

Healthy Start Encounter Form

A. Client Demographic Information

| | | | | | | | |
|-------------------------------------|--|---------|--------|----------------|-------------|-----------|----------------|
| 1. Client ID | | | | 2. Medicaid ID | | | |
| | | | | | | | |
| 3. Last Name | | | Suffix | First Name | | | Middle Initial |
| | | | | | | | |
| 4. Mailing Address (no. and street) | | | | | 5. Zip Code | | 6. County |
| | | | | | | | |
| 7a. Date of Birth | | 7b. DOB | 8 | 9. | 10. | 11. | 12. |
| mo day year | | Verif. | Sex | Race | Ethnicity | Family ID | Relationship |
| | | | | | | | |

| | | | | | | | | | | | | | |
|--------------------|---------|---------|------------------|----|-----|-------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Servicing Unit | | | 14. Service Date | | | 15. Special Group | 16. Program Component (Check one only): | | | | | | |
| a. Dist | b. Area | c. Unit | 17. Svc Loc | mo | day | year | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | |

B. Service Codes

| INITIAL CONTACT | Svc. Code | # Svcs. | Position Number |
|--|-----------|---------|-----------------|
| Attempt to Contact | 3103 | _____ | _____ |
| Needs Tracking Only | 3101 | 1 | _____ |
| Participant Needs Assessment | 3102 | 1 | _____ |
| Declines Services | 3110 | 1 | _____ |
| No Further Services Needed | 3111 | 1 | _____ |
| Receiving or Will Receive | 3112 | 1 | _____ |
| Care Coord. from CMS/Early Steps | 3113 | 1 | _____ |
| Receiving or Will Receive | 3113 | 1 | _____ |
| Care Coord. from Another Provider, not CMS/Early Steps | 3113 | 1 | _____ |
| Unable to Locate | 3114 | 1 | _____ |
| Unable to Complete Initial Contact | 3119 | 1 | _____ |
| Initial Contact Service Units | 3115 | _____ | _____ |

| INITIAL ASSESSMENT | Svc. Code | # Svcs. | Position Number |
|--|-----------|---------|-----------------|
| Attempt to Contact | 3203 | _____ | _____ |
| Needs Tracking Only | 3201 | 1 | _____ |
| Plan Ongoing Care Coordination | 3202 | 1 | _____ |
| Declines Services | 3210 | 1 | _____ |
| No Further Services Needed | 3211 | 1 | _____ |
| Receiving or Will Receive | 3212 | 1 | _____ |
| Care Coordination from CMS/EIP | 3213 | 1 | _____ |
| Receiving or Will Receive | 3213 | 1 | _____ |
| Care Coordination from Another Provider, not CMS/EIP | 3213 | 1 | _____ |
| Unable to Locate | 3214 | 1 | _____ |
| Unable to Complete Initial Assessment | 3219 | 1 | _____ |
| Initial Assessment Service Units | 3215 | _____ | _____ |

| ONGOING CARE COORDINATION | Svc. Code | # Svcs. | Position Number |
|--|-----------|---------|-----------------|
| Attempt to Contact | 3303 | _____ | _____ |
| Care Coordination Face to Face* | 3320 | _____ | _____ |
| Care Coordination Tracking or not Face-to-Face* | 3321 | _____ | _____ |
| Initial Family Support Plan Meeting | 3322 | _____ | _____ |
| Update Family Support Plan | 3323 | _____ | _____ |
| Declines Services | 3310 | 1 | _____ |
| No Further Services Needed | 3311 | 1 | _____ |
| Receiving or Will Receiving | 3312 | _____ | _____ |
| Care Coordination From CMS/Early Steps | 3313 | 1 | _____ |
| Receiving or Will Receive | 3313 | 1 | _____ |
| Care Coordination from another Provider, not CMS/Early Steps | 3313 | 1 | _____ |
| Unable to Locate | 3314 | 1 | _____ |
| Ineligible for Services | 3315 | _____ | _____ |
| Transition to Interconceptional Care | 3324 | 1 | _____ |

ONGOING CARE COORDINATION DETAILS for 3320 and 3321*

Method of Contact Face-to-Face Home Visit

Plan of Care Evaluated Yes No

Plan of Care Changed Yes No

Education Provided (circle all that apply):

Baby Spacing/Family Planning Nutrition

Breastfeeding Parenting

Childbirth Pre-term Labor Danger Signs

Immunizations Shaken Baby Prevention

SIDS Risk Reduction Other

| OTHER HEALTHY START SERVICES | Svc. Code | # Svcs. | Position Number |
|--|-----------|---------|-----------------|
| Nutrition Assessment/Counseling | 4501 | _____ | _____ |
| Psychosocial Counseling | 8002 | _____ | _____ |
| Parenting Support and Education | 8004 | _____ | _____ |
| Childbirth Education and Support | 8006 | _____ | _____ |
| Breastfeeding Education and Support | 8008 | _____ | _____ |
| Tobacco Education and Smoking Cessation Counseling | 8026 | _____ | _____ |
| Interconceptional Education and Counseling | 8013 | _____ | _____ |

| REFERRAL CODES | |
|---|---|
| <input type="checkbox"/> <u>Tobacco Use (Circle one below):</u> | |
| <input type="checkbox"/> Referral Made | <input type="checkbox"/> In Error |
| <input type="checkbox"/> Receiving Services | <input type="checkbox"/> Stopped Services |
| <input type="checkbox"/> Services Completed | <input type="checkbox"/> No Resources Available |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Client Did Not Follow-up |
| <input type="checkbox"/> Patient Declined | |
| <input type="checkbox"/> <u>Alcohol Use (Circle one below):</u> | |
| <input type="checkbox"/> Referral Made | <input type="checkbox"/> In Error |
| <input type="checkbox"/> Receiving Services | <input type="checkbox"/> Stopped Services |
| <input type="checkbox"/> Services Completed | <input type="checkbox"/> No Resources Available |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Client Did Not Follow-up |
| <input type="checkbox"/> Patient Declined | |
| <input type="checkbox"/> <u>Substance Use: (Circle on below):</u> | |
| <input type="checkbox"/> Referral Made | <input type="checkbox"/> In Error |
| <input type="checkbox"/> Receiving Services | <input type="checkbox"/> Stopped Services |
| <input type="checkbox"/> Services Completed | <input type="checkbox"/> No Resources Available |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Client Did Not Follow-up |
| <input type="checkbox"/> Patient Declined | |