KERN COUNTY MVCCP – DATA FORM

Medically Vulnerable Care Coordination Project Harli Smith (office) 661-868-0334 (fax) 661-868-1291

CCP	Insight #
OR MV(USE	Mother's Insight#
FC	Zip Code

DEMOGRAPHIC INFORMATION

Today's	Date:		(piease	e attacri reie	varit rac	e sneets	s, reierrais, summa	iries, aric	i/or aisc	marge notes)					
Infant's L	ast Name		Infant's Firs	t Name		MI	Mother's Last Name			Mother's First N	ame				МІ	
Current A	Address, City and Zip Code		Phone Num	ber		Foster Y/N	Current Address			City, State, Zip	Code				Pho	one Number
□м ^D	OOB Eth	nicity Cit	ty	Insura	ance		DOB		Prim Lang	uage	G		P			
Synagis?	P Birth Hosp/ pt #	BW	GA	APGAR				al btw pregna (y/n/unk)			own Hx of Co	ocaine	e, ETC	OH, M	eth, to	bacco
NICU Ho	NICU LOS PCF	P / Clinic	Mu	ult Birth? If Mult	i Birth List N	lame(s)	Known Hx of amnio fluid	d/ lower GU	tract infxn?	(y/n/unk)	Known	Hx of	HTN	, diab	lupus	s? (y/n/unk)
			MVC	CP ELI	GIBII	LITY	(please fax if the	followin	g criteri	ia are met)						
	OR	AND / OR is at isk due to:	☐ Has	•	t requires		patient receiving prope evelopmental screenin		•	re over	→		are		rdin	VCCP ator 91
		((1=Stron	gly Disagre		TY A	ND SERVI		5=Stron	gly Agree)						
	1) Select if present		Uninsur	ed medical ex	penses											
_ <u>e</u>		The	parent(s) understand	health in	surance	and CCS coverage	!				1	2	3	4	5
Medical Coverage	2) Rating (circle most appropria	The	parent(s) will enroll in	health ir	nsurance	(i.e. Medi-Cal and/	or CCS) i	n a time	ly manner		1	2	3	4	5
ned ove	(1)	,	parent(s	are currentl	y able to	pay for r	medical expenses o	f the infar	nt (includir	ng copay if applica	able)	1	2	3	4	5
ک ح	3) Indicate Service	s ✔ Medi-	Cal CCS	SSI WIC	; 1	Non-Profit P	ayer Othe	er Medical C	overage Re	esource:						
ity es	1) Select if present		☐ Transpo ☐ Difficult	ortation barrie y understandi	r ng roles /	regulation	obtaining services ons of service provide rier / Educational Bar	ers 🗆 C	Dissatisfa Jnable to	ccess to care / action with sen o use / has inac te/ unavailable	vices dequate co	omm		ation	devi	ces
Community Resources		The	parent(s)	are knowled	dgeable o	of local c	ommunity resources	S (i.e. WIC	, Family R	esource Centers,	etc.)	1	2	3	4	5
mm sot	2) Rating (circle most appropria	The	parent(s)) are consiste	ently and	appropri	iately using commu	nity resou	irces to	assist their ch	nild	1	2	3	4	5
Co Re	(Circle most approprie	,	parent(s)) have no pro	blems o	r barriers	connecting to com	munity re	sources			1	2	3	4	5
	3) Indicate Service:		y Resource (Center (name)	Head Sta	art (location)	Search and Serve	Caring C	orner No	n-profit	CPS	0	ther C	comm	unity F	Resources
Supervision	1) Select if present		Fails to Fails to	return as req	symptom uested to	ns requirir health ca	ng evaluation/treatme		nadequa	ent source of he te source of he te treatment p	ealth care	•				
erv		The	parent(s	are knowled	dgeable a	about the	healthcare provide	rs, appoi	ntments	, and treatme	nt plan	1	2	3	4	5
dn	2) Rating (circle most appropria	The	parent(s	are consiste	ent in tak	ing their	child to all schedule	ed medica	al appoin	ntments		1	2	3	4	5
e.	(Silvio illost approprie	-	parent(s)) will continue	e to recei	ive appro	priate and timely he	ealth care	for thei	r infant		1	2	3	4	5
Healthcare		7 7	4	Ф	N	fental Healt	h	Card			Endocr					
alth		anc	HRIF	AIVM Care	ical olties	T/PT/ST		Ophth			Surgery					
He	3) Indicate Service:	Growth and		Kern Co	Medical Specialties	SI		Neuro			Pulmo					
		عَ وَ	KRC	Kern Co PHN		ther Hoalth	care Referrals									
			p	p 103	10	1 100101										

