

EPSDT Inputs

03/29/2016

Input Forms MI-I-001 MICC Maternity Risk Screen

General Information

This form is designed to capture data on high-risk pregnant women as identified by the Baby Care program or MICC. The form is completed by the provider and used as a referral to the authorized pre-screening provider to initiate an assessment. Data from this form is entered into the MICC Master File by FA staff on the Maternity Risk Screen (MI-S-005).

Subsystem:	EPSDT
Source/Originator:	DMAS
Frequency:	N/A
Estimated Volume:	One Form Per Enrollee
Programs:	MICC - MATERNITY RISK PROCESS (MIT005VA)
Proc/Screen ID:	MI-S-005

MICC Maternity Risk Screen (MI-I-001)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNITY RISK SCREEN

The risk screen is designed to identify high risk pregnant women as defined by the BabyCare program. Identify risks as listed below that apply to the client and make the appropriate referral(s). Please do not alter or add risks to the form. Additional information should be documented in the progress notes in the client's medical record.

Client Name ①	Medicaid # ②	EDC ③	
Client's Address ④	Phone # ⑤		

A. MEDICAL RISKS		SUBSTANCE ABUSE	# days/ week used	# times/ day used
1.	⑥	Hypertension, chronic or preg. induced	8. Alcohol ⑭	⑮
2.	⑦	Gestational diabetes/diabetes	9. Cocaine/crack ⑯	⑰
3.	⑧	Multiple gestation (twins, triplets)	10. Narcotics/heroin ⑰	⑱
4.	⑨	Previous preterm birth < 5½ lbs.	11. Marijuana/hashish ⑳	㉑
5.	⑩	Advanced maternal age, > 35 yr	12. Sedatives/tranquilizers ㉒	㉓
6.	⑪	Medical condition, the severity of which affects pregnancy, document below	13. Amphetamines/diet pills ㉔	㉕
	⑫		14. Inhalants/glue ㉖	㉗
7.	⑬	Previous fetal death	15. Tobacco/cigarettes ㉘	㉙
			16. Other drug, please specify ㉚	㉛
			⑳	㉜

B. SOCIAL RISKS					
1.	⑳	Teenager 18 years or younger	4.	㉞	Abuse, neglect during pregnancy
2.	㉑	Non-compliant with medical directions or appointments	5.	㉟	Shelter, homeless or migrant
3.	㉒	Mental retardation or history of emotional/mental problems			

C. NUTRITIONAL RISKS					
1.	㉓	Pregnancy underweight/overweight Inadequate or excessive weight gain	3.	㉟	Poor diet or pica
2.	㉔	Obstetrical or medical condition requiring diet modification, document condition below	4.	㊱	Teenager 18 years or younger

REFERRALS

1. ④② Care Coordination 2. ④③ Nutritional Counseling 3. ④④ Homemaker 4. ④⑤ Parenting/Childbirth Class

5. ④⑥ Glucose Monitor with nutrition counseling 6. ④⑦ Smoking Cessation 7. ④⑧ Substance Abuse Treatment

8. ④⑨ No Care Coordination ⑤①

PROVIDERS COMMENTS/SUGGESTIONS ⑤①

SIGNATURE/TITLE ⑤② _____ SCREENING DATE ⑤③ ___ / ___ / ___

SIGNATURE PRINTED ⑤④ _____ NPI # ⑤⑤ _____

Referral to High Risk Care Coordination

DMAS-16 rev. 1/07

Field Definitions

#	Field Name	Data Element Name	Element ID
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1	MICC Enrollee Name	Enrollee Full Name	DE3003
2	MICC Enrollee ID Number	Enrollee Identification Number	DE3001
3	MICC Maternal Risk Expected Delivery Date	Maternal Risk Expected Delivery Date	DE8412
4	Client Address	Enrollee Address	DE3004
5	Phone	Enrollee Telephone Number	DE3095
6	MICC Maternal Risk Medical Condition - Hypertension	Maternal Risk Medical Condition - Hypertension	DE8563
7	MICC Maternal Risk Medical Condition - Diabetes	Maternal Risk Medical Condition - Diabetes	DE8564
8	MICC Maternal Risk Medical Condition - Multiple Gestations	Maternal Risk Medical Condition - Multiple Gestations	DE8565
9	MICC Maternal Risk Medical Condition - Previous Low Weight	Maternal Risk Medical Condition - Previous Low Weight	DE8566
10	MICC Maternal Risk Medical Condition - Advanced Age	Maternal Risk Medical Condition - Advanced Age	DE8567
11	MICC Maternal Risk Medical Condition - Case Coordination	Maternal Risk Medical Condition - Case Coordination	DE8568
12	MICC Maternal Risk Medical Comment	Maternal Risk Medical Condition Comment	DE8487
13	MICC Maternal Risk Medical Condition - Fetal Death	Maternal Risk Medical Condition - Fetal Death	DE8569
14	Maternity Risk Substance Abuse Weekly Frequency - Alcohol	Maternal Risk Substance Abuse Weekly Frequency - Alcohol	DE8722
15	Maternity Risk Substance Abuse Daily Frequency - Alcohol	Maternal Risk Substance Abuse Daily Frequency - Alcohol	DE8713
16	Maternity Risk Substance Abuse Weekly Frequency - Cocaine	Maternal Risk Substance Abuse Weekly Frequency - Cocaine	DE8723
17	Maternity Risk Substance Abuse Daily Frequency - Cocaine	Maternal Risk Substance Abuse Daily Frequency - Cocaine	DE8714
18	Maternity Risk Substance Abuse Weekly Frequency - Narcotics	Maternal Risk Substance Abuse Weekly Frequency - Narcotics	DE8724
19	Maternity Risk Substance Abuse Daily Frequency - Narcotics	Maternal Risk Substance Abuse Daily Frequency - Narcotics	DE8715
20	Maternity Risk Substance Abuse Weekly Frequency - Marijuana	Maternal Risk Substance Abuse Weekly Frequency - Marijuana	DE8725
21	Maternity Risk Substance Abuse Daily Frequency - Marijuana	Maternal Risk Substance Abuse Daily Frequency - Marijuana	DE8716
22	Maternity Risk Substance Abuse Weekly Frequency - Sedatives	Maternal Risk Substance Abuse Weekly Frequency - Sedatives	DE8726
23	Maternity Risk Substance Abuse Daily Frequency - Sedatives	Maternal Risk Substance Abuse Daily Frequency - Sedatives	DE8717

