Perinatal Risk Assessment/Single Point of Entry And Client Tracking System PRA|SPECT

www.praspect.org

For Community Home Visiting Program Supervisor / Program Administrator Level

> Family Health Initiatives 2500 McClellan Ave, Suite 250 Pennsauken, NJ 08109 856.665.6000

> > Rev 120613

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PRA|SPECT SYSTEM

The Perinatal Risk Assessment (PRA) tool is used to refer pregnant women to Community Home Visiting Services through a Single Point of Entry and Client Tracking (SPECT) System

The PRA is:

- Completed by prenatal care providers in New Jersey
- A uniform assessment tool to determine the risk factors affecting a current pregnancy
- Submitted to Family Health Initiatives (FHI) for data processing
- Used by Medicaid Managed Care Organizations (MMCOs) for case management and as authorization for payment
- Forwarded to Community Home Visiting partner agencies when referral for home visiting programs is necessary and desired by the patient

The PRA|SPECT System:

- Receives client information and automatically forwards referrals received from prenatal providers, social service agencies, and other community partners to the appropriate Central Intake Agency
- Triages referrals according to criteria determined by the partners
- Alerts the Community Home Visiting partner agency of the referral via email
- Provides participating agencies and referring providers with a web portal to identify women involved in home visiting programs
- Assures secure HIPAA compliant storage and transmission of data
- Reports summary data to participating providers and agencies

Referring Prenatal Care Providers:

- Complete the PRA on ALL pregnant women entering care
- Document the home visiting referral ("Community Home Visiting") in the "Plan of Care" section of the PRA

Central Intake Organization / Agency:

- Maintains the PRA|SPECT data system and coordinates the PRA|SPECT partnerships
- Determines and agrees upon criteria for triage of community home visiting referrals
- Initiates signed agreements to share information about clients in the system with all partner agencies (referring and receiving)
- Agrees to use the PRA as a uniform referral tool which is completed by referring agencies

Community Home Visiting Agencies:

- Notify referring agencies about client assignments and enter regular updates about client encounters into PRA|SPECT
- Are responsible for closing cases in the PRA|SPECT system.

Referral Sources:

- PRA (Perinatal Risk Assessment) Forms completed by prenatal care providers
- One-page Community Home Visiting Referral Forms completed and faxed or entered online by partnering social service/community agencies.
- Direct from partnering social service/community agencies
- Staff Outreach
- Self-referrals

Perinatal Risk Assessment and Referral Form (PRA)

- Collaboration between Family Health Initiatives (FHI), NJ Department of Health (DOH), NJ Division of Medical Assistance and Health Services (DMAHS), Medicaid Managed Care Organizations (MMCOs) and prenatal care providers
- PRA replaces ALL individual MMCO initial assessment forms
- Replaces separate 4Ps Plus Screening Tool
- Serves as paperwork for authorization for enrollment, case management, and payment for MMCOs
- Must be submitted by providers electronically or via fax to FHI (856.662.4321) for data processing
 - NOT FAXED DIRECTLY TO MMCO
- Providers print PRA forms directly from <u>www.praspect.org</u>
 - DO NOT PHOTOCOPY FORMS
- New providers, please refer to FHI for enrollment and training
- Contact FHI with any questions, problems, training needs, or other assistance.
 - Email: <u>PRA@snjpc.org</u>
 - Phone: 856.665.6000

Login to PRA|SPECT

PRA SPECT				
Perinatal Risk Assessment	Tracking System			
single Fourt of Entry and chem	Tracking system			
• Home	user password Login			
Registration	Forgot your password?			
▶ Documents	Welcome to PRAISPECTI			
	Welcome to PRAJOPECT:			
COMMUNICATING WITH	For User's Manuals, please click on "Documents" or contact FHI.			
FHI Staff are available during business hours to	If you have any questions, need assistance, or to report technical difficulties, please contact FHI:			
answer questions and	Email: <u>PRA@snjpc.org</u>			
address problems	• Phone: 856.665.6000			
Email PRA@snipc.org				
Phone				
856.665.6000	🔟 This system uses files in Adobe Acrobat Portable Document Format (PDF). To view or print these files you			
Business Hours 9am - 5pm Monday-Friday	must have Adobe Acrobat Reader software installed. Download the latest version FREE at 💹 🚟 🚥			

www.praspect.org

All users must attend mandatory training prior to using the SPECT system. •Current training schedule is available on the landing page. Click on Documents > Cl&CVA > Training Schedule OR Contact your Central Intake HUB Administrator or FHI for a schedule

The SPECT User registration form and training must be completed prior to receiving your login information.

•User registration form is available on the landing page. Click on Documents > Cl&CVA > User registration form



	Perinatal Risk Assessment
	Single Point of Entry and Client Tracking System
	DATABASE USER REGISTRATION FORM (Please Print Clearly)
Name	
Title	
Agency	
Agency Addres	s
Program Name	(HF, NFP, PAT, etc.)
Phone	
Email	
User name	
User name Password (8 char	acters-alpha numeric)
User name Password (8 char FOR WHICH P	acters-alpha numeric)
User name Password (8 chan FOR WHICH P	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE
User name Password (8 chan FOR WHICH P A(Pf	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION =NTRAL INTAKE/ COMMUNITY HOME VISITING
User name Password (8 chan FOR WHICH P A(PF CE	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER
User name Password (8 chan FOR WHICH P A(PF CE CE	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER ITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S):
User name Password (8 char FOR WHICH P A(PF CE CE	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER ITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S): Central Intake Administrator
User name Password (8 chan FOR WHICH P A(PF CE O FOR COMMUN	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER ITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S): Central Intake Administrator Program Supervisor / Program Administrator Program Staff (Nurse, ESW, Case Mar., etc.)
User name Password (8 chan FOR WHICH P A(Pf Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER ITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S): Central Intake Administrator Program Supervisor / Program Administrator Program Staff (Nurse, FSW, Case Mgr, etc.)
User name Password (8 chan FOR WHICH P A(PF CE	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER IITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S): Central Intake Administrator Program Supervisor / Program Administrator Program Staff (Nurse, FSW, Case Mgr, etc.) nd fax to Donna Bordner, FHI, 856-665-7711 or email to dbordner@snjpc.org
User name Password (8 char FOR WHICH P A(PF CE CE CO FOR COMMUN	acters-alpha numeric) ROGRAMS DO YOU NEED ACCESS: CCESS TO CARE RA COMPLETION ENTRAL INTAKE/ COMMUNITY HOME VISITING THER IITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S):

The Community Home Visiting Referral

The Perinatal Risk Assessment (PRA) Form and the One-Page Community Home Visiting Referral Form are used to refer women and eligible children to Community Home Visiting Services through a **Single Point of Entry and Client Tracking System (SPECT)**

The PRA | SPECT System:

•Automatically forwards referrals received from prenatal providers, social service agencies, and other community partners to the appropriate Central Intake Agency

- Triages referrals according to criteria determined by the partnerships
- •Alerts the Community Home Visiting agency of the referral via email

•Provides participating Community Home Visiting agencies and referring providers with a secure, HIPAA compliant web portal to identify women involved in community home visiting programs

•Reports summary data to participating providers and agencies.

Referral Sources:

- PRA (Perinatal Risk Assessment) Forms completed by prenatal care providers
 One-Page Community Home Visiting Referral Forms completed and faxed or entered on-line by partnering social service / community agencies
- Direct from partnering social service / community agencies
- Staff outreach
- •Self-referrals

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Adding New Referrals

Program Supervisor may add a new client referral obtained from a partner agency (which does not provide prenatal care) or through community outreach or client self-referral.

- Any referrals made from Prenatal Care Providers MUST be made via a PRA (Perinatal Risk Assessment Form) and may not be entered as a Community Home Visiting Referral Form.
- Referrals for postpartum clients should be made via PRA Follow-up Form.
- 1. From Program Menu Click on Referrals, Click on Add New Referral
- 2. Complete each field of the form.
- 3. Click on **Save -** to save and submit the referral form.
- 4. Review Submitted Referrals to view any referrals submitted through program.
 - From Program Menu Click on Referrals, Click on Review Submitted Referrals
 - NOTE: It may take up to 30 minutes for a newly entered one-page referral to appear under Review Submitted Referrals.
- 5. The submitting program does not automatically receive the client. All referrals go to the CI HUB for distribution to appropriate program.

Explanation of Referral types:

- **Direct Referral** Referral received from partnering agency (not a prenatal care provider)
- Staff Outreach Marketing efforts, health fairs, etc.
- Self-Referral Potential client contacts agency to enroll.

