



# *Harbor Corridor Best Babies Collaborative*

## *Client Audit Checklist*

Identified Needs (Update with information from needs assessments.)

Date: \_\_\_\_\_

Care Plan Created

Date: \_\_\_\_\_

Referrals (Client Encounters/Referrals)

- \_\_\_\_\_ Date: Completed \_\_\_\_\_
- \_\_\_\_\_ Date: Completed \_\_\_\_\_
- \_\_\_\_\_ Date: Completed \_\_\_\_\_
- \_\_\_\_\_ Date: Completed \_\_\_\_\_
- \_\_\_\_\_ Date: Completed \_\_\_\_\_
- \_\_\_\_\_ Date: Completed \_\_\_\_\_

**Interconception Care Tracking** (Client Encounters/Interconception Care Tracking)

(every 3 Months)

Last Completed: \_\_\_\_\_

**Prenatal Care Tracking** (Client Encounters/Prenatal Care Tracking)

(monthly)

Last Completed: \_\_\_\_\_

### **Medical/Dental Care**

Physical Exam

Date Due: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Postpartum Checkup

Date Due: \_\_\_\_\_

Date Completed: \_\_\_\_\_

### **Medical**

	Yes	No	NA
Postpartum Checkup (6-8 week after delivery)			
Was it completed within the 6-8 week time frame?			

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Annual Physical

If follow-up was recommended, was it scheduled and/or completed:				
Family Planning Consultation & Education				
If follow-up was recommended, was it scheduled and/or completed:				

Depression Screening Date Completed: \_\_\_\_\_

<b>Mental Health/Social Support</b>		Yes	No	N/A
Was individual and/or group therapy recommended				
If yes, was it scheduled and/or completed:				

Dental Exam Date Completed: \_\_\_\_\_

<b>Dental</b>		Yes	No	NA
Dental Exam				
If follow-up was recommended, was it scheduled?				
Was the follow-up appointment completed within the time frame requested?				

Case Manager Contact Notes (Client Encounters/Case Notes) Last Completed: \_\_\_\_\_

Attempts to Encounter (Client Encounters/Attempted Encounters)

Correspondence (Client Encounters/Attempted Encounters)

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Auditors Additional Comments:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: Case Manager must update the DCAR system.**

- **Case managers must complete case Notes, interconception tracking and prenatal care tracking forms in system by the end of the month.**

Each time a case manager has a substantive contact with a client, there should be a client encounter case note completed in the DCAR system. Depending on whether a client is pregnant, a teen, or has chronic medical conditions, she should receive a certain number of visits each month or quarter. These are tracked through the **Case Notes**.

- ***Pregnant clients 19 and over must have at least one case management encounter per month.***
  - ***Pregnant clients under 19 (teens) must have 2 or more encounters per month.***
  - ***Interconception care clients 19 and over with chronic conditions should have at least one case management encounter per month***
  - ***Interconception care clients 19 and over with no chronic conditions must have at least 1 case management encounter per quarter***
  - ***Interconception care clients under 19 with chronic conditions with at least two case management encounters per month***
  - ***Interconception care client under 19 with no chronic conditions must have at least one case management encounter per month.***
- **Make sure ALL clients have a identified needs and care plan completed during the first month of case management and entered in to the DCAR system.**

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Action Taken By Case Manager: \_\_\_\_\_  
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CM Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_