NAME OF REFERRER

RRER

AGENCY

TITLE

SIGNATURE

MVCCP DATA FORM INSTRUCTIONS

(Note: this side does not need to be included when faxing)

KERN COUNTY MVCC Medically Vulnerable Care Co Harli Smith (office) 661-868-03	oordina 3 4 (fax)	tion Project 661-868-1291	FOR M US	Mother's Insight	t#
2200		HIC INFORMATION s, referrals, summaries, and/or disc	harge n	otes)	
Infant's Last Name Infant's First Name	MI	Mother's Last Name	Mother's I	First Name	MI
Current Address, City and Zip Code Phone Number	Foster Y/N	Current Address	City, State	e, Zip Code	Phone Number
□M DOB Ethnicity City Insurance		DOB Prim Langu	lage	G	P
Sypagis? Birth Hosp/gt,# BW GA APGAR			of fertility ? (y/n/unk)	Known Hx of Cocain use? (y/n/unk)	e, ETOH, Meth, tobacco
NICU Hosp NICU LOS PCP / Clinic Mult Birth? If Multi Birth Lis	st Name(s)	Known Hx of amnio fluid/ lower GU tract infxn?	(y/n/unk)	Known Hx. o	of HTN, diab, lupus? (y/n/unk)

		MVCCP ELIGIBILITY (please fax if the following criteria are met)	
☐ Less than 37 weeks GA OR ☐ BW <5.5lb (2500g)	ie at riek	□ Has family issues that may affect the patient receiving proper and timely care □ Has condition that requires medical/developmental screenings and follow-up care over the first year or longer	Please fax to MVCCP Care Coordinator