Home User Administration	Welcome, Henny
▼ Referrals	
Add New Referral	
New Referrals Review Submitted	
Referrals	
Search Referrals Patients	
▶ NFP Training	
▶ PAT Training	
Logoff	
	©2013 PBA SPECT

Adding a New One-Page Referral Form

DDA	00	
PRA		

Perinatal Risk Assessment Single Point of Entry and Client Tracking System

	rral			
ninistration Referral Date*				Patient
ng About the Referral Agen	cy and Boy	ron making the ret	formal	ID
Referral Type*	O Direct	Referral O Staff (Dutreach O	Self Referral
Is this a Board of Social	O Yes C	No		
w Referral Services Referral* Is this a DCP&P Referral*	O Vec	No	If Yes, was	
Submitted (formerly DYFS)	Curtan Ta		case closed?	O TES O NO O NA
Provider/Agency/Facility making the Referral*	System Tra	aining Institute / NFP	Training	
Last Name*			First Name*	
Title*				_
Email Address			5	
About the Referral			Fax	
About the Referrar		Date of Expected		
Referral for Pregnant (Client*	Delivery		
	chent	Current Trimester	○ 1st ○ 2n	d 🔾 3rd
		First Time Mother?	V Yes V No	
		Date of Delivery		
Referral for Postpartur	m Client*	Infant Birth Weight	0 🗸 lbs 0 🕚	ozs 📙 Unknown
		preterm?	O Yes O No	
		First Time Parent?	O Yes O No	
		Child's DOB		mm/dd/yyyy
O Referral for Infant/Chi	ld*	Child Name		
		First Time Parent?	O Yes O No	
Patient Information				
Last Name*			First Name*	
Street Address *				
City *				
Contact Information	-		County ~	-Select County-
Home Phone *				
Work Phone				
Cell Phone				
Email Address				
Best to reach by phone*	Mornin	g (8a-12p) 🗌 After	moon (12p-5p)	Evening (5p-8p) N/
Additional Patient Inform	nation			
Client DOB*	mm/dd/yyyy		Identified Health/Risks	Alcohol/Drug Use
Primary Language	-Select Lan	guage- 🔽	Concerns	Tobacco Use Depression/Mental Health
other	1			Domestic Violence
Pare	Calast Das			Iransportation Housing/Homelessness
Other		~ •		Other (specify)
Other Services Received		Dof	Insurance	Medicaid P5
or Eligible for (check all		Enrolled Needed	2.15 di difee	Medicaid FFS
(liat apply)	TANF/GA/	EA 🗌 🗌		Medicaid MC
	Food Stamps			NJ Family Care
	WIC			Commercial
	DYFS			L None
Referral Notes/Commen	ts			
Notes				
Patien				*
This p Alway	s rem	ember to cli	ick save	th the Home Visitation
contac when	n a <mark>dd</mark> i	ng a new re	eferral.	rency as listed above
		-		
				Sav
	02013 PR	A SPECT		

Adding a New One-Page Referral Form

•When one-page referral is successfully saved, the following message appears:

PRA SPECT	nt Tracking System
• Home	Referral Successfully Accented
• User Administration	
▶ HF Training	The referral has been successfully accepted. The information will be sent to the appropriate Regional Hub where it will be evaluated to determine eligibility for available services.
► NFP Training	You may check in the "Review Submitted Referrals" section for the status of this and other referrals
▶ PAT Training	submitted by your agency/program.
• Logoff	
	¢2012 PRA SPECT

New Program Referrals For Program Supervisors / Program Administrators

<u>New Program Referrals</u> -Patients/Clients referred to Program from Central Intake Agency. From Program Menu, Click on "Referrals", Click on "New Referrals".

erinatal Risk Assessment ngle Point of Entry and Cli • Home	ent Tracking Syster Central In	n Itake Program Assignments			
Numer Administration	Date	Name	EDC	Referred From	Options
• User Aummistration	07/18/13	Showentell, Showanda	01/08/14	PRA Training	View
NFP Training Referrals Add New Referral New Referrals Review Submitted Referrals Search Referrals Patients					
PAT Training					

IMPORTANT: SPECT must be checked for new referrals at least daily. For your convenience, a daily email alert is automatically generated (at midnight) to alert you when new clients are assigned to your program.

From: Sent: To: sysAdmin@praspect.org Monday, August 05, 2013 11:46 PM Donna Borgner

CI Program Referral Summary

Subject:

As an active administrator of the following programs(s) you are receiving a summary of referrals made on Mon, Aug 05, 2013:

HF Training HF Training 1

PAT Training HF Training 3

NFP Training NFP Training 1

This message was autogenerated and has no monitored email box. Please do not reply to this message.

New Program Referrals Viewing New Referrals

• Home	Central In	take Program Assignments			
User Administration HF Training NFP Training Referrals Add New Referral Add New Referral Review Submitted Referrals Search Referrals Datiant	Date 07/18/13	Name Showentell, Showanda	Click	Referred From PRA Training Reset All to Defe here to view the new referral.	Options View Assign Patients
PAT Training Logoff					

Home	Central Inta	ke Program Assignment	S				
User Administration	Date	Name	EDC	Referred	From	Options	
	09/05/13	Kindle, Kerry	03/23/1	PRA Train	ning	View	
HF Training	Patient Program	n Status		New			
NFP Training	Patient Close R	eason		Not Closed	~		
	Assign Staff			Staff Not Assigned 🗸			
PAT Training	PRA / Referral	PRA / Referral			View PRA / Referral		
Logoff	Patient Encoun	ter/Engagement <u>Add New</u>		Date Type	Ou	tcome Src	
LUYUII				9/6/13 Home	Phone Co	ntacted S	
		©2013 PRA SP	ECT	1	Reset All to Defau	It Assign Patients	

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New Program Referrals Viewing New Referrals

Central Intake Program Assignments EDC **Referred From** Options Date Name PRA Training 09/05/13 Kindle, Kerry 03/23/14 View Patient Program Status New Referred From DD/ 3/1 Patient Close Reason Not Closed Not Assigned Assign Staff Staff Not Ass Pending Enrollment Enrolled PRA / Referral View PRA / Pending Close Closed Patient Encounter/Engagement Add New Date T Src View PRA / Referra 9/6/13 н S Phon Reset All to Default Assign Patients





New Program Referrals Patient Program Status

rrinatal Risk Assessment ngle Point of Entry and Cli	ent Tracking System				
• Home	Central Int	ake Program Assign	ments		
Lloor Administration	Date	Name	EDC Referre	d From	Options
Voser Administration	05/30/13	Daisy, Layzee	Family	Promis Not Assigned	View
HF Training	Patient Progra	am Status		New	
	Patient Close	Reason		Pending Enrollment	~
NFP Training	Assign Staff			Pending Close	
PAT Training	One Page Ref	erral		Closed	
, in the second s	Patient Encou	nter/Engagement Add	New		
 Logoff 	-				
				Reset All to D	efault Assign Patient

Patient Program Status

- •New Client has not yet been assigned to staff for outreach or enrollment
- •Pending Enrollment Client has been assigned to a staff person to outreach/enroll
- •Enrolled Client is formally enrolled in program
- •Pending Close Client is closed out of HV program and Waiting for Program Supervisor to change PRA|SPECT status to "Closed"
- •Closed Client is closed in HV Program and PRA|SPECT system

All clients <u>MUST</u> go from New to "Pending enrolled" then to Enrolled. The system will not allow a change from New to Enrolled or New to Closed

- Only Supervisor Level (not Staff Level) may change status.
- When client completes or ends program, Program Supervisor <u>MUST</u> change Patient Program Status to Closed.

New Program Referrals Patient Close Reason

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Clies	nt Tracking System		
• Home	Central Intake Program Assignments		
▶ User Administration	DateNameEDC05/30/13Daisy, Layzee	Family Promises - Cape May	Options <u>View</u>
HF Training	Patient Program Status	Closed	
► NFP Training	Patient Close Reason Assign Staff	Not Closed Return to Hub Options	
▶ PAT Training	One Page Referral	Not Eligible	
• Logoff	Patient Encounter/Engagement Add New	Outreach Time Expired Outreach Unsuccessful Program at Capacity Referred in Error MIHOPE Patient Close Options Case Completed	Assign Patients
	©2013 PRA SPECT	Duplicate Failed to Enroll Lost To Follow-Up No longer Pregnant Patient Moved Patient Refused Service Unable to Contact Other	

Patient Close Reason

- •Not Closed Client is not closed.
- •Return to HUB Options Use one of these reasons to return client to HUB for reassignment to a different HV Program. Document all client contacts in "Patient Encounter/Engagement" for the HUB Administrator.
- •Patient Close Options Client is not returned to HUB for reassignment. Client is removed from system.

