

Maternity Care Coordination Program

Health Department/Agency: _____

Date: _____

Reviewer(s): _____

Client Identifier

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1. Maternity Care Coordination Program Intake Screening completed

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

2. Demographic Data

	1	2	3	4	5	6	7	8	9	10
Name										
Date of Birth										
Race/ethnicity										
Medicaid Number										
County of Residence										
Address										
Phone Number										
Prenatal care provider										
Primary care physician										
EDD										
Weeks gestation prenatal care began										
Record Compliant?										

Comments:

	CODE
✓	= Present
0	= Absent
NA	= Not Applicable

3. Signed Letter of Agreement

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

4. Family Strengths/Needs Assessment

	1	2	3	4	5	6	7	8	9	10
Family Strengths/Needs Assessment completed										
Problems/needs identified, including client-identified priorities										
Assure that all educational components have been addressed										
Strengths identified as resources in documentation										
Evidence that Family Strengths/Needs Assessment reviewed monthly										
Record Compliant?										

Comments:

CODE	
✓	= Present
0	= Absent
NA	= Not Applicable

Maternity Care Coordination Program

5. Plan of Care

	1	2	3	4	5	6	7	8	9	10
Plan of care includes all client-identified priorities										
Goals/activities in clear/behavioral terms										
Notes who is responsible										
Notes timeline(s) for accomplishment or reassessment										
Monthly follow-up, or according to timeline										
Final Status Code noted										
MOW duties noted, if applicable										
Record Compliant?										

Comments:

6. Follow-Up and Monitoring (Minimum monthly contact)

	1	2	3	4	5	6	7	8	9	10
Minimum monthly contact or attempt(s)										
Missed appointment follow-up, as needed										
Record Compliant?										

Comments:

CODE	
✓	= Present
0	= Absent
NA	= Not Applicable

Maternity Care Coordination Program

7. Referrals

	1	2	3	4	5	6	7	8	9	10
For WIC										
For prenatal care										
For family planning and postpartum appointment										
Record Compliant?										

Comments:

8. Health Information

	1	2	3	4	5	6	7	8	9	10
Early and continuous prenatal care										
WIC discussed										
Provision of Educational Materials										
Childbirth Education										
Parenting Education										
Delivery plans discussed										
Infant safety seat discussed										
Family Planning discussed										
Automatic newborn eligibility discussed										
Record Compliant?										

Comments:

9. Discontinuation/Closure

	1	2	3	4	5	6	7	8	9	10
Reason for closure documented										
Final status documented										
Discussed closure date and reason with client										
DMA 3006, Section I items complete										
Record Compliant?										

Comments:

10. Pregnancy Outcome Summary completed

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

Comments:

11. Staffing Qualifications/Requirements

	1	2	3	4	5	6	7	8	9	10
Service provided by RN or SW meeting qualifications										
MCC has attended basic training										
Record Compliant?										

Comments:

12. Required Policy

	1	2	3	4	5	6	7	8	9	10
Written policy for providing MCC services to Medicaid eligible patients.										
Record Compliant?										

Comments:

CODE		
✓	=	Present
0	=	Absent
NA	=	Not Applicable

**MATERNITY CARE COORDINATION PROGRAM
AUDIT TOOL GUIDANCE
FY 2007-2008**

DMA = Division of Medical Assistance requirement

<http://www.dhhs.state.nc.us/dma/babylovechild/1m8.pdf>

DPH = Division of Public Health requirement

1. INTAKE SCREENING (DHHS T1513 Rev. 4/23/07)

- MCCP Intake Screening must be completed at the initial contact, including all required data.
- The data must be entered into HSIS.
- The completed form must be filed in the MCC record.

2. DEMOGRAPHIC DATA

CARE COORDINATION RECORD, SECTIONS I - III (DMA 3006 Rev. 5/00)

REQUIRED INFORMATION (DMA 5.1)

- Name
- Date of Birth
- Race/ethnicity
- Medicaid number (DMA 5.2)
- County of Residence
- Address
- Phone Number
- Prenatal Care Provider
- Primary Care Physician
- EDC
- Weeks gestation prenatal care began

3. LETTER OF AGREEMENT (DMA 3004 Rev. 10/99)

REQUIRED INFORMATION

- The client must sign and date the form (DMA 5.1).
- The MCC must sign and date the form (DMA 5.1).
- A copy of the form must be included in the medical record (DMA 5.1).
- A secondary MCC may also be indicated (DMA 5.1)
- If a new primary MCC is assigned, a new Letter of Agreement must be completed (DPH).

Maternity Care Coordination Program

4. FAMILY STRENGTHS/NEEDS ASSESSMENT
CARE COORDINATION RECORD, SECTION IV (DMA 3006 REV. 5/00)

REQUIRED INFORMATION

- All Family Strengths/Needs Assessment items must be reviewed with each client and an appropriate code documented (DMA 5.2).
- Problems/needs identified, including client-identified priorities (DMA 5.3). Every client-identified priority (noted on DMA 3006 by "X") must be included in the client's care plan. Problems/needs identified by the MCC or other care providers (noted on DMA 3006 by "N") must be documented in the narrative notes (or on the FSNA form), including any needed follow-up (DPH).
- Assure that all educational components have been addressed. Includes providing information on: tobacco usage, second-hand smoke, and smoking cessation programs (DPH, MHAA), substance/alcohol usage during pregnancy, support groups/treatment, drug/medication usage during pregnancy, prenatal care provider's plan of care (DMA 5.2).
- DMA 3006 must be signed and dated by the MCC that completes the form using their authorized agency signature and discipline (DMA 5.2, DPH).
- Strengths are identified as resources in documentation (DMA 5.3).
- Strengths/needs assessment must be reviewed at least monthly for new concerns or changes in status of previous concerns. Case documentation must reflect that the review has occurred and indicate if revisions to strengths/needs assessment are required based on family's current status (DMA 5.4).

