# **PRA | SPECT**

PERINATAL RISK ASSESSMENT | SINGLE POINT OF ENTRY CLIENT TRACKING SYSTEM

# WWW.PRASPECT.ORG

# Community Health Worker Supervisor Level

Family Health Initiatives 2500 McClellan Ave, Suite 270 Pennsauken, NJ 08109 856.665.6000

Rev 063014

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# PRA | SPECT SYSTEM

The Perinatal Risk Assessment (PRA) tool is used to refer pregnant and postpartum women to Central Intake, Community Home Visiting, and Community Health Worker 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 (CHV) and Community Health Worker (CHW) partner agencies when referral for these 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 (CI)
- Triages referrals according to criteria determined by the partners
- Alerts the Community Home Visiting or Community Health Workers partner agency of the referral via email
- Provides participating agencies and referring providers with a web portal to identify individuals involved in partnering 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
- Documents the referral to Central Intake, Community Home Visiting or Community Health Worker in the "Plan of Care" section of the PRA

#### Central Intake Agency:

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

#### **Community Agencies:**

- Notifies referring agencies about client assignments and enter regular updates about client encounters, resources provided, and referrals and appointments made into PRA | SPECT
- Are responsible for closing cases in the PRA | SPECT system
- Documents all Encounters with clients up to enrollment and once they are closed

#### **Referral Sources:**

- D PRA (Perinatal Risk Assessment) Forms completed by prenatal care providers
- Community Health Screening Referral Form (CHS) completed and faxed or entered online by partnering social service/community agencies/CHW programs or Central Intake
- Direct from partnering social service/community agencies
- Staff Outreach
- Self-referrals

### **SPECT Home Page**

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Before contacting FHI, check the Home Page for Frequently Asked Questions, User Manuals, Updates, and New information.

# WWW.PRASPECT.ORG



To report issues, ask questions, clarify policy, and to request users, new programs, and new referring agency partners:

### Email: SPECT@snjpc.org

# Login to PRA | SPECT

# www.praspect.org

### All users must attend mandatory training prior to using the SPECT system

• Current training schedule is available on the landing page prior to logging on.

- •Click Documents
- Click **CI, CHV, & IPO/CHW** 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 prior to logging on.
  - Click **Documents**
  - Click CI, CHV & IPO/CHW
  - Click Request Username and Password



# **User Registration Form**

Perinatal Risk Asses Single Point of Entr	sment y and Client Tracking System
Perinatal Risk Asses Single Point of Entr	ssment y and Client Tracking System
DATABASE USER	
UALABASE USER	RECISTRATION FORM
(Please	Print Clearly)
Name	
Title	
Agency	
Agency Address	
Program Name (HE_NEP_PAT_IPO_etc.)	
County of Program	
Phone	
Email	
User name	
Password (8 characters-alpha numeric)	
	CCESS:
FOR WHICH PROGRAMS DO YOU NEED A	ACCESS: TAL CARE PROVIDERS)
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA CENTRAL INTAKE/ COMMU	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY O	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING )UTCOMES/COMMUNITY HEALTH WORKERS
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING )UTCOMES/COMMUNITY HEALTH WORKERS 
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER FOR COMMUNITY HOME VISITING, PLEAS	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS 
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER FOR COMMUNITY HOME VISITING, PLEAS Central Intake Administrator Program Supervisor / Program	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS 
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER FOR COMMUNITY HOME VISITING, PLEAS Central Intake Administrator Program Supervisor / Program Rogram Staff (Nurse, FSW, F	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS  SE INDICATE YOUR ROLE(S): n Administrator / Data Entry for Program PE, Case Mgr, etc.)
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER FOR COMMUNITY HOME VISITING, PLEAS Central Intake Administrator Program Supervisor / Program FOR IPO / CHW_PLEASE INDICATE YOUR	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS 
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER FOR COMMUNITY HOME VISITING, PLEAS Central Intake Administrator Program Supervisor / Program FOR IPO / CHW, PLEASE INDICATE YOUR Program Supervisor / Program	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS 
FOR WHICH PROGRAMS DO YOU NEED A PRA COMPLETION (PRENA) CENTRAL INTAKE/ COMMU IMPROVING PREGNANCY C OTHER OTHER FOR COMMUNITY HOME VISITING, PLEAS Central Intake Administrator Program Supervisor / Program FOR IPO / CHW, PLEASE INDICATE YOUR Program Supervisor / Program Community Health Worker	ACCESS: TAL CARE PROVIDERS) NITY HOME VISITING DUTCOMES/COMMUNITY HEALTH WORKERS  SE INDICATE YOUR ROLE(S): n Administrator / Data Entry for Program PE, Case Mgr, etc.) ROLE(S): n Administrator / Data Entry for Program

### **Outreach Events**



Always add your outreach events in order to attach each initial client contact record to that event.

### **Types of Events include:**

- Education
  - Health Education
  - Workshop
  - Other
- Meetings
  - Advisory Board Meetings
  - Informal Meeting
- Outreach
  - Community Event
  - Door-to-Door
  - General Public Event
  - Health Fair
  - Healthcare Setting
  - Public Setting
  - Workshop
  - Other

PS	PRA SPECT	acking System	
	Home     User Administration     CHW Training     Initial Contact     Patients     Forms     TPO Administration     Outrufingh Events     Logoff	Welcome, Isaac	
		©2014 PRA   SPECT	

### **Adding Outreach Events**

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- Complete this form with Event Names that are meaningful to your program.
- All fields should be completed.
- All fields marked with an \* are mandatory.

Home	Outreach Events:	Add an ev	ent				
User Administration	Event Name*	1	Fraining Health F	air			
CHW Training	Event Date*	[0	06/10/2014				
• Logoff	Event Type*		-Select Type-	3			
	Target Audience		Heath Education				
	Event Topic(s)	1	Workshop Other Meetings Advisory Board M	eeting			
	Event Location		Informal Meeting Outreach				
	Contact Person		Community Event Daily Street Outre	each -			
	Contact Email Addres	s	Door-to-Door General Public Ev	ent			
	Event Notes / Comme	ents	Health Fair Healthcare Settin Public Setting Workshop Other	g display in Initial	Contact Form Me		
	Event Attendees To	Attendees Totals					
	Age	Rac	e	Ethnicity	Gender	Outreach	
	Under 10	White	Γ	Hispanic	Male	Initial/Screen	
	10-14	Black		Γ	Female	Total Attend	
	15-17	Multi-Ra	cial				
	18-19	Asian					
	20-21	Native A	merican				
	22-25	Pac Islar	nd / Alaskan				
	26-34	Other					
	35-40						
	41-45						

### **Outreach Events**

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The Event you have added is now available to be updated with attendees by clicking on the event date.

- Always update events with attendee totals and contact counts.
  - For numbers to count in IPO/CHW statistic reports, an initial contact record must be attached to an outreach event.

						CHW Pa	Participant Intake				
A SPECT						Outreach	-Select O	utreach Even	t-	~	Refer
Point of Entry and Clien	t Tracking System					Event					Date <sup>3</sup>
ne	Outreach Even	t was successfully processed.									
r Administration	Outreach E	vents: Basic Search				Darticipa	ant Inform	ation			
H Traisia	You are viewin	g Basic Search Results; the last 25	outreach events. To acc	ess additional search	options, select	Participa		ation	_		
viraining	Automoto Sci	n cu			and an end of the second of th	Last					
off	Event Date	Event Name	Event Type	Displayed in Menu	Total Attend	Name*					
	05/02/14	dskjf	Heath Education	Yes	N/A						
	04/03/14	Thursday training	Heath Education	Yes	9						
	03/31/14	Test Event	Workshop	Yes	N/A						
	03/08/14	Other	Other	Yes	23						
	03/06/14	Informal Meeting	Informal Meeting	No	23						
	Outreach	Informatificetorig	internativecting	110	20						
	06/12/14	Daily Street Outreach	Door-to-Door	Yes	N/A						
	06/11/14	Wednesday Training Health Fair	Health Fair	Yes	N/A						
	06/11/14	Dental Health Fair	Health Fair	Yes	50						
	05/10/14	Training Health Fair	Health Fair	Yes	63						
	06/10/14	Outreach at Training Hospital	Healthcare Setting	Yes	63 N/A						
Option     Training Health Pair     No     63       06/10/14     Outreach at Training Hospital     Health Pair     No     63       06/10/14     Outreach at Training Hospital     Health Pair     No     63       06/10/14     Community Feent     Yes     N/A       06/20/14     Tursday Health Fair     Ormanity Event     Yes       06/20/14     Tursday Health Fair     PRAAL SPECCT       09/16/14     Weadhsday Health Fair     Perinatal Risk Assessment       09/10/14     Sunday Day Health Fair     Perinatal Risk Assessment       09/00/14     Health Fair For Mons     Home     Outreach Events: Add an event											
	Earth Day Festival	DDALC	DECT								
	04/17/14	Thursday Health Fair	PRAS	PECI							
	Wednesday Health Fair	Perinatal Risk A	Assessment								
	04/10/14	Sunday Day Health Fair	Single Point of	Entry and Client T	racking System						
	04/09/14	Health Fair at the Park	a Mainin								
	04/07/14	Health Fair - at Park Willis	• Home		Outreach Ev	vents: Add an e	event				
	03/07/14	Public Setting	• User Adminis	tration	Event Name*		Training Health Fa				
	03/01/14	Brenda's Hair Emporium	A constant		Event Date:		Inclusion and a				
	02/28/14	Souxies Nail Shop	CHW Trainin	9	Event Date		106/10/2014	- un			
	02/22/14	Healthfair for Women	<ul> <li>Logoff</li> </ul>		Event Type*		Health Fair	~			
	04/05/13	SNJPC Luau	-		Target Audien	ce	Preg Women				
	· · · · · · · · · · · · · · · · · · ·				Event Topic(s)	)	Preg Nutrition				
		©2014 PRA I SPEC					-				
					Event Location	n	Training Communi	by Center			
					Contact Dorney	-	Franny commune	ty center			
					Contact Person	n	Train Person				
					Contact Email	Address	Train@too.org				
					Event Notes /	Comments	Rainy Day, Few a	tendees	<u>^</u>		
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									~		
										rm Menu) <b>Outreach</b> 25 Initial/Screen 63 Total Attend	
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					Display Menu Event Attend Age	Option lees Totals Ra	Yes V (Toggles	display in Initial Co	ontact Form Menu	Outreach	
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# Adding Initial Contacts and New Referrals

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- Initial Contacts and New client referrals are obtained from the following sources:
  - Partner Agencies
  - Outreach in the community
  - Events
  - Door to Door
  - Self Referrals
  - Other

# **New Initial Contacts and Referrals**

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From CHW Menu

- Select CHW (your agency here)
- Select Initial Contact
- Select Add New Referral
  - Click Initial Contact>Click Add New Referral.
  - Complete each field of the form. see next page
  - All required fields marked with an \* **MUST** be entered in order to process the form.
  - Click **Save** to save the form.