•Return to HUB Options:

- **Client Refused** Client refused this SPECIFIC HV program but is interested in a different one (i.e.: may be interested in PAT but not NFP)
- Not Eligible Client does not meet program criteria, but is eligible for other HV program in area
- **Outreach Time Expired** Unable to enroll client within program specified outreach period OR clients gestational age has exceeded program limitations prior to enrolling.

New Program Referrals Patient Close Reason

• Home	Central Int	ake Program Assign	ments			
User Administration	Date 05/30/13	Name Daisy, Layzee	EDC	Referred From Family Promis	es - Cape May	Options <u>View</u>
HF Training	Patient Progra	am Status			Closed 🗸	
 NFP Training PAT Training Logoff 	Patient Close Assign Staff One Page Ref Patient Encou	Reason erral inter/Engagement Add	New		Not Closed Return to Hub Options Client Refused Not Eligible Outreach Time Expired Outreach Unsuccessful Program at Capacity	
	_				Referred in Error MIHOPE Patient Close Options Case Completed	Assign Patien

•Return to HUB Options (Continued):

- **Outreach Unsuccessful** Unable to outreach client, however, there is a strong likelihood that another program may be able to reach her.
- Program at Capacity No available openings for client
- **Referred in Error** Client does not fit program criteria, however is eligible for other HV program in area. NOT TO BE USED FOR DUPLICATES.
- MIHOPE MIHOPE study. Client is not assigned to Home Visiting.

•Patient Close Options:

- Case Completed Client has successfully completed prescribed goals of program.
- Duplicate: A referral was already received on this client from another agency.
- Failed to Enroll Client noncompliant with appts, or declined enrollment
- Lost to Follow-Up Client was enrolled in program but staff is no longer able to contact.
- No longer pregnant Client's eligibility for program has changed.
- Patient Moved Client no longer resides in service area.
- Patient Refused Service Client is not interested in ANY HV program.
- Unable to Contact Unable to contact client by any means within program specific outreach period.
- Other Please discuss with CI HUB. "Other" should only be used in rare circumstances.

New Program Referrals Assign Staff

Home User Administration	Central Inta	ke Program Assignmer				
User Administration			its			
- Ober Auffinitiser deloti	Date	Name	EDC	Referred From	1	Options
	05/30/13	Daisy, Layzee		Family Promis	es - Cape May	View
► HF Training	Patient Program	n Status			Pending Enrollment 🗸	
A NED T	Patient Close R	eason			Not Closed	~
▶ NFP Training	Assign Staff				Staff Not Assigned	
▶ PAT Training	One Page Refer	ral			Kristy Skyers Still	
	Patient Encount	ter/Engagement Add Nev			Jenny Staff	
Logoff					Donna Bordner	
					Theriny Supervisor	efault Assign Patient

Assign Staff Option

- Staff Not Assigned System default
- To assign staff person:
 - 1. Change "Patient Program Status" to "Pending Enrollment"
 - 2. Patient Close Reason "Not Closed"
 - 3. Assign Staff Select appropriate staff person from drop-down menu
 - 4. Click on "Assign Patients" at bottom of screen to save changes
 - 5. Client will "move" off "New Referral" list onto "Newly Assigned patient list" under "Patients" tab.
- Contact FHI to add additional staff names.



IMPORTANT: Even if already enrolled, ALL clients MUST be changed to Pending Enrollment" and saved. Otherwise your changes will not save OR you will get an error message.



Viewing the PRA/Referral Form

The PRA or one-page referral form is reviewed for contact information, language, gestational age (if pregnant client), gravida, para, some risk factors, including 4Ps Plus (see Glossary on page 48), and some referrals for services.

indow	×			
STATE OF NEW REVEY FILE COPY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES PERSMINA REAK SISSISTANCE AND SERVICES	Î ^	EDC 03/23/14	Referred From PRA Training	Options <u>View</u>
		Clic	A or One page referral.	Outcome Src Contacted S Default Assign Patients

Explanation of Perinatal History

- •Gravida: Total number of pregnancies including current pregnancy regardless of outcome
- •Para: Total number of times a woman has given birth regardless of outcome
 - T = Number of term deliveries (>37 wks) regardless of outcome
 - **P** = Number of preterm deliveries (>20 and <37 wks) regardless of outcome
 - SAB = Number of pregnancies spontaneously ended <20 weeks (includes spontaneous abortions, fetal deaths <20wks, ectopics)
 - EAB = Number of elective terminations <20 weeks
 - L = Number of living children

Example: A woman who is pregnant for the 3rd time who had one ectopic pregnancy and one full-term live birth and child still living would be:

Gravida = 3 Para 2 : T – 1, P – 0, SAB – 1, EAB – 0, L – 1

Adding New Patient Encounters/Engagements

PRA | SPECT

Perinatal Risk Assessment Single Point of Entry and Client Tracking System

Liser Administration	Date	Name	EDC	Referred From	Opti	ions	
v oser Autimistration	08/15/13	Lamplighter, Cyndi	03/10/1	14 PRA Training	Vie	ew	
HF Training	Patient Progr	am Status	New	~			
NED Training	Patient Close	Reason	Not	Closed	~		
INFP ITalling	Assign Staff		Staff	Staff Not Assigned V			
PAT Training	PRA / Referra	PRA / Referral			View PRA / Referral		
Logoff	Patient Encou	unter/Engagement Add New	Date	е Туре	Outcome	Sro	
Logon			8/15	5/13 Home Phone	Contacted	Н	
	Cli	ck on "Add New" to		Reset All t	o Default Assign F	Patier	
	ad	d information from a	т				

 IMPORTANT: All contacts with a potential client should be documented in SPECT up to the point of enrollment.

Adding New Patient Encounters/Engagements

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Tra	acking System	
	Central Intake E	ncounter/Engagement
	Suzie Smith	
	Program	NFP Training
	Contact Date	12/5/2013
	Contact Method	-Select Method-
	Contact Outcome	-Select Outcome-
	Contact Notes	
	Add Appointment(s) Add Referral(s)	
		Back to List Save
		©2013 PRA SPECT



 IMPORTANT: In order for the PRASPECT system to function and search properly, a Contact Date must be entered, even if you are entering the same date for an Appointment or Referral

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Adding New Patient Encounters Contact Method

Central Intake	Encounter/Engagement	
Suzie Smit	h	
Program	NFP Training	
Contact Date	12/5/2013	
Contact Method	-Select Method-	
Contact Outcome	Cell Voice Cell Text	
Contact Notes	Email Met in Person	
Add Appointment(s	s)	
Add Referral(s)		

Contact Method

- Home Phone Primary phone (landline or cell), also includes any phone on which you have directly spoken to client
- Cell Voice includes any system where you have left client a voice message
- Cell Text Text or other IM
- Email
- Met in person

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New Program Referrals Adding New Patient Encounters

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	Tracking System		
	Central Intake En	counter/Engagement	
	Showanda Sh	owentell	
	Program	NFP Training	
	Contact Date	8/14/2013	
	Contact Method	Home Phone	
	Contact Outcome	-Select Outcome-	
	Contact Notes	Contacted Asked to Call Back Client Hung Up	
	Add Appointment(s)	Left Message	
	<u>Add Referral(s)</u>	Language Barrier Phone Disconnected Wrong Number Other Back to List Save	e
		@2013 DRA SDECT	

Contact Outcome

- Contacted Spoke with potential client in person or on phone
- Asked to Call Back
- Client Hung Up
- Sent Message Text or other IM message
- Left Message Left message with adult or on voicemail system
- No Answer
- Language Barrier
- **Phone Disconnected** Phone number disconnected or no longer in service.
- Wrong Number
- Other Always document specifics in "Contact Notes" section.



New Program Referrals Adding New Patient Encounters/Engagements

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	Tracking System			
	Central Intake End	counter/Engagement		
	Showanda Sh	owentell		
	Program	NFP Training		
	Contact Date	08/01/2013		
	Contact Method	Home Phone 🗸		
	Contact Outcome	Contacted		
	Contact Notes	Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.	$\hat{\mathbf{C}}$	
	Add Appointment(s)			
	Add Referral(s)			
			Back to List Sav	e
		©2013 PRA SPECT		

Contact Notes

Document detailed results of contact or attempted contact with client.