5. PLAN OF CARE (DMA 3007 Rev.7/93)

REQUIRED INFORMATION

- Plan of care includes all client-identified priorities (DMA 5.3). Every client-identified priority (noted on DMA 3006 by "X") must be included in the client's care plan. Client care plans must be specific to the needs of the individual.
- Goals/activities in clear/behavioral terms (DMA 5.3).
- Who is responsible is noted for each activity (DMA 5.3).
- Timeline (or "by date") noted for each activity (DMA 5.3).
- Monthly follow-up, or according to timeline (DMA 5.3, 5.4).
- Final Status Code documented when the need/problem is resolved or at closure (DMA 5.9).
- All client care plans (including narrative notes) must include the care plan components included on DMA 3007 and be fully completed (DPH).
- Agencies with Maternal Outreach Worker programs must also document Maternal Outreach Worker duties on the plan of care (DMA 5.3).

Maternity Care Coordination Program

6. FOLLOW-UP AND MONITORING

REQUIRED INFORMATION

- There must be a minimum of one MCC contact per month with each client (DMA 5.4).
- The following documentation components must be included: dates of client contact/attempt, type of contact (face-to-face, home visit, telephone), next scheduled contact, total service time component (30 minutes = 2 units), and signature of MCC using authorized agency signature and discipline (DMA 7.0).
- If a successful subsequent contact is not made with a client, attempts to contact the client (i.e., phone, home visit, letter, etc.), according to agency policy, must be documented (DPH).
- Follow-up for missed prenatal appointments should be documented in the client's record. The MCC is responsible for assuring that missed appointment follow-up occurs if she/he is not directly assigned this job function. (DMA 5.4).

7. REFERRALS

REQUIRED INFORMATION

- WIC (DMA 5.2).
- Prenatal care (DMA 5.2).
- Refer and assist in obtaining appropriate family planning services and postpartum check-up (DMA 5.8, DPH MH AA).

8. HEALTH INFORMATION

CARE COORDINATION RECORD, SECTION VIII, (DMA 3006 Rev. 5/00)

REQUIRED INFORMATION (DMA 5.2)

- Early and Continuous Prenatal Care
- WIC Discussed
- Provision of Educational Materials, including Health Check brochure
- Childbirth Education
- Parenting Education
- Delivery Plans Discussed
- Infant Safety Seat Discussed
- Family Planning Discussed
- Automatic Newborn Eligibility Discussed

Maternity Care Coordination Program

The MCC must sign and date each entry of the section assuring that each information topic has been reviewed with the client. The MCC is not required to provide all of the information, only insure that the topics have been reviewed with the client. Information on each topic should be provided when gestationally appropriate (DPH).

9. DISCONTINUATION/CLOSURE

MATERNITY CARE COORDINATION RECORD, SECTION IX, (DMA 3006 Rev. 5/00)

REQUIRED INFORMATION

- Reason for discontinuation/closure is documented (DMA 5.9):
 - Services are terminated at the end of the month in which the 60th postpartum day occurs.
 - Transfer out of county.
 - Client no longer wishes to receive services.
 - Client is lost to follow-up after repeated attempts to locate her.
 - Client expires during the eligibility period.
 - Client is no longer Medicaid-eligible.
- Plan of care reflects final service status (DMA 5.9).
- Document that client is notified of MCC closure date (DMA 5.9) and reason (DPH).
- Document reason for discontinuation/closure in narrative note (DPH).
- Each item on the DMA 3006, Section I - MCC Closure must be addressed and documented in the space provided (DMA 5.1).

10. PREGNANCY OUTCOME SUMMARY

REQUIRED INFORMATION

- All MCCC provider agencies must complete the Pregnancy Outcome Summary and enter the data into the HSIS system. The completed form must be filed in the client's MCC record (DMA 5.10, General Medicaid Bulletin – May 2007).
- Non health department providers who are not HSIS users must mail copies of completed Pregnancy Outcome Summaries to the Division of Public Health, Baby Love Program Office, for data entry (General Medicaid Bulletin – May 2007).
- The form must be completed within 30 days from the date services were discontinued (DMA 5.10).

Maternity Care Coordination Program

11. STAFFING QUALIFICATIONS/REQUIREMENTS

REQUIRED INFORMATION

- Service is rendered by a registered nurse or social worker meeting state Social Worker II qualifications, with a minimum of one year of experience working with pregnant women and families (DMA 6.2).
- Maternity Care Coordinator is required to attend state-sponsored Basic Training within one year of hire date (DMA 6.3).

12. REQUIRED POLICY

REQUIRED INFORMATION

- Policy(ies) present that meets to Maternal Health Agreement Addenda requirement, Section D, Number 4.
The health department will offer Maternity Care Coordination (MCC) services to Medicaid eligible patients. The health department has written policies in place for providing MCC services (and MOW services, if applicable) to Medicaid eligible patients. (*DMA Medical Policy 1M-8, revised 12/1/05 and DMA MOW Medical Policy 1M-7, revised 12/1/05*)