24	Maternity Risk Substance Abuse Weekly Frequency - Amphetamines	Maternal Risk Substance Abuse Weekly Frequency - Amphetamines	DE8727
25	Maternity Risk Substance Abuse Daily Frequency - Amphetamines	Maternal Risk Substance Abuse Daily Frequency - Amphetamines	DE8718
26	Maternity Risk Substance Abuse Weekly Frequency - Inhalants	Maternal Risk Substance Abuse Weekly Frequency - Inhalants	DE8728
27	Maternity Risk Substance Abuse Daily Frequency - Inhalants	Maternal Risk Substance Abuse Daily Frequency - Inhalants	DE8719
28	Maternity Risk Substance Abuse Weekly Frequency - Tobacco	Maternal Risk Substance Abuse Weekly Frequency - Tobacco	DE8729
29	Maternity Risk Substance Abuse Daily Frequency - Tobacco	Maternal Risk Substance Abuse Daily Frequency - Tobacco	DE8720
30	Maternity Risk Substance Abuse Weekly Frequency - Other	Maternal Risk Substance Abuse Weekly Frequency - Other	DE8730
31	Maternity Risk Substance Abuse Daily Frequency - Other	Maternal Risk Substance Abuse Daily Frequency - Other	DE8721
32	MICC Maternal Risk Medical Condition Comment	Maternal Risk Medical Condition Comment	DE8487
33	MICC Maternal Risk Social Condition - Teenager	Maternal Risk Social Condition - Teenager	DE8571
34	MICC Maternal Risk Social Condition - Non Compliant	Maternal Risk Social Condition - Non Compliant	DE8572
35	MICC Maternal Risk Social Condition - Mental Retardation	Maternal Risk Social Condition - Mental Retardation	DE8573
36	MICC Maternal Risk Social Condition - Abuse/Neglect	Maternal Risk Social Condition - Abuse	DE8574
37	MICC Maternal Risk Social Condition - Shelter or Homeless	Maternal Risk Social Condition - Shelter or Homeless	DE8575
38	MICC Maternal Risk Nutrition Condition - Weight	Maternal Risk Nutritional Condition - Weight	DE8576
39	MICC Maternal Risk Nutrition Condition - Diet Modification	Maternal Risk Nutritional Condition - Diet Modification	DE8577
40	MICC Maternal Risk Nutrition Condition - Poor Diet	Maternal Risk Nutritional Condition - Poor Diet	DE8578
41	MICC Maternal Risk Nutrition Condition - Teenager	Maternal Risk Nutritional Condition - Teenager	DE8579
42	Maternal Risk Referral Condition - Care Coordination Services	Maternal Risk Referral - Care Coordination Services	DE8519
43	Maternal Risk Referral Condition - Nutrition Services	Maternal Risk Referral - Nutrition Services	DE8520
44	Maternal Risk Referral Condition - Homemaker Services	Maternal Risk Referral - Homemaker Services	DE8521

45	Maternal Risk Referral Condition - Parenting Class	Maternal Risk Referral - Parent Class	DE8522
46	Maternal Risk Referral Condition - Glucose Monitoring	Maternal Risk Referral - Glucose Monitoring	DE8523
47	Maternal Risk Referral Condition - Smoking	Maternal Risk Referral - Smoking	DE8524
48	Maternal Risk Referral Condition - Substance Abuse	Maternal Risk Referral - Substance Abuse	DE8525
49	Maternal Risk Referral Condition - No Care Coordination	Maternal Risk Referral - No Care Coordination	DE8526
50	No Care Coordination		DE0000
51	Maternal Risk Referral Condition Comment	Maternal Risk Referral Condition Comment	DE8394
52	MICC Maternal Risk Provider Signature	Maternal Risk Screen Provider Signature Indicator	DE8410
52	Provider Signature/Title		DE0000
53	MICC Maternal Risk Screening Date	Maternal MICC Report Date	DE8417
54	MICC Maternal Risk Provider Signature Printed		DE0000
55	MICC Maternal Risk Provider ID (NPI)	National Provider Identifier	DE4700

Input Forms MI-I-002 MICC Infant Risk Screen

General Information

This form is used to gather data about infants who indicate high risk. This form is completed by the provider and used as a referral for the screening provider to initiate an assessment. This information is added to the MICC Master File by authorized FA staff on the Infant Risk Screen (MI-S-002).

Subsystem:	EPSDT
Source/Originator:	DMAS
Frequency:	N/A
Estimated Volume:	One form per enrollee
Programs:	MICC - INFANT RISK PROCESS (MIT002VA)
Proc/Screen ID:	MI-S-002

MICC Infant Risk Screen (MI-I-002)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
INFANT RISK SCREEN

Research supports the fact that indigent mothers and their high risk infants often need a combination of medical and non-medical services to assure positive infant health. The risk screen is designed to identify high risk infants as defined by the BabyCare program. Identify risks as listed below that apply to the client and make the appropriate referral(s). Please do not alter or add risks to the form. Additional information should be documented in the progress notes in the client's medical record.

Client Name 1		Medicaid # 2
Parent/Guardian Name 3		
Client's Address 4		Phone # 5

A. MEDICAL RISKS

1.	6	Diagnosed developmentally delayed/ neurologically impaired	6.	11	Medical high risk infant and pediatric care needed, but not available 24 hours a day
2.	7	Diagnosed medically significant genetic condition (including sickle cell disease)	7.	12	Medical condition(s) the severity of which requires care coordination (document medical condition below)
3.	8	Birth weight 1750 grams (3 lbs., 14 oz.), or less	8.	13	Born exposed to an illegal drug
4.	9	Chronic illness	9.	14	Failure to thrive or flattening of growth curve
5.	10	Diagnosed with fetal alcohol syndrome (FAS)			

B. SOCIAL RISKS

1.	15	Parent/guardian unable to communicate due to language barriers (e.g. non-English speaking, illiterate)	6.	20	Shelter, homeless or migrant worker
2.	16	Maternal absence (illness, incarceration abandonment)	7.	21	Mother 18 years or younger
3.	17	Parental substance abuse/addiction (only include father if living in home)	8.	22	History of suspected abuse/or neglect
4.	18	Caregiver's handicap presents risk to infant (physically impaired, hearing impaired, vision impaired)	9.	23	Non compliant with follow-up visits/screening visits and medical direction for this infant
5.	19	Caregiver mental illness/mental retardation			

C. NUTRITIONAL RISKS

1.	24	Congenital abnormalities affecting ability to feed or requiring special feeding techniques; poor sucking, severe or continuing diarrhea or vomiting; other conditions requiring diet modification	2.	25	Inadequate diet
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REFERRAL:	1.	26	Care Coordination
	2.	26	No Care Coordination What services will the recipient receive? 27