- Contact information may be used by HUB administrator, other programs, and/or referring agencies.
- Appointments are actual appointments made with or for client
- Referrals are referrals/recommendations for services that you gave to the client



Adding Appointments					
PRA SPECT	nt Tracking System				
	Central Intake Showanda	Encounter/Engagement Showentell			
	Program Contact Date	NFP Training 08/01/2013			

~

~

Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

Back to List

Save

Click here to Add Appointment(s)

p

Home Phone

Contacted

Contact Method

Contact Outcome

Add Appointment(s) Add Referral(s)

Contact Notes

IMPORTANT: Document all appointments made for or with client up to the point of enrollment.

Adding Appointments PRA SPECT **Perinatal Risk Assessment** Single Point of Entry and Client Tracking System Central Intake Encounter/Engagement **Showanda Showentell** NFP Training Program 08/01/2013 Contact Date Contact Method Home Phone ~ Contact Outcome Contacted ~ Gave program overview. appt. and gave WIC refe Contact Notes Enter the Date on which the appointment is scheduled Add Appointment(s) Date of Appt 8/6/2013 ~ Jerece Type PP511951157 17P5 If other Appt Outcome -Select Outcome-Appt Outcome Date \sim Appt Notes Follow-Up Reminders Date of Appt Appt Agency Type -Select Type-~ If other Appt Outcome Appt Outcome Date -Select Outcome- \sim Appt Notes 0 Follow-Up Reminders Date of Appt Appt Agency Type -Select Type-~

Adding Appointments

Central Intake E	ncounter/Engagem	ient	
Showanda S	howentell		
Program	NFP Training		
Contact Date	08/01/2013		
Contact Method	Home Phone		
Contact Outcome	Contacted	$\overline{}$	
Contact Notes	Gave program overvie appt. and gave WIC r	ew. Client interested. Scheduled H eferral.	× 🗘
Add Ap Select A	Appointment Type	Appt Agency Type	-Select Type- Alcohol/Drug bei o ard of Social Services
			Child Care Assistance
Appt Outcome -Sele	ect Outcome- 🗸	Appt Outcome Dat	Depression/Mental Health
Appt Outcome -Sele	ect Outcome-	Appt Outcome Dat	Depression/Mental Health Domestic Violence Family Planning Provider Home Visiting Housing
Appt Outcome -Sele Appt Notes Date of Appt	ect Outcome-	Appt Outcome Dat	Depression/Mental Health Domestic Violence Family Planning Provider Home Visiting Housing Medical Care Provider Prediatric Care Provider Pregnancy Testing
Appt Outcome -Sele Appt Notes Date of Appt - Appt Outcome -Sele	ect Outcome-	Appt Outcome Dat Appt Agency Type If oth Appt Outcome Dat	Depression/Mental Health Domestic Violence Family Planning Provider Housing Housing Medical Care Provider Prediatric Care Provider Pregnancy Testing Prenatal Care TANF Tobacco Cessation

Appt Agency Type

- Use "Home Visiting" for Program/client assessments, enrollment meeting, etc.
- If "Other" document agency and details in "Appt Notes"
- •Document details in "Appt Notes"

Adding Appointments

Colleen Calamity Program NFP Training Contact Date 08/15/2013 Contact Method Met in Person Contact Outcome Contacted	PRA SPECT	t Tracking System
Program NFP Training Contact Date 08/15/2013 III Contact Method Met in Person IV Contact Outcome Contacted IV		Central Intake Encounter/Engagement Colleen Calamity
Contact Notes Gave program overview. Client interested. Scheduled HV Add Appointment(s) Add Appointment(s) Date of Appt Mapt Outcome Appt Outcome Appt Outcome Appt Outcome Appt Outcome Select Notes Appt Outcome Appt Outcome Select Outcome Appt Outcome Appt Outcome </th <th>Select Appointment Outcome</th> <th>Contact Outcome Program NFP Training Contact Date 99/15/2013 Contact Wethod Met in Person Contact Outcome Contact Outcome Contact Outcome Contact Notes Gave program overview. Client interested. Scheduled HV Add Appointment(s) Date of Appt 08/16/2013 Appt Outcome Appt Notes Met with client to sign consent. Follow-Up Reminders Date of Appt Appt Outcome Select Outcome Appt Outcome -Select Outcome Appt Notes Papt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Type- Follow-Up Reminders Date of Appt Appt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Type- -Select Type- -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome <</th>	Select Appointment Outcome	Contact Outcome Program NFP Training Contact Date 99/15/2013 Contact Wethod Met in Person Contact Outcome Contact Outcome Contact Outcome Contact Notes Gave program overview. Client interested. Scheduled HV Add Appointment(s) Date of Appt 08/16/2013 Appt Outcome Appt Notes Met with client to sign consent. Follow-Up Reminders Date of Appt Appt Outcome Select Outcome Appt Outcome -Select Outcome Appt Notes Papt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Type- Follow-Up Reminders Date of Appt Appt Outcome -Select Outcome Appt Outcome -Select Outcome Appt Outcome -Select Type- -Select Type- -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome -Select Outcome <

Appt Outcome:

- •Enter the Outcome after the appointment occurs
- •Document results of appt in "Appt Notes"

Appt Outcome Date:

•Enter the Date on which the appointment was kept, Cancelled, Rescheduled, or Unknown

Appt Notes:

•Document details of appointments made, results and outcomes of appointments.

Adding Appointments

Central Inta	ike <mark>Enco</mark>	ounter/Engagement				
Showan	da Sho	wentell				
Program		NFP Training				
Contact Date		08/01/2013				
Contact Metho	d	Home Phone 🗸				
Contact Outco	ne	Contacted 🗸				
Contact Notes		Gave program overview. Cl appt. and gave WIC referral	lient intereste I.	d. Scheduled HV	$\hat{\mathbf{C}}$	
Add Appointme	<u>nt(s)</u>					
Date of Appt	8/6/2013	3	App	t Agency Type	Home Visiting	~
				If other		
Appt Outcome	Appointr	ment Kept 🗸	App	t Outcome Date	8/6/2013	
Appt Notes	8/1: HS JS met w	sched, appt to sign enrollmen vith client at home and enrolle	nt and consen ed in program	it. 8/6:	Follow-Up Reminders	; 🗌
	7					
Date of Appt	08/12/20	013 🔢	App	t Agency Type	Prenatal Care	~
				If other		
Appt Outcome	-Select (Dutcome-	App	t Outcome Date		
	014	NDC ashedulad anatovith Fil	IT OR Care		and the second se	

Scroll down to save appointments

Date of Appt			Appt Agency Type	-Select Type-	•
			If othe	r	
Appt Outcome	-Select Outcome-	•	Appt Outcome Date		
Appt Notes			A	Follow-Up Reminders	
	\$			Back to List	Save

Adding Client Referrals to other Programs/Services

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client T	racking System	
	Central Intake E	ncounter/Engagement
	Showanda Sl	howentell
	Program	NFP Training
	Contact Date	8/2/2013
	Contact Method	Home Phone 🗸
	Contact Outcome	Contacted
	Contact Notes	called client to give phone numbers and addresses for several referrals
	Add Appointment(s)	
	Add Referral(s)	Click here to Add Referral(s) Back to List Save
		©2013 PRA SPECT

IMPORTANT: Document all referrals made for client up to the point of enrollment.

Adding Client Referrals to other Programs/Services

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	Tracking System			
	Central Intake End	counter/Engagement		
	Program Contact Date Contact Method Contact Outcome	NFP Training 8/2/2013 Home Phone Contacted Called client to give phone numbers	and addresses for	
	Add Appointment(s) Add Referral(s) Date of Ref [8/2/20]	Enter the Date the Referral was made.	Ref Agency Type	-Select Type- Alcohol/Drug
Document of refe	Ref Outcome -select	Outcome-	If other Ref Outcome Date	Board of Social Services Child Care Assistance Depression/Mental Health Domestic Violence Family Planning Provider Home Visiting Housing Medical Care Provider
	Ref Outcome	Outcome-	Ref Outcome Date	Pediatric Care Provider Pregnancy Testing Prenatal Care TANF Tobacco Cessation Transportation Assistance WIC Other

Ref Agency Type:

- •Use "Board of Social Services" for Medicaid application and document details in "Appt Notes"
- If "Other", document agency and details in "Ref Notes"

Document details of appointment in "Appt Notes"

Adding Client Referrals to other Programs/Services

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Trac	king System						^
(entral Intal	ke <mark>Enc</mark> o	ounter/Enga	agement			
	Showand	la Sho	wentell				
	Program		NFP Training				
	Contact Date		8/2/2013				
	Contact Method		Home Phone	~			
	Contact Outcom	ne	Contacted	~			
	Contact Notes		called client to several referral	give phone numbers ai s	nd addresses for	0	
e e	dd Appointmen dd Referral(s)	<u>it(s)</u>					
	Date of Ref	8/2/201	3 📰		Ref Agency Type If other	Board of Social Services	
24	Ref Outcome	Appoint	ment Kept	v 💙	Ref Outcome Date	8/3/2013	
\rightarrow	Ref Notes	8/2: HS 8/3: clie	6 advised client to ent completed ap	apply for Medicaid at p and submitted docur	BOSS.		
	Date of Ref	8/2/13			Ref Agency Type	WIC	
	Ref Outcome	Select	Outcome-		Ref Outcome Date		
	Ref Notes	8/2: HS	advised client to	go to WIC and apply			
	Date of Ref				Ref Agency Type	-Select Type-	~

Referral Outcome:

•Enter the Outcome after the Referral occurs

•Document results of appt in "Ref Notes"

Referral Outcome Date:

•Enter the Date on which the Referral was kept, Cancelled, Rescheduled, or Unknown

Ref Notes:

•Document details of referrals made and results and outcomes of referrals.