PRA SPECT	t Tracking System
<ul> <li>Home</li> <li>User Administration</li> <li>CHW Training</li> <li>Initial Contact</li> <li>Add New Referral</li> <li>Search Modify</li> <li>Patients</li> <li>Forms</li> <li>IPO Administration</li> </ul>	Welcome, Isaac
• Logoff	
	©2014 PRA   SPECT

# **New Initial Contacts and Referrals**

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All required fields must be entered to submit the form.

utreach	06/10/2014: Training Health Fair	Referral	06/10/2014	Pregancy Test Date		
vent		Date		Positive	-Select- V	
articipar	t Information					
ast ame*	Perfect		*First Name	Percy		
Street	1 Main St			Apt/Suite/Fl		
daress Citv	Camden	*Zip	98765	*County	Camden	
	contech		100,00			
DOB			Participant ID			
eferral A	Agency Information					
gency	System Training Institute					
Referrer ast Iame	Turner		*Referrer First Name	Tina		
Referrer			*Agency Phone	999-999-999	9	
itie Outreach	Agency Self Deer to Deer	Even	t O Othor			
ype	Agency O Sell O Door to Door	© Even	C Ouler			
Participa	ant is	Has no	hildren and has never	heen preapor	at	
Precon	ceptional woman	*First Ti	me Parent	v	No	
Dreen	nt Woman	*In Prer	atal Care	Yes	No	
<ul> <li>Pregna</li> </ul>	reach titicipant Information ie Perfect Perf	*Due Da	ite	Tes ∪ 10/09/2014		
		*Ages o	f Child/ren in need of	None		
O Interes	Pregnant Woman Interconceptional Woman Male			1.		
				2.		
	) Interconceptional Woman		La parent?	3		
) Male		*First Ti	me Parent?		No	
		*Child/r	en live with you?	O Yes O No		
Participar	nt Contact Information			Household	Information	
Primary	888-888-8888	*Preferr	ed Contact Method?	Children in H	iousehold?	
none		Prim	ary Phone	0 🗸 0-300	0 🗸 6-8y	
		O Alte	rnate Phone il	0 v 1-12r	n 0 v 9-14y	
		O Text		0 v 3 5y	0 V 15-17y	
Alt Phone		*At which text?	h number can we			
		Prim	ary			
		O Alte	mate			
Fmail		O Non	e			
ciliali Additiona	Darticipant Information					
Primary		*Ethnici	ty	*Insurance	Medicaid	
Language Other		Hisnanio	Ves No		Medicare	
		*Paco			NJ Family Care	
		Other	Multi-Racial	-	Commercial	
					✓ None	
Did you o	r a family member have any of these issu	es when	you tried to get hea	althcare in th	ie past?	
No insi	urance for myself urance for my children		No transportation No childcare	1		
	ney for co-pays		Could not miss w	ork		
🗌 No mo	not find a doctor		No time			
No mo Could Could	not get an appointment		Other:			
No mo Could Could Could Did no	t think going to the doctor was important					
No mo Could Could Could Old no Participar	t think going to the doctor was important <b>It Notes (External)</b>					
No mo Could Could Could Did no Participan Notes	t think going to the doctor was important t Notes (External) Client legally blind.		^			
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No mo Could Could Did no Participan Notes Participan Notes	t think going to the doctor was important at Notes (External) [client legally blind. [thotes (Internal)		0			
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Could Could Could Could Did Do Could Participa Votes  Participa agree to community vhich I wa No Cor Yes, O Yes, O	t think going to the doctor was important at Notes (External) [client legally blind. at Notes (Internal) Int Consent provide the information above and to have it . / agree to be contacted, and for Improving is s referred to support my care. ssent ral Consent	forwarded	as a referral to availa Outcomes staff to fo	ible service ag llow-up with n	rencies in my ne or the agency to	

# **New Initial Contacts and Referrals**

### 14

Once the form has been submitted, a message will appear that this patient is new to the system.

- Click Access the patient profile
  - To complete the Community Health Screening Form
  - Add Client contact
  - Make and track resources, referrals or appointments

• Or you may continue to add new referrals by repeating the Add New Referral process.

<ul> <li>Home</li> <li>Patient</li> <li>Percy Perfect</li> <li>Address</li> <li>1 Main St</li> <li>City, State Zip</li> <li>Camden, NJ 98765</li> <li>DOB</li> <li>O3/30/1991</li> <li>Referred Patient</li> <li>pregnantClient</li> <li>This patient is new to the system, no prior assessments or referrals have been submitted.</li> <li>The following options are available for this patient when you Access the Patient Profile</li> <li>Complete the IPO Community Referral Form</li> <li>Add Client Contact Information</li> <li>Make and Track Referrals and Apppointments</li> </ul>	PRA SPECT	ent Tracking System		
Address       1 Main St         User Administration       City, State Zip         CHW Training       OB         • Logoff       03/30/1991         Referred Patient       pregnantClient         This patient is new to the system, no prior assessments or referrals have been submitted.         The following options are available for this patient when you Access the Patient Profile         • Complete the IPO Community Referral Form         • Add Client Contact Information         • Make and Track Referrals and Apppointments	• Home	Patient	Percy Perfect	
• User Administration         • CHW Training         • Logoff         City, State Zip       Camden, NJ 98765         DOB       03/30/1991         Referred Patient       pregnantClient         This patient is new to the system, no prior assessments or referrals have been submitted.         The following options are available for this patient when you Access the Patient Profile         • Complete the IPO Community Referral Form         • Add Client Contact Information         • Make and Track Referrals and Apppointments		Address	1 Main St	
CHW Training       DOB       03/30/1991         Referred Patient       pregnantClient         This patient is new to the system, no prior assessments or referrals have been submitted.         The following options are available for this patient when you Access the Patient Profile         Complete the IPO Community Referral Form         Add Client Contact Information         Make and Track Referrals and Apppointments	User Administration	City, State Zip	Camden, NJ 98765	
Logoff      Referred Patient pregnantClient      This patient is new to the system, no prior assessments or referrals have been submitted.      The following options are available for this patient when you Access the Patient Profile      Complete the IPO Community Referral Form     Add Client Contact Information     Make and Track Referrals and Apppointments	CHW Training	DOB	03/30/1991	
<ul> <li>Logoff</li> <li>This patient is new to the system, no prior assessments or referrals have been submitted. The following options are available for this patient when you Access the Patient Profile</li> <li>Complete the IPO Community Referral Form</li> <li>Add Client Contact Information</li> <li>Make and Track Referrals and Apppointments</li> </ul>	Criw training	Referred Patient	pregnantClient	
		This patient is new to the sy The following options are av Complete the IPO Communi Add Client Contact Informat Make and Track Referrals ar	stem, no prior assessments or referrals have ailable for this patient when you <u>Access the</u> ty Referral Form ion id Apppointments	e Patient Profile

# **Duplicate Referrals**

Coming Soon.

### **Patient Profile**

### 16

CHW can still access a client record after submitting a form to Central Intake. From CHW Menu

- Select Initial Contact
- Select Search Modify
  - The 25 most recent incomplete screenings will appear.
  - Click the date of the client record **OR**
  - Click Advanced Search to search for all records.
  - Click the clients name from the results list to access the Patient Profile.

PRAISPECT						
Perinatal Risk Assessment Single Point of Entry and Clie	ent Tracking System					
Home     User Administration	IPO Initial Co You are viewing B search options,	ntact: Basic Se asic Search Result lect <u>Advanced Sea</u>	earch	I Contacts in need of screening. 1	To access additional	
CHW Training  Initial Contact  Add New Referral  Scarch Modify	Contact Date Daily Street Outro 06/12/2014 Public Setting 02/04/2014	Client Name each Special Lady James Kelly	CHW Isaac Pool Isaac Pool	Status Screening Incomplete Screening Incomplete		
Patients Forms IPO Administration  Logoff	PRASS Perinatal Risk Single Point of	SPECT Assessment	Fracking System			
	Home     User Admini     CHW Training	stration	IPO Initial Con To view Basic Sea	ntact: Advanced Search rch Results; the last 25 Initial Contac	ts in need of screening, select	Basic Search
	• Logoff		Outreach Even Contact Date Patient Last	t / Activity / Location Begin Range End Range	-Select Outreach Event-	
			Patient First Patient DOB Patient City		Format: mm/d	d/yyyy
PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	Tracking System					Search Patients
Home     User Administration	Patient Profile: CHV	/ Training				
CHW Training	Percy Perfect					
- LOGUI	Client Status Status Assignment Date	<	Complete the IPC Initial 0 06/10/	Community Health Screening For Contact 2014		
	Referral Date EDC Date Birth Date		06/10/ 10/09/ 03/30/	2014 2014 1991		

### **Access Patient Profile**

### 17

In Patient Profile you have the option to:

• Complete/Access the IPO Community Health Screening Form

• Add outreach efforts, referrals, resources, or appointments regardless of whether client has been forwarded to Central Intake or to Home Visiting program.

• Record outcomes of referral, resources, or appointments.

ser Administration		e: CHW Traini	ng						
Ser Administration									
HW Training	Dorry Do	fact							
goff	Percy Per	iect							
						_			
			6	Complete the	IPO Commun	ity Health	Screen	ing Form	
	Client Status			Initi	al Contact				
	Status Assignme	ent Date		06/1	10/2014	and a			
	Referral Date			06/1	10/2014				
	EDC Date			10/0	9/2014				
	Birth Date			03/30/1991					
	Client Engageme	Client Engagement Event? Training Health Fair							
	Patient Inform	ation							
	Street	1	1 Main St						
	City, Zip	City, Zip			Camden 98765				
	County		0	Camden County					
	Home Phone		8	388-888-8888					
	Cell Phone								
	Other Informa	tion							
	Language		Engli	sh					
	Race		Multi	-Racial					
	Referring Age	ncy Information							
	Referring Agenc	y	Syste	System Training Institute					
	Agency Address		2500 Penn	2500 McClellan Ave. Pennsauken, NJ 08109					
	Agency Phone		(856	(856) 665-6000					
								6	
	Patient Encour	iters						C	
	Date	Method		Outcome	3			Appt/Ref	

### 18

To complete the Community Health Screening Form: From CHW Menu

- Click Initial Contact
- Click Search/Modify
- Select the client from the list of Incomplete Screenings
- OR use <u>Advanced Search</u>
- Click client name to select client record
- From Patient Profile, click "Complete the IPO Community Health Screening Form"



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#### 19

### Section 1 – Referral Information

- Information from the Initial Referral Form will auto-fill into the Community Health Screen (CHS) form.
- Click **Save** to save your entry and move to the next section.

e   Exit	Community Health Scre	ening				
ral Information	Referral Date*	06/10/2014 ×		Patient ID		
	About the Referral Agency	and Person making t	he referral			
ation	Referral Type*	O Agency 🖲 O	utreach O Self			
social Risk Factors	Is this a Board of Social Services Referral*	○ Yes ○ No				
nt Client	Is this a DCP&P Referral* (formerly DYFS)	○ Yes ○ No	If Yes, was case closed?	○ Yes ○ No ○ N/A		
als/Education	Provider/Agency/Facility making the Referral*	System Training Ins	titute / CHW Training	l		
ant Consent	Last Name*	Turner	First Name*	Tina		
L Cauca I. Culamit	Title*					
Review   Save   Submit	Email Address					
	Phone*	999-999-9999	Fax			
	Participant is					
	O Preconceptional Woman		Has no children ar	nd has never been pregnant		
			First Time Parent	● Yes ○ No		
	Pregnant Woman		In Prenatal Care	● Yes ○ No		
			Due Date	10/09/2014		
O Interconceptional Woman			Ages of Child/ren in need of service	None 1. 2. 3.		
			Are you a parent?	O Yes O No		
	O Male		First Time Parent?	O Yes O No		
			Child/ren live with you?	○ Yes ○ No		

#### 20

### Section 2 – Participant Information

- Complete as much information as possible.
- All required information marked with an \* must be completed.
- Click **Save** to save your entry and move to the next section.

ome   Exit	CHW Participant	Intake					
eferral Information							
articipant Information	Participant Inform	ation	First Ma				
	Last Name-	Lady	FIRST Na	ame-	Special		
eneral Medical formation	Street Address *	12 Something Street	Zip * 98765	-	Apt/Suite/F	Camden	
sychosocial Risk Factors			198703			I Californi (*	
regnant Client	DOB*	07/05/1986 ×	Particip	ant ID			
	Participant Contac	t Information			Household	Information	
eferrals/Education	Primary Phone *	999-966-6666	Preferred Cont	tact Method?	Children in	Household?	
articipant Consent			Primary Pr     Alternate I     Fmail	hone Phone	0 1-12	id 0 0 6-8y ?m 0 9-14	y
eview   Save   Submit			O Text		0 V 1-2y	0 15-1	.7y
	Alt Phone		At which numb	ber can we text?	0 V 3-5y	18-1	34
			<ul> <li>Primary</li> <li>Alternate</li> </ul>				
			O None				
	Email						
	Additional Particip	ant Information					
	Primary Language Other	English 🗸	Ethnicity		Insurance	Medicaid Medicare NI Family Care	
			Hispanic 🔾	Yes 🖲 No		Commercial	
			Race Other	acial	мсо	-Select MCO-	_
	Current Height	0 V Ft 0 V In	Dreamancy				
				ow many times have	vou been pregna	ant?	
	Current Weight	lbs	How many times have you been pregnant?				
				ow many times did h	aby arrive too so	on? Ite 37wks	
	Most Recent Live				a seculted in term	nination?	
	Birth			on many pregnance	a readiced in cent		
				ow many pregnancie	s resulted in mis-	carriage?	
	Infant Birth Weight	0 V lbs 0 V oz		ow many pregnancie ow many living child	s were still births ren do you have?	2	
	Did vou or a family	member have any of	these issues v	when vou tried	to get health	ncare in the past?	
	No insurance for	myself	No 1	transportation			
	No insurance for	my children	No ·	childcare			
	No money for co	-pays	Cou	uld not miss work			
	Could not find a	doctor		time ff was sude			
	Did not think go	appointment ng to the doctor was im	nortant Oth	ner:			
	Participant Notes	(External)					
	Notes			_			-
				Pa	rticipant N	Notes:	
	Participant Notes	(Internal)		Ex	ternal - ca	in be viewed by	
	Notes			Ce	ntral Intake	and Home	
				Vis	iting Progr	rams.	
		ļ		Int	e <b>rnal</b> - car	1 be viewed by	
				you	ir agency o	only.	

#### 21

### Section 3 – General Medical Information

- Fill in as much information as possible.
- If a mistake is made, click Reset Form to clear the page.
- Click **Save** to save your entry and move to the next section.

