

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

MississippiCAN Members

Magnolia Health

- Phone: 1-866-912-6285 (Select the Care Management option)
- Email: 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