Addin	g Clie Prog	ent Ref rams/S	errals t Service	to oth s	ner
PRAISPECT					
Perinatal Risk Assessment Single Point of Entry and Clie	nt Tracking System				
	Central Intak	e Encounter/Engagemen	ıt		
	Showand	a Showentell			
	Program	NFP Training			3
	Contact Date	8/2/2013			
	Contact Method	Home Phone			-
	Contact Notes	called client to give phone	e numbers and addresses for	~	
	Add Appointmen Add Referral(s)	16)	5 d a		
	Date of Ref	8/2/2013	Ref Agency Type	Board of Social Services	×
	Ref Outcome	Appointment Kept	Ref Outcome Date	8/3/2013	
	Ref Notes	8/2: HS advised client to apply for B/3: client completed app and sub-	Medicaid at BOSS.	0	
	Date of Ref	8/2/13	Ref Agency Type	WIC	
	Ref Outcome	Representation of Frank	If other Ref Outcome Date	54/3/2013 EB	_
	Ref Notes	B/2: HS advised client to go to WI	C and apply		_
			×		
	Date of Ref		Ref Agency Type	-Select Type-	V

Scroll down and Click on Save to save Referrals

2	Date of Ref		Ref Agency Type	-Select Type-	-
			If other		
	Ref Outcome	-Select Outcome-	Ref Outcome Date		
	Ref Notes		Å		
	Date of Ref		Ref Agency Type	-Select Type-	-
			If other		
	Ref Outcome	-Select Outcome-	Ref Outcome Date		
	Ref Notes				
				Back to List	Save
				Back to List	Save

Searching Referrals



Review Submitted Referrals

•One-Page Referrals - entered into SPECT by the Program

Search Referrals

- •Referrals submitted to the Program from the CI HUB
 - Search HUB Referrals includes only one-page referrals entered by the program
 - Search ALL Referrals includes all referrals into program, regardless of origin or form of referral.

•For best results, always use Search All Referrals



IMPORTANT: TO AVOID DUPLICATES-ALWAYS SEARCH PRIOR TO ENTERING A NEW ONE-PAGE REFERRAL

Searching Referrals

ngle Point of Entry and Clie	ent Tracking System			
• Home	Home Visitation	Referral Search [I	NFP Training]	
• User Administration	Deferred Dete	Begin Range		
HE Training	Kererral Date	End Range		
Fin Hannig	Patient Last		Whoozis	
NFP Training	Patient First		Н	
NOATT ::	Patient DOB		Format: mm/dd/y	ууу
PAT Training	Patient City		Search HUD Beferrals	
Logoff	Type of Referral	(Search All Referrals	
				Course D. Koursel
				Search Patients

•From Program Menu

- Click on Referrals
- Click on Search Referrals
- Click on the arrow next to **Type of Referral** and choose **Search All Referrals**
- Click on Search Patients

*****NOTE: The best search results are obtained by using only 1 or 2 search fields (ie: Last Name or Patient DOB)

	Search	ing F	Refe	rrals	
PRA SPECT	ent Tracking System				
• Home	Home Visitation Re	ferral Search	(NFP Traini	ng]	
• User Administration	Peferral Date	Begin Range	-		
▶ HF Training		End Range			
	Patient Last		Whoozis		
▶ NFP Training	Patient First		H		
▶ PAT Training	Patient DOB			Format: mm/dd/yyyy	
• Logoff	Type of Referral		Search Al	I Referrals	
					Search Patier
	Referral Date Patient	Status	Status Date	Close Reason	Options
	05/22/13 Whoozi	s, Holly Closed	07/18/13	Patient Refused Service	View Referral
		©2013 PRA	SPECT		

•To View or edit the Client/Patient Profile or to add Patient Encounters:

•Click on the underlined patient name

•To View the original referral:

•Click on View Referral under the Options column

Managing Program Clients

• Home	Welcome, Henny			
User Administration				
HF Training				
▼ NFP Training				
▶ Referrals				
▼ Patients				
Lat				
Enrolled Patients List Closed Patients List				
▶ PAT Training				
• Locall				

- From Program Menu Click on 'Patients'
- To sort patient lists Click on any heading

• Explanation of Terms:

- Newly Assigned Patients List
 - Clients assigned to a staff person for outreach
 - Client status Pending Enrollment
 - NOTE: Only a Program Supervisor has access to change a client from Pending Enrolled to Enrolled
- Enrolled Patients List
 - Clients currently enrolled in program
 - Client status Enrolled
- Closed Patients List
 - Client status Closed
 - Includes all clients referred to Program, regardless of whether client ever enrolled.
 - Includes clients closed with Return to HUB Options as well as clients closed with Patient Close Options.
 - NOTE: Only Program Supervisors/Program Administrators are able to change Client Status from Pending Closed to Closed



Managing Program Clients Newly Assigned Patients List

• Home	Central In	take Program Ass	ignments		
Coorsh Dationta	Date	Name	EDC	Referred From	Options
· Search Patients	11/11/13	Poodle, Polly	12/26/13	System Training Institute	View
▼ NED Training	11/22/13	Test, Test	05/01/14	System Training Institute	View
Nir Hunnig	11/22/13	Jester, Jessie	07/20/14	PRA Training	View
Referrals Patients Newly Assigned Patients List Socolled Patients List Closed Patients List	>			Reset All to De	fault Assign Patients

- Under the "Patients" tab, click on "Newly Assigned Patients List"
 - Referral Date Date of original Community Home Visiting Referral
 - Patient Name Name of Client/Patient
 - Patient DOB Client/Patient Date of Birth
 - Staff Program Staff person's name to whom client is assigned
 - Program Status Pending Enrollment
 - Client moves off of Newly Assigned Patients List when status is changed
 - Assigned Date Date client was assigned to Program
 - Date client status changed from New to Pending Enrollment
- To sort patient lists, click on any heading
- To View or edit the Client/Patient Profile or to add Patient Encounters, click on the blue underlined name.

Managing Program Clients The Patient Profile Page

Home	Patient Profile: N	FP Training				
User Administration						
HF Training	Wendy What	sup				
NFP Training						
PAT Training	Client Status		D	anding Enrollmont		6
	Client Status)ata	Pe	zinding Enrollment		
ogoff	Referral Date	Jace	0.	2013		
	EDC Date		0.	7/02/2012		
	Birth Date		05	3/15/1967		
	birdirbace			,10,1907		
	Patient Information	1				
	Street		45 Peter Pan Stre	et		
	City, Zip		Camden 98765			
	County Camden Court					
	Home Phone		856-666-6666			
	Cell Phone					
	Other Information					
	Language		English			
	Race					
	Referring Agency In	nformation				
	Referring Agency		Cape May County W	IC		
	Agency Address		6 Moore Road, Room Cape May Courthous	106 se, 08210		
	Agency Phone		(609) 465-1224			
						G
	Patient Encounters					
	Date	Method		Outcome		Appt/Ref
	07/20/13	Met in Per	son	Contacted		View
	07/19/13	Home Pho	ne	Contacted		N/A
	Status History					
	Status Change Date		Status		Entry Person	
	07/10/2012		Donding Enrollmon	-	Cupeniner	