Home   Exit	General Medic	al C	Con	ditions								
Referral Information												
Participant Information		Y	N	On Meds	Patient History	Unk		Y	N	On Meds	Patient History	Unk
General Medical	Allergies	۲	۲				Chronic Hypertension	۲	$\bigcirc$			
Information	Anemia	۲	۲				Lung Disease	۲	$\bigcirc$			
Psychosocial Risk Factors	Asthma	۲	$\bigcirc$				Lupus	۲	$\bigcirc$			V
<ul> <li>Referrals/Education</li> </ul>	Blood Disorder	۲	$\bigcirc$			<b>V</b>	Neurological Condition	$\bigcirc$	۲			
	Cancer	۲	۲				Seizures	$\bigcirc$	۲			
Participant Consent	Depression/ Mental Illness	0	۲				Sensitive/ Bleeding Gums	0	۲			
Review   Save   Submit	Diabetes	۲	0			V	Other	۲	۲			
	Heart Condition	0	$\bigcirc$			V						

#### 22

### Section 4 – Psychosocial Risk Factors

- Fill in as much information as possible.
- Click **Save** to save your entry and move to the next section.

ome   Exit	Medical/Psychosocial Risk Fac	tors				
eferral Information						
	Psychosocial Risk Factors					
articipant Information		Y	N		Y	N
eneral Medical	Disabled	0	۲	Tobacco Use	۲	0
nformation	Unemployed/Inadequate Income	0	۲	Alcohol	0	۲
sychosocial Risk	Husband/Partner is Unemployed	۲	۲	Drug Use	۲	۲
actors	Homeless	0	۲	Nutritional Concerns	0	۲
eferrals/Education	Unstable Housing	۲	$\bigcirc$	Perinatal Depression	۲	$\bigcirc$
erenais/Education	Education < 12 years	۲	$\bigcirc$	Eating Disorder	0	۲
articipant Consent	Currently in Foster Care	0	۲	Domestic Violence	0	۲
Review   Save   Submit	Transportation	۲	$\bigcirc$	Low Income	۲	$\bigcirc$
	Inadequate Social Support	۲	$\bigcirc$	Unplanned Pregnancy	0	۲
	Primary Care			Environmental Exposures		
	Where do you go when you are sick	?		Lead		
	Private Doctor/Clinic			Home built before 1978	0	۲
	Emergency Room			Tobacco		
	No Where     Other			2nd or 3rd Hand Smoke	۲	$\odot$
	Where do you go for check-ups?			Reproductive Life Plan		
	Private Doctor/Clinic			Are you trying to get pregnant?	0	۲
	<ul> <li>Emergency Room</li> </ul>			If no, are you using contraceptives?	0	٢
	No Where			What type of contaceptives?		
	Other			Rarrier Dimplant Oral Ora	Othor	

#### 23

### Section 5 – Pregnant Client

- All required information must be completed.
- The pregnant client section will not appear for
- Preconceptional, Interconceptional, or Male Clients.
- Click **Save** to save your entry and move to the next section.

• Home   Exit	Pregnant Client											
Referral Information												
Participant Information	Was the Family affected by	Hurrican	e Sandy?		O Yes 🖲	No						
General Medical     Information	Is family Sandy (SSDG) fur	nded?			O Yes	No O Ur	hknowr					
Psychosocial Risk Factors	Entry into Prenatal Care				Smoking							
Drognant Client	Date of first visit*		06/09/20	14		antha ann abia			Y	N		
	I MP*		05/20/20	14	Does anyone	smoke in v	iy? our ho	usehr	O Shie	0		
Referrals/Education	EDD*	04/15/20	15						0			
Participant Consent	Pre Pregnancy Weight (lbs)	104/10/20										
Review   Save   Submit	Bleeding during current pre	V 1st	20	d 🗌 3rd 🗍								
			130	C 211								
	Identified Health Risks /	Concern	ns									
		Preg	Prior	Unk			Pre	g	Prior Preg	Unk		
		Y N	Y N				Y	Ν	Y N			
	Abnormal Pap	0 0	00		Obesity		0	•	00			
	Cervical Incompetence	00	00		Opioid Replacem	ient Tx	0	•	00			
	Ectopic Pregnancy	0 •	00		PIH/Preeclampsi	а	0	0	00			
	Gestational Diabetes	00	00		Previous C Secti	on	0	0	00			
	Group B Strep	00	00		Rh Negative		0	0	00			
	Hepatitis B	00	00		STD		•	С	00			
	LBW (<2500gm)	0 0	00		Uterine Abnorm	alities	0 (	C	00			
	Multiple Gestation	00	00									
	4Ps Plus	4Ps Plus										
	Did either of your parents I	nave a pro	blem with	n drugs	or alcohol? *			0	Yes 🖲	No		
	Does your partner have an	y problem	with drug	js or al	cohol? *	ohol? *				🔾 Yes 🖲 No		
	Have you ever felt manipul	ated by y	our partne	er? *				0	⊃Yes ● No			
	Have you ever felt out of co	ontrol or h	nelpless? '	•				0	Yes 🖲	No		
	Over the past 2 weeks hav	e you felt	down, de	pressed	d or hopeless? *			0	Yes 🖲	No		
IMPORTANT:	Over the past 2 weeks hav	e you felt	little inter	est or p	pleasure in doing	g things? *		0	Yes 🖲	No		
All 4Ps Plus questions	Have you ever drunk beer/	wine/liquo	or? *					0	Yes 🖲	No		
must be filled in.	In the month before you kn	new you w	vere pregr	ant, ho	ow many cigaret	tes did you		۲	Any O	None		
It • Any is selected	In the month before you kr	new you w	vere prear	iant, ho	ow much wine/b	eer/liquor d	id you					
ror any of the last 3	drink? *							•	Any O	None		
section MUST be	In the month before you kr	new you w	vere pregr	ant, ho	ow much marijua	ana did you	use? *	۲	Any O	None		
completed. Your form will	4Ps Plus Follow-up Ques	tions (if	an *Any	above	was checked)	Decus	ntion		No Ref.	orral		
not be processed without				4	Assessment	Educa	ation		Need	ed		
his information.	In the month before you pregnant:	knew yo	ou were	Eve	ery 3-6 ay Days/wk	1-2 days/wk	<1 day/y	wk d	No drugs/d	rinks		
	About how many days a we drink, beer, wine, or liquor	eek did yo	u usually	C		0	۲		0			
	use any drug such as or heroin?	marijuana	a, cocaine,	C	) ()	0	0		۲			
	And now, about how many	days a w	eek do	C		0	0		۲			
	use any drug such as	marijuana										

#### 24

### Section 6 – Referrals/Education

• **Completed/Enrolled** – The client has completed or is actively enrolled in this program or service (i.e.: has been receiving Food Stamps for the past year.)

• **Referred** – CHW has referred client to this service or program during **this** referral process.

• To move client to Central Intake, "**Referred**" must be selected for CI, CHV or both.

• **Refused** – Client has refused the service or program offered by the CHW during this referral process.

Click Save to save your entry and move to the next section.

• Home   Exit	Referrals/Education	on						
Referral Information     Participant Information		Completed/ Enrolled	Referred	Refused		Completed/ Enrolled	Referred	Refused
General Medical					Primary Care		0	0
Information	Tobacco Cessation		۲	0	SSI		0	0
Psychosocial Risk Factors	Substance Abuse Prevention Education		0	0	DCP&P		0	0
Pregnant Client	Substance Abuse Assessment		0	0	Central Intake*		۲	0
• Referrals/Education	Mental Health Assessment		0	0	Preterm Labor Prevention		0	0
Participant Consent	Domestic Violence Assessment		0	۲	Diabetes Care Program		0	0
Review   Save   Submit	TANF/GA		۲	0	Nutritional Consult		0	0
	Emergency Assistance		0	0	Breast Feeding Consult		0	0
	Food Stamps		۲	0	Community Home Visit*		۲	0
	WIC		۲	0	Childbirth Education		0	0
	Dental		0	0	Community Health Worker*		۲	0

#### 25

### Section 7 – Participant Consent

- Be sure to fully read and explain the consent to the client.
- Consent must be given orally or by signature on the paper form.
- Consent is the choice of the client only, not the CHW.
- Click **Save** to save your entry.
- Click Review | Save | Submit to move to the next screen.

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Tra	icking System		
• Home   Exit	Participant Consent		
Referral Information		I agree to provide the information above and to have it	
Participant Information		forwarded as a referral to available service agencies in my community. I agree to be contacted, and for	
General Medical     Information	Initial Contact Consent	Improving Pregnancy Outcomes staff to follow-up with me or the agency to which I was referred to support my care.	Yes
Psychosocial Risk Factors		Laive permission to share the information on this form	
Pregnant Client		with the Community Health Worker to make and follow-	O No Consent
Referrals/Education	Participant Consent	and for IPO staff to follow-up with me or the agency to which I was referred to support my care. Confirmation of this consent is on file at the referring agency.	<ul> <li>Yes, Oral Consent</li> <li>Yes, Written Consent</li> </ul>
Participant Consent     Review   Save   Submit	Additional Consent	I agree to provide the information regarding my health and social service needs and to be referred to a Central Intake. If a referral is made, I agree to be contacted by program staff.	No Consent     Yes, Oral Consent     Yes, Written Consent
	Participants under the age decisions related to health	of 18 understand that it is in their best interest to include . $\label{eq:linearized} \Box_{\mathcal{S}}$	a a trusted adult in
		© 2014 PRA I SPECT	

#### 26

### Section 8 – Review | Save | Submit

- Save Will save the form, from the last point of entry. The form can be retrieved for later completion. \*Form will not be submitted\*
- **Submit –** Form will be submitted to Central Intake for further processing. Changes may not be made once the form has been submitted.

### • <u>Be sure to review and check your work for spelling errors</u> and accuracy before submitting.

• <u>No corrections can be made to the record once the form</u> has been submitted.

• **Remove** – Form will be completely deleted from the system and cannot be retrieved and will not be submitted to Central Intake.

• Click Enter Selection to save your entry and submit the form.

Home   Exit	Community H	ealth Screening Review	/ Submit
Referral Information		CF	15 Form Options
General Medical	O Save	Save the CHS Form	The form will be retrievable to complete. All required fields must be complete to submit the form.
Information Psychosocial Risk Factors	Submit	Submit the CHS Form	The form will be submitted to Central Intake for processing. Submitted forms cannot be removed from the system.
regnant Client	Remove	Remove the CHS Form	The form will be removed from the system and all information will be deleted.
teferrals/Education			Enter Selection

# Managing CHW Clients Newly Referred Clients

### 27

When Central Intake assigns a referral to your program, they will need to be assigned to a staff member by the supervisor.

From CHW Menu

- Click Referrals
- Click Newly Referred Clients
- Of the client you wish to assign, click <u>View</u>

