

# Perinatal Risk Assessment/Single Point of Entry And Client Tracking System

PRA | SPECT

[www.praspect.org](http://www.praspect.org)

For Community Home Visiting  
Program Supervisor / Program Administrator Level

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

Rev 120613



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# PRA | SPECT SYSTEM

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

## **The PRA is:**

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

## **The PRA | SPECT System:**

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

## **Referring Prenatal Care Providers:**

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

## **Central Intake Organization / Agency:**

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

## **Community Home Visiting Agencies:**

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

## **Referral Sources:**

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

# Perinatal Risk Assessment and Referral Form (PRA)

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

# Login to PRA|SPECT

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- Registration
- ▶ Documents

**COMMUNICATING WITH FHI**  
FHI Staff are available during business hours to answer questions and address problems

**Email**  
[PRA@snjpc.org](mailto:PRA@snjpc.org)

**Phone**  
856.665.6000

**Business Hours**  
9am - 5pm Monday-Friday

user  password

[Forgot your password?](#)

**Welcome to PRA|SPECT!**

For User's Manuals, please click on "Documents" or contact FHI.

If you have any questions, need assistance, or to report technical difficulties, please contact FHI:

- **Email:** [PRA@snjpc.org](mailto:PRA@snjpc.org)
- **Phone:** 856.665.6000

This system uses files in Adobe Acrobat Portable Document Format (PDF). To view or print these files you must have Adobe Acrobat Reader software installed. Download the latest version FREE at

[www.praspect.org](http://www.praspect.org)

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

- **Current training schedule is available on the landing page. Click on Documents > CI&CVA > Training Schedule OR Contact your Central Intake HUB Administrator or FHI for a schedule**

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

- **User registration form is available on the landing page. Click on Documents > CI&CVA > User registration form**

# PRA | SPECT

Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

## DATABASE USER REGISTRATION FORM (Please Print Clearly)

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Program Name (HF, NFP, PAT, etc.) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

---

User name \_\_\_\_\_

Password (8 characters-alpha numeric) \_\_\_\_\_

### FOR WHICH PROGRAMS DO YOU NEED ACCESS:

- ACCESS TO CARE
- PRA COMPLETION
- CENTRAL INTAKE/ COMMUNITY HOME VISITING
- OTHER \_\_\_\_\_

### FOR COMMUNITY HOME VISITING, PLEASE INDICATE YOUR ROLE(S):

- Central Intake Administrator
- Program Supervisor / Program Administrator
- Program Staff (Nurse, FSW, Case Mgr, etc.)

Please complete and fax to Donna Bordner, FHI, 858-685-7711 or email to [dbordner@snjpc.org](mailto:dbordner@snjpc.org)

# The Community Home Visiting Referral

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

## The PRA|SPECT System:

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

## Referral Sources:

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



# Adding New Referrals

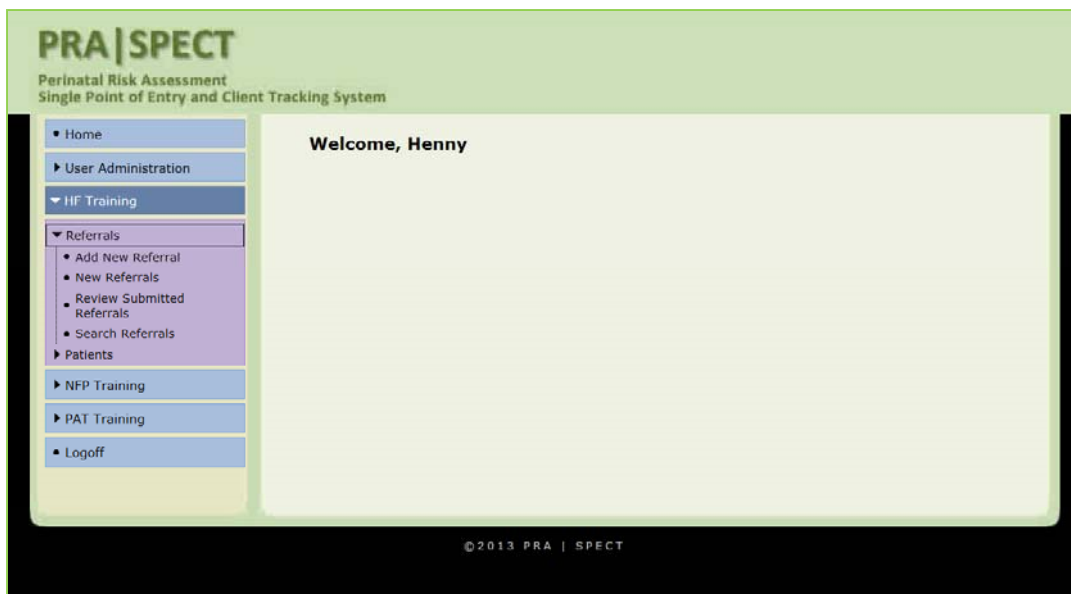
Program Supervisor may add a new client referral obtained from a partner agency (which does not provide prenatal care) or through community outreach or client self-referral.

- **Any referrals made from Prenatal Care Providers MUST be made via a PRA (Perinatal Risk Assessment Form) and may not be entered as a Community Home Visiting Referral Form.**
- **Referrals for postpartum clients should be made via PRA Follow-up Form.**

1. From Program Menu - Click on **Referrals**, Click on **Add New Referral**
  2. Complete **each field** of the form.
  3. Click on **Save** - to save and submit the referral form.
  4. **Review Submitted Referrals** - to view any referrals submitted through program.
    - From Program Menu - Click on **Referrals**, Click on **Review Submitted Referrals**
    - **NOTE:** It may take up to 30 minutes for a newly entered one-page referral to appear under **Review Submitted Referrals**.
- ✓ 5. The submitting program does not automatically receive the client. All referrals go to the CI HUB for distribution to appropriate program.

## Explanation of Referral types:

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



# Adding a New One-Page Referral Form

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
  - Referrals
    - Add New Referral**
    - New Referrals
    - Review Submitted Referrals
    - Search Referrals
  - Patients
  - PAT Training
- Logoff

### Home Visitation Referral

Referral Date\*  Patient ID

**About the Referral Agency and Person making the referral**

Referral Type\*  Direct Referral  Staff Outreach  Self Referral

Is this a Board of Social Services Referral\*  Yes  No

Is this a DCP&P Referral\* (formerly DYFS)  Yes  No  N/A  
If Yes, was case closed?  Yes  No  N/A

Provider/Agency/Facility making the Referral\* System Training Institute / NFP Training

Last Name\*  First Name\*

Title\*

Email Address

Phone\*  Fax

**About the Referral**

Referral for Pregnant Client\*  
Date of Expected Delivery   
Current Trimester  1st  2nd  3rd  
First Time Mother?  Yes  No

Referral for Postpartum Client\*  
Date of Delivery   
Infant Birth Weight  lbs  ozs  Unknown  
Was infant preterm?  Yes  No  
First Time Parent?  Yes  No

Referral for Infant/Child\*  
Child's DOB  mm/dd/yyyy  
Child Name [optional]   
First Time Parent?  Yes  No

**Patient Information**

Last Name\*  First Name\*

Street Address \*

City \*

Zip \*  -  County \*

**Contact Information**

Home Phone \*

Work Phone

Cell Phone

Email Address

Best to reach by phone\*  Morning (8a-12p)  Afternoon (12p-5p)  Evening (5p-8p)  N/A

**Additional Patient Information**

Client DOB\*  mm/dd/yyyy

Primary Language Other

Race Other

Identified Health/Risks Concerns  Alcohol/Drug Use  
 Tobacco Use  
 Depression/Mental Health  
 Domestic Violence  
 Transportation  
 Housing/Homelessness  
 Other (specify)

Other Services Received or Eligible for (check all that apply)

	Enrolled	Ref Needed
TANF/GA/EA	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>
DYFS	<input type="checkbox"/>	<input type="checkbox"/>

Insurance  Medicaid PE  
 Medicaid FFS  
 Medicaid MC  
 Medicare  
 NJ Family Care  
 Commercial  
 None

**Referral Notes/Comments**

Notes

**Patient Information**

This patient is currently in the system. If you are adding a new referral, please contact the Home Visitation Agency as listed above.

