

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

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www.praspect.org

For Community Home Visiting
Central Intake HUB Administrator Level

Unassigned Referrals

CI Home Visit Program Assignment Grid

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

REV 011014

Unassigned Referrals

CI Home Visit Program Assignment Grid

CI Home Visit Program Assignment Grid

- All unassigned referrals will be separated by county.
- Definition of all column headings can be viewed by scrolling over column headings
- All columns can be sorted by clicking on column heading
- Click “Assign Patients” button to save changes and program assignments
- Click ”Return Menu” button to return to Home Page and view your HUB menu

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Perinatal Risk Assessment
Single Point of Entry and Client Tracking System

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• Unassigned Referrals
• Ineligible Referrals
• Returned Referrals
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Welcome, Penny

Click here to view and manage Unassigned Referrals

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CI Home Visit Program Assignment Grid

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
12/30/13	Weather, Icov	PG	Yes	04/26/14	25 wks	-	-	Camden	08104	Leave Patient Unassigned
12/31/13	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	08104	Leave Patient Unassigned
01/06/14	Tobacco, Tabby	PG	Yes	06/04/14	19 wks	-	-	Camden	08105	Leave Patient Unassigned
01/10/14	Rabbit, Dag	PP	Yes			01/07/14	3d	Camden NJ	08105	Leave Patient Unassigned
01/10/14	Kom, Kandes	PG	Yes	06/30/14	15 wks	-	-	WOODLYNNE	08107	Leave Patient Unassigned
01/10/14	Leaves, Autumn	PG	Yes	05/25/14	20 wks	-	-	CHERRY HILL	08002	Leave Patient Unassigned

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If your business rules specify additional program criteria (for example BOSS referral, DYFS Referral, etc.), additional columns will appear in your grid.

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Additional business rules criteria

CI Home Visit Program Assignment Grid

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	BOSS Ref?	DCP&P Ref?	DCP&P Case Closed?	Program Option
County A													
01/10/14		PG	No	03/15/14	31 wks	-	-			No	No	N/A	Leave Patient Unassigned
01/10/14		PG	No	05/14/14	22 wks	-	-			No	No	N/A	Leave Patient Unassigned
01/10/14		PG	No	03/17/14	30 wks	-	-			No	No	N/A	Leave Patient Unassigned
01/10/14		PG	Yes	07/21/14	12 wks	-	-			No	No	N/A	Leave Patient Unassigned
County B													
01/10/14		CH	No			09/16/13	3m			No	Yes	No	Leave Patient Unassigned

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View definitions by scrolling over column headings.

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CI Home Visit Program Assignment Grid

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
PG = Pregnant PP = Postpartum CH = Infant/Child										
01/07/14		CH	Yes	First Time Mother / Parent		10/13	3m	Camden	98765	Leave Patient Unassigned
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned

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Sort any column by clicking on the blue column heading.

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Click on any heading to sort column

CI Home Visit Program Assignment Grid

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	Leave Patient Unassigned
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned

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Click on client name to view referral, record comments and document contacts.

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CI Home Visit Program

Click on client name

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	Leave Patient Unassigned

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View PRA/Referral

Always review referrals to assure client information is correct and that the correct program criteria are met.

Contact Notes

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

Document detailed results of contact or attempted contact with client.

- **Appointments** - are actual appointments made with or for client
- **Referrals** - are referrals/recommendations for services that you gave to the client

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CI Home Visit Program Assignment Grid

Click here to view/select Program Assignment

Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned
Comments										
Click here to document client contacts						Click here to view PRA/ Referral				
PRA / Referral						View PRA / Referral				
Patient Encounter/Engagement						Add New				
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	Leave Patient Unassigned

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Select appropriate program for client based on program criteria, client information, and referral.

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Camden County										
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	Leave Patient Unassigned No Program Assignment [Denie MIHOPE: Training HF Training NFP Training PAT Training

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Click "Assign Patients" button to save changes and complete assignments

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Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	NFP Training
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	PAT Training

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DO NOT USE YOUR BROWSER "BACK" ARROW.

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Date	Name	Client Type	FTM/P	EDC	Gest Age	Child DOB	Child Age	City	Zip	Program Option
Camden County										
01/07/14	Snowflake, Suzie	CH	Yes			09/30/13	3m	Camden	98765	Leave Patient Unassigned
11/21/13	Tobacco, Tabby	PG	Yes	07/15/14	13 wks	-	-	Camden	98765	Leave Patient Unassigned

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