e	Central In	itake Prog	ram Assignmei	nts				
Administration	Date	Name		EDC	Referred Fro	m	(	Options
Administration	06/11/14	Sunshine,	Sammy		System Train	ning Institute		<u>View</u>
Training	06/11/14	Glass, Cle	ar	03/10/15	System Train	ning Institute	(	View
	06/11/14	Kelly, Ger	iny	04/10/14	System Train	ing Institute		VIEW
Contact	06/1//14	Samples,	Siciair	10/09/14	System Train	ing Institute		View
rals	06/17/14	Love, Lind	19	02/18/15	System Train	ing institute		view
destates and the								
Muninistration ff PRA SP Perinatal Risk Asse Single Point of Ent	ECT essment rv and Client Tra	icking System	n					
Meninistration Meninistration	ECT assment ry and Client Tra	icking System Central In	n take Program A	ssignments	3			
dministration ff PRA SP Perinatal Risk Asses Single Point of Ent • Home • User Administrat	ECT essment ry and Client Tra	cking System Central In Date	n Itake Program A Name	ssignments	S EDC R	eferred From		Options
dministration ff PRA SP Perinatal Risk Asses Single Point of Ent • Home • User Administrat	ECT essment ry and Client Tra	cking System Central In Date 06/11/14	n Itake Program A Name Sunshine, Samm	ssignments	s EDC R St	eferred From ystem Training Inst	itute	Options
dministration ff PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training	ECT assment rry and Client Tra	Central In Date 06/11/14 05/11/14	n Itake Program A Name Sunshine, Samm Glass, Clear	ssignments y	EDC R 50 03/10/15 St	eferred From ystem Training Inst ystem Training Inst	itute itute	Options View View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training	ECT essment ry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog	n Itake Program A Name Sunshine, Samm Glass, Clear ram Status	ssignments y	S EDC Ri S 03/10/15 S	eferred From /stem Training Inst /stem Training Inst	itute itute	Options View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT assment and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos	n Itake Program A Sunshine, Samm Glass, Clear ram Status e Reason	ssignments y	5 EDC Ri 53 03/10/15 St	eferred From ystem Training Inst ystem Training Inst New Not Closed	itute itute V	Options View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT assment ry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos Assign Staff	n Itake Program A Name Sunshine, Samm Glass, Clear ram Status e Reason	ssignments y	5 EDC R 5 03/10/15 51	eferred From ystem Training Inst ystem Training Inst New Not Closed Staff Not Assi	itute itute gned v	Options View View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT essment rry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos Assign Staff One Page R	n Itake Program A Name Sunshine, Samm Glass, Clear ram Status e Reason eferral (Community F	ssignments y Health Screen)	5 EDC R 5 03/10/15 S	eferred From ystem Training Inst ystem Training Inst New Not Closed Staff Not Assi View Referra	itute itute yned	Options View View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT essment ry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos Assign Staff One Page R Patient Enco	n Itake Program A Name Sunshine, Samm Glass, Clear ram Status e Reason eferral (Community F punter/Engagement	y Health Screen) Add New	5 EDC R 51 03/10/15 51	sferred From ystem Training Inst ystem Training Inst New Not Closed Staff Not Assi View Referra	itute itute gned v	Options View
dministration f PRA SP Perinatal Risk Asse Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT essment rry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos Assign Staff One Page Ri Patient Enco 06/11/14	n Itake Program A Sunshine, Samm Galass, Clear ram Status e Reason eferral (Community F Junter/Engagement Kelly, Genny	y Health Screen) Add New	5 EDC R 5 03/10/15 5 04/10/14 5	eferred From stem Training Inst vstem Training Inst New Staff Not Closed Staff Not Assi View Referra vstem Training Inst	itute itute gned v itute	Options View
dministration f PRA SP Perinatal Risk Asses Single Point of Ent • Home • User Administrat • CHW Training • Logoff	ECT essment rry and Client Tra	Central In Date 06/11/14 06/11/14 Patient Prog Patient Clos Assign Staff One Page R Patient Enco 06/11/14 06/17/14	n Itake Program A Sunshine, Samm Glass, Clear ram Status e Reason eferral (Community H punter/Engagement Kelly, Genny Samples, Siclair	y Health Screen) Add New	S EDC R S 03/10/15 S 03/10/15 S 04/10/14 S 10/09/14 S	eferred From stem Training Inst stem Training Inst New Not Closed Staff Not Assi View Referra view Referra stem Training Inst stem Training Inst	itute itute gned v I itute itute	Options View View View View

# Managing CHW Clients Newly Referred Patients Emails

### 28

**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 referred to your program during the preceding 24 hours.

CI Program Referral Sum	Imary
sysAdmin@praspect.org	
Sent: Thu 6/12/2014 11:46 PM	
io: Sample Supervisor	
Ic	
As an active administrator of	of the following programs(s) you are receiving a summary of referrals made on Thu, Jun 12, 2014:
As an active administrator of CHW Training CHW Training 3	of the following programs(s) you are receiving a summary of referrals made on Thu, Jun 12, 2014:
As an active administrator of CHW Training CHW Training 3	of <sup>T</sup> <sub>2</sub> he following programs(s) you are receiving a summary of referrals made on Thu, Jun 12, 2014:
As an active administrator of CHW Training CHW Training 3	of <sup>T</sup> <sub>2</sub> he following programs(s) you are receiving a summary of referrals made on Thu, Jun 12, 2014:

# Managing CHW Clients New Referrals to CHW View Referral

#### 29

As a supervisor, <u>always view the referral form</u> in order to assign the client to the most appropriate staff member.

### To View the Referral Form

- Click View Referral
- Scroll top to bottom and left to right to view entire referral

	w								×			
4	1 / 3	50.8%	-		Тос	ols S	Sign	Commen	t A	Referr	ed From	Options
				_	-					Syster	m Training Institute	View
										5 Syster	n Training Institute	View
	Community Health	Screening									Pending Enrollment 🗸	
	Referral Date*			611/2014			Patient 1D				Not Closed	$\sim$
	About the Referral Agency Referral Type*	and Person making	the referral	terest.							Isaac Pool	
	Is this a Board of Social Servic	ces Referral*	N	la la							http://www.Docformed	
	Is this a DCP&P Referral* (formerly DYPS)		N	io 2	Yes, was ca	se closed?			E	_	View Reterral	
	Provider/Agency/Facility make	ng the Referral*	5	ystem Training Institute	/ CHW Trainin	4	Trim				45	
	Title*		0	stw	and the real of		AL BOY			Syster	m Training Institute	View
	Email Address			-						L Syster	n Training Institute	View
	Participant Is									Syster	n Training Institute	View
	Precinant Woman				rst Tirre Par	ent.	Vas			Jyster	in maining mouture	VIEW
					tue Date	1757	03/10/2015					
	Participant Information	1112									Reset All to Defau	Assign Patients
	Street Address *	Class 385 Money St		First Name*		Apt/Sube/IT						
	City *	Canden	Zp *	91363		County *	Candes					
	Participant Contact Inform	ation				Household Inf	termation					
	Primary Phone *	777-777-7777	Preferred Cont	act Method?		Children in House	ienold7					
	Alt Phone		At which numb	ter can we text?		010-354 013-53m	01.8-8y 01.0-14y					
	Participantes and		Priceary			013-8y	0   18-17y 0   18-19y					
	Crisi Additional Participant Infor	rmation										
	Primary Language	Other Chinese	Ittinicity			Insurance	Nora					
			Race	Aviat		MCO	Norm					
	Current Height	4R6h	Pregnancy I	listory								
	Current Weight		1	Now many times h	ave you been	pregnant?	-					
			8	How many times d	id beby entity	e ordener gas 35e e too soon? Ite 37	7wia					
	Most Recent Live Birth		0	How many pregna	ndes resultes	In termination?						
	Infant Birth Weight	0 Iba 0 est	0	now many pregna Now many pregna	ncies resultes ricles were st	li tin miscamage? Il tinths?						
	and the second		8	How many living c	hildren do yo	u have?						
		r have any of these	lasues when yo	u tried to get her	atticare in t	he past?						
	Did you or a family member			Could not mike to the								
	Did you or a family member No issume for repair Could not get as appointed			Could not miss work								
	Did you or a family member No insurance for nyself Could not get an appointment Participant Notes (Deternal Notes	0		Could not mine work								

# Managing CHW Clients New Referrals to CHW Assign to Staff

#### 30

Once the supervisor has decided which staff member is best for this client, you will change the client status to 'Pending Enrolled' and assign the staff member. This will send it to that staff member's **Newly Assigned Patient List** along with a notification email (see below) that they now have a new client.

- Click Patient Program Status dropdown menu
- Select Pending Enrolled
- Patient Close Reason Remains 'Not Closed'
- Assign Staff choose staff member from the list.
- Click Assign Patients to save.



# Managing CHW Clients Enroll in CHW Program

### 31

Once the CHW Staff member informs you that the client wishes to enroll in the program, supervisor will change the client status to Enrolled

- Click Patients
- Click Newly Assigned Patients
- Select <u>Patient Name</u>
- Select the Pencil Icon in the Patient Profile
- Change the client status to Enrolled and Not Closed
- Click Update Information to Save

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	t Tracking System					
• Home	Newly Assigned Patient	Search Results				
▶ User Administration	CHW Training					
▼ CHW Training						
▶ Initial Contact	Referral Patient	Patient		Program	Assigned	
▶ Referrale	Date Name	DOB	Staff	Status	Date	
▼ Patients	06/11/14 Glass, Clear	09/08/78	Pool	Pending Enrollment	06/17/14	
Newly Assigned Patients     List	06/11/14 Monee, Funnie	08/20/96	Pool	Pending Enrollment	06/11/14	
Enrolled Patients List	PRAISPECT					
Closed Patients List	Perinatal Rick Assessment					
▶ Forms	Single Point of Entry and Client	Tracking System				
Reports	• Home					
IPO Administration		Patient Profile: CHV	V Trainin	g		
• Logoff	User Administration					
	► CHW Training	Clear Glass				
	• Logoff	cicul Gluss				
					(	
		Client Status		Pending Enroll	ment	
		Status Assignment Date		06/17/2014		
PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client Tr	racking System					
• Home	Client First Name C	Clear				
• User Administration	Client Status					
► CHW Training	Program Closed Reason	Not Closed				
- 1ff	Referral Date (	06/11/2014				
Logott	Assignment Date 0	06/17/2014				
	EDC Date 0	03/10/2015				
	Staff	Isaac Pool 🗸				
	* Required	M	ake No Ch	anges Update Information		
	© 2014 PR	A   SPECT				

# Managing CHW Clients Enrolled in CHW Program

32

You may also change the staff member at this time if you wish, by selecting a different staff name from the dropdown list and click **Update Information** to **Save**.

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Clier	nt Tracking System	
• Home	Client First Name	Initial Contact
	Client Last Name	New Banding Encoderate
User Administration	Client Status	Enrolled
► CHW Training	Program Closed Reason	Closed
• Logoff	Referral Date	06/11/2014
• Logon	Assignment Date	06/17/2014
	EDC Date	03/10/2015
	Staff	Isaac Pool
	* Required	Make No Changes Update Information
	© 2 0 1	14 PRA   SPECT

Once saved, you will be sent back to the Patient Profile screen.

The Client Status is now 'Enrolled" and client will appear on the Enrolled Patients List.

Perinatal Risk Assessment Single Point of Entry and Clie	ent Tracking System		
• Home	Patient Profile: CHW Train	ing	• Home
• User Administration		والمحرور والمحرور والمحرور والمحرور والمآد	Nuser Administration
► CHW Training			• Oser Administration
• Logoff	Clear Glass		▼ CHW Training
	Client Status	Enrolled	Initial Contact
	Status Assignment Date	05/17/201	Finicial Contact
	Referral Date	06/11/2014	▼ Patients
	EDC Date	03/10/2015	Newly Assisted Definets
	Birth Date	09/08/1978	<ul> <li>Newly Assigned Patients</li> </ul>
	Client Engagement Event?	Dental Health Fair	List
			Enrolled Patients List
	Patient Information		
	Street	585 Money St	Closeatients List
	City, Zip	Camden 98765	▶ Forms
	County	Camden County	
	Home Phone	777-777-7777	IPO Administration
	Cell Phone		
	Other Information		Logoff
	Language	Other Chinese	
	Race	Asian	
	Referring Agency Information		

# Managing CHW Clients Enrolled Patient List

### 33

The Supervisor is able to manage all enrolled patients from the same list. From CHW Menu

- Click **Patients**
- Click Enrolled Patients List
- Click the name of the client to view the Patient Profile
- OR click any blue column heading to sort.
- Supervisors can manage **all** staff members from this list.
  - Staff members only see clients assigned to them.

inatal Risk Assessment gle Point of Entry and Client	Tracking Syster	n					
Home	Enrolled P	atient Search Resu	lts				
• User Administration	CHW Trair	ning					
r CHW Training							
Initial Contact     Referrals	Referral Date	Patient Name	Patient DOB	Program Status	Program Status Date	Staff	Assignment Date
Patients	05/15/13	Poodle, Polly	05/12/85	Enrolled	06/11/14	Pool	04/11/14
Newly Assigned Patients	01/22/14	Preterm, Prestonia	07/15/95	Enrolled	05/16/14	Walk	06/11/14
List	02/21/14	Jessel, Boston	08/15/67	Enrolled	06/11/14	Pool	06/10/14
Encolled Patients List	03/14/14	Sunshine, Sammy	07/09/90	Enrolled	05/09/14	Pool	03/14/14
<ul> <li>Clòsed Patients List</li> </ul>	03/18/14	Crabapple, Crabby	04/26/00	Enrolled	04/29/14	Walk	04/29/14
Forms	03/18/14	Koolguy, Kevin	01/01/98	Enrolled	04/09/14	Pool	04/09/14
Reports	04/08/14	Lady, Preg	07/15/82	Enrolled	04/29/14	Pool	04/16/14
IPO Administration	04/09/14	June, May	02/08/89	Enrolled	04/09/14	Walk	06/11/14
Logoff	04/09/14	June, May	02/08/89	Enrolled	04/11/14	Pool	04/10/14
	04/10/14	Love, Linda	02/12/87	Enrolled	05/05/14	Walk	05/09/14
	06/10/14	Perfect, Percy	03/30/91	Enrolled	06/16/14	Pool	06/13/14
	06/11/14 🄇	Glass, Clear	09/08/78	Enrolled	06/17/14	Pool	06/17/14
	06/11/14	Blinds, Closed	08/07/70	Enrolled	06/11/14	Pool	06/11/14
	06/12/14	Lady, Special	07/05/86	Enrolled	06/16/14	Pool	06/12/14

# Managing CHW Clients Search Referrals

#### 34

### To Search Referrals From CHW Menu

- Click Referrals
- Click Search Referrals
- Enter search criteria
  - Always select Type of Referral = Search All Referrals
- Click Search Patients

\* NOTE: The best search results are obtained by using only 1 or 2 search fields (i.e. Last Name <u>or</u> Patient DOB)

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client	Tracking System				
• Home	CI Program Refe	rral Search [CHW	Training]		
User Administration	Referral Data	Begin Range			
▼ CHW Training	Referrar Date	End Range			
	Patient Last				
Initial Contact	Patient First				
▼ Referrals	Patient DOB			Format: mm/dd/yyyy	
Newly Referred Clients	Patient City				
Review Submitted     Referrals	Type of Referral		Search Al	l Referrals 🗸	
Search Referrals     Patients     Forms     Reports     IPO Administration					Search Patients
• Logoff					

# Managing CHW Clients Patient Lists

### 35

### **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 have access to change client status from Enrolled to Closed, Enrolled to Pending Closed, or Pending Closed to Closed



# Managing CHW Clients Reassigning Enrolled Clients

#### 36

### When to reassign clients to other Program Staff

Vacation or Temporary Leave of Absence, Staff turnover, etc.