PROVIDER COMMENTS/SUGGESTIONS: **28**

PROVIDER'S SIGNATURE & TITLE 29	SCREENING DATE 30
NAME AND TITLE PRINTED 31	NPI #: _____

REFERRAL TO HIGH-RISK CARE COORDINATION **32**

Field Definitions

#	Field Name	Data Element Name	Element ID
1	MICC Enrollee Name	Enrollee Full Name	DE3003

2	MICC VMAP ID Number	Log Operator Identification	DE5706
3	Infant MICC Caretaker Name	Case Name	DE3046
4	Infant MICC Caretaker Address	Enrollee Street Address	DE3115
5	Phone	Enrollee Telephone Number	DE3095
6	Infant Risk Medical Condition - Developmentally Delayed	Infant Risk Medical Condition - Developmentally Delayed	DE8637
7	Infant Risk Medical Condition - Genetic	Infant Risk Medical Condition - Genetic	DE8638
8	Infant Risk Medical Condition - Birth Weight	Infant Risk Medical Condition - Birth Weight	DE8639
9	Infant Risk Medical Condition - Chronic Illness	Infant Risk Medical Condition - Chronic Illness	DE8640
10	Infant Risk Medical Condition - Fetal Alcohol Syndrome	Infant Risk Medical Condition - Fetal Alcohol Syndrome	DE8641
11	Infant Risk Medical Condition - High Risk	Infant Risk Medical Condition - High Risk	DE8642
12	Infant Risk Medical Condition - Care Coordination	Infant Risk Medical Condition - Care Coordination	DE8643
13	Infant Risk Medical Condition - Illegal Drug Exposure in Utero	Infant Risk Medical Condition - Illegal Drug Exposure in Utero	DE8644
14	Infant Risk Medical Condition - Failure to Thrive	Infant Risk Medical Condition - Failure to Thrive	DE8645
15	Infant Risk Social Condition - Language Barrier	Infant Risk Social Condition - Language Barrier	DE8646
16	Infant Risk Social Condition - Maternal Absence	Infant Risk Social Condition - Maternal Absence	DE8647
17	Infant Risk Social Condition - Parental Substance Abuse	Infant Risk Social Condition - Paternal Substance Abuse	DE8648
18	Infant Risk Social Condition - Physically Handicapped Caregiver	Infant Risk Social Condition - Physically Handicapped Caregiver	DE8649
19	Infant Risk Social Condition - Mentally Handicapped Caregiver	Infant Risk Social Condition - Mentally Handicapped Caregiver	DE8650
20	Infant Risk Social Condition - Homeless	Infant Risk Social Condition - Homeless	DE8651
21	Infant Risk Social Condition - Under 18	Infant Risk Social Condition - Under 18	DE8652
22	Infant Risk Social Condition - Suspected Abuse	Infant Risk Social Condition - Suspected Abuse	DE8653
23	Infant Risk Social Condition - Non Compliant	Infant Risk Social Condition - Non Compliant	DE8654
24	Infant Risk Nutritional Condition - Congenital Abnormalities	Infant Risk Nutritional Condition - Congenital Abnormalities	DE8655
25	Infant Risk Nutritional Condition - Inadequate Diet	Infant Risk Nutritional Condition - Inadequate Diet	DE8656

26	Infant Risk Referral Condition - Care Coordination	Infant Risk Referral Condition - Care Coordination	DE8657
27	Infant Risk Referral Condition - No Care Coordination	Infant Risk Referral Condition - No Care Coordination	DE8658
28	Infant Risk No Care Coordination Comments	Infant Risk Referral Condition - No Care Coordination Description	DE8499
29	Infant Risk Provider Comments or Suggestions		DE0000
30	Infant Risk Provider Signature		DE0000
31	Infant Risk Report Date	Infant Risk Report Date	DE8452
32	Infant Risk Signature Printed		DE0000
33	Infant Risk Provider ID(NPI)	National Provider Identifier	DE4700

Input Forms MI-I-003 MICC Maternal and Infant Care Coordination Record

General Information

This form is used to gather information about mother and infant, and once entered into the system, the data collected is used to determine if the participant is eligible for Baby Care services. The maternal information on this form is entered on the Maternal Expanded Services (MI-S-006) screen. Infant information is entered on the Infant Report Screen (MI-S-003). All data is entered into the MICC Master File FA staff using both screens. This input was originally two separate forms, the DMAS-50 and DMAS-51, in the Current Virginia MMIS.

Subsystem:	EPSDT
Source/Originator:	DMAS
Frequency:	N/A
Estimated Volume:	One form per enrollee
Programs:	MICC - INFANT CARE COORDINATION PROCESS (MIT003VA) MICC - MATERNITY CARE COORDINATION PROCESS (MIT006VA)
Proc/Screen ID:	MI-S-003 and MI-S-006

MICC Maternal and Infant Care Coordination Record (MI-I-003)

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNAL and INFANT CARE COORDINATION RECORD**

Instructions for Completing Form

1. Enter Recipient's Last Name. **Required.**
 2. Enter Recipient's First Name. **Required.**
 3. Enter Recipient's Middle Initial. **Required.**
 4. - 7. Enter Recipient's Address. **Required.**
 8. Enter Recipient's Medicaid ID Number. (NOTE: Enter the infant's number, not mother's, if recipient is an infant) **Required.**
 9. Enter the Birthdate of the Recipient in MM-DD-YY format. **Required.**
 10. Circle the appropriate code for the Recipient's Occupation: **Required.**
 - 0 None (Attends school)
 - 1 Not heavy work (Any work outside the home, or in the home for pay, full time or part time, not included under heavy work.)
 - 2 Heavy work (Any work involving strenuous physical effort)
 - 9 Unknown
 11. Circle the appropriate code for the Recipient's Marital Status: **Required.**
 - 0 Married
 - 1 Unmarried (single, separated or divorced)
 - 9 Unknown
 12. Circle the highest Education Level reached by the Recipient: **Required.**
 - 0 High School graduate or higher
 - 1 9th to 12th grade
 - 2 8th grade or less
 - 9 Unknown
 13. Enter the number of Live Births the mother has had
 14. Enter the number of Abortions the mother has had
 15. Enter the number of Miscarriages the mother has had
 16. Enter the number of Stillbirths the mother has had
 17. Enter the Estimated Date of Confinement (EDC) in MM-DD-YY format. **Required.**
 18. Enter the number of Weeks gestation at which prenatal care began. **Required.**
 19. Enter the MICC Provider/Agency Name. **Required.**
 20. Enter the MICC Provider's ID Number. **Required.**
 21. Enter the date of the initial MICC contact (collateral or face-to-face) in MM-DD-YY format. **Required.**
22. - 62. Assessments
- Check "YES" if the indicated problem is a risk for the recipient. Check "NO" if it is not. (NOTE: Items in italics apply to pregnant women only. Items in normal type apply to both women and infants. Items in bold type apply only to infants.)
63. - 80. Substance Abuse Usage
- Enter the number of days per week and the number of times per day the recipient uses or used each substance.
- If the recipient does not use the substance, leave the lines blank. If an entry is made in field 71 (Other), the name of the substance/drug must be listed.
81. If assessment is not able to be completed after several contact attempts, please document in this section the final contact attempt date (collateral or face-to-face). Enter the final date (MM-DD-YY) of the MICC contact attempt. The date in section 21 will be the date that DMAS will begin MICC eligibility and the date in section 81 will be the date DMAS closes the recipient to MICC. These dates will be used as the dates that DMAS can be billed for MICC care coordination. Please wait for DMAS notification prior to billing for care coordination. **Required.**
 82. Check this box if the client or the parent/caregiver has refused enrollment to MICC.
 83. Coordinator's Signature. **Required.** Date. The MICC Coordinator must enter the date the form was completed. **Required.**

For more complete information on BabyCare policy and procedures, please refer to the BabyCare Manual.

