood Disorders and Emotional Health</li> <li><input type="checkbox"/> Reproductive Life Planning</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Social Determinants of Health</li> <li><input type="checkbox"/> Environmental and Environmental Exposure</li> <li><input type="checkbox"/> Breastfeeding/ chest feeding/ Nutrition</li> <li><input type="checkbox"/> History and Physical</li> <li><input type="checkbox"/> Parent Child Interaction</li> <li><input type="checkbox"/> Oral Health</li> <li><input type="checkbox"/> ASQ/ASQ-SE (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Social Determinants of Health</li> <li><input type="checkbox"/> Environmental and Environmental Exposure</li> <li><input type="checkbox"/> Nutrition</li> <li><input type="checkbox"/> History and Physical</li> <li><input type="checkbox"/> Parent Child Interaction</li> <li><input type="checkbox"/> Oral Health</li> <li><input type="checkbox"/> Mood Disorders and Emotional Health</li> <li><input type="checkbox"/> Substance Use (if applicable)</li> <li><input type="checkbox"/> Reproductive Life Planning (if applicable)</li> </ul>

- Nursing Diagnoses (PRN)
- Client Strengths and Problems (once and PRN)
- Nursing Plan (once and PRN)
- Including activities assigned to CHW (if applicable)
- Nursing Interventions (e.g. health education, case management, motivational interviewing) (every visit)
- Intervention outcomes (every visit)
- Review of and signature on CHW documentation (as applicable)

# Community Health Worker (CHW) Documentation

- Objective and subjective data (every visit)
- Assigned screenings done and results (every visit)
- Assigned interventions done (every visit)
- Assigned education done (every visit)
- Assigned case management completed (see below Targeted Case Management section) (every visit)
- Intervention outcomes (every visit)

## Targeted Case Management

If TCM services are provided, if the client is Medicaid-eligible, and if a TCM claim is being submitted

- TCM Assessment Form (completed at least annually, reviewed at every visit)\*
- TCM Service Plan Form (completed at least annually, reviewed at every visit \*
- TCM Visit Form (completed every visit that TCM services are provided)\*

\*Co-signed by nurse for CHW

Please note – the TCM Forms are not required but elements outlined in the forms must be included in your documentation. Please contact your State Nurse Consultant if you have questions.