- Click **Patients**
- Click Enrolled Patients Lists
- Click the Pencil Icon
- Select new staff member
- Click Update Information to Save

P	PRA SPECT	Tracking System		
	• Home	Patient Profile: CHW Training		
	• User Administration			
	▼ CHW Training	Clear Class		
	Initial Contact	Clear Glass		
	▶ Referrals			
	▼ Patients	Client Status	Enrolled	
	<ul> <li>Newly Assigned Patients</li> </ul>	Status Assignment Date	06/17/2014	
	Enrolled Patients List	Referral Date	06/11/2014	
	· closed Patients List	EDC Date	03/10/2015	
	▶ Forms	Birth Date	09/08/1978	
	▶ Reports	Client Engagement Event?	Dental Health Fair	N
	▶ IPO Administration			6
	• Logoff	Patient Information		
	- Logon	Street	585 Money St	

Home	Client First Name	Clear
nome	Client Last Name	Glass
<ul> <li>User Administration</li> </ul>	Client Status	Enrolled
CHW Training	Program Closed Reason	Not Closed
• Logoff	Referral Date Assignment Date EDC Date Staff * Required	06/11/2014 Cat Cont Case Not Assigned bryon Kelly Ingrid Pod Tease Cool Chase Walk Donna Bordner Henny Supervisor Make No Changes

# Managing CHW Clients Close Clients

### 37

### **Access the Enrolled Patient List**

• Click the client you wish to close.

- In Patient Profile
- Change Client Status Closed
- Select Close Reason (see next pages for definitions)
- Click Update Information to Save

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

Fracking System	n			
Patient Pr	ofile: CHW Training			
Clear C Client Status Status Assig Referral Dat EDC Date	Slass nment Date e	Enrolled 06/17/2014 06/11/2014 03/10/2015	O	
Birth Date Client Engag Patient Inf Street	Tracking System Client First Name	Clear		
n ss ver	Client Last Name Client Status Program Closed Reason Referral Date Assignment Date EDC Date Staff * Required	Glass Closed Closed Client Refursed Not Closed Return to Hub Options Client Refused Not Eligible Outreach Unsuccessful Program at Capacity Referred in Error Unavailable during day MHHOPE Patient Close Options Case Completed Duplicate Failed to Enroll Lost To Follow-Up No longer Pregnant Not Referred to Hub Patient Refused Service Referrals Completed	e No Changes Update I	nformation
	racking System Patient Pr Clear C Client Status Status Assig Referral Dat EDC Date Birth Date Client Engac Patient Inf Street	racking System Patient Profile: CHW Training Clear Glass Client Status Status Assignment Date Referral Date EDC Date Birth Date Client Engag Patient Inf Street Client First Name Client Last Name Client Status Program Closed Reason Referral Date EDC Date Staff * Required (e 2014 PR	racking System         Patient Profile: CHW Training         Clear Glass         Client Status         Status Assignment Date         Status Assignment Date         Of 17/2014         Referral Date         Client Status         Client Engag         Patient Inf         Street         Client First Name         Client First Name         Client Engag         Program Closed Reason         Referral Date         Client Status         Client Africa         Program Closed Reason         Referral Date         Doutreach Unsuccessful         Program Closed Reason	racking System         Patient Profile: CHW Training         Clear Glass         Client Status         Status Assignment Date         06/17/2014         Referral Date         06/17/2014         Birth Date         Client Fracking System         Client Engac         Patient Inf         Street         Tracking System         Client Engac         Patient Inf         Street         Client Status         Client Status         Client Status         Client Status         Client Assignment Date         Outreach Time Expired         Oplicate         Patient To Follow-Up         Not Referred to Hub         Patient To Follow-Up         Not Referred to Fundi         Last To Follow-Up         Not Referred to Fundi         Del Catone </th

# Managing CHW Clients Closed Patients List

#### 38

Once client is closed, the record will be moved to the Closed Patient List

- Click Patients
- Click Closed Patient List
- Click name of client to go to Patient Profile.

	Closed P	Closed Patient Search Results							
User Administration	CHW Tra	inina							
CHW Training		ining							
Initial Contact	Referral	Patient	Patient	Assigned	Program	Assignment			
Referrals	11/08/13	Iones Maria	06/21/82	Pool	Closed II Case Completed	04/17/14			
Vatients	02/21/14	Jessel Boston	08/15/67	Pool	Closed    Client Refused	04/08/14			
List	02/21/14	Skies, Grev	04/26/98	Pool	Closed    Referrals Completed	02/21/14			
Enrolled Patients List	03/14/14	Springtime, Susie	03/23/98	Pod	Closed II Case Completed	03/14/14			
Closed Pathants List	03/18/14	Seas, Stormy	07/19/95	Pool	Closed    Referrals Completed	03/18/14			
Forma	03/18/14	Blossom, Spring	07/19/94	Pool	Closed    Case Completed	05/09/14			
Reports	04/07/14	Bird, Red	08/05/79	Pool	Closed II Case Completed	05/21/14			
<ul> <li>User Administration</li> </ul>			anning						
Oser Administration     CHW Training	Clea	r Glass	anning						
User Administration     CHW Training     Logoff	Clea	r Glass	anning						
CHW Training Logoff	Clea	r Glass			Cloced	6			
CHW Training     Logoff	Clea Client St	r Glass atus			Closed	6			
CHW Training  Logoff	Clea Client St Status A: Program	r Glass atus ssignment Date Closed Reason			Closed 06/19/2014 Case Completed	6			
CHW Training     Logoff	Clea Client St Status A Program Referral	r Glass atus ssignment Date Closed Reason Date			Closed 06/19/2014 Case Completed 06/11/2014	6			
CHW Training     Logoff	Clean Client St Status Ar Program Referral EDC Date	r Glass atus ssignment Date Closed Reason Date e			Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015	6			
User Administration     CHW Training     Logoff	Clean Client St Status Ar Program Referral EDC Date Birth Dat	r Glass atus ssignment Date Closed Reason Date e e			Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978	6			
User Administration     CHW Training     Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En	r Glass atus ssignment Date Closed Reason Date e e te gagement Event?			Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair				
User Administration     CHW Training     Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En	r Glass atus ssignment Date Closed Reason Date e e ise igagement Event? Information			Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair				
User Administration CHW Training Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En <b>Patient</b> Street	r Glass atus ssignment Date Closed Reason Date e e igagement Event? Information		585 MG	Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair				
User Administration CHW Training Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En <b>Patient</b> Street City, Zip	r Glass atus ssignment Date Closed Reason Date e e igagement Event? Information		585 Mo Camde	Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair oney St in 98765				
User Administration CHW Training Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En <b>Patient</b> Street City, Zip County	r Glass atus ssignment Date Closed Reason Date e e gagement Event? Information		585 Mo Camde Camde	Closed D6/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair				
User Administration CHW Training Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En <b>Patient</b> Street City, Zip County Home Ph	r Glass atus ssignment Date Closed Reason Date e te gagement Event? Information		585 Mc Camde Camde 777-77	Closed 06/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair oney St in 98765 in County 77-7777				
CHW Training CHW Training Logoff	Client St Status A: Program Referral EDC Date Birth Dat Client En Patient Street City, Zip County Home Ph Cell Phor	r Glass atus atus ssignment Date Closed Reason Date e e gagement Event? Information Information Information		585 Mc Camde 777-77	Closed D6/19/2014 Case Completed 06/11/2014 03/10/2015 09/08/1978 Dental Health Fair Dental Health Fair Dental Fair Dental Health Fair Dental Health Fair				
• User Administration • CHW Training • Logoff	Clean St Status A: Program Referral EDC Date Birth Dat Client En Street City, Zip County Home Ph Cell Phor Other In	r Glass atus ssignment Date Closed Reason Date e e gagement Event? Information Information Information Information		585 Mc Camde Camde 777-77	Closed Closed Case Completed O6/11/2014 O3/10/2015 O9/08/1978 Dental Health Fair Dental Health Fair Dental Health Fair Dental Health Fair				

# Managing CHW Clients Patient Closed Options

#### 39

### Patient Closed Reasons:

**Return to HUB Options -** Use one of these reasons to return client to Central Intake for reassignment to a different program. Document all client contacts in "**Patient Encounter/Engagement**" for the CI Administrator.

Patient Close Options - Client is not returned to Central Intake for reassignment, and moved to the Closed Patients list.

### **Return to HUB Options:**

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



# Managing CHW Clients Patient Closed Options Continued

#### 40

### Return to HUB Options (Continued):

- **Outreach Unsuccessful -** Unable to outreach client, however, there is a strong likelihood that another program may be able to.
- Program at Capacity No available openings for client
- **Referred in Error** Client does not fit program criteria, however is eligible for other programs 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 appointments, 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 Community 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 and should be documented in Client Contact notes.

# Adding Engagements/Encounters Referrals, Appointments and Resources

### 41

### Access the Patient Profile Screen

- Click the green "**plus sign**" to add a new contact, resource or referral provided, or appointment made.
- To view an existing contact, click <u>View</u>
- To open an existing contact, click the Date

• Home	Patient Profile: I	NFP Trainir	ıg				
▶ User Administration							
▶ CHW Training	Sally Smith						
▶ HF Training	Sully Shinth						
▶ NFP Training							ø
N DAT Training	Client Status			Enrolled			
PAT training	Status Assignment	Date		05/22/2014			
• Logoff	Is Client MIHOPE P	articipant		No			
	MIHOPE Client ID			Missing Req	uired Informatio	on	
	Referral Date			01/23/2014			
	EDC Date			07/01/2014			
	Birth Date			06/09/1995			
	Patient Informatio	n					
	Street		5	56 Elm Street			
	City, Zip		C	amden 98765			
	County		c	amden County			
	Home Phone		8	56-598-5565			
	Cell Phone						
	Other Information						
	Language		Span	sh			
	Race		Hispa	nic			
	Referring Agency	Information	riopo				
	Referring Agency		Syste	m Trainiu	Click 🔍 to a	add a	
	Agency Address		2500	McClella	new Resou	irce,	
			Penn	sauken,	Referral	or	
	Agency Phone		(856)	665-600	Appointm	ent.	
	Patient Encounter	- N					$\overline{\bigcirc}$
Click the date to	Date	Meth	od		Outcome		Appt/Ref
open and update	05/22/14	Home	Phone		Contacted		View
outcomes.	Appointment Date	0.5	/22/2014	1000		Llama Via	iting
	Outcome	Ap	pointment Kepl	Outc	ome Date	05/23/20	14
	Notes	clie	ent enrolled.				
	05/06/14				Other		N/A
	Program / Status	History					
	Program	Status	Pending Enrollment	Enrollment	Pending Close	Closed	Closed Reason
	NEP Training	Enrolled	05/22/14	05/22/14	N/A	N/A	N/A
		amoned	00/22/14	00/22/14	19/5	11/1	14/5

# Add Encounter/Engagement

### 42

• Encounters/Engagements (Client Contacts) must be entered and saved prior to adding any referrals, appointments, or resources.

• A contact date must be entered in order to save and later retrieve the Encounter/Engagement record.

Sammy Sunshine	
Program CHW Training Enter C	Contact and click
A contact date Contact Date 05/22/2014	Contact
MUST be entered Contact Method Cell Voice	
Contact Outcome Contacted	
Contact Notes	

Perinatal Risk Assessment Single Point of Entry and Client T	racking System Central Intake Er	ncounter/Engagement	
	The contact/encou appointment, or re	nter record was successfully source	r added. Select the link below to add a referral,
	Sally Smith		Once Saved Add New
	Program	NFP Training	Beferral/Becource/Appt
	Contact Date	05/22/2014	will appear Click here
	Contact Method	Cell Voice 🔻	win appear. oner field.
	Contact Outcome	Contacted •	
	Contact Notes	made referral to prenatal ca	re
	Add New Referral, Ap	ppointment, or Resource	Back to List Save Contact

# **Resources, Appointments and Referrals**

### 43

Referrals, Appointments, and Resources can be added and updated at any level of client contact or enrollment status:

- Initial Contacts
- New Referred Clients
- Pending Enrolled Clients
- Enrolled Clients
- Pending Closed Clients
- Closed Clients

**Resource** - General service and agency information that has been given or sent to the client.

**Referral** - Information given to client to contact or make appointments with a provider, social service agency or program.

**Appointment** - Specific dates and times that have been set up for a client to meet with a provider or agency.

# Add New Referral, Appointment, or Resource

#### 44

### Add New Referral, Appointment, or Resource

- Search appropriate client list (Initial contacts, New Referrals, Enrolled, etc.)
- Search and Select Patient Profile
- Select the clients name from the appropriate list to open the Patient Profile

• Home	Enrolled P	atient Search Resu	ilts				
User Administration	NFP Traini	ing					
CHW Training							
HF Training	Referral Date	Patient Name	Patient DOB	Program Status	Program Status Date	Staff	Assignment Date
NFP Training	07/18/13	Wunpage, Winnie	08/05/95	Enrolled	01/23/14	Smith	05/06/14
Peferrale	09/05/13	Jolly, Jessie	09/26/90	Enrolled	12/12/13	Smith	02/20/14
atients	10/14/13	Nabbit, Daq	07/08/98	Enrolled	04/24/14	Staff	12/18/13
Newly Assigned Patients	11/04/13	Electra, Carman	07/01/97	Enrolled	05/06/14	Smith	11/07/13
List	01/13/14	Kane, Candy	04/26/85	Enrolled	04/24/14	Staff	01/23/14
Enrolled Patients List	01/22/14	Needy, Nancy	04/26/98	Enrolled	04/24/14	Staff	04/24/14
MIHOPE Patients List	01/23/14	Smith, Sally	06/09/95	Enrolled	05/22/14	Staff	05/22/14
Closed Patients List	01/24/14	Prada, Patty	04/26/90	Enrolled	02/28/14	Staff	02/28/14
PAT Training Logoff	/						

# Service Type and Service Provider Information

### 45

• Add all Referrals, Appointments, or Resources individually – See following pages for detailed instructions.

- You must "Save" after each entry before adding the next record
- There is no limit on the number of Referrals, Appointments, or Resources that can be made/entered for a client.

RA SPECT	Tracking System							
	Service Type and S	ervice Provider Information						
	Date							
	Туре	<ul> <li>Resource - General service information has been given/sent.</li> <li>Referral - Information to contact/make appointment with a Provider.</li> <li>Appointment - A date/time has been set up with a Provider.</li> </ul>						
	Service Programs /	Type - Select -						
	FIONGEIS	Program - Select Service Type First - 🔻						
		Provider - Select Program First - V						
	Status and Outcome Information							
	Status	-Select Status-						
	Outcome	-Select Outcome- Outcome Date						
	Notes / Comments							
	General Notes - Info	rmation seen by any user with access to patient record						
		I						
	Internal Notes - Info	rmation seen by the user and individuals in the same agency						
		Return/Cancel Save						

# Service Programs/Providers - Types

### 46

### • Service Programs/Providers

- Community Based Agency Support
  - Basic Needs/General
  - Behavioral Health
  - Child Care
  - Community Centers
  - Domestic Violence
  - Early Head Start/Head Start
  - Early Intervention System
  - Education
  - Emergency Housing
  - Family Success Center
  - Fatherhood Services
  - Food Centers
  - Housing
  - Insurance Services
  - Job Training Program
  - Parenting Groups
  - School Based services
  - Smoking Cessation
  - Substance Abuse
  - TANF
  - Transportation
  - WIC/Nutrition

# Service Programs/Providers - Types

### Service Programs/Providers – Continued

- Community Home Visiting
  - Healthy Families
  - Infant and Family Development
  - Local Health Department IPO
  - Nurse Family Partnership
  - Other social service
  - Out-of-Service Area
  - Parents as Teachers
- Outreach and Case Management
  - ACA Navigators
  - Community Health Worker
  - CP&P Child Protective Services
  - DCP&P
  - Health Related Case Management
  - IPO Outreach and Case Management
  - Special Child Health Care
- Primary Medical Care
  - Dental Services
  - Family Health
  - Hospitals
  - Pediatric
  - Pregnancy Testing
  - Prenatal
  - Primary Medical Care Children
  - Primary Medical Care Mother
  - Primary Medical Care Other
  - Women's Health

### **Add Resource**

48

### Adding a Resource provided to client:

• Selection options will change as you select the different types of programs



- Select Type = Resource
- Select Service Program / Provider
- Select Provider



# **Status and Outcome Information**

### 49

### **Recording and Tracking Status and Outcome Information:**

- Select Status
  - Open
  - Pending
  - Closed
  - Other
- Select Outcome
  - Appointment Specific
    - Appointment Kept
    - Appointment Cancelled
    - Appointment rescheduled
  - Referral Specific by Participant
    - Attempted Contact
    - Contacted
    - Made Appointment
    - Met with
  - Referral Specific by Provider
    - Attempted Contact
    - Contacted
    - Made Appointment
    - Met with
  - General
    - Did not meet need
    - Unknown Outcome
    - Outcome N/A
- Enter Outcome Date
- Add Notes/Comments
  - General Notes Information seen by any user with access to the patient/client record
  - Internal Notes Information seen by the user and individuals within the same agency.

### **Status and Outcome Information**

### 50

Service Type and Ser	rvice Prov	ider Information			
Date	05/22/20	14			
Туре	Resource - General service information     Referral - Information to contact/ma		nation has been given/sent. /make appointment with a Provider.		
	Appointment - A date/time has been set up with a Provider.				
Service Programs / Providers	Туре	Community Based Agency	Support V		
Status and Outcome I Status	Program	Basic Needs/General	¥		
	Provider	- Select Provider - 🔻			
	Informatio	DN			
	Open T				
Outcome	-Select O	outcome-	Outcome Date		
Notes / Comments	-Select C Appoint	outcome- ment Specific			
General Notes - Inform	n. Appoir	ntment Kept	to patient record		
	Appoin Referral Attem Conta Made Met wi	Internet Rescheduled I Specific - by Participant pted Contact cted Appointment th		4	
Internal Notes - Inforr	M Referral Attem Conta Made Met wi General	I Specific - by Provider pted Contact cted Appointment ith	als in the same agen	cy	
	General Did no Unkno Outcor	it meet need wn Outcome me N/A	,	6	

- Once saved, you will be brought back to Encounter/Engagement
- Additional records may be added without exiting the **Patient Profile**.

	Central Intake En	counter/Engagemen	t	
	Sammy Sunsh	ine		
L3	Program	CHW Training		
	Contact Date	05/22/2014		
	Contact Method	Cell Voice V		
	Contact Outcome	Contacted •		
	Contact Notes			
	Add New Referral, App	pointment, or Resource		
				ø
	Resource			
	Date	05/22/2014		
	Service Programs / Providers	Community Based Ag	ency Support> Basic Need	ds/General
	Status: Open			
	Outcome	N/A	Outcome Date	05/22/2014
	General Notes			
	Internal Notes			

# **Add Referral**

51

### Adding a Referral provided to client

• Selection options will change as you select the different types of programs

Service T	ype and Ser	vice Provi	ider Information			
Date		05/23/201	.4			
Туре		<ul> <li>Resou</li> <li>Referr</li> </ul>	rce - General service info al - Information to contac	rmation has been give t/make appointment	en/sent. with a Provider.	
		Appoir	ntment - A date/time has	been set up with a Pi	ovider.	
Service Pr Providers	ograms /	Туре	Outreach and Case Manag	ement 🔻		
		Program	DCP&P	Ŧ		
		Provider	- Select Provider -			
Status an	d Outcome I	Informatio	'n			
Status		-Select St	atus- 🔻			
Outcome		-Select O	utcome-	Outcome Date		
Notes / C	omments					
General N	otes - Inform	nation seer	n by any user with access	to patient record		
				,	8	
Internal N	otes - Inform	nation seel	n by the user and individu	als in the same agen	су	

- Select Type Referral
- Select Service Programs/ Providers
  - Select Type
  - Select Program
  - Select Provider (if specified)
- Select Status
- Select Outcome
  - Enter Outcome Date
- Add Notes/Comments
  - General Notes
  - Internal Notes
- Remember to Click "Save" after entering each service.

### **Saved Referral Screen**

Sally Smith	
Program NFP Training	
Contact Date 05/22/2014	
Contact Method Cell Voice	
Contact Outcome Contacted	
Contact Notes	
Entry Person Henny Supervisor	
Providers     Outcome       Status: Open       Outcome       N/A       Outcome       Notes       General Notes       Internal Notes	N/
Entry Person Henny Supervisor	
Resource	
Date 05/22/2014	
Service Programs / Community Based Agency Support> Basic Needs/General Providers	
Status: Open	
Outcome N/A Outcome Date	I
Notes	
Notes           General Notes         Client given resource to receive diapers	

# **Add Appointments**

53

### Adding an Appointment made for or with the client

• Selection options will change as you select the different types of programs

	ervice Provi	der Information			
Date	05/22/201	4 🔳			
Туре	<ul> <li>Resou</li> <li>Referr</li> <li>Appoint</li> </ul>	rce - General service information al - Information to contact/make a ntment - A date/time has been se	has been give appointment t up with a Pr	en/sent. with a Provider. ovider.	
Service Programs / Providers	Type	Primary Medical Care	- Select - Community Ba Community Ho	sed Agency Support me Visiting	
	Program Provider	- Select Program -   - Select Program - Dental Services	Outreach and Primary Medic	Case Hanagement al Care	
Status and Outcom	e Informatio	Family Health Hospitals			
Status	Closed	Pediatric Pregnancy Testing			
Outcome	Appointm	Prenatal Primary Medical Care - Children	ome Date	05/23/2014	
Notes / Comments		Primary Medical Care - Mother Primary Medical Care - Other			
General Notes - Info	ormation see	Women's Health	nt record		
Internal Notes - Info	ormation see	n by the user and individuals in th	e same agen	су	

- Select Type Appointment
- Select Service Programs/ Providers
  - Select Type
  - Select Program
  - Select Provider (if specified)
- Select Status
- Select Outcome
  - Enter Outcome Date
- Add Notes/Comments
  - General Notes
  - Internal Notes
- Remember to Click "Save" after each entering each service.

# **Saved Appointment Screen**

Sammy Sun	shine			
Program	CHW Training			
Contact Date	05/22/2014			
Contact Method				
Contact Outcome				
Contact Notes				
Entry Person	Ingrid Pod			
Date Service Programs /	05/22/2014 Community Based Age	ncy Support> Basic Need	s/General	
Descudence				
Providers Status: Open				
Providers Status: Open Outcome	N/A	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes	N/A	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes	N/A	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes	N/A	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person	N/A	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Entry Person	N/A Ingrid Pod	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person	N/A Ingrid Pod	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Entry Person Appointment Date	N/A Ingrid Pod 05/22/2014	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers	N/A Ingrid Pod 05/22/2014 Primary Medical	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers Status: Pending	N/A Ingrid Pod 05/22/2014 Primary Medical	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers Status: Pending Outcome	N/A Ingrid Pod 05/22/2014 Primary Medical	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers Status: Pending Outcome Notes Concereit Midu	N/A Ingrid Pod 05/22/2014 Primary Medical	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers Status: Pending Outcome Notes General Notes General Notes	N/A Ingrid Pod 05/22/2014 Primary Medical	Outcome Date		05/22/2014
Providers Status: Open Outcome Notes General Notes Internal Notes Entry Person Appointment Date Service Programs / Providers Status: Pending Outcome Notes General Notes Internal Notes	N/A Ingrid Pod O5/22/2014 Primary Medical N/A	Outcome Date		05/22/2014

### **Update Outcomes**

#### 55

• Staff members are responsible for recording, tracking and entering/updating outcomes for all referrals, resources, and appointments .