Managing Program Clients/ Patients Newly Assigned Patients List

▶ User A	dministration	Patient Profile: NFF	P Trainin	Click the pend	il icon to				
+ HF Tra	ining	for a second		edit patient sta	tus, close				
T NEP Tr	aining	Wendy Whatsu	1D	patients to pro-	assign gram staff.				
PAT Tr	raining			h	g		0		
		Client Status		rci	ung Enronnent	/	C		
• Logoff		Status Assignment Date	1	07/	19/2013				
		Referral Date		05/	29/2013				
		EDC Date Birth Date		07/	03/2013				
					,				
		Patient Information							
		Street		45 Peter Pan Street					
		City, Zip County		Camden Gounty					
		Home Phone		856-666-6666					
		Cell Phone							
		Other Information							
		Language Race		English					
		Referring Agency Info	ormation						
		Referring Agency		Cape May County WIC	:				
		Agency Address		6 Moore Road, Room Cape May Courthouse	106				
		Agency Phone		(609) 465-1224	, 00210				
							0		
		Patient Encounters							
		Date	Method		Outcome		Appt/Ref		
		07/20/13	Met in Per	son	Contacted		View		
		07/19/13	Home Pho	ne	Contacted		N/A		
		Status History							
		Status Change Date		Status Dending Cosellment		Entry Person			
		07/19/2013		Pending Enrollment		Supervisor			
RA SPECT	ent Tracking System	116		Wendy		Selec	t client s	tatus, clos	sed
RA SPECT natal Risk Assessment le Point of Entry and Clie Home	nt Tracking System Client First Na Client Last Nat	ne		Wendy Not Assigned	- 1	Selec reason a	t client s and assi	tatus, clos gned stafi	sed f fron
RA SPECT natal Risk Assessment le Point of Entry and Clie Home Jser Administration	ent Tracking System Client First Na Client Last Nar Client Status	me ne		Wendy Not Assigned New Pending Enrollment		Selec reason a the drop Updat	t client s and assi down m e Inform	tatus, clos gned staff nenus and ation to sa	sed f fron f clici ave.
RA SPECT natal Risk Assessment le Point of Entry and Clie Home Jser Administration	ent Tracking System Client First Nar Client Last Nar Client Status Program Close	ne ne d Reason		Wendy Not Assigned New Pending Enrollment Enrolled Closed		Selec reason a the drop Updat	t client s and assi down m e Informa	tatus, clos gned staff nenus and ation to sa	sed f fron I clicl ave.
RA SPECT natal Risk Assessment le Point of Entry and Clie Home Jser Administration HF Training NFP Training	ent Tracking System Client First Nai Client Last Nar Client Status Program Close Referral Date Assianment Date	me ne d Reason ite		Wendy Not Assigned New Pending Enrollment Enrolled Pending Close Closed Sof 2015 07(19/2013		Selec reason a the drop Updat	t client s and assi down m e Informa	tatus, clos gned staff nenus and ation to sa	sed f from 1 clicl ave.
RA SPECT natal Risk Assessment le Point of Entry and Clie Home User Administration HF Training NFP Training PAT Training	ent Tracking System Client First Nai Client Last Nai Client Status Program Close Referral Date Assignment Da EDC Date	me ne d Reason ite		Wendy Not Assigned New Pending Enrolment Enrolled Pending Close Closed 07/19/2013 07/03/2013		Selec reason a the drop Updat	t client s and assi down m e Inform	tatus, clos gned stafi nenus and ation to sa	sed f fron 1 clicl ave.
RA SPECT natal Risk Assessment le Point of Entry and Clie Home Jser Administration HF Training NFP Training PAT Training	ent Tracking System Client First Nai Client Last Nar Client Status Program Close Referral Date Assignment Da EDC Date Staff	me ne d Reason ite		Wendy Not Assigned New Pending Enrollment Enrolled Pending Close Closed Core of Core 2012 October 07/19/2013 07/03/2013 Jenny Staff		Selec reason a the drop Updat	t client s and assi down m e Informa	tatus, clos gned staff ienus anc ation to sa	sed f fron 1 clici ave.
RA SPECT Instal Risk Assessment le Point of Entry and Clie Home Jser Administration 4F Training VFP Training AT Training ogoff	ent Tracking System Client First Nai Client Last Nai Client Status Program Close Referral Date Assignment Da EDC Date Staff	me ne d Reason ite		Wendy Not Assigned New Cending Enrollment Enrolled Pending Close Closed 071072013 07/03/2013 Jenny Staff	v ke No Change	Selec reason a the drop Updat	t client s and assi down m e Informa formation	tatus, clos gned staff nenus anc ation to sa	sed f from 1 clicl ave.

- Refer to New Program Referrals -
 - (pages 14-16) for "Client Status" and "Closed Reason"
- Refer to Assign Staff -
 - (page 17) to change staff assignment

Managing Program Clients/Patients Newly Assigned Patients List

Logoff Status Ass Referral Da EDC Date Birth Date Patient In Street City, Zip County Home Phone Other Info Language Race Referring A Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	ignment Date ite formation ne Agency Information	45 Peter P. Camden 98 Camden Co 856-666-60	07/19/2013 05/29/2013 07/03/2013 08/15/1967 an Street 8765 ounty 666	Click on g sign to a	green plus	
Referral Date Birth Date Birth Date Date County Home Phone Cell Phone Other Info Cell Phone Other Info Call Phone Call Ph	formation ne rmation Agency Information	45 Peter P Camden 98 Camden Co 856-666-60	05/29/2013 07/03/2013 08/15/1967 an Street 8765 ounty 666	Click on g	green plus	
EDC Date Birth Date Birth Date City, Zip County Home Phone Cell Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	formation ne rmation Agency Information	45 Peter P Camden 98 Camden C 856-666-66	07/03/2013 08/15/1967 'an Street 8765 ounty 666	Click on g	green plus add client	
Birth Date Patient In Street City, Zip County Home Phone Cell Phone Other Info Language Race Referring Agency Ad Agency Phone Date Date 07/20/13 07/19/13	formation	45 Peter P. Camden 98 Camden Co 856-666-60	08/15/1967 'an Street 8765 ounty 666	Click on g sign to a	green plus add client	
Patient In Street City, Zip County Home Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	formation ne rmation Agency Information	45 Peter P. Camden 98 Camden Co 856-666-60	an Street 8765 ounty 666	Click on g sign to a	green plus add client	
Street City, Zip County Home Phone Cell Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	ne rmation Agency Information	45 Peter P Camden 98 Camden Co 856-666-6	an Street 8765 ounty 666	Click on g sign to a	green plus add client	
City, Zip County Home Phone Cell Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	ne rmation Agency Information	Camden 94 Camden Co 856-666-6 Fnglish	8765 ounty :666	Click on g sign to a	green plus add client	
County Home Pho Cell Phone Other Info Language Race Referring Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	rmation Agency Information	Camden C 856-666-6	ounty 1666	Click on g sign to a	green plus add client	
Home Pho Cell Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	rmation Agency Information	Fnglish	666	Click on g sign to a	green plus add client	
Cell Phone Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	rmation Agency Information	Fnglish		Click on g sign to a	green plus add client	
Other Info Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	rmation Agency Information	Fnglish		Click on g sign to a	green plus add client	
Language Race Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	Agency Information	Fnglish		Click on (sign to a	green plus add client	
Race Referring Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	Agency Information			sign to a	add client	
Referring Referring Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	Agency Information					
Referring A Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13				contacts, ap	opointments,	
Agency Ad Agency Ph Patient En Date 07/20/13 07/19/13	Referring Agency		ounty WIC	and re	ferrals.	
Agency Ph Patient En Date 07/20/13 07/19/13	dress	6 Moore Road Cape May Co	d, Room 106 ourthouse, 08210			
Patient En Date <u>07/20/13</u> <u>07/19/13</u>	one	(609) 465-12	224			
Patient En Date 07/20/13 07/19/13						
Date 07/20/13 07/19/13	counters					
<u>07/20/13</u> 07/19/13	Method	d	Outo	come	Appt/Ref	
07/19/13	Met in	Person	Con	tacted	View	Olials an Marsh
	Home F	Phone	Con	tacted	N/A	View all
Status His	tory					annointments ar
Status Cha	inge Date	Status		Entry Person		referrale made
07/19/201	3	Pending En	nrollment	Supervis	or	with or for clien
						with or for chem

• Refer to Adding New Patient Encounters/Engagements (pages 19-33) for Client Encounter Information

Managing Program Clients Enrolled Patients

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	t Tracking System
• Home	Welcome, Henny
User Administration	
► HF Training	
▼ NFP Training	
Referrals	
Newly Assigned Patients List	
Enrolled Patients List	
► PAT Training	
• Logoff	
	©2013 PRA SPECT