	1) Select if present ✓	□ Ur	ninsun	ed medic	cal exp	ense	25											_
_ e		The pare	ent(s)	understa	and hea	alth i	insurance and C	CCS covera	age					1	2	3	4	ŧ
ica rag	2) Rating (circle most appropriate)	The pare	ent(s)	will enro	ll in he	alth	insurance (i.e. N	Medi-Cal a	nd/or C	CCS) in a tir	mely man	ner		1	2	3	4	į
Medical Coverage	(The pare	ent(s)	are cum	ently at	ble to	o pay for medica	al expense	s of the	e infant (Inc.)	uding copay	f applicabl	le)	1	2	3	4	į
≥ გ	3) Indicate Services ✓	Medi-Cal	ccs	881	wic		Non-Profit Payer		Other M	edical Coverag	ge Resource:	:						
ity es	1) Select if present ✓	□ Tra	anspoi fficulty	rtation ba understa	rrier anding r	roles	edures for obtain / regulations of s arrier / Education	service pro	/iders	☐ Dissa☐ Unabl	d access t tisfaction v le to use / quate/ una	with servi has inad	ices lequate co	mmı		tion	devi	e:
urc		The pare	ent(s)	are know	wledgea	able	of local commu	inity resou	roes (I.e	. WIC, Family	Resource Ce	enters, etc.,)	1	2	3	4	į
<u></u>	2) Rating		The parent(s) are knowledgeable of local community resources (i.e. wic, Family Resource Centers, etc.) The parent(s) are consistently and appropriately using community resources to assist their child									u .	1	2	3	4	7	
mc es	(circle most appropriate)	The pare	The parent(s) are consistently and appropriately using community resources to assist their child										u	<u>.</u>	_	_	\vdash	Ľ
Community Resources		<u> </u>				_	ecting to commi				to assist t	their chii)	1	2	3	4	H
_	(circle most appropriate)	The pare	ent(s)	have ba enter (name obtain rou seek care return as	miers o	eeed 3		Search and	serve tment	Caring Corner		urce of he	cps one	1 ner Co	\vdash	3		
_	3) Indicate Services ✓ 1) Select if present ✓	The pare	ent(s) ource Co ils to co ils to r ability t	enter (name obtain rou seek care return as	miers of	eonne eeed 8 eeven mpto sted to ultiple	ecting to communitart (ocation) tative health care ms requiring eva o health care pro	Search and	erve others	Caring Corner Incons Inade	Non-profit sistent sou quate sour quate trea	urce of he rce of he trnent pla	ealth care	1 ner Co	2	3		ce
_	(circle most appropriate) 3) Indicate Services ✓	The pare	ent(s) ource Co ils to co ils to r ability to	enter (name obtain rou seek care eturn as to coordin are know	riers of	even mpto sted to ultiple	ecting to communitative health care ms requiring eva o health care pro e appointments /	Bearch and S e luation/trea wider treatment p	tment olans	Caring Corner Incone Inade Inade	Non-profit sistent sou quate sour quate trea nts, and tr	urce of he rce of he tment pla reatment	ealth care	1 ner Co	2 ommur	3	esour	, ce
Supervision	3) Indicate Services ✓ 1) Select if present ✓ 2) Rating	Family Reso	ent(s) ource Co ils to co ils to r ability to ent(s)	enter (name obtain rou seek care eturn as to coordin are know	riers of	connection of the connection o	ecting to commu- start (ocation) tative health care ms requiring eva o health care pro e appointments / about the healt	Bearch and Se luation/trea wider treatment phoare proveir child's s	tment blans iders, aschedu	Caring Corner Incon: Inade Inade	Non-profit sistent sou quate sour quate trea nts, and tre	urce of he rce of he tment pla eatment nents	ealth care	1	2	3	esour 4	
Supervision	3) Indicate Services ✓ 1) Select if present ✓ 2) Rating	Family Reso Family Reso	ent(s) ils to c ils to r ability t ent(s) ent(s)	enter (name obtain rou seek care eturn as to coordin are know are cons	riers of	reven mpto sted tr ultiple able in at	ecting to commu- late (location) tative health care ms requiring eva o health care pro e appointments / about the healt tending all of the	Bearch and Se luation/trea wider treatment phoare proveir child's s	tment blans riders, schedu y healtl	Caring Corner Incon: Inade Inade	Non-profit sistent sou quate sour quate trea nts, and tre	urce of he roe of he thment pla reatment ments	ealth care	1 1 1 1	2 2 2	3	4 4	Çe.
Supervision	3) Indicate Services ✓ 1) Select if present ✓ 2) Rating (circle most appropriate)	Family Reso Family Reso	ource Course Cou	enter (name obtain rou seek care eeturn as to coordin are know are cons will cont	rtine/pre for syn request nate mu wledges sistent i	reven mpto sted tr ultiple able in at	ecting to commu- tart (ocation) tative health care ms requiring eva o health care pro abpointments / about the healt tending all of the eive appropriate	Bearch and Se luation/trea wider treatment phoare proveir child's s	tment blans iders, a schedu y healti	Caring Corner Incon: Inade Inad	Non-profit sistent sou quate sour quate trea nts, and tre	urce of he roe of he thment pla reatment ments	ces out	1 1 1 1	2 2 2	3	4 4	Çe.
_	3) Indicate Services ✓ 1) Select if present ✓ 2) Rating	Family Reso	ource Course Cou	enter (name obtain rou seek care seturn as to coordin are know are cons will cont	riers of	even mpto sted to ultiple sable in at	ecting to commu- tart (location) tative health care ms requiring eva o health care pro e appointments / about the healt tending all of the eive appropriate Mental Health	Bearch and Se luation/trea wider treatment phoare proveir child's s	intervention of the control of the c	Caring Corner Incom: Inade	Non-profit sistent sou quate sour quate trea nts, and tre	urce of he roe of he tment pla reatment ments	cPS Ott	1 1 1 1	2 2 2	3	4 4	Çe.

MVCCP USE

This section is for Kern County Public Health use only.

DEMOGRAPHIC INFO

If attaching a face sheet, you only need to enter the name.

The next area is data MVCCP needs to track. Please try to complete or attach notes, referrals, and/or discharge summaries that contains as much of the information as possible.

MVCCP ELIGIBILITY

If the infant is <37 weeks gestational age or <5.5lbs at birth, <u>AND / OR</u> is at risk due to medical or family issues, please fax referral

ACUITY AND SERVICES

(Three parts for each subject)

- 1) Select all that are present in patient/family
- 2) Rating Scale: Based on interactions with the parent/guardian, please circle the appropriate number on how confident you agree with the statements.
- 3) Referrals Made: Please check all referrals you have made as well as programs you know the patient to currently be a part of.

At the end, print your name, title, and date. When completed, please fax to the number indicated.