Field Definitions

#	Field Name	Data Element Name	Element ID
1	MICC Enrollee Last Name	Enrollee Last Name	DE3110
2	MICC Enrollee First Name	Enrollee First Name	DE3111
3	MICC Enrollee Middle Initial	Enrollee Middle Initial	DE3112

4	Street Address	Enrollee Street Address	DE3115
5	MICC Enrollee City	Enrollee City Name	DE3116
6	MICC Enrollee State	Enrollee State Code	DE3117
7	MICC Enrollee Zip	Enrollee ZIP Code	DE3118
8	MICC Enrollee Medicaid Number	Enrollee Identification Number	DE3001
9	MICC Enrollee Birthdate	Enrollee Birth Date	DE3005
10	Maternal MICC Occupation	Maternal MICC Occupation	DE8420
11	Maternal MICC Marital Status	Maternal MICC Marital Status	DE8418
12	Maternal MICC Education Level	Maternal MICC Education Level	DE8419
13	Maternal MICC Live Births	Maternal MICC Live Births	DE8421
14	Maternal MICC Abortions	Maternal MICC Abortions	DE8422
15	Maternal MICC Miscarriages	Maternal MICC Miscarriages	DE8490
16	Maternal MICC Stillbirths	Maternal MICC Stillbirths	DE8423
17	Maternal Expected Date of Confinement	Maternal Risk Expected Delivery Date	DE8412
18	Maternal Weeks Gestation	Maternal MICC Weeks Gestation	DE8424
19	Maternal MICC Provider Name	Provider Name	DE4085
20	MICC National Provider Identifier (NPI)	National Provider Identifier	DE4700
21	Maternal MICC Visit Date	Maternal Risk Report Date	DE8409
22	Maternal MICC Psychosocial Assessment - Conflict	Maternal MICC Psychosocial Assessment - Conflict	DE8587
23	Maternal MICC Psychosocial Assessment - Poor Support System	Maternal MICC Psychosocial Assessment - Poor Support System	DE8581
24	Maternal MICC Psychosocial Assessment - Poor Motivation	Maternal MICC Psychosocial Assessment - Poor Motivation	DE8592
25	Maternal MICC Psychosocial Assessment - Religious	Maternal MICC Psychosocial Assessment - Religious	DE8586
26	Maternal MICC Psychosocial Assessment - Housing	Maternal MICC Psychosocial Assessment - Housing Needs	DE8594
27	Maternal MICC Psychosocial Assessment - Health Needs	Maternal MICC Psychosocial Assessment - Health Needs	DE8588
28	Maternal MICC Psychosocial Assessment - Food Funds	Maternal MICC Psychosocial Assessment - Food Funds	DE8589
29	Maternal MICC Psychosocial Assessment - Transport Needs	Maternal MICC Psychosocial Assessment - Transport Needs	DE8595
30	Maternal MICC Psychosocial Assessment - Neglect	Maternal MICC Psychosocial Assessment - Neglect	DE8599
31	Maternal MICC Psychosocial Assessment - Child Care	Maternal MICC Psychosocial Assessment - Child Care	DE8593
32	Maternal MICC Psychosocial Assess-	Maternal MICC Psychosocial Assess-	DE8609

	ment - Multiple Providers	ment - Multiple Providers	
33	Maternal MICC Psychosocial Assessment - Mental Retardation	Maternal MICC Psychosocial Assessment - Mental Retardation	DE8600
34	Infant MICC Psychosocial Assessment - Caregiver Handicap	Infant MICC Psychosocial Assessment - Caregiver Handicap	DE8690
35	Infant MICC Psychosocial Assessment - Maternal Absence	Infant MICC Psychosocial Assessment - Maternal Absence	DE8670
36	Infant MICC Psychosocial Assessment - Protective Services	Infant MICC Psychosocial Assessment - Protective Services	DE8671
37	Infant MICC Psychosocial Assessment - Poor Emotional Bonding	Infant MICC Psychosocial Assessment - Poor Emotional Bonding	DE8672
38	Maternal MICC General Medical Assessment - Multiple Gestations	Maternal MICC Medical Assessment - Multiple Gestations	DE8601
39	Maternal MICC General Medical Assessment - Prior Pre-term Low Birth Weight	Maternal MICC Medical Assessment - Prior Pre-term Birth Weight	DE8602
40	Maternal MICC General Medical Assessment - Advanced Maternal Age	Maternal MICC Medical Assessment - Advanced Maternal Age	DE8608
41	Maternal MICC General Medical Assessment - Medical Condition	Maternal MICC Medical Assessment - Medical Condition	DE8604
42	Maternal MICC General Medical Assessment - Genetic Disorder	Maternal MICC Medical Assessment - Genetic	DE8603
43	Maternal MICC General Medical Assessment - Previous Fetal Death	Maternal MICC Medical Assessment - Previous Fetal Death	DE8606
44	Maternal MICC General Medical Assessment - Previous Poor Pregnancy	Maternal MICC Medical Assessment - Previous Poor Pregnancy	DE8580
45	Infant MICC General Medical Assessment - Chronic Illness	Infant MICC Medical Assessment - Chronic Illness	DE8685
46	Infant MICC General Medical Assessment - Developmentally Delayed	Infant MICC Medical Assessment - Developmentally Delayed	DE8689
47	Infant MICC General Medical Assessment - Apnea	Infant MICC Medical Assessment - Apnea	DE8682
48	Infant MICC General Medical Assessment - Low Birth Weight	Infant MICC Medical Assessment - Low Birth Weight	DE8692
49	Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight	Maternal MICC Nutritional Assessment - Pre-pregnancy Overweight	DE8610
50	Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight	Maternal MICC Nutritional Assessment - Pre-pregnancy Underweight	DE8611
51	Maternal MICC Nutritional Assessment - Nausea	Maternal MICC Nutritional Assessment - Nausea	DE8616
52	Maternal MICC Nutritional Assessment - Excessive Weight Gain	Maternal MICC Nutritional Assessment - Excessive Weight Gain	DE8613

