

## INFANT RISK SCREENING FORM

*This screening form is used to identify infants in their first year of life whose medical status places them at high risk for mortality and/or morbidity.*

Infant's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Mother Enrolled in Case Management?  Yes  No

Mother's Name: \_\_\_\_\_

Mother's Medicaid Number (if applicable): \_\_\_\_\_

Positive Risk Screen Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Negative Risk Screen Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Decline of Case Management (if applicable): \_\_\_\_\_

Pediatrician / Primary Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Next Appointment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Completing the Form

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(Must be a Physician, Physician Assistant, Nurse Practitioner, or Nurse Midwife)*

### Risk Factors Affecting or Complicating Infant Care

ICD-10 Diagnosis  
Code

ICD-10 Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Instructions on Reverse Side*

# Infant Risk Screening Form Instructions

## Demographic Information for Infant Screened

- Enter the infant's name, date of birth, address, phone number, and Medicaid ID number.
- Check **Yes** or **No** to indicate whether the infant's mother was enrolled in the Maternity Case Management program.
- Enter the mother's name and Medicaid number (if applicable).

## Screening Outcome

- Enter the positive or negative screen date.
- Enter the reason for decline of Case Management services (if applicable).
- Enter the name, address, and telephone number of the infant's pediatrician or primary care provider and the next appointment date.
- The provider (physician, physician assistant, nurse practitioner, or nurse midwife) performing the risk screening must sign and date the form using his/her professional title.
- List the significant risk factor ICD-10 diagnosis code(s) and the description(s).

## Negative Risk Screening

- Keep the form in the infant's medical record.
- Complete and process the form if risk factors develop later.

## Positive Risk Screening

- File the original form in the infant's chart as a permanent part of the medical record.
- Make a referral for Case Management services.

## Referral Contact Information

### Fee For Service Members

Telligen Phone:

- Fax: 1-800-520-6564
- Email: [mscaremanagement@telligen.com](mailto:mscaremanagement@telligen.com)

### MississippiCAN Members

Magnolia Health

- Phone: 1-866-912-6285 (Select the Care Management option)
- Email: [MHPMaternalHealth@centene.com](mailto:MHPMaternalHealth@centene.com)

TrueCare

- Phone: 1-844-542-2610 Mom and Baby Beginnings (MBB) Program
- Provider Portal: Navigate to the Care Management Referral section

Molina Healthcare

- Phone: 1-844-826-4333
- Fax: 1-844-303-5188