• Under the "Patients" tab, click on "Enrolled Patients List"

Managing Program Clients Enrolled Patients

PRA SPECT erinatal Risk Assessment ingle Point of Entry and Clier	t Tracking System	i.				
Home User Administration HF Training	Enrolled Pa	ntient Search Results				
► NFP Training	Referral	Patient	Patient DOB	Staff	Program Status	Assignment Date
▶ PAT Training	05/21/13	Shellshocked, Shelly	07/04/96	Staff	Enrolled	07/18/13
• Logoff	07/18/13 08/19/13	Demmo, Dolly Calamity, Colleen	07/19/62 09/25/99	Staff Bordner	Enrolled Enrolled	07/18/13 08/19/13

- "Enrolled Patients List"
 - -Referral Date Date of original Community Home Visiting Referral
 - -Patient Name Name of Client/Patient
 - -Patient DOB Client/Patient Date of Birth
 - -Staff Program Staff person's name to whom client is assigned
 - -Program Status Enrolled

•Client moves off of "Newly Assigned Patients List" when status is changed -Assigned Date - Date client was assigned to Program

- To sort patient lists, click on any heading
- To View or edit the Client/Patient Profile or to add Patient Encounters, click on the blue underlined name.
 - **Refer to New Program Referrals -** (pages 14-16) for "Client Status" and "Closed Reason"
 - Refer to Assign Staff (page 17) to change staff assignment
 - **Refer to Adding New Patient Encounters/Engagements -** (pages 19-33) for Client Encounter Information.
- NOTE: Only a Program Supervisor has access to change a client from "Pending Closed" to "Closed"

Managing Program Clients Reassigning Enrolled Patients

• Home		reassign enrolled patients.
• Home	Patient Profile: NFP Training	
 User Administration 		
► HF Training	Shelly Shellshocked	
► NFP Training		\frown
PAT Training	Client Chakes	Facella d
• Logoff	Client Status	Enrolled
	Referral Date	05/21/2013
	EDC Date	01/01/2014
	Birth Date	07/04/1996
	Datiant Information	and the second
RA SPECT		
RA SPECT	nt Tracking System Client First Name	Shelly
RA SPECT	nt Tracking System Client First Name Client Last Name	Shelly Shellshocked
RA SPECT	nt Tracking System Client First Name Client Last Name Client Status	Shelly Shellshocked Enrolled
RA SPECT	nt Tracking System Client First Name Client Last Name Client Status Program Closed Reason	Shelly Shellshocked Enrolled
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RA SPECT	nt Tracking System Client First Name Client Last Name Client Status Program Closed Reason Referral Date Assignment Date	Shelly Shellshocked Enrolled Not Closed Case Not Assigned Dryon Kelly
RA SPECT inatal Risk Assessment gle Point of Entry and Clie Home User Administration HF Training NFP Training PAT Training	nt Tracking System Client First Name Client Last Name Client Status Program Closed Reason Referral Date Assignment Date EDC Date	Shelly Shellshocked Enrolled V Not Closed V Case Not Assigned bryon Kelly Kristy Skyers Still Helen Hannigan
RA SPECT Inatal Risk Assessment gle Point of Entry and Clie Home User Administration HF Training NFP Training PAT Training Logoff	nt Tracking System Client First Name Client Last Name Client Status Program Closed Reason Referral Date Assignment Date EDC Date Staff	Shelly Shellshocked Enrolled Not Closed Case Not Assigned bryon Kelly Kristy Skyers Still Helen Hannigan Jenny Staff

Reassign Clients to other Program Staff

- •Vacation or Temporary Leave of Absence
- •Staff turnover
- •Etc.

Managing Program Clients Closed Patients List

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Tracking System								
Home User Administration HF Training NFP Training Referrals Patients Newly Assigned Patients List Enrolled Patients List PAT Training Logoff	We	lcome, Her	iny					
PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Tracking System								
Home User Administration HF Training	Closed Pa NFP Train	tient Search R ing	tesults					
 NFP Training PAT Training Logoff 	Referral Date 05/22/13	Patient Name Whoozis, Holly	Patient DOB 08/25/87	Assigned Staff	Program Status Closed Patient Refused Service	Assignment Date 07/18/13		

Closed Patients List

- Client status Closed
 - Includes all clients referred to Program, regardless of whether client ever enrolled.
 - Includes clients closed with **Return to HUB Options** as well as clients closed with **Patient Close Options**.

IMPORTANT: Only Program Supervisors/Program Administrators are able to change Client Status from Pending Closed to Closed

Managing Program Clients Closed Patients List

• Home	Closed Pa	atient Search F	Results			
User Administration	NFP Trair	ning	С	lick patie	ent	
HF Training		/		le to viev	wiedit	
▶ NFP Training	Referral Date	Patient Name	Patient DOB	Assigned Staff	Program Status	Assignment Date
PAT Training	05/22/13	Whoozis, Holly	08/25/87	Staff	Closed Patient Refused Service	07/18/13
• Logoff						

Home	Patient Profile: NFP	Training						
User Administration								
HF Training	Holly Whoozis							
NFP Training								
PAT Training				ø				
	Client Status		Closed					
gott	Status Assignment Date		07/18/2013					
	Program Closed Reason		Patient Refused Servi	ce				
	Referral Date		05/22/2013					
	EDC Date		12/31/2013					
	Birth Date		08/25/1987					
	Patient Information							
	Street		56 Whatzis Circle					
	City, Zip		Camden 98765					
	County		Camden County					
	Home Phone		123-456-7890					
	Cell Phone							
	Other Information							
	Language		English					
	Race		Asian					
	Referring Agency Infor	mation						
	Referring Agency		Syst					
	Agency Address		Patient Status	History is also				
	Agency Phone		available at the patient	screen.	J			
	Detient Freedom		>					
	Patient Encounters	thed	Outcome	Acations				
	Date Met	thod	Outcome	Appt/Ref				
	Status History							
	Status Change Date	Status		Entry Person				
	07/18/2013	Pending E	nrollment	Bordner				
	07/18/2013	Closed II I	Patient Refused Service	Bordner				



Sample CHV Referral Forms Perinatal Risk Assessment Form - Page 2

Current Medical Condition	ns	O All	Risk Facto	rs Negative	1										
Yes	No	+On F	Patient Family History Histor	y		Yes No	+On Meda	Patien	t Family History			Ye	No t	On Pati	ent Family Bry History
Neurological Condition				Phlebitis/DV	Т				F	lenal D	lisease				
Seizures				Anemia					L	upus					
Depression/Mental Illness#				Blood Dysor	asia				0	ancer					
Asthma				Diabetes					U	Iterine	Abnorma	alities			
Tuberculosis				Thy roid Dise	ease				A	bnorm	al Pap S	mear			
Cystic Fibrosis				Sickle Cell 1	Trait				S	TD					
Heart Condition				Sickle Cell [Diseas	e			A	IDS		_			
Chronic Hypertension		0.0		Liver Diseas	se				A	llergie	s "				
HIV															
Psychosocial Risk Factor	s	● All I	Risk Factor	rs Negative	1		Reason	for La	te Entry int	0		Enviror	mental E	xposure	9
	Yes	No			Yes	No	Prenata	l Care	(2nd or 3rd	trim)	Yes				Yes No
Disabled×	0	0	Transportat	tion	0	0	Insuran	ce Enr	ollment Dela	ay	0	Lead:			0.5
Unemployed/Inadequate Income	0	0	Inadequate	e Social Support	0	0	Unawa	e of in	portance of	PNC	0	Home	ouilt before	e 1978	0.
Husband/Partner is Unemployed	0	8	Nutritional	Concerno	0	0	Child C	are les	100		0	Mart			
Linstable Housing	0	8	Perinatal P	lenression	8	8	Coulde	are iss t find a	health prov	ider	8	Viral:	Rinde in L	lome	0
Education <12 years	ŏ	ŏ	Fating disc	rder	ŏ	ŏ	Access	to pred	mancy testi	na	ŏ	Cats or	DIRUS IN P	ome	· •
Currently in Foster Care	ŏ	ŏ	Domestic)	/iolence	ŏ	ŏ	Abortio	n desir	ed/unsucces	ssful	ŏ	Tobac	co:		
	-	_			-	-	Transp	ortation	1		Ō	2nd or	3rd Hand	Smoke	0.
4Ps Plus				Yes	No							Yes	No		
Did either of your parents have a	probl	lem with d	frugs or alco	ohol 🔶 🤇	0	Havey	ou ever o	irunk b	eer/wine/liq	uor		٠	0		
Does your partner have any prob	lem w	vith drugs	or alcohol	0 (•									*lf an	*Any
Have you ever felt manipulated b	y you	r partner		0	•	In the r	month be	fore yo	u knew you	were p	pregnant	*Any	None	is che	cked,
Have you ever felt out of control of	or hel	pless		0 1	•									contin the 4P	uewith
Over the past 2 weeks					-		how ma	ny ciga	arettes did y	ousm	oke	0	•	Follow	s -Un
have you felt down, depres	ssed	or hopele:	55	0	•		how mu	ch bee	r/wine/liquo	r did ve	ou drink	0	٠	Quest	ions.
have you felt little interest	or ple	asure in o	doing things	0	•		how mu	ch mar	ijuana did y	ou use		0	٠	L	
4 Ps Plus Follow-up Questic	ns (i	if an *Ar	v above v	vas checked)											
In the month before you	knew	v v ou were	e pregnant :		R	efer for Ass	essment		Preven	tion Eq	ducation		No Refe	rral Need drink/use	ed drugs)
About how many days a	weel	k did you	usually		2.00	,, .	v bajan		1-2 wayon	**	si wayim		1010 1101	arrive area	u ugo/
drink beer / w	vine /	liquor	· · ·			0	0		0		0			0	
	such	n as mariju	Jana, cocair	ne or heroin		0	0		0		0			0	
use any drug		and the second of	k do vou us			_	~	÷.,	~		~			~	
use any drug And now, about how ma	ny da	iys a weel		iually		\sim								8	
use any drug And now, about how ma drink beer / w use any drug	ny da /ine/	iquor liquor	iana cocair	e or beroin		0	~~~		0		63	-			CLEARLY
use any drug And now, about how ma drink beer / w use any drug Plan of Care	ny da /ine / such	iquor as mariju ted/	iana, cocair	ne or heroin		0 0 9	O ompleted/			Curr	ent Med	ications	PLEA		
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Sample CHV Referral Forms One-Page Community Home Visiting Referral Form – Paper Version