53	Maternal MICC Nutritional Assessment - Inadequate Weight Gain	Maternal MICC Nutritional Assessment - Inadequate Weight Gain	DE8612
54	Maternal MICC Nutritional Assessment - Poor Diet	Maternal MICC Nutritional Assessment - Poor Diet	DE8618
55	Maternal MICC Nutritional Assessment - Special Diet	Maternal MICC Nutritional Assessment - Special Diet	DE8615
56	Maternal MICC Nutritional Assessment - Medical Diet Condition	Maternal MICC Nutritional Assessment - Medical Diet Condition	DE8614
57	Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities	Maternal MICC Nutritional Assessment - Inadequate Cooking Facilities	DE8619
58	Maternal MICC Nutritional Assessment - Teenager	Maternal MICC Nutritional Assessment - Teenager	DE8620
59	Maternal MICC Nutritional Assessment - Anemia	Maternal MICC Nutritional Assessment - Anemia	DE8621
60	Infant MICC Nutritional Assessment - Inadequate sucking	Infant MICC Nutritional Assessment - Inadequate Sucking	DE8698
61	Infant MICC Nutritional Assessment - Breast feeding problems	Infant MICC Nutritional Assessment - Breast Feeding Problems	DE8695
62	Infant MICC Nutritional Assessment - Poor use of special formula	Infant MICC Nutritional Assessment - Poor Use of Formula	DE8696
63	Maternal MICC Current Alcohol Abuse Weekly Frequency	Maternal MICC Current Alcohol Abuse Weekly Frequency	DE8527
64	Maternal MICC Current Cocaine Abuse Weekly Frequency	Maternal MICC Current Cocaine Abuse Weekly Frequency	DE8528
65	Maternal MICC Current Narcotics Abuse Weekly Frequency	Maternal MICC Current Narcotics Abuse Weekly Frequency	DE8529
66	Maternal MICC Current Alcohol Abuse Daily Frequency	Maternal MICC Current Alcohol Abuse Daily Frequency	DE8536
67	Maternal MICC Current Cocaine Abuse Daily Frequency	Maternal MICC Current Cocaine Abuse Daily Frequency	DE8537
68	Maternal MICC Current Narcotics Abuse Daily Frequency	Maternal MICC Current Narcotics Abuse Daily Frequency	DE8538
69	Maternal MICC Current Marijuana Abuse Weekly Frequency	Maternal MICC Current Marijuana Abuse Weekly Frequency	DE8530
70	Maternal MICC Current Sedatives Abuse Weekly Frequency	Maternal MICC Current Sedatives Abuse Weekly Frequency	DE8531
71	Maternal MICC Current Amphetamines Abuse Weekly Frequency	Maternal MICC Current Amphetamines Abuse Weekly Frequency	DE8532
72	Maternal MICC Current Marijuana Abuse Daily Frequency	Maternal MICC Current Marijuana Abuse Daily Frequency	DE8539
73	Maternal MICC Current Sedatives Abuse Daily Frequency	Maternal MICC Current Sedatives Abuse Daily Frequency	DE8540

74	Maternal MICC Current Amphetamines Abuse Daily Frequency	Maternal MICC Current Amphetamines Abuse Daily Frequency	DE8541
75	Maternal MICC Current Inhalants Abuse Weekly Frequency	Maternal MICC Current Inhalants Abuse Weekly Frequency	DE8533
76	Maternal MICC Current Tobacco Abuse Weekly Frequency	Maternal MICC Current Tobacco Abuse Weekly Frequency	DE8534
77	Maternal MICC Current Other Substance Abuse Weekly Frequency	Maternal MICC Current Other Substance Abuse Weekly Frequency	DE8535
78	Maternal MICC Current Inhalants Abuse Daily Frequency	Maternal MICC Current Inhalants Abuse Daily Frequency	DE8542
79	Maternal MICC Current Tobacco Abuse Daily Frequency	Maternal MICC Current Tobacco Abuse Daily Frequency	DE8543
80	Maternal MICC Current Other Substance Abuse Daily Frequency	Maternal MICC Current Other Substance Abuse Daily Frequency	DE8544
81	Maternal MICC Prior Alcohol Abuse Weekly Frequency	Maternal MICC Prior Alcohol Abuse Weekly Frequency	DE8554
82	Maternal MICC Prior Cocaine Abuse Weekly Frequency	Maternal MICC Prior Cocaine Abuse Weekly Frequency	DE8555
83	Maternal MICC Prior Narcotics Abuse Weekly Frequency	Maternal MICC Prior Narcotics Abuse Weekly Frequency	DE8556
84	Maternal MICC Prior Alcohol Abuse Daily Frequency	Maternal MICC Prior Alcohol Abuse Daily Frequency	DE8545
85	Maternal MICC Prior Cocaine Abuse Daily Frequency	Maternal MICC Prior Cocaine Abuse Daily Frequency	DE8546
86	Maternal MICC Prior Narcotics Abuse Daily Frequency	Maternal MICC Prior Narcotic Abuse Daily Frequency	DE8547
87	Maternal MICC Prior Marijuana Abuse Weekly Frequency	Maternal MICC Prior Marijuana Abuse Weekly Frequency	DE8557
88	Maternal MICC Prior Sedatives Abuse Weekly Frequency	Maternal MICC Prior Sedatives Abuse Weekly Frequency	DE8558
89	Maternal MICC Prior Amphetamines Abuse Weekly Frequency	Maternal MICC Prior Amphetamines Abuse Weekly Frequency	DE8559
90	Maternal MICC Prior Marijuana Abuse Daily Frequency	Maternal MICC Prior Marijuana Abuse Daily Frequency	DE8548
91	Maternal MICC Prior Sedatives Abuse Daily Frequency	Maternal MICC Prior Sedatives Abuse Daily Frequency	DE8549
92	Maternal MICC Prior Amphetamines Abuse Daily Frequency	Maternal MICC Prior Amphetamines Abuse Daily Frequency	DE8550
93	Maternal MICC Prior Inhalants Abuse Weekly Frequency	Maternal MICC Prior Inhalants Abuse Weekly Frequency	DE8560
94	Maternal MICC Prior Tobacco Abuse Weekly Frequency	Maternal MICC Prior Tobacco Abuse Weekly Frequency	DE8561

95	Maternal MICC Prior Other Abuse Weekly Frequency	Maternal MICC Prior Other Substance Abuse Weekly Frequency	DE8562
96	Maternal MICC Prior Inhalants Abuse Daily Frequency	Maternal MICC Current Inhalants Abuse Daily Frequency	DE8542
97	Maternal MICC Prior Tobacco Abuse Daily Frequency	Maternal MICC Prior Tobacco Abuse Daily Frequency	DE8552
98	Maternal MICC Prior Other Abuse Daily Frequency	Maternal MICC Prior Other Substance Abuse Daily Frequency	DE8553
99	Maternal MICC Significant Findings	Maternal MICC Significant Findings	DE8731
100	MICC Enrollment Refused		DE0000
101	Maternal MICC Coordinators Signature		DE0000
102	Maternal MICC Report Date	Maternal MICC Report Date	DE8417

Input Forms MI-I-004 MICC Infant Outcome Report

General Information

This form is used to gather data about the participant (Infant) at the end of Baby Care services. Infant Outcome information is entered into the MICC Master File by FA authorized staff.