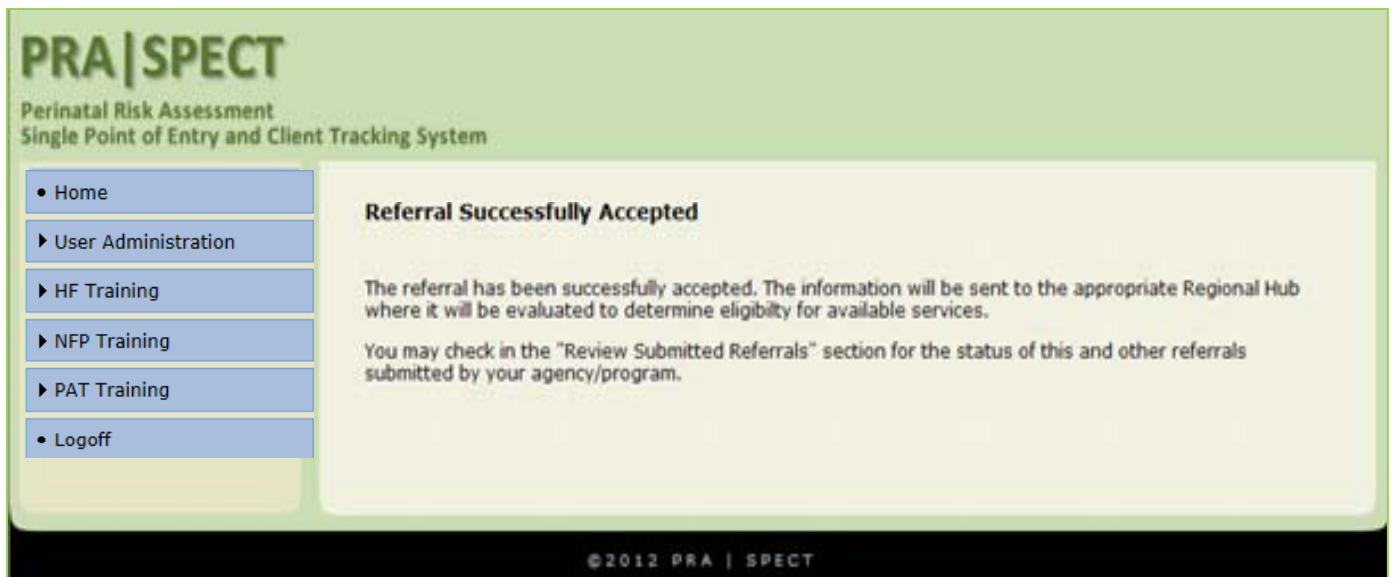
**Save**

Always remember to click save when adding a new referral.

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# Adding a New One-Page Referral Form

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



# New Program Referrals For Program Supervisors / Program Administrators

**New Program Referrals** -Patients/Clients referred to Program from Central Intake Agency.  
From Program Menu, Click on “Referrals”, Click on “New Referrals”.

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- Referrals
  - Add New Referral
  - New Referrals
  - Review Submitted Referrals
  - Search Referrals
- Patients
- PAT Training
- Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
07/18/13	Showentell, Showanda	01/08/14	PRA Training	<a href="#">View</a>

[Reset All to Default](#) [Assign Patients](#)

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

---

**From:** sysAdmin@praspect.org  
**Sent:** Monday, August 05, 2013 11:46 PM  
**To:** Donna Bordner  
**Subject:** CI Program Referral Summary

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

**HF Training**  
HF Training 1

**PAT Training**  
HF Training 3

**NFP Training**  
NFP Training 1

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

# New Program Referrals

## Viewing New Referrals

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▼ NFP Training
- ▼ Referrals
  - Add New Referral
  - **New Referrals**
  - Review Submitted Referrals
  - Search Referrals
- ▶ Patients
- ▶ PAT Training
- Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
07/18/13	Showentell, Showanda	01/08/14	PRA Training	<a href="#">View</a>

Reset All to Default Assign Patients

Click here to view the new referral.

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**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
09/05/13	Kindle, Kerry	03/23/14	PRA Training	<a href="#">View</a>

Patient Program Status:

Patient Close Reason:

Assign Staff:

PRA / Referral: [View PRA / Referral](#)

Patient Encounter/Engagement: [Add New](#)

Date	Type	Outcome	Src
9/6/13	Home Phone	Contacted	S

Reset All to Default Assign Patients

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# New Program Referrals

## Viewing New Referrals

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
09/05/13	Kindle, Kerry	03/23/14	PRA Training	<a href="#">View</a>

Patient Program Status	New	Referred From	
Patient Close Reason	Not Closed	03/14	PRA Training
Assign Staff	Staff Not Assigned		
PRA / Referral	<a href="#">View PRA / Referral</a>		
Patient Encounter/Engagement	<a href="#">Add New</a>	Date	Type
		9/6/13	Home Phone

Reset All to Default    Assign Patients

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
09/05/13	Kindle, Kerry	03/23/14	PRA Training	<a href="#">View</a>

Patient Program Status	New	Referred From	
Patient Close Reason	Not Closed	03/14	PRA Training
Assign Staff	Staff Not Assigned		
PRA / Referral	<a href="#">View PRA / Referral</a>		
Patient Encounter/Engagement	<a href="#">Add New</a>	Date	Type
		9/6/13	Home Phone

Reset All to Default    Assign Patients

**Return to Hub Options**

- Client Refused
- Not Eligible
- Outreach Time Expired
- Outreach Unsuccessful
- Program at Capacity
- Referred in Error

**Patient Close Options**

- Case Completed
- Duplicate
- Failed to Enroll
- Lost to Follow-Up
- No longer Pregnant
- Patient Moved
- Patient Refused Service
- Unable to Contact
- Other

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
09/05/13	Kindle, Kerry	03/23/14	PRA Training	<a href="#">View</a>

Patient Program Status	New	Referred From	
Patient Close Reason	Not Closed	03/14	PRA Training
Assign Staff	Staff Not Assigned		
PRA / Referral	<a href="#">View PRA / Referral</a>		
Patient Encounter/Engagement	<a href="#">Add New</a>	Date	Type
		9/6/13	Home Phone

Reset All to Default    Assign Patients

**Staff Not Assigned**

- bryon Kelly
- Kristy Skyers Still
- Helen Hannigan
- Jenny Staff
- Donna Bordner
- Henny Supervisor

# New Program Referrals

## Patient Program Status

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

• Home  
▶ User Administration  
▶ HF Training  
▶ NFP Training  
▶ PAT Training  
• Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
05/30/13	Daisy, Layzee		Family Promise	<a href="#">View</a>
Patient Program Status				
Patient Close Reason				
Assign Staff				
One Page Referral				
Patient Encounter/Engagement <a href="#">Add New</a>				

Not Assigned  
New  
Pending Enrollment  
Enrolled  
Pending Close  
Closed  
[View Referral](#)

[Reset All to Default](#) [Assign Patients](#)

### Patient Program Status

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

All clients **MUST** go from **New** to “**Pending enrolled**” then to **Enrolled**. The system will not allow a change from **New** to **Enrolled** or **New** to **Closed**