• Remember! The outcome date must always be added.

he	Patient Profile: CHW	Training			Single Point of Entry	and Client Tracking System	
ar Administration						Central Intake Fr	ncounter/Engagement
W Training						CONTRA LINUNC LI	in the second
poff	Sammy Sunshin	e					
1120				0		Sammy Suns	hine
R	Client Status						
	Status Assignment Date Referral Date		03/14/2014			Program	CHW Training
	EDC Date					Contact Date	05/22/2014
	Birth Date		07/09/1990			Contact Method	Cell Voice •
	Client Engagement Even	k?	Informal Meeting			Contact Outcome	Contacted *
	Patient Information					Contact Notes	Click Pencil 🥔 to
	Street	99	Bright Way				update outcome.
	City, Zip	G	amden 98765			Add New Referral, Ap	opointment, or Resource
	Home Phone	81	imden County 17.898-8899				
	Cell Phone	87	7-898-8899			Recovers	B. (
	Other Information					Date	05/22/2014
	Language	Englis	h			Service Programs /	Community Based Agency Support> Basic Needs/General
	Race Referring Agency Infor	Multi-F	Lactar			Providers	
Click Encounte	er date in	Syster	n Training Institute				N/A Outcome Date 05/22/2014
Patient Prof	ofile to	2500 Paper	Acciellan Ave.				
view/update of	outcome.	(856)	665-6000				
				0			
	N.						
	Pat Int Encounters						
	Parint Encounters Date	Method	Outcome	Appt/Ref		Delete this record	05/22/2014
	Date 05/22/14	Method Cell Voice	Outcome Contacted	Appt/Ref N/A		Delete this record	05/22/2014 Primary Medical Care> Prenatal
<	Pagent Encounters Date DS(22)14 05(22)14 05(22)14 Program / Status Histo Program / S CHW Training En	Method Cell Voice Cell Voice rry Status Pending Enrollment nrolled 05/09/14	Outcome Contacted Contacted Enrollment Pending Close N/A N/A	Appt/Raf N/A View Closed Reason N/A N/A	e information has been gi	Delete this record	05/22/2014 Primary Medical Care> Prenatal Appointment Kept Outcome Date 05/23/2014 Attended Prenatal Care Appt Back to List Save Contac
	Po ni lacounters Data 0572714 072213 Program / Status Histo Program S OHW Training E	Method Cell Voice Cell Voice Ary Status Enrollment nrolled 05/09/14	Outcome Contacted Contacted Enrollment Pending Close N/A N/A	Appt/Kel N/A Viter Closed Reacon N/A N/A	e information has been gi iontact/make appointment e has been set up with a l gency Support	Delete this record	03/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/23/2014 Attended Prenatal Care Appt Back to List Save Center
<	Program / Status Histo Program / Status Histo OrW Training E	Method Cell Voice Cell Voice rry Pending Enrollment nrolled 05/09/14	Outcome Contacted Contacted Enrollment Pending Obse N/A N/A	Appt/Ref N/A Vian Closed Cosed Reason N/A N/A	e information has been gi ontact/make appointmen e has been set up with a l gency Support V	Delete this record	05/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/23/2014 Attended Prenatal Care Appt Back to List Save Contac
<	Program / Status Histo David David David David David David David Program / Status Histo Program S OHW Training E	Method Cell Voice Cell Voice Ary Bratus Pending Enrollment mrolled 05/09/14	Outcome Contacted Contacted Enrollment Pending N/A N/A N/A	Appt/Nel N/A N/A Closed Reason N/A N/A Program Basic Needs/G	e information has been gi ontact/make appointment e has been set up with a l gency Support V neral V	Delete this record	05/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/23/2014 Attended Prenatal Care Appt Back to List Save Contac
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<	Point Excounters Data 05/22/3 05/22/3 Drogram / Status Histo Program / OrtW Training E	Method Cell Voice Cell Voice Inv Pending Errollment 02/05/14	Outcome Contacted Contacted Enrollment Pending N/A N/A Status and Outcom	Appt/Nef NA Wax Closed Reacon NA NA Program Basic Needs/Cr Provider - Select Provide ne Information	e information has been gi contact/make appointment e has been set up with a i gency Support v neral v r- v	Delete this record	05/22/2014 Primary Medical Care> Prenutal Appointment Kept Okitome Date 05/22/2014 Attended Prenutal Care Appt Back to Lief Save Center
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<	Perint Excounters Data 057274 057274 057273 057273 Program / Status Histo Program / S CHW Training Ex	Method Cell Voice Vice Ratus Profilment 03/09/14 02014 PRA   SPEC	Outcome Contacted Contacted Contacted N/A N/A Status Status Outcome Notes / Comments General Notes - Info	Appointent Specific Specific Appointent Specific Appointent Specific Appointent Specific Appointent Specific Appointent Specific Appointent Specific	e information has been gi contact/make appointment e has been set up with a f gency Support v neral v r- v Outcome Date to patient record	Delete this record	05/22/2014 Primary Medical Care -> Prenutal Appointment Kept Oktome Date 05/22/2014 Attended Prenutal Care Appt Back to Lief Save Contac
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<	Perint Excounters Data 057273 057273 057273 057273 Program / Status Histo Program / Status Histo Program / Status Histo Program / Status Histo	Method Cel Voice PY Ratus Pending Ratus Profilmer. 03/09/14	Outcome Contacted Contacted Involment N/A N/A Status Status Outcome Notes / Comments General Notes - Info	Appointment Specific Appointment Concelle Appointment Specific Appointment Specific Appointment Specific Appointment Specific Appointment Specific Appointment Specific Appointment Concelle Appointment Specific Appointment Concelle Appointment Specific Appointment Concelle Appointment Specific Appointment Concelle Appointment Concelle Appointment Concelle Appointment Concelle Appointment Concelle Appointment Concelle Appointment Concelle Appointment Concelle Contacted	e information has been gi ontact/make appointment e has been set up with a i gency Support • neral • r- • Outcome Date to patient record	Delete this record	05/22/2014 Primary Medical Care> Prenutal Appointment Kept Oktome Date 05/22/2014 Attended Prenutal Care Appt Back to Lief Save Center
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	Point Excounters Dark 0072713 2072713 2072713 Program / Status Histo Program S Ortw Training E	Method Cel Voice Cel Voice Ratus Prodimer. Prodimer. Calo 14 PAA   SPEC	Outcome Contacted Contacted Contacted N/A N/A Status and Outcom Status Outcome Notes / Comments General Notes - Info	Appointment Reschedle Appointment Reschedle Appointment Specific - by P Attempted Contact Appointment Reschedle Appointment Reschedle Referral Specific - by P	e information has been gi contact/make appointment e has been set up with a l gency Support V neral V r V Outcome Date to patient record durticipant als in the same app	Delete this record	05/22/2014 Primary Medical Care> Prenutal Appointment Kept Outcome Date 05/22/2014 Attended Prenutal Care Appt. Back to List Sove Contac
	Perint Excounters Data 05/22/3 25/22/3 Program / Status Histo Program S OHW Training E	Method Cel Voice PV Ratus Profilmer. C2014 PAA   SPEC	Outcome Contacted Contacted Contacted N/A N/A Status Contacted N/A N/A Status Contacted Status Contacted N/A N/A Status Contacted Status Contacted N/A Status Contacted N/A Status Contacted Status Contacted Status Contacted Status Contacted Status Contacted Status Contacted Status Contacted Status Contacted Contacted N/A Status Contacted Status Contacted Status Contacted Status Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Status Contacted Contacted Contacted Status Contacted Con	Appointment Specific - by P Appointment Specific - by P Attempted Contact	e information has been gi ontact/make appointment e has been set up with a l gency Support V neral V r V Outcome Date to patient record to patient record to patient record als in the same age	Delete this record	05/22/2014 Primary Medical Care> Prenutal Appointment Kept Outcome Date 05/22/2014 Attended Prenutal Care Appt Back to Lief Save Center
<	Pe on l lacounters Dara Diracita Orizo13 Orizo13 Program / Status Histo Program / Oriw Training E	Nethod Cel Voice Cel Voice Cel Voice Status Pending Enrollment 05/09/14	Outcome Contacted Contacted Invite Pending Ooke N/A N/A Status Outcome Notes / Comments General Notes - Info	Appointment Kept Contact Appointment Kept Contact Appointment Kept Contact Appointment Specific Outcome- Select Outcome- Select Outcome- Select Outcome- Contacted Met with Referral Specific - by P Attempted Contact Contacted Met Appointment Kept Contact Contacted Met Repointment Kept Contact Contacted Met Repointment Kept Contact Contacted Met Repointment Kept Contact Contacted Met Referral Specific - by P Attempted Contact Contacted Met Referral Specific - by P	e information has been gi potact/make appointment e has been set up with a I gency Support V neral V Could v Could v to patient record ovider als in the same age	Delete this record	05/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/22/2014 Attended Prenatal Care Appt Back to List Sover Contar
	Point Excounters Dark 0572713 2572713 Program / Status Histo Program S Ortw Training B	Method Cel Voice Cel Voice Ratus Profilmer. Profilmer.	Outcome Contacted Contacted Involment Pending Obse N/A N/A Status and Outcom Status Outcome Notes / Comments General Notes - Info	Appointment Reschedul Appointment Reschedul Attempted Contact Contacted Made Appointment Met with Attempted Contact Contacted Made Appointment Met with	e information has been gi contact/make appointment e has been set up with a l gency Support V neral V r V Outcome Date to patient record dirticipant als in the same age	Delete this record	05/22/2014 Primary Medical Care -> Prenutal Appointment Kept Outcome Date 05/22/2014 Attended Prenutal Care Appt. Back to List Sover Contact
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	Pe of lacounters Dark 01/2013 01/2013 Program / Status Histo Program S OrW Training E	Method Cel Voice Cel Voice Cel Voice Gerolineer, moled 05/09/14	Outcome Corrected Corrected Invia N/A N/A Status and Outcome Status Outcome Notes / Comments General Notes - Info	Appointment Kept Appointment Kept Appointment Resched Appointment Kept Appointment Kept Appointment Resched Appointment Sepcific Outcome- Select Outcome- Select Outcome- Select Outcome- Select Outcome- Select Outcome- Appointment Resched Referral Specific - by P Attempted Contact Contacted Made Appointment Resched Med Appointment R	e information has been gi ontact/make appointment e has been set up with a I gency Support V neral V outcome Date outcome Date to patient record ed orticipant als in the same age	Delete this record	05/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/22/2014 Attended Prenatal Care Appt Back to List Sever Contar
	Point Excounters Dark 007/2713 207/2713 Program / Status Histo Program S Ortw Training B	Method Cel Voice Cel Voice Ratus Pending Pending Pending Cel 014 PAA   SPEC	Outcome Contacted Contacted Incolment Pending N/A N/A Status and Outcom Status Outcome Notes / Comments General Notes - Info	Accelled Na Na Na Na Na Program Basic Needs/G Provider Select Outcome- Select Outcome- Select Outcome- Select Outcome- Select Outcome- Contacted Appointment Specific - by P Attempted Contact Contacted Nade Appointment Referral Specific - by P Attempted Contact Contacted Nade Appointment Referral Specific - by P Attempted Contact Contacted Nade Appointment Met with General Did not met need Unknown Outcome N/A	e information has been gi contact/make appointment e has been set up with a l gency Support V neral V r V Outcome Date d orticipant als in the same age	Delete this record	05/22/2014 Primary Medical Care -> Prenatal Appointment Kept Outcome Date 05/22/2014 Attended Prenatal Care Appt. Back to List Sover Contact
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# **Outcome Types**

### 56

### **Outcome Types:**

- Appointment Specific
  - Appointment Kept Client attended scheduled Appt.
  - Appointment Cancelled Client cancelled appointment without rescheduling
  - Appointment Rescheduled Appointment cancelled and rescheduled for another time/date
- Referral Specific by Participant
  - Attempted Contact
  - Contacted
  - Made Appointment
- Referral Specific by Provider
  - Attempted Contact
  - Contacted
  - Made Appointment
  - Met with
- General
  - Did not meet need
  - Unknown Outcome
  - Outcome N/A

# Deleting Incorrect Resources, Referrals, and Appointments

### 57

### Deleting a saved record of a Resource, Referral or Appointment

- Records should **ONLY** be deleted if the incorrect Referral, Appointment, or Resource was entered.
- If a client has declined the service, update the outcome rather than deleting the record.
- To delete a record, click "Delete this record" and "Save"
- A deleted record is removed from the system and cannot be retrieved.

Service Type and S	Service Provider Information
Date	05/22/2014
Туре	<ul> <li>Resource - General service information has been given/serc.</li> <li>Referral - Information to contact/make appointment with a Provider.</li> <li>Appointment - A date/time has been set up with a Provider.</li> </ul>
Service Programs / Providers	Type     Community Based Agency Support ▼       Program     Basic Needs/General ▼

### Forms

58

Referral Form     Package provided interval     Package     P			Syste	m Training Inst	itute	
				Referral Form		
HOURDED     HouseAddress     Color of Relevant     Color of R						PLEASE PRINT CLEARL
Performant         ************************************	* REQUIRED					Date of Referral
Last Name       Plict Name         Steel Address       City         Steel Address       City         Call       City         Call       County         Participant County       Participant County         * Thread Address       City         Call       City         <	Participant Information					
Eter Address         Opy           Table Address         Coty           Participant of Second International Processing Second Internatintered Processing Second I	* Last Name			• First Name		- L - C - C - C - C - C - C - C - C - C
Laboration         Country         Participant 0           Participant of person making the Referral Agency Name         *Referral Agency Name         *Participant 0           *Referral Agency Name         *Participant 0         *Participant 0         *Participant 0           Outreach Type () Agency () Set () Door to Door () Event (spectry) () () () None () () N	Street Address				City	
200 Code         Column         Perturbated D           Name of Parson making the Referral         *Referral Agency Name         *Referral Agency Name           Name of Parson making the Referral         Phone         O O Or           Outwarm         O Or Dour to Dour O Event (spectry)         O O Or           Princey Lange O Agency O Ref         O Dour to Dour O Event (spectry)         O O Or           Or Dour O Event (spectry)         O Bask         O Multi-Record         O O Or           O Revent (spectry)         O Bask         O Multi-Record         O Multi-Record         O Multi-Record           O Revent (spectry)         O None         Texter(standard)         O Multi-Record         O Multi-Record         O Multi-Record           O Revent (spectry)         O None         Texter(standard)         O Multi-Record         O Multi-Record         O Make           O Revent (spectry)         O None         Texter(standard)         O Make         O Make         O Make           O Revent (spectry)         O None         O Revent (spectry)         O Make         O Make         O Make           Paid moting that Reference         O None         O Revent (spectry)         O Make         O Make         O Make           Prince Maketone         O Revent (spectry)         O None         O Make <th></th> <th></th> <th></th> <th> L</th> <th></th> <th></th>				L		
Participal Procession         *Referral Agency Name           Name of Person making the Referral         Procession         O Other           Outreach Type         O Agency         O Bert         D Door to Door         O Winte         O Common Type           O Region         O Bert         Image: State Sta	Zip Code County			Pa	tioipant ID	
Non-transmitting the Referral         Process           Non-transmitting the Referral         Other           Processen Type         Open           Processen Type         Open           Processen Type         Open           Open         Open <tr< th=""><th>Referred Agency Incompation</th><th>*Referral Agency</th><th>/ Name</th><th></th><th></th><th></th></tr<>	Referred Agency Incompation	*Referral Agency	/ Name			
Name of Person making the Referral         Photo           Outreach Type         Opency         0 set         Door to Door         0 one           Internet of Person making the Referral         Opency         0 set         0 one         0 one           Internet of Person         Observation         0 set         0 one         0 one         0 one           Internet of Person         Observation         0 set one         0 one <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
Outreach Type         O Agency         D set         O bort to Door         O there                "TEMEND (Language Demonsion Demonsi Demonsion Demonsio	Name of Person making the R	eferral			Phone -	
Patterner         Patterner <t< th=""><th>Outreach Type O Agency</th><th>O Ser O Doo</th><th>rto Door (</th><th>) Event (specify)</th><th></th><th>O other</th></t<>	Outreach Type O Agency	O Ser O Doo	rto Door (	) Event (specify)		O other
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Order     Over	O English	OWNER	O Mul	Haciai kan/Pacific Islander	O NJ Fan	nily Care O Uninsured/Self Pay
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Public construction         Prevented Construction         Public Construction <th>O other</th> <th>O Native Ameri</th> <th>can</th> <th></th> <th>-</th> <th></th>	O other	O Native Ameri	can		-	
	Periologiant Contact Informati		Choose of O Prima	d Contact Method wi ry Phone O Email ate Phone O Text	How many ohlide (Write the number	an live in your household? of children for each age group.)
O Price      O Note     O No	Alternate Phone		At which	ext you?	0-30 days	6-8 years ths 9-14 years
Evaluation         Characteristics         O Adentitie         Project         International Structures           OP Reconceptional Woman         O Preconceptional Woman         O reconceptional Woman         O rec			O Prima	ry O None	1-2 years	19-17 years
Predictional Ex., (Closed Cox)         Pregrant Woman         Otherconceptional Woman         Are you a Parenthic           Preconceptional Woman         Pregrant Woman         Otherconceptional Woman         Are you a Parenthic           Preconceptional Woman         Pregrant Woman         Preconceptional Woman         Are you a Parenthic           Preconceptional Woman         Preconceptional Woman         Are you a Parenthic         Are you a Parenthic           * Non-precision         * Non-precision         * Are you a Parenthic         Are you a Parenthic           * Non-precision         * Non-precision         * Are you a Parenthic         Non-precision           * Out José         * Non-precision         * Are you a Parenthic         Non-precision           * Non-precision         * Non-precision         * Non-precision         Non-precision           * Non-precision         * Non-precision         Non-precision         Non-precision           * Non-precision         * Non-precision         * Non-precision         Non-precision	Email Address		O Alter	ate	3rs years	10°15 years
© Preconceptional Yoroman	Participant Is (Choose One	•				
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Name of contracts and name of the network of the n		* First Time P	arent?	Previously pres	phant and not	* Are you a Parent?
reter seep pagear	Has no children and has	OYes	() No	Currently p	regnant.	O Yes O No
	never been pregnant	In Prenatal	Care?	(coccarries maner in th	contact may contaction,	Pirct time Parent?
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	Did you or a family member	r have any of thes	e locues whe	in you tried to get her	althoare in the past?	(Select all that apply)
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An onney of company and c	<ul> <li>No insurance for</li> </ul>	my children		_	No childcare	
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"Independent of the off t	Did not think goin	g to the doctor was	Important	=	Other	
Signature of Participant Signature of Participant Phin Participants under the asso of 18 understand that if is in their bod bload to induce a traded adult in decisions solided to leadly. Phagmanery Teal Resultive? Pregnancy Te	<ul> <li>Perticipant Consent Lagree to provide the information above a contracted, and for improving Programsy C O Oral consent give n</li> </ul>	nd to have it forwarded as fulcomps shaff to follow-up	a siteral to avail with me or the age	ble sonvice againcies in my con ancy lo which I was solared to	munity. Lagrae to be support my care.	Program Use Only Date Pregnancy Test Given
Sign Pregnancy Test Positive?     Participarts under the ass of 18 understand that if is in their best in incide a instead adult in decisions solided to health.     On Your, On No.	Signature of Participant					
	Sign Participants under the age of 18 understa	nd that if is in their best int	Pitrit	ruskod adult in docisions misko	d to health.	Pregnancy Test Positive?

Improving Pregnancy Outcomes
Community Health Screening PLEASE PRINT CLEARLY
"RECURRED" Patient ID Patient ID
*Returnal Date *Returnal Type *Its this a Board of Social *Its this a DCPAP Returnal? Is there an open DCPAP case?
Charles C No O Yes O O Ye
Rebmil Agency
Finston Making Retornal Last Name Phone Phone Phone
About the Referral (docestron)
Previous/pone workshill Ormanian Ormania
Has no childran and has  First Time Parent? O Yos O No  (Doar not matar it woman has children) First Time Parent? O Yos O No
In Pronatal Care? O Yos O No 1, 2, 0 NA Does your child live with you? O Yos O No
Participient "Fest Name "Date of Brite
*Stock Address Adv * Caty
*Reco *Ethnicity Hopenic O Yos O No *Primary Language *Health Insurance (Direct at that epoly) *MCO (Income for Medical ElayWeet)
O Black O Native American O English O Madicaid PE O Commercial/Private O None O Horizon NJ Health
O MultiRacial O Othar
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How many times have you been pregnant?
Current How many times did your beby antive foo soon? 37 wills or less
Weight (es) International Annual and a second secon
How many pregnancies have resulted in tetal destha/still births? How many currently living children do you have?
* Ceneral Medical Information Has a doctor or other medical professional ever told you that you have any of the following conditions?
+On Participant +On Participant +On Participant +On Participant +On Participant Yee No Madu Holdry Unda Yee No Madu Holdry Unda Yee No Madu Holdry Unda Yee No Madu Holdry Unda
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Pryshososhi Birk Esting Primay Can Excession
Yes         No         Yes         Yes         White do you go when you are sick?         Last           Disabled         OO         Totacco Usa         OO         O         Prirsks Dodor/Clinic         Here built before 1971         OO
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Unstable Housing O Pertnatal Depression O Where do you go for check-upa? Perceducitive Life Pitra Education - 12 years O Eating disorder O Where do you go for check-upa? Yee No
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Other     Other     Other     Other     Other     Other
(ii) Family Haalth Initiatives 2500 McCallen Ava. Solio 250 Permanikan NJ 01109 056-655-0000

									REQUIRE
Wast	he family afk	ected by H	urricane Sandy	r? (I.e. hous	ing issues,	loss of job/empl	ioyment, displace	ed or having l	o relocate, etc.
Pregnant Clients	Br Candy Co	O Yes	O No		-	0.000			
Entry Into Prepatal Com	ny serioy so	ciai servic	es Brock Gran	u page ji	nueu?	0 185 0	NU O UNI	UN II	
Deta of first visit			Pre Pregnancy Weight (Ibs)	Bleeding	during regnancy	Smoking		Yes	No
LMP*				Olst	O2nd	Anayou curren	tly smoking?	0	0
ED" 🖵 - 🖵	<b>-</b> - C			O 3rd	O No	Does anyone :	smoke in your hou	sahold? O	0
Identified Health	-	Has a doo	torever told y	ou that you	have any o	of the following	conditions?		
HEREVENICUAS Data Abnormal Pap Canvical Incompations Castradi Incompations Gastafornal Diabolas Gospia Stop	##≍000000	Hapet Low B Multipi Obasit Opicid	its B Inth Weight (~250) le Gestation V Replacement To		000000	O PHIPs O Paviou O Rh Nag O STD O Utarina	e dampsia s Cesarean Secti ative Abromalities		
4Ps Plus			Yes No.				Ye	s No	
Did offer divour reports have a	naiklean with d	nos or elect		Henry	ou avat dau	sk beacheire/linus		0	
Does your partner have any probi	en with drugs	or alcohol	00			in constraint spec		Γ Γ	'lf an 'Any
Have you ever felt manipulated by	your partner		0 0	in the	month below	ayou know you w	aro prognant 🔥	w None	is checked,
Have you ever failt out of control of	r halplass		0 0						the 4Ps
Over the past 2 weeks					how many	oiganettas did you	snoke C	0	Follow-Up
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have you bit little interest o	or pleasure in d	iong things	00		now much	manjuana did you	use C	0	
4 Ps Plus Follow-up Question	ns (if an 'An	above wa	is checked)				- T-4	No Dolore	Manada d
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Referrals/Education manual	control larke for Al	i dete					Notes/Common	ts PLEAS	PRINT CLEAR
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WiC Dentist	8 9	2 8	<ul> <li>Community Has</li> </ul>	anton uth Worker	8	8 8			
*Participant Consent I give pomission to shale the inform staff to follow-sperifit me or the age Oral consent received O Yes Participants under the age of 18 und *Additional Consent	ation on this form may to which live O No kensland that it is	n with the Con s nationed to r in their best i	namunity Health Wo support my case. Ce Sign h ntenset to include at	Nor to make as elemation of th are Insoled adult in	d follow-up o is conspirif is decisions rola	n the appropriate as on the at the selection ded to he all'h.	lemais. I agnae ko be g agenny as lisked a	contacked, and boxe.	ter IPO
Lagrae to provide the information to Oral consent received O Yes Participants under the age of 18 und	parding my healt O No lonstand that it is	h and social s in their best i	envice needs and to Sign h ntenast to include at	o be related to ano inustad adult in	a Contral linta docisions sola	éo. If a na fornaí is m Ab d fo health.	ade, lagnas to be o	ontacked by prop	ynam skalf.
		Fax							
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### **Printing Forms**



### To print paper copies of the Initial Contact Referral Form and the Community Health Screening Form

From CHW Menu

- Click Forms
- Click Initial Contact Referral Form
- OR IPO Community Health Screening Form
- Move your cursor over the form in the PDF window
- Right-click the mouse
- Click Print
- Blank referral forms may be photocopied.

PRA SPECT Perinatal Risk Assessment Single Point of Entry and Clien	t Tracking System				
Single Point of Entry and Clien • Home • User Administration • CHW Training • Initial Contact • Patients • Form • IPO Community Health Screening Form • IPO Administration • Logoff	t Tracking System	PRA SPECT Perinatal Risk Assessment Single Point of Entry and Client • Home • User Administration • CHW Training • Logoff	t Tracking System Generate - Forms will - For printi Please note: In Print options v - Right-Glic - Select Pri Youjmay print	e Forms ill display at the bottom of this page for printing ting assistance, contact FHI at 856-665-6000 Initial Contact Forms and IPO Community Health Screening Forms. are not serialized. You or print multiple copies of the same forms. a vary between operating systems, browsers, and browser versions. a vary between operating systems browsers, and browser versions. bour cursor over the form in the PDF window bick mouse brint the many copies of the same forms. Tools Sign Comment System Training institute Referral Form System Training institute Tools Sign Comment System Training institute Tools Sign Comment System Training institute Tools Sign Comment System Training institute Tools Sign Comment System Training institute System Training institute Tools Sign Comment System Training institute System Training institute	DU C
				Particular Contract Holes         Processor Contract Holes         Hardword Reservation         Fill           Image: State of the state	

### Notes



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Family Health Initiatives 2500 McClellan Ave, Suite 270 Pennsauken, NJ 08109 856.665.6000