Subsystem:	EPSDT
Source/Originator:	DMAS
Frequency:	N/A
Estimated Volume:	One Per Enrollee
Programs:	MICC - INFANT OUTCOME PROCESS (MIT004VA)
Proc/Screen ID:	MI-S-004

MICC Infant Outcome Report (MI-I-004)

**VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES
INFANT OUTCOME REPORT**

1. Last Name ①	2. First Name ②	3. M.I. ③	4. Other Name ④												
5. Date of Birth (mo/day/year) ⑤		6. City/County of Residence ⑥													
7. Race: 1. White 3 American Indian 5. Hispanic ⑧ 2. Black 4. Asian 6. Other		9. National Provider Identifier: _____ ⑦													
8. Medicaid I.D. # ⑪		Previous # if applicable ⑫													
10. Provider Name & Address ⑨ ⑩															
11. Enter the infant's birthweight and Apgar scores: A. Birthweight: ⑬ lbs _____ oz. _____ B. Apgar: 1 min. ⑭ 5 min. ⑮															
12. Enter reason infant is no longer receiving care coordination services: 1 - reached age two 4 - lost to follow-up 7 - died ⑯ 2 - dropped out of well-child care 5 - eligibility cancelled 8 - moved ⑰ 3 - transfer to other MICC agency 6 - problem resolved 9 - other															
Instructions: Complete items 13 & 14 only if answer to item 12 is "Died"															
13. Enter the infant's age at death (months and weeks) ⑱ months _____ weeks _____															
14. Enter primary cause of infant's death 1 - accident 2 - congenital abnormality 3 - birth trauma 4 - non-congenital illness ⑲															
Instructions: Complete items 15 through 17 if answer to item 12 is "died" or "Reached Age Two"															
15. Enter total number of prenatal visits by mother during this pregnancy: ⑳ _____															
16. Enter number of week gestation when mother began care: ㉑ _____															
17. Indicate if mother received care coordination services during this pregnancy: 1 - Yes 2 - No ㉒ _____															
Instructions: Complete items 18 through 22 only if answer to item 12 is "Reached Age Two"															
18. Enter child's health status at age two: 1 - normal health & development 2 - developmentally delayed ㉓ 3 - congenital abnormality 4 - non-congenital disease															
19. Enter child's living situation at age two: 1 - with parent/guardian 2 - foster care placement 3 - long term care facility ㉔ _____															
20. Enter total number of EPSDT visits during first two years: ㉕ _____															
21. Indicate if child is receiving WIC benefits 1 - Yes 2 - No ㉖ _____															
22. Enter child's height and weight at age two: ⑳ Height: ft. _____ in. _____ ㉘ Weight: lbs. _____ oz. _____															
23. Client Needs Instructions: Indicate needs that were met through care coordinator assistance by entering "Y" (yes) in the appropriate block(s). Indicate clients needs that were not met at the completion of care coordination services by entering "N" (no) in the appropriate block(s):															
<table style="width:100%; border:none;"> <tr> <td style="width:25%;">⑳ 1. child care</td> <td style="width:25%;">㉒ 4. nutrition counseling</td> <td style="width:25%;">㉔ 7. employment</td> <td style="width:25%;">㉖ 10. job training</td> </tr> <tr> <td>㉑ 2. food stamps</td> <td>㉓ 5. parenting education</td> <td>㉕ 8. counseling</td> <td>㉗ 11. transportation</td> </tr> <tr> <td>㉒ 3. housing</td> <td>㉔ 6. home health services</td> <td>㉖ 9. school enrollment</td> <td></td> </tr> </table>				⑳ 1. child care	㉒ 4. nutrition counseling	㉔ 7. employment	㉖ 10. job training	㉑ 2. food stamps	㉓ 5. parenting education	㉕ 8. counseling	㉗ 11. transportation	㉒ 3. housing	㉔ 6. home health services	㉖ 9. school enrollment	
⑳ 1. child care	㉒ 4. nutrition counseling	㉔ 7. employment	㉖ 10. job training												
㉑ 2. food stamps	㉓ 5. parenting education	㉕ 8. counseling	㉗ 11. transportation												
㉒ 3. housing	㉔ 6. home health services	㉖ 9. school enrollment													
⑳ Coordinator's Signature _____		㉘ Date _____													

Field Definitions

#	Field Name	Data Element Name	Element ID
1	MICC Enrollee Last Name	Enrollee Last Name	DE3110
2	MICC Enrollee First Name	Enrollee First Name	DE3111

3	MICC Enrollee Middle Initial	Enrollee Middle Initial	DE3112
4	MICC Enrollee Other Last Name	Case Last Name	DE3487
5	MICC Enrollee Date of Birth	Enrollee Birth Date	DE3005
6	MICC Enrollee City/County	Enrollee City Name	DE3116
7	Infant MICC National Provider Identifier	National Provider Identifier	DE4700
8	MICC Enrollee Race	Enrollee Race Code	DE3006
9	Infant MICC Provider Name	Provider Name	DE4085
10	Infant MICC Provider Address	Provider Attention Name	DE4096
11	MCC Enrollee ID Number	Enrollee Identification Number	DE3001
12	MICC Enrollee Previous ID Number	Enrollee Permanent Identification Number	DE3093
13	Infant Outcome Birth Weight	Infant Outcome Birth Weight	DE8468
14	Infant Outcome APGAR 1 Minute	Infant Outcome APGAR 1 Minute	DE8469
15	Infant Outcome APGAR 5 Minutes	Infant Outcome APGAR 5 Minute	DE8470
16	Infant Outcome Close Date	Infant Outcome Report Date	DE8467
17	Infant Outcome Close Reason	Infant Outcome Receiving MICC	DE8471
18	Infant Outcome Age at Death	Infant Outcome Age at Death	DE8472
19	Infant Outcome Cause of Death	Infant Outcome Cause of Death	DE8473
20	Infant Outcome Number of Maternal Prenatal Visits	Maternal Outcome Prenatal Visits	DE8447
21	Infant Outcome Maternal Number of Weeks Gestation	Maternal Outcome Weeks Gestation	DE8440
22	Infant Outcome Mother Received MICC Infant Outcome Mother Received Infant Outcome Mother Received MICC	Infant Outcome Mother Received MICC	DE8476
23	Infant Outcome Health Status	Infant Outcome Health Status	DE8477
24	Infant Outcome Living Situation	Infant Outcome Living Situation	DE8478
25	Infant Outcome EPSDT Visits	Infant Outcome EPSDT Visits	DE8479
26	Infant Outcome Receiving WIC	Infant Outcome Receiving WIC	DE8480
27	Infant Outcome Height at Age 2	Infant Outcome Height at Age 2	DE8481
28	Infant Outcome Weight at Age 2	Infant Outcome Weight at Age 2	DE8482
29	Infant Outcome Client Needs - Child Care	Infant Outcome Client Needs - Child Care	DE8624
30	Infant Outcome Client Needs - Food Stamps	Infant Outcome Client Needs - Food Stamps	DE8625
31	Infant Outcome Client Needs - Housing	Infant Outcome Client Needs - Housing	DE8627
32	Infant Outcome Client Needs - Nutri-	Infant Outcome Client Needs - Nutrition	DE8628