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

# New Program Referrals

## Patient Close Reason

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

• Home  
▶ User Administration  
▶ HF Training  
▶ NFP Training  
▶ PAT Training  
• Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
05/30/13	Daisy, Layzee		Family Promises - Cape May	<a href="#">View</a>
Patient Program Status				Closed
Patient Close Reason				
Assign Staff				
One Page Referral				
Patient Encounter/Engagement				<a href="#">Add New</a>

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**Not Closed**

**Return to Hub Options**

- Client Refused
- Not Eligible
- Outreach Time Expired
- Outreach Unsuccessful
- Program at Capacity
- Referred in Error
- MIHOPE

**Patient Close Options**

- Case Completed
- Duplicate
- Failed to Enroll
- Lost To Follow-Up
- No longer Pregnant
- Patient Moved
- Patient Refused Service
- Unable to Contact
- Other

### Patient Close Reason

- **Not Closed** - Client is not closed.
- **Return to HUB Options** - Use one of these reasons to return client to HUB for reassignment to a different HV Program. Document all client contacts in “Patient Encounter/Engagement” for the HUB Administrator.
- **Patient Close Options** - Client is not returned to HUB for reassignment. Client is removed from system.
- **Return to HUB Options:**
  - **Client Refused** - Client refused this SPECIFIC HV program but is interested in a different one (i.e.: may be interested in PAT but not NFP)
  - **Not Eligible** - Client does not meet program criteria, but is eligible for other HV program in area
  - **Outreach Time Expired** - Unable to enroll client within program specified outreach period OR clients gestational age has exceeded program limitations prior to enrolling.



# New Program Referrals

## Patient Close Reason

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

• Home  
▶ User Administration  
▶ HF Training  
▶ NFP Training  
▶ PAT Training  
• Logoff

**Central Intake Program Assignments**

Date	Name	EDC	Referred From	Options
05/30/13	Daisy, Layzee		Family Promises - Cape May	<a href="#">View</a>

Patient Program Status: Closed

Patient Close Reason: **Return to Hub Options**

Assign Staff

One Page Referral

Patient Encounter/Engagement [Add New](#)

Assign Patients

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**Return to Hub Options**

- Client Refused
- Not Eligible
- Outreach Time Expired
- Outreach Unsuccessful
- Program at Capacity
- Referred in Error
- MIHOPE

**Patient Close Options**

- Case Completed
- Duplicate
- Failed to Enroll
- Lost To Follow-Up
- No longer Pregnant
- Patient Moved
- Patient Refused Service
- Unable to Contact
- Other

### •Return to HUB Options (Continued):

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

### •Patient Close Options:

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

# New Program Referrals

## Assign Staff

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- PAT Training
- Logoff

### Central Intake Program Assignments

Date	Name	EDC	Referred From	Options
05/30/13	Daisy, Layzee		Family Promises - Cape May	<a href="#">View</a>
Patient Program Status				Pending Enrollment
Patient Close Reason				Not Closed
Assign Staff				Staff Not Assigned
One Page Referral				
Patient Encounter/Engagement				<a href="#">Add New</a>

Buttons: [Reset All to Default](#), [Assign Patients](#)

### Assign Staff Option

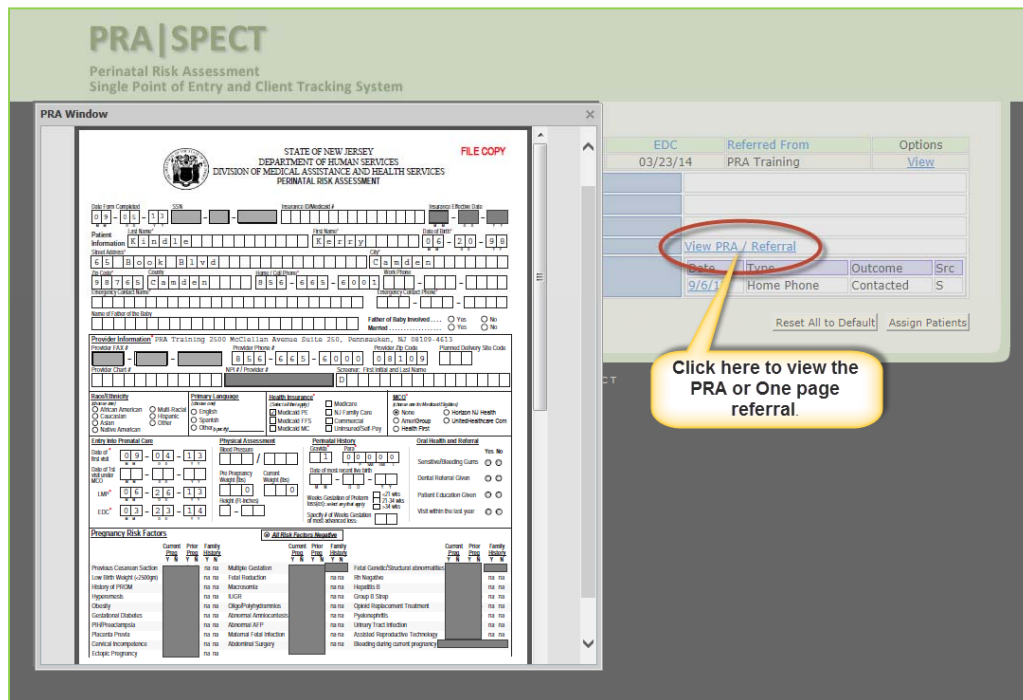
- **Staff Not Assigned** - System default
- To assign staff person:
  1. Change "Patient Program Status" to "Pending Enrollment"
  2. Patient Close Reason - "Not Closed"
  3. Assign Staff – Select appropriate staff person from drop-down menu
  4. Click on "Assign Patients" at bottom of screen to save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



- Contact FHI to add additional staff names.
- **IMPORTANT: Even if already enrolled, ALL clients MUST be changed to Pending Enrollment" and saved. Otherwise your changes will not save OR you will get an error message.**

# Viewing the PRA/Referral Form

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



## Explanation of Perinatal History

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

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

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

# Adding New Patient Encounters/Engagements

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

### Central Intake Program Assignments

Date	Name	EDC	Referred From	Options
08/15/13	Lamplighter, Cyndi	03/10/14	PRA Training	<a href="#">View</a>

Patient Program Status:

Patient Close Reason:

Assign Staff:

PRA / Referral: [View PRA / Referral](#)

Patient Encounter/Engagement: [Add New](#)

Date	Type	Outcome	Src
<a href="#">8/15/13</a>	Home Phone	Contacted	H

Click on "Add New" to add information from a patient contact.

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


# Adding New Patient Encounters/Engagements

**PRA|SPECT**

Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

## Central Intake Encounter/Engagement

**Suzie Smith**

Program	NFP Training
Contact Date	12/5/2013 
Contact Method	-Select Method-
Contact Outcome	-Select Outcome-
Contact Notes	<div style="border: 1px solid #ccc; height: 20px;"></div>

[Add Appointment\(s\)](#)

[Add Referral\(s\)](#)

[Back to List](#)

[Save](#)

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

# Adding New Patient Encounters

## Contact Method

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

Central Intake Encounter/Engagement

**Suzie Smith**

Program	NFP Training
Contact Date	12/5/2013
Contact Method	<b>-Select Method-</b>
Contact Outcome	
Contact Notes	

[Add Appointment\(s\)](#)  
[Add Referral\(s\)](#)

[Back to List](#) [Save](#)

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### Contact Method

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

# New Program Referrals

## Adding New Patient Encounters

The screenshot displays the PRA|SPECT interface for adding a new patient encounter. The header includes the logo and the text "Perinatal Risk Assessment Single Point of Entry and Client Tracking System". The main heading is "Central Intake Encounter/Engagement". The patient's name, "Showanda Showentell", is shown in a blue box. Below this, a form contains the following fields: "Program" (NFP Training), "Contact Date" (8/14/2013), "Contact Method" (Home Phone), and "Contact Outcome" (a dropdown menu with a list of options). The "Contact Notes" field is empty. There are links for "Add Appointment(s)" and "Add Referral(s)". At the bottom right, there are "Back to List" and "Save" buttons. The footer shows the copyright notice "© 2013 PRA | SPECT".