47548	Home Visiting Referral
Peterral Agency and Person making the	*REQUIRED FOR FORM PROCESSING*
Palamal Tura*	In this & Rosenlof Social Services Referrat?* Referral Date*
O Direct Rote nzi O Stat/ Outreach	
Referral Agency*	
Last Name	First Name Title
About the Referral	Date of Expected Delivery Current Trineater First Time Mother
O Referral for Pregnant Client*	/ / / O 1st O 2nd O 3nd O Yes O No 1/ 204/s 13-294/s 274294/s
	Date of Delivery Infant Birthweight Was the infant proterm?
O Referral for Postpartum Client*	/ / / / bo cas O Yes O No
A	Child's DOB Child's Name
O Referral for Infan/Child*	
Patient Information" Last None	First Name
SinetAddress	
Current Officer Of	anatan O Facar O Manatanan O Manatanan O Pacarán O Suraw
Residence OBergen OC Residence OBurington OC	ape May Öğləuzester ÖMencer ÖMamis Öğləuzester ÖVencer un tertan d. Hudson ÖMiddesex ÖCeeen ÖSomencet ÖMamen
Contact Information Home Phone*	Cell Phone Work Phone Cell Phone
Email Address	
	Best to reach by phone* O Morning (3e-12g) O Alto mach (12e-5p) O Evolting (5p-6p)
Additional Patient Information Client DOP	Other Services Received or Bigble for Identified Health/Risk Concerns (check all that apply)
	Enrolled Bef Deschd O Tobacco Use
Prinery Language	TANE O Transportation
O Spanish	Food Other iscents
O other specify:	Stampo Insurance
⊖ Black ⊖ Multi Racial	WIC O Medicaid PE O NJ Family Care
O White O Hispanic O Asian O Other O Native American	DYPS D Madicaid MC O None O Madicaid
Referral Notes/Comments	
Patient Consent*	
This patient has given permis	sion to share the information on this referral form with the Home Visitation System to make the appropriate
the referring agency as listed	above. O Yee O He

Sample CHV Referral Forms One-Page Community Home Visiting Referral Form – On-Line Version

Но	me Visitation Ref	erral				
Re	ferral Date*	-	128			Patient
Ab	out the Referral Age	ncy and Pers	on makin	g the re	ferral	ID
Re	ferral Type"	C Direct Re	eferral	Staff (Outreach O	Self Referral
15 5e	this a Board of Social rvices Referral*	C Yes C	No			
Is (fo	this a DCP&P Referral* rmerly DVFS)	C Yes C	No		If Yes, was case closed?	C Yes C No C N/A
Pro	vider/Agency/Facility					
La	it Name"	-			First Name*	
Tit	e*	-				
En	all Address	-			Free	
PR	out the Referral	1			Fax	
		1	Date of Exp	pected		10 III
	Referral for Pregnan	t Client*	Delivery	imorter	C to C to	
			First Time	Mother?	C Yes C No	310
			Date of De	livery		1
			Infant Birti	h Weight	0 . Ibs 0	ozs Unknown
0	Referral for Postpart	um Client*	Nas infant		C Yes: C Ale	
		5	First Time	Parent?	C Yes C No	
			bild's DO	8	NO	mm/dd/www
	Referral for Infant/C	hild=	Child Name	e		
	Porter fail for annancy c	1010	[optional]	Darant?	C No. C No.	
Pa	tient Information		and there	arene?	res No	
La	it Name"	-			First Name*	
Sti	eet Address *	1				
Cit	Y -		_		County *	
Co	ntact Information	-			Sound	-weeker county- [*]
Ho	me Phone *	1				
We	rk Phone	-				
En	ail Address	-				
Be	st to reach by phone"	C Morning	(8a-12p)	C After	moon (12a-5p)	Evening (Sa-8p)
	ditional Patient July	emation				
Cli	ent DOB*		mm/dd	VYYYY	Identified	C Alcohol/Drug Use
Pri	mary Language	-Select Lange	-Select Language		Concerns	Tobacco Use
Ot	ier	1				Domestic Violence
	22.0					Transportation
Ot	her	-Select Race-				Other (specify)
ot	her Services Received		115 W/50	Rof	Insurance	Medicaid PE
or tha	Eligible for (check all it apply)	-	Enrolled	Needed		Medicald FFS
		TANF/GA/E/	-			Medicaid MC Medicaid
		Stamps	9	-		NJ Family Care
		DYES	E	-		None
Re	ferral Notes/Comme	onts	1-0-1	in an inter		
No	tes					
						-
Pa	tient Consent*	and a decision of			an Mile and	I down while the strength of the
5	is patient has given per system to make the ap	propriate refer	ral. If a re	ferral is n	on this referral nade, the patier	form with the Home Visitati nt understands he/she may b
CO	ntacted by program sta	er. confirmatio	an of this a	consent is	on the at the n	ererring agency as listed abo
			CY	es Ni	0	
						Se

50

Glossary

Term	Category	Description
Add New Referrals	New Program Referrals	The Program Supervisor may add a client whose PRA does not indicate "Community Home Visiting".
New	Patient Program Status	Patient is newly referred from CI, not yet enrolled or contacted by Program.
Ineligible Referrals	Referrals	Patients/Clients not meeting criteria of any available program.
New Program Referrals	New Program Referrals	Patients/Clients referred to Program from Central Intake Agency.
Not Assigned	Patient Program Status	A new referral from Program. Using "Add New Referral" this patient goes to Central Intake for assignment.
Pending Enrollment	Patient Program Status	Patient is eligible for Program, but has not yet been enrolled.
Enrolled Patient List	Patients	Patients/Clients assigned to Staff person and enrolled in Program .
Returned Referrals	Referrals	Patients/Clients not meeting a program's criteria are returned by the program supervisor to CI to assess eligibility for other programs.
Unassigned Referrals	Referrals	The CI Agency reviews & approves or changes the suggested referral.
Encounters/Engagements	Referrals, Patients	Record of client/patient contacts, appointments, and referrals.
Closed Patients	Patients	Patients/Clients assigned to Staff person and formally Closed from Program.
Program Not Closed	Program Closed Reason	Client has not been closed from Program, enrollment is pending, or client is active in Program.
4Ps Plus Screening Tool	Viewing the PRA/Referral Form	Evidence-based risk assessment tool for early identification and intervention of pregnant women to change harmful behaviors. Designed specifically for prenatal care settings; questions allow quick identification of patients in need of in- depth assessment and/or follow-up monitoring. Helps providers assess extent of use.



Contact Family Health Initiatives for any questions or concerns

at

pra@snjpc.org

or 856-665-6000