	tion Counseling	Counseling	
33	Infant Outcome Client Needs - Parenting Education	Infant Outcome Client Needs - Parenting Education	DE8629
34	Infant Outcome Client Needs - Home Health Services	Infant Outcome Client Needs - Home Health Services	DE8630
35	Infant Outcome Client Needs - Employment	Infant Outcome Client Needs - Employment	DE8631
36	Infant Outcome Client Needs - Counseling	Infant Outcome Client Needs - Counseling	DE8632
37	Infant Outcome Client Needs - School Enrollment	Infant Outcome Client Needs - School Enrollment	DE8633
38	Infant Outcome Client Needs - Job Training	Infant Outcome Client Needs - Job Training	DE8634
39	Infant Outcome Client Needs - Transportation	Infant Outcome Client Needs - Transportation	DE8712
40	Infant Outcome Coordinator's Signature	Infant Outcome Coordinator Signature Indicator	DE8389
41	Infant Outcome Report Date	Infant Outcome Report Date	DE8467

Input Forms MI-I-005 MICC Pregnancy Outcome Report

General Information

This form is used to gather data about the enrollee (mother) at the end of the pregnancy. The data is added to the MICC Master File on the MICC Maternal Expanded Services (MI-S-007) screen by FA staff.

Subsystem:	EPSDT
Source/Originator:	DMAS
Frequency:	N/A
Estimated Volume:	One Form Per Enrollee
Programs:	MICC - MATERNITY OUTCOME PROCESS (MIT007VA)
Proc/Screen ID:	MI-S-007

MICC Pregnancy Outcome Report (MI-I-005)

**VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES
PREGNANCY OUTCOME REPORT**

Name ①		2. First Name ②		3. M.I. ③		4. Other Name ④	
of Birth (mo/day/year) ⑤		6. City/County of Residence ⑥				9. National Provider Identifier: ⑦	
: 1. White 2. Black		3. American Indian 4. Asian		5. Hispanic 6. Other ⑧		10. Provider Name & Address ⑪ ⑫	
ic aid I.D. # ⑨		Previous # if applicable ⑩					
ter number of reason recipient is no longer requiring service						Date Closed: ⑬	
Pregnancy ended		4. Lost to follow-up		7. Died		⑭ ⑮	
Dropped out of prenatal care		5. Eligibility cancelled		8. Moved			
Transfer to other MICC agency		6. Problem resolved		9. Other (Specify):			
Pregnancy Outcome:							
Instructions: Enter pregnancy outcome number only if the answer to item 11 is "1 - PREGNANCY ENDED"							
Live birth		3. Therapeutic abortion		5. Fetal death		⑯ ⑰	
Spontaneous abortion		4. Elective abortion		6. Other:			
Infant's Live Birth Data							
Instructions: Complete item 13 only if answer to item 12 is "1. LIVE BIRTH"							
th Weight lbs. and ozs.		INFANT # 1 ⑱		INFANT # 2 ⑲		17. Is the infant receiving WIC services? ⑳	
th Date		⑳		㉑		Yes _____ No _____	
GAR Score 1 min.		㉒		㉓		18. Enter number weeks gestation when mother began prenatal care ㉔	
5 min.		㉕		㉖		19. Total number of prenatal visits by mother during this pregnancy ㉕	
eks gestation at time of birth ㉗						20. Did mother receive WIC during Pregnancy? ㉙	
ant Risk Screen		Yes _____ No _____				Yes _____ No _____	
Has Physician completed risk screen?		㉘				21. Did mother receive postpartum or family planning exam? ㉚	
If yes, was the infant classified as "high risk"?		㉙				Yes _____ No _____	
If yes, has the infant been referred to care coordination		㉚					
If yes, was the infant born with morbidity?		㉛		㉜			
fant receiving EPSDT services ㉝		㉞		㉟			
Parent Needs							
Instructions: Indicate needs that were met through care coordinator assistance by entering "1" in the appropriate space(s). Indicate parent needs that were not met at the completion of care coordination by entering "2" in the space(s).							
1 Care ㉞		5. Homemaker Serv. ㉟		9. Psychological ㊱		13. Smoking Cessation ㊳	
1 Stamps ㊲		6. Home Health Serv. ㊰		10. Job Training ㊲		14. Glucose Monitoring ㊴	
sing ㊳		7. Employment ㊱		11. Transportation ㊳		15. Parenting/Childbirth ㊵	
ition Serv. ㊴		8. School Enrollment ㊲		12. Substance Abuse Treatment ㊴			
Substance abuse at time of delivery							
Instructions: Item 23 must be completed if substance abuse was indicated on the Care Coordination Record (DMAS-50)							
cohol		# Days/Week ㊵		# Times/Day ㊶		# Days/Week ㊷	
caine/Crack		㊶		㊷		Amphetamines/Diet Pills ㊸	
roitics/Heroin		㊷		㊸		Inhalants/Ghse ㊹	
rijuana/Hashish		㊸		㊹		Tobacco/Cigarettes ㊺	
istatives/Tranquilizers		㊹		㊺		Other (Specify) ㊻	
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		⓱		⓲		⓲	