Program	NFP Training
Contact Date	8/14/2013
Contact Method	Home Phone
Contact Outcome	-Select Outcome-
Contact Notes	

- Contacted
- Asked to Call Back
- Client Hung Up
- Sent Message
- Left Message
- No Answer
- Language Barrier
- Phone Disconnected
- Wrong Number
- Other

### Contact Outcome

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

# New Program Referrals

## Adding New Patient Encounters/Engagements

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training
Contact Date	08/01/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

[Add Appointment\(s\)](#)  
[Add Referral\(s\)](#)

[Back to List](#) [Save](#)

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### Contact Notes

Document detailed results of contact or attempted contact with client.

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



# Adding Appointments

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training
Contact Date	08/01/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

[Add Appointment\(s\)](#)

[Add Referral\(s\)](#)

**Click here to Add Appointment(s)**

[Back to List](#) [Save](#)

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

# Adding Appointments

## PRA|SPECT

Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

### Central Intake Encounter/Engagement

#### Showanda Showentell

Program	NFP Training
Contact Date	08/01/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	Gave program overview, appt. and gave WIC refe

Enter the Date on which the appointment is scheduled

#### Add Appointment(s)

Date of Appt	8/6/2013	Appt Agency Type	Select Type-
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes		Follow-Up Reminders	<input type="checkbox"/>
Date of Appt		Appt Agency Type	-Select Type-
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes		Follow-Up Reminders	<input type="checkbox"/>
Date of Appt		Appt Agency Type	-Select Type-
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes		Follow-Up Reminders	<input type="checkbox"/>

# Adding Appointments

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training
Contact Date	08/01/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

[Add Appt](#)

**Select Appointment Type**

Date of Appt	Appt Agency Type	-Select Type-
Appt Outcome	If other	Alcohol/Drug
Appt Notes	Appt Outcome Date	Board of Social Services
Date of Appt	Appt Agency Type	Child Care Assistance
Appt Outcome	If other	Depression/Mental Health
Appt Notes	Appt Outcome Date	Domestic Violence
Date of Appt	Appt Agency Type	Family Planning Provider
Appt Outcome	If other	Home Visiting
Appt Notes	Appt Outcome Date	Housing
Date of Appt	Appt Agency Type	Medical Care Provider
Appt Outcome	If other	Pediatric Care Provider
Appt Notes	Appt Outcome Date	Pregnancy Testing
Date of Appt	Appt Agency Type	Prenatal Care
Appt Outcome	If other	TANF
Appt Notes	Appt Outcome Date	Tobacco Cessation
Date of Appt	Appt Agency Type	Transportation Assistance
Appt Outcome	If other	WIC
Appt Notes	Appt Outcome Date	Other

## Appt Agency Type

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

# Adding Appointments

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

Central Intake Encounter/Engagement

**Colleen Calamity**

Program: NFP Training  
Contact Date: 08/15/2013  
Contact Method: Met in Person  
Contact Outcome: Contacted  
Contact Notes: Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

[Add Appointment\(s\)](#)

Date of Appt	08/16/2013	Appt Agency Type	Home Visiting
Appt Outcome	Appointment Kept	Appt Outcome Date	08/16/2013
Appt Notes	Met with client to sign consent.		

[Add Appointment Notes](#)

Date of Appt		Appt Agency Type	-Select Type-
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes			

[Add Referral\(s\)](#)

[Back to List](#) [Save](#)

## Appt Outcome:

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

## Appt Outcome Date:

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

## Appt Notes:

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

# Adding Appointments

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program: NFP Training  
Contact Date: 08/01/2013  
Contact Method: Home Phone  
Contact Outcome: Contacted  
Contact Notes: Gave program overview. Client interested. Scheduled HV appt. and gave WIC referral.

[Add Appointment\(s\)](#)

Date of Appt	8/6/2013	Appt Agency Type	Home Visiting
		If other	
Appt Outcome	Appointment Kept	Appt Outcome Date	8/6/2013
Appt Notes	8/1: HS sched. appt to sign enrollment and consent. 8/6: JS met with client at home and enrolled in program.		Follow-Up Reminders <input type="checkbox"/>

Date of Appt	08/12/2013	Appt Agency Type	Prenatal Care
		If other	
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes	8/1: HS-NPC, scheduled appt with FHI OB Care		Follow-Up Reminders <input type="checkbox"/>

Date of Appt		Appt Agency Type	-Select Type-
		If other	

Scroll down to **save** appointments

Date of Appt		Appt Agency Type	-Select Type-
		If other	
Appt Outcome	-Select Outcome-	Appt Outcome Date	
Appt Notes		Follow-Up Reminders	<input type="checkbox"/>

[Add Referral\(s\)](#)

[Back to List](#) **Save**

# Adding Client Referrals to other Programs/Services

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training
Contact Date	8/2/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	called client to give phone numbers and addresses for several referrals

[Add Appointment\(s\)](#)

[Add Referral\(s\)](#)

Click here to Add Referral(s)

[Back to List](#) [Save](#)

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

# Adding Client Referrals to other Programs/Services

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training
Contact Date	8/2/2013
Contact Method	Home Phone
Contact Outcome	Contacted
Contact Notes	called client to give phone numbers and addresses for several referrals

[Add Appointment\(s\)](#)

[Add Referral\(s\)](#)

**Enter the Date the Referral was made.**

Date of Ref	8/2/2013	Ref Agency Type	-Select Type-
Ref Outcome	-Select Outcome-	Ref Outcome Date	
Ref Agency Type		Ref Agency Type	
Ref Outcome		Ref Outcome Date	
Ref Notes		Ref Notes	

**Document details of referral.**

- Select Type-
- Alcohol/Drug
- Board of Social Services
- Child Care Assistance
- Depression/Mental Health
- Domestic Violence
- Family Planning Provider
- Home Visiting
- Housing
- Medical Care Provider
- Pediatric Care Provider
- Pregnancy Testing
- Prenatal Care
- TANF
- Tobacco Cessation
- Transportation Assistance
- WIC
- Other

## Ref Agency Type:

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

Document details of appointment in “Appt Notes”

# Adding Client Referrals to other Programs/Services

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training		
Contact Date	8/2/2013		
Contact Method	Home Phone		
Contact Outcome	Contacted		
Contact Notes	called client to give phone numbers and addresses for several referrals		

[Add Appointment\(s\)](#)  
[Add Referral\(s\)](#)

Date of Ref	8/2/2013	Ref Agency Type	Board of Social Services
		If other	
Ref Outcome	Appointment Kept	Ref Outcome Date	8/3/2013
Ref Notes	8/2: HS advised client to apply for Medicaid at BOSS. 8/3: client completed app and submitted documentation		

Date of Ref	8/2/13	Ref Agency Type	WIC
		If other	
Ref Outcome	-Select Outcome-	Ref Outcome Date	
Ref Notes	8/2: HS advised client to go to WIC and apply		

Date of Ref		Ref Agency Type	-Select Type-
-------------	--	-----------------	---------------

## Referral Outcome:

- Enter the Outcome after the Referral occurs
- Document results of appt in "Ref Notes"

## Referral Outcome Date:

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

## Ref Notes:

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



# Adding Client Referrals to other Programs/Services

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Central Intake Encounter/Engagement**

**Showanda Showentell**

Program	NFP Training		
Contact Date	8/2/2013		
Contact Method	Home Phone		
Contact Outcome	Contacted		
Contact Notes	called client to give phone numbers and addresses for several referrals		

[Add Appointment\(s\)](#)  
[Add Referral\(s\)](#)

Date of Ref	8/2/2013	Ref Agency Type	Board of Social Services
		If other	
Ref Outcome	Appointment Kept	Ref Outcome Date	8/3/2013
Ref Notes	8/2: HS advised client to apply for Medicaid at BOSS. 8/3: client completed app and submitted documentation		

Date of Ref	8/2/13	Ref Agency Type	WIC
		If other	
Ref Outcome	Appointment Kept	Ref Outcome Date	8/3/2013
Ref Notes	8/2: HS advised client to go to WIC and apply		

Date of Ref		Ref Agency Type	-Select Type-
-------------	--	-----------------	---------------

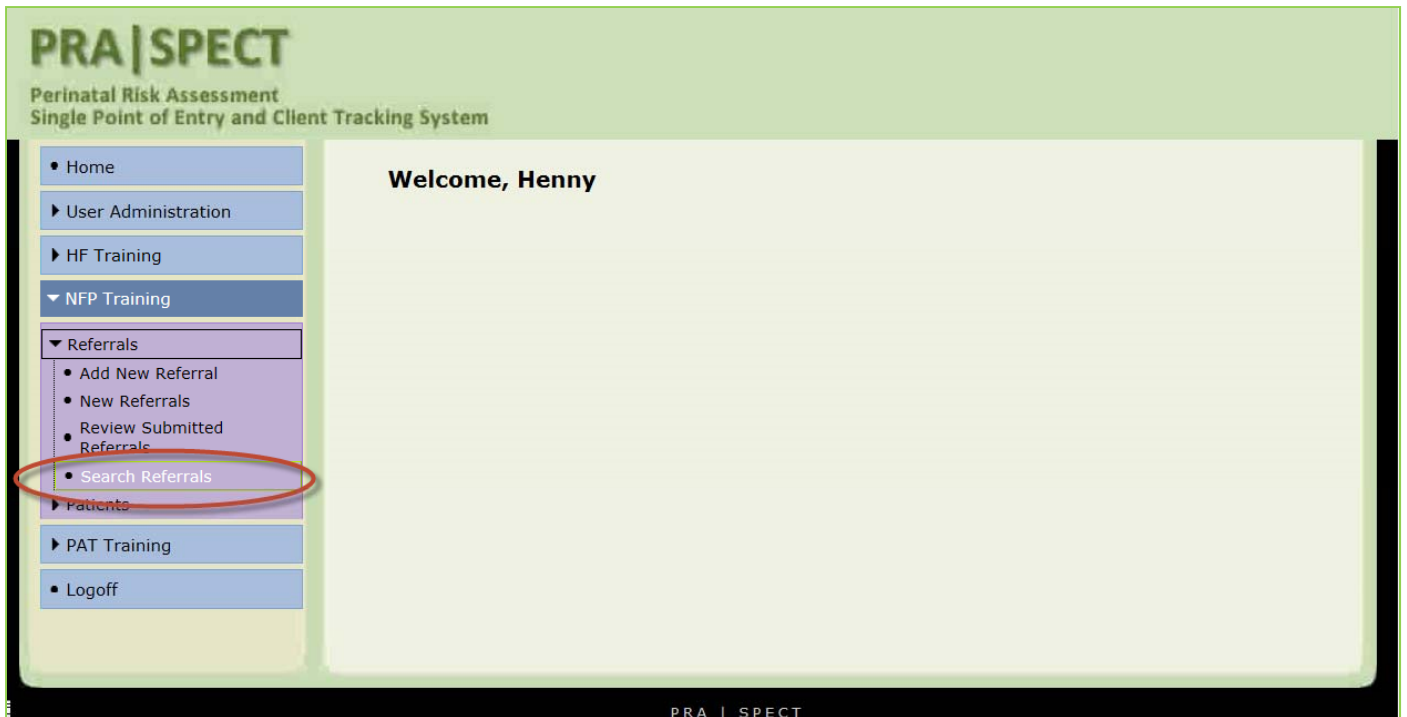
Scroll down and Click on **Save** to save Referrals

Date of Ref		Ref Agency Type	-Select Type-
		If other	
Ref Outcome	-Select Outcome-	Ref Outcome Date	
Ref Notes			

Date of Ref		Ref Agency Type	-Select Type-
		If other	
Ref Outcome	-Select Outcome-	Ref Outcome Date	
Ref Notes			

[Back to List](#) **Save**

# Searching Referrals



## Review Submitted Referrals

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

## Search Referrals

- Referrals submitted **to** the Program from the CI HUB
  - **Search HUB Referrals** - includes only one-page referrals entered by the program
  - **Search ALL Referrals** - includes all referrals into program, regardless of origin or form of referral.
- For best results, always use **Search All Referrals**



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

# Searching Referrals

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

• Home  
▶ User Administration  
▶ HF Training  
▶ NFP Training  
▶ PAT Training  
• Logoff

**Home Visitation Referral Search [NFP Training]**

Referral Date    Begin Range    [Calendar Icon]  
End Range    [Calendar Icon]

Patient Last    Whoozis  
Patient First    H  
Patient DOB    Format: mm/dd/yyyy  
Patient City  
Type of Referral    Search HUB Referrals  
Search All Referrals

Search Patients

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## • From Program Menu

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

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

# Searching Referrals

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

### Home Visitation Referral Search [NFP Training]

Referral Date	Begin Range	<input type="text"/>
	End Range	<input type="text"/>
Patient Last	Whoozis	
Patient First	H	
Patient DOB	<input type="text"/>	Format: mm/dd/yyyy
Patient City	<input type="text"/>	
Type of Referral	Search All Referrals <input type="button" value="v"/>	

Referral Date	Patient	Status	Status Date	Close Reason	Options
05/22/13	<u>Whoozis, Holly</u>	Closed	07/18/13	Patient Refused Service	<a href="#">View Referral</a>

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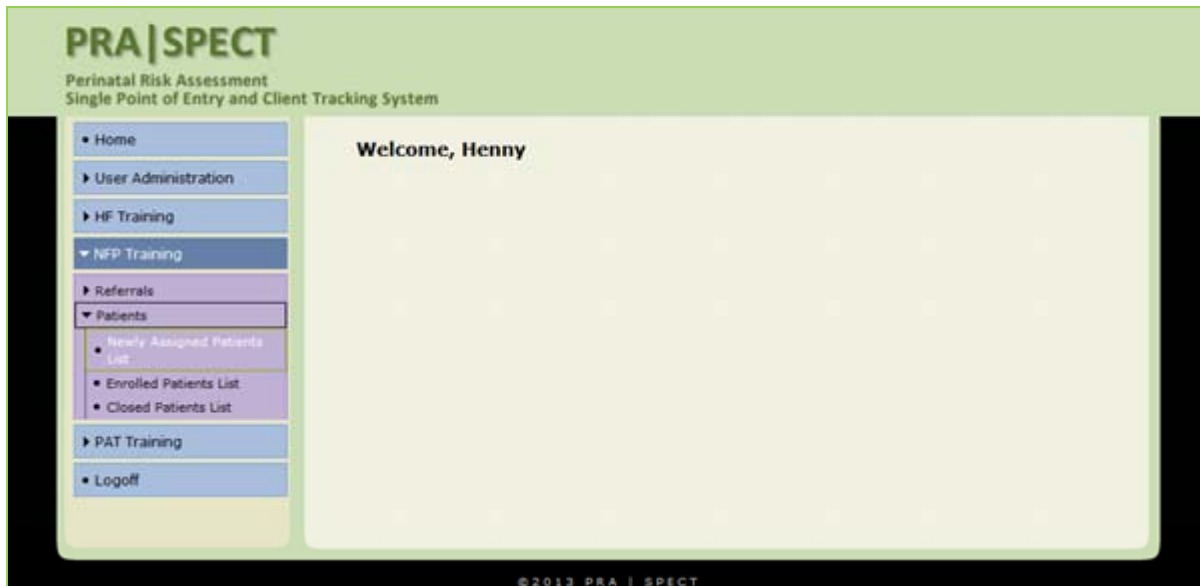
- **To View or edit the Client/Patient Profile or to add Patient Encounters:**

- Click on the underlined patient name

- **To View the original referral:**

- Click on **View Referral** under the **Options** column

# Managing Program Clients



- **From Program Menu - Click on 'Patients'**
- **To sort patient lists - Click on any heading**
- **Explanation of Terms:**
  - **Newly Assigned Patients List**
    - Clients assigned to a staff person for outreach
    - Client status - **Pending Enrollment**
    - **NOTE:** Only a Program Supervisor has access to change a client from **Pending Enrolled to Enrolled**
  - **Enrolled Patients List**
    - Clients currently enrolled in program
    - Client status – **Enrolled**
  - **Closed Patients List**
    - Client status - **Closed**
    - Includes all clients referred to Program, regardless of whether client ever enrolled.
    - Includes clients closed with Return to HUB Options as well as clients closed with Patient Close Options.
    - **NOTE:** Only Program Supervisors/Program Administrators are able to change Client Status from **Pending Closed to Closed**

# Managing Program Clients

## Newly Assigned Patients List

The screenshot shows the PRA|SPECT web application interface. The header includes the logo 'PRA|SPECT' and the text 'Perinatal Risk Assessment Single Point of Entry and Client Tracking System'. On the left is a navigation menu with options: Home, Search Patients, NFP Training, Referrals, Patients (highlighted with a red circle), and a sub-menu under Patients containing 'Newly Assigned Patients List' (also highlighted with a red circle), 'Enrolled Patients List', and 'Closed Patients List'. The main content area is titled 'Central Intake Program Assignments' and contains a table with the following data:

Date	Name	EDC	Referred From	Options
11/11/13	Poodle, Polly	12/26/13	System Training Institute	<a href="#">View</a>
11/22/13	Test, Test	05/01/14	System Training Institute	<a href="#">View</a>
11/22/13	Jester, Jessie	07/20/14	PRA Training	<a href="#">View</a>

Below the table are two buttons: 'Reset All to Default' and 'Assign Patients'.

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

# Managing Program Clients

## The Patient Profile Page

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

**Patient Profile: NFP Training**

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

**Wendy Whatsup**

Client Status	Pending Enrollment
Status Assignment Date	07/19/2013
Referral Date	05/29/2013
EDC Date	07/03/2013
Birth Date	08/15/1967

**Patient Information**

Street	45 Peter Pan Street
City, Zip	Camden 98765
County	Camden County
Home Phone	856-666-6666
Cell Phone	

**Other Information**

Language	English
Race	

**Referring Agency Information**

Referring Agency	Cape May County WIC
Agency Address	6 Moore Road, Room 106 Cape May Courthouse, 08210
Agency Phone	(609) 465-1224

**Patient Encounters**

Date	Method	Outcome	Appt/Ref
<a href="#">07/20/13</a>	Met in Person	Contacted	<a href="#">View</a>
<a href="#">07/19/13</a>	Home Phone	Contacted	N/A

**Status History**

Status Change Date	Status	Entry Person
07/19/2013	Pending Enrollment	Supervisor

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# Managing Program Clients/ Patients

## Newly Assigned Patients List

Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- PAT Training
- Logoff

**Patient Profile: NFP Training**

**Wendy Whatsup**

Click the pencil icon to edit patient status, close clients, or to assign patients to program staff.

Client Status	Pending Enrollment
Status Assignment Date	07/19/2013
Referral Date	05/29/2013
EDC Date	07/03/2013
Birth Date	08/15/1967

**Patient Information**

Street	45 Peter Pan Street
City, Zip	Camden 98765
County	Camden County
Home Phone	856-666-6666
Cell Phone	

**Other Information**

Language	English
Race	

**Referring Agency Information**

Referring Agency	Cape May County WIC
Agency Address	6 Moore Road, Room 106 Cape May Courthouse, 08210
Agency Phone	(609) 465-1224

**Patient Encounters**

Date	Method	Outcome	App/Ref
07/20/13	Met In Person	Contacted	<a href="#">View</a>
07/19/13	Home Phone	Contacted	N/A

**Status History**

Status Change Date	Status	Entry Person
07/19/2013	Pending Enrollment	Supervisor

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- PAT Training
- Logoff

Client First Name	Wendy
Client Last Name	Not Assigned
Client Status	New
Program Closed Reason	Pending Enrollment
Referral Date	05/29/2013
Assignment Date	07/19/2013
EDC Date	07/03/2013
Staff	Jenny Staff

Make No Changes    Update Information

Select client status, closed reason and assigned staff from the drop down menus and click Update Information to save.

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



# Managing Program Clients/Patients

## Newly Assigned Patients List

Client Status: Pending Enrollment

Status Assignment Date: 07/19/2013

Referral Date: 05/29/2013

EDC Date: 07/03/2013

Birth Date: 08/15/1967

**Patient Information**

Street: 45 Peter Pan Street

City, Zip: Camden 98765

County: Camden County

Home Phone: 856-666-6666

Cell Phone:

**Other Information**

Language: English

Race:

**Referring Agency Information**

Referring Agency: Cape May County WIC

Agency Address: 6 Moore Road, Room 106  
Cape May Courthouse, 08210

Agency Phone: (609) 465-1224

**Patient Encounters**

Date	Method	Outcome	Appt/Ref
<a href="#">07/20/13</a>	Met in Person	Contacted	<a href="#">View</a>
<a href="#">07/19/13</a>	Home Phone	Contacted	N/A

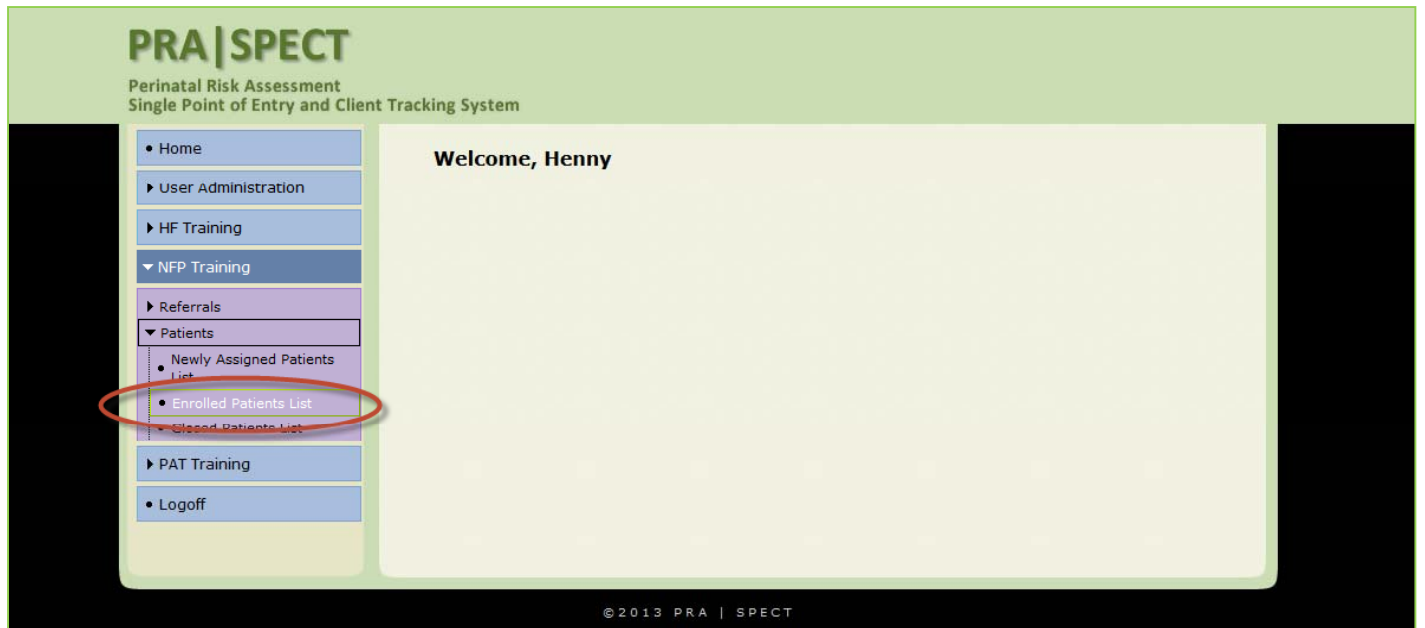
**Status History**

Status Change Date	Status	Entry Person
07/19/2013	Pending Enrollment	Supervisor

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

# Managing Program Clients Enrolled Patients



- Under the “Patients” tab, click on “Enrolled Patients List”

# Managing Program Clients Enrolled Patients

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

• Home  
▶ User Administration  
▶ HF Training  
▶ NFP Training  
▶ PAT Training  
• Logoff

**Enrolled Patient Search Results**

**NFP Training**

Referral Date	Patient Name	Patient DOB	Staff	Program Status	Assignment Date
05/21/13	<a href="#">Shellshocked, Shelly</a>	07/04/96	Staff	Enrolled	07/18/13
07/18/13	<a href="#">Demmo, Dolly</a>	07/19/62	Staff	Enrolled	07/18/13
08/19/13	<a href="#">Calamity, Colleen</a>	09/25/99	Bordner	Enrolled	08/19/13

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- **“Enrolled Patients List”**
  - **Referral Date** - Date of original Community Home Visiting Referral
  - **Patient Name** - Name of Client/Patient
  - **Patient DOB** - Client/Patient Date of Birth
  - **Staff** - Program Staff person’s name to whom client is assigned
  - **Program Status** - Enrolled
    - Client moves off of “Newly Assigned Patients List” when status is changed
  - **Assigned Date** - Date client was assigned to Program
- **To sort patient lists, click on any heading**
- **To View or edit the Client/Patient Profile or to add Patient Encounters, click on the blue underlined name.**
  - **Refer to New Program Referrals** - (pages 14-16 ) for “Client Status” and “Closed Reason”
  - **Refer to Assign Staff** - (page 17) to change staff assignment
  - **Refer to Adding New Patient Encounters/Engagements** - (pages 19-33) for Client Encounter Information.
- **NOTE:** Only a Program Supervisor has access to change a client from “Pending Closed” to “Closed”

# Managing Program Clients

## Reassigning Enrolled Patients

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

**Patient Profile: NFP Training**

**Shelly Shellshocked**

Client Status: Enrolled

Status Assignment Date: 07/18/2013

Referral Date: 05/21/2013

EDC Date: 01/01/2014

Birth Date: 07/04/1996

**Patient Information**

Click the pencil icon to reassign enrolled patients.

**PRA | SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- ▶ User Administration
- ▶ HF Training
- ▶ NFP Training
- ▶ PAT Training
- Logoff

Client First Name: Shelly

Client Last Name: Shellshocked

Client Status: Enrolled

Program Closed Reason: Not Closed

Referral Date: 05/21/2013

Assignment Date:

EDC Date:

Staff:

- Case Not Assigned
- bryon Kelly
- Kristy Skyers Still
- Helen Hannigan
- Jenny Staff**
- Donna Bordn
- Henny Supervisor

Make No Changes    Update Information

Select the appropriate staff member and click Update Information to save.

### Reassign Clients to other Program Staff

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

# Managing Program Clients

## Closed Patients List

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

Welcome, Henny

- Home
- ▶ User Administration
- ▶ HF Training
- ▼ NFP Training
- ▶ Referrals
- ▼ Patients
  - Newly Assigned Patients List
  - Enrolled Patients List
  - **Closed Patients List**
- ▶ PAT Training
- Logoff

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

Closed Patient Search Results

NFP Training

Referral Date	Patient Name	Patient DOB	Assigned Staff	Program Status	Assignment Date
05/22/13	<a href="#">Whoozis, Holly</a>	08/25/87	Staff	Closed    Patient Refused Service	07/18/13

### Closed Patients List

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

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

# Managing Program Clients

## Closed Patients List

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- PAT Training
- Logoff

**Closed Patient Search Results**

**NFP Training**

Click patient name to view/edit

Referral Date	Patient Name	Patient DOB	Assigned Staff	Program Status	Assignment Date
05/22/13	<a href="#">Whoozis, Holly</a>	08/25/87	Staff	Closed    Patient Refused Service	07/18/13

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Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- HF Training
- NFP Training
- PAT Training
- Logoff

**Patient Profile: NFP Training**

**Holly Whoozis**

Client Status	Closed
Status Assignment Date	07/18/2013
Program Closed Reason	Patient Refused Service
Referral Date	05/22/2013
EDC Date	12/31/2013
Birth Date	08/25/1987

**Patient Information**

Street	56 Whatzis Circle
City, Zip	Camden 98765
County	Camden County
Home Phone	123-456-7890
Cell Phone	

**Other Information**

Language	English
Race	Asian

**Referring Agency Information**

Referring Agency	System
Agency Address	2
Agency Phone	

**Patient Encounters**

Date	Method	Outcome	Appt/Ref

**Status History**


Status Change Date	Status	Entry Person
07/18/2013	Pending Enrollment	Bordner
07/18/2013	Closed    Patient Refused Service	Bordner

Patient Status History is also available at the bottom of each patient screen.



# Sample CHV Referral Forms

## Perinatal Risk Assessment Form - Page 2



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Provider Chart #

--	--	--	--	--	--	--	--	--	--

**Current Medical Conditions**  All Risk Factors Negative

	Yes No		+On Meds Patient History Family History				Yes No		+On Meds Patient History Family History								
Neurological Condition	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Phlebitis/DV T	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			Renal Disease	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seizures						Anemia						Lupus					
Depression/Mental Illness**						Blood Dyscrasia						Cancer					
Asthma						Diabetes						Uterine Abnormalities					
Tuberculosis						Thyroid Disease						Abnormal Pap Smear					
Cystic Fibrosis						Sickle Cell Trait						STD					
Heart Condition						Sickle Cell Disease						AIDS					
Chronic Hypertension						Liver Disease						Allergies**					

**HIV** [REDACTED]

**Psychosocial Risk Factors**  All Risk Factors Negative

		Yes No		Yes No		Reason for Late Entry into Prenatal Care (2nd or 3rd trim)		Environmental Exposures		
Disabled**	<input type="checkbox"/>	<input type="checkbox"/>				Insurance Enrollment Delay	<input type="checkbox"/>	Lead:	Yes No	
Unemployed/Inadequate Income	<input type="checkbox"/>	<input type="checkbox"/>			Inadequate Social Support	<input type="checkbox"/>	Unaware of importance of PNC	Home built before 1978	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Husband/Partner is Unemployed	<input type="checkbox"/>	<input type="checkbox"/>			Unplanned Pregnancy	<input type="checkbox"/>	Financial			
Homeless	<input type="checkbox"/>	<input type="checkbox"/>			Nutritional Concerns	<input type="checkbox"/>	Child Care Issues	Viral:		
Unstable Housing	<input type="checkbox"/>	<input type="checkbox"/>			Perinatal Depression	<input type="checkbox"/>	Couldn't find a health provider	Cats or Birds in Home	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education < 12 years	<input type="checkbox"/>	<input type="checkbox"/>			Eating disorder	<input type="checkbox"/>	Access to pregnancy testing			
Currently in Foster Care	<input type="checkbox"/>	<input type="checkbox"/>			Domestic Violence	<input type="checkbox"/>	Abortion desired/unsuccessful	Tobacco:		
							Transportation	2nd or 3rd Hand Smoke	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**\*4Ps Plus**

		Yes No		Yes No		
Did either of your parents have a problem with drugs or alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Have you ever drunk beer/wine/liquor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your partner have any problem with drugs or alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Have you ever felt manipulated by your partner	<input type="checkbox"/>	<input checked="" type="checkbox"/>		In the month before you knew you were pregnant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you ever felt out of control or helpless	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Over the past 2 weeks				how many cigarettes did you smoke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
have you felt down, depressed or hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>		how much beer/wine/liquor did you drink	<input type="checkbox"/>	<input checked="" type="checkbox"/>
have you felt little interest or pleasure in doing things	<input type="checkbox"/>	<input checked="" type="checkbox"/>		how much marijuana did you use	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If an \*Any is checked, continue with the 4Ps Follow-Up Questions.

**4 Ps Plus Follow-up Questions (if an \*Any above was checked)**


	Refer for Assessment	Prevention Education	No Referral Needed
	Every Day	3-6 Days/wk	1-2 days/wk <1 day/wk (did not drink/use drugs)
In the month before you knew you were pregnant:			
About how many days a week <b>did you</b> usually drink beer / wine / liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use any drug such as marijuana, cocaine or heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
And now, about how many days a week <b>do you</b> usually drink beer / wine / liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use any drug such as marijuana, cocaine or heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan of Care	Completed/Enrolled			Referred/Refused			Current Medications
	Completed/Enrolled	Referred	Refused	Completed/Enrolled	Referred	Refused	
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSI	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]
Substance Abuse Prevention Ed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DYFS	<input type="checkbox"/>	<input type="checkbox"/>	
Substance Abuse Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Home Visiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preterm Labor Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic Violence Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Care Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TANF/GA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutritional Consult	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Emergency Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast Feeding Consult	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maternal Fetal Medicine Consult	<input type="checkbox"/>	<input type="checkbox"/>	
WIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Childbirth Education	<input type="checkbox"/>	<input type="checkbox"/>	

DO NOT PHOTOCOPY BLANK FORMS

PLEASE COMPLETE AND FAX TO: 856-662-4321


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# Sample CHV Referral Forms

## One-Page Community Home Visiting Referral Form – Paper Version



### Home Visiting Referral



47648

**Referral Agency and Person making the referral** \*REQUIRED FOR FORM PROCESSING\*

Referral Type\*  Direct Referral  Staff Outreach  Self Referral Is this a Board of Social Services Referral?\*  Yes  No Referral Date\*  -  -

Referral Agency\*

**Person making the Referral\***

Last Name  First Name  Title

Email Address

Phone  -  -  Fax  -  -

**About the Referral**

Referral for Pregnant Client\* Date of Expected Delivery  /  /  Current Trimester  1st  2nd  3rd First Time Mother  Yes  No  
1-72wks 13-26wks 27-42wks

Referral for Postpartum Client\* Date of Delivery  /  /  Infant Birthweight  lbs  ozs Was the infant premature?  Yes  No

Referral for Infant/Child\* Child's DOB  -  -  Child's Name

**Patient Information\*** Last Name  First Name

Street Address  City  Zip

County of Residence  Atlantic  Camden  Essex  Hunterdon  Monmouth  Passaic  Sussex  Bergen  Cape May  Gloucester  Mercer  Morris  Salem  Union  Burlington  Cumberland  Hudson  Middlesex  Ocean  Somerset  Warren

**Contact Information** Home Phone\*  -  -  Cell Phone  -  -  Work Phone  -  -

Email Address  Best to reach by phone\*  Morning (8a-12p)  Afternoon (12a-5p)  Evening (5p-8p)

**Additional Patient Information**

Client DOB\*  -  -

Primary Language  English  Spanish  Other (specify) \_\_\_\_\_

Race  Black  Multi Racial  White  Hispanic  Asian  Other \_\_\_\_\_  Native American

	Enrolled	Ref Needed
TANF	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>
DYFS	<input type="checkbox"/>	<input type="checkbox"/>

**Identified Health/Risk Concerns**

Alcohol/Drug Use  Tobacco Use  Depression/Mental Health  Domestic Violence  Transportation  Housing/Homelessness  Other (specify) \_\_\_\_\_

**Insurance**  Medicaid PE  NJ Family Care  Medicaid FFS  Commercial  Medicaid MC  None  Medicaid

Referral Notes/Comments

**Patient Consent\***  
 This patient has given permission to share the information on this referral form with the Home Visitation System to make the appropriate referral. If a referral is made, the patient understands he/she may be contacted by program staff. Confirmation of this consent is on file at the referring agency as listed above.  Yes  No

# Sample CHV Referral Forms

## One-Page Community Home Visiting Referral Form – On-Line Version

**PRA|SPECT**  
Perinatal Risk Assessment  
Single Point of Entry and Client Tracking System

- Home
- User Administration
- Your Agency Name
- Referrals
  - Add New Referral
  - New Referrals
  - Review Submitted Referrals
- Patients
- Logoff

### Home Visitation Referral

Referral Date\*  Patient ID

**About the Referral Agency and Person making the referral**

Referral Type\*  Direct Referral  Staff Outreach  Self Referral

Is this a Board of Social Services Referral\*  Yes  No

Is this a DCP&P Referral\* (formerly DYFS)  Yes  No If Yes, was case closed?  Yes  No  N/A

Provider/Agency/Facility making the Referral\*

Last Name\*  First Name\*

Title\*

Email Address

Phone\*  Fax

**About the Referral**

Referral for Pregnant Client\* Date of Expected Delivery

Current Trimester  1st  2nd  3rd

First Time Mother?  Yes  No

Referral for Postpartum Client\* Date of Delivery

Infant Birth Weight  lbs  ozs  Unknown

Was Infant preterm?  Yes  No

First Time Parent?  Yes  No

Referral for Infant/Child\* Child's DOB  mm/dd/yyyy

Child Name [optional]

First Time Parent?  Yes  No

**Patient Information**

Last Name\*  First Name\*

Street Address\*

City\*

Zip\*  County\*

**Contact Information**

Home Phone\*

Work Phone

Cell Phone

Email Address

Best to reach by phone\*  Morning (8a-12p)  Afternoon (12a-5p)  Evening (5a-8p)  N/A

**Additional Patient Information**

Client DOB\*  mm/dd/yyyy Identified Healthy/Risks Concerns

Primary Language Other   Alcohol/Drug Use

Race Other   Tobacco Use

Depression/Mental Health

Domestic Violence

Transportation

Housing/Homelessness

Other (specify)

Other Services Received or Eligible for (check all that apply)

	Enrolled	Ref Needed
TANF/GA/EA	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>
DYFS	<input type="checkbox"/>	<input type="checkbox"/>

Medicaid PE

Medicaid FFS

Medicaid MC

Medicaid

NJ Family Care

Commercial

None

**Referral Notes/Comments**

Notes

**Patient Consent\***

This patient has given permission to share the information on this referral form with the Home Visitation System to make the appropriate referral. If a referral is made, the patient understands he/she may be contacted by program staff. Confirmation of this consent is on file at the referring agency as listed above.

Yes  No

**Save**

# Glossary

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

# Notes

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A blank sheet of lined paper with a red margin line on the left side. The paper has a white background and is framed by a thin black border. The top corners are rounded. The word "Notes" is centered at the top in a large, black, sans-serif font. Below the title, there is a horizontal blue line. A vertical red line runs down the left side of the page, creating a margin. The rest of the page is filled with horizontal blue lines, spaced evenly, for writing.

Contact Family Health Initiatives  
for any questions or concerns

at

[pra@snjpc.org](mailto:pra@snjpc.org)

or

856-665-6000