2	MICC Enrollee First Name	Enrollee First Name	DE3111
3	MICC Enrollee Middle Initial	Enrollee Middle Initial	DE3112
4	MICC Enrollee Other Last Name	Case Last Name	DE3487
5	MICC Enrollee Date of Birth	Enrollee Birth Date	DE3005
6	MICC Enrollee City/County	Enrollee City Name	DE3116
7	National Provider Identifier	National Provider Identifier	DE4700
8	Enrollee Race	Enrollee Race Code	DE3006
9	Enrollee ID (Medicaid #)	Enrollee Identification Number	DE3001
10	Original Enrollee ID	Enrollee Permanent Identification Number	DE3093
11	Provider Name	Provider Name	DE4085
12	Provider Address	Provider Attention Name	DE4096
14	Maternal Outcome Reason Code	Maternal Outcome Reason Code	DE8430
15	Maternal Outcome Pregnancy Outcome	Maternal Outcome Pregnancy Outcome	DE8431
16	Maternal Outcome Infant #1 Birth-weight	Maternal Outcome Infant #1 Birth Weight	DE8432
17	Maternal Outcome Infant #2 Birth-weight	Maternal Outcome Infant #2 Birth Weight	DE8436
18	Maternal Outcome Infant #1 Birthdate	Maternal Outcome Infant #1 Birth Date	DE8433
19	Maternal Outcome Infant #2 Birthdate	Maternal Outcome Infant #2 Birth Date	DE8437
20	Maternal Outcome Infant WIC	Maternal Outcome Infant WIC	DE8445
21	Maternal Outcome Infant #1 APGAR 1 min	Maternal Outcome Infant #1 APGAR 1 Minute	DE8434
22	Maternal Outcome Infant #2 APGAR 1 min	Maternal Outcome Infant #2 APGAR 1 Minute	DE8438
23	Maternal Outcome Weeks Care Began	Maternal Outcome Weeks Care Began	DE8446
24	Maternal Outcome Infant #1 APGAR 5 min	Maternal Outcome Infant #1 APGAR 5 Minute	DE8435
25	Maternal Outcome Infant #2 APGAR 5 min	Maternal Outcome Infant #2 APGAR 5 Minute	DE8439
26	Maternal Outcome Prenatal Visits	Maternal Outcome Prenatal Visits	DE8447
27	Maternal Outcome Weeks Gestation	Maternal Outcome Weeks Gestation	DE8440
28	Maternal Outcome Risk Completed	Maternal Outcome Risk Completed	DE8441
29	Maternal Outcome WIC	Maternal Outcome Infant WIC	DE8445
30	Maternal Outcome Infant at Risk	Maternal Outcome Infant at Risk	DE8442
31	Maternal Outcome Infant Referred to MICC	Maternal Outcome Infant Referred to MICC	DE8443
32	Maternal Outcome Infant Morbidity	Maternal Outcome Infant Morbidity	DE8497
33	Maternal Outcome Family Planning	Maternal Outcome Family Planning	DE8449

35	Maternal Outcome Client Needs - Child Care	Maternal Outcome Client Needs - Child Care	DE8413
36	Maternal Outcome Client Needs - Food Stamps	Maternal Outcome Client Needs - Food Stamps	DE8414
37	Maternal Outcome Client Needs - Housing	Maternal Outcome Client Needs - Housing	DE8415
38	Maternal Outcome Client Needs - Nutrition Services	Maternal Outcome Client Needs - Nutrition Services	DE8425
39	Maternal Outcome Client Needs - Homemaker Services	Maternal Outcome Client Needs - Homemaker Services	DE8426
40	Maternal Outcome Client Needs - Home Health Services	Maternal Outcome Client Needs - Home Health Services	DE8427
41	Maternal Outcome Client Needs - Employment	Maternal Outcome Client Needs - Employment	DE8453
42	Maternal Outcome Client Needs - School Enrollment	Maternal Outcome Client Needs - School Enrollment	DE8454
43	Maternal Outcome Client Needs - Psychological	Maternal Outcome Client Needs - Psychological Counseling	DE8455
44	Maternal Outcome Client Needs - Job Training	Maternal Outcome Client Needs - Job Training	DE8456
45	Maternal Outcome Client Needs - Transportation	Maternal Outcome Client Needs - Transportation	DE8463
46	Maternal Outcome Client Needs - Substance Abuse Treatment	Maternal Outcome Client Needs - Substance Abuse Treatment	DE8464
47	Maternal Outcome Client Needs - Smoking Cessation	Maternal Outcome Client Needs - Smoking Cessation	DE8465
48	Maternal Outcome Client Needs - Glucose Monitoring	Maternal Outcome Client Needs - Glucose Monitoring	DE8483
49	Maternal Outcome Client Needs - Parenting/Childbirth	Maternal Outcome Client Needs - Parenting	DE8485
50	Maternal Alcohol Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Alcohol Abuse Frequency at Delivery	DE8510
51	Maternal Alcohol Abuse Daily Frequency at Delivery	Maternal Outcome Daily Alcohol Abuse Frequency at Delivery	DE8501
52	Maternal Cocaine Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Cocaine Abuse Frequency at Delivery	DE8511
53	Maternal Cocaine Abuse Daily Frequency at Delivery	Maternal Outcome Daily Cocaine Abuse Frequency at Delivery	DE8502
54	Maternal Narcotics Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Narcotics Abuse Frequency at Delivery	DE8512
55	Maternal Narcotics Abuse Daily Frequency at Delivery	Maternal Outcome Daily Narcotic Abuse Frequency at Delivery	DE8503

56	Maternal Marijuana Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Marijuana Abuse Frequency at Delivery	DE8513
57	Maternal Marijuana Abuse Daily Frequency at Delivery	Maternal Outcome Daily Marijuana Abuse Frequency at Delivery	DE8504
58	Maternal Sedatives Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Sedatives Abuse Frequency at Delivery	DE8514
59	Maternal Sedatives Abuse Daily Frequency at Delivery	Maternal Outcome Daily Sedatives Abuse Frequency at Delivery	DE8505
60	Maternal Amphetamines Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Amphetamines Abuse Frequency at Delivery	DE8515
61	Maternal Inhalants Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Inhalants Abuse Frequency at Delivery	DE8516
62	Maternal Tobacco Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Tobacco Abuse Frequency at Delivery	DE8517
63	Maternal Outcome Substance Abuse Type Description	Maternal Outcome Weekly Other Substance Abuse Frequency at Delivery	DE8518
64	Maternal Other Substance Abuse Weekly Frequency at Delivery	Maternal Outcome Weekly Substance Abuse Type Description	DE8387
65	Maternal Amphetamines Abuse Daily Frequency at Delivery	Maternal Outcome Daily Amphetamines Abuse Frequency at Delivery	DE8506
66	Maternal Inhalants Abuse Daily Frequency at Delivery	Maternal Outcome Daily Inhalants Abuse Frequency at Delivery	DE8507
67	Maternal Tobacco Abuse Daily Frequency at Delivery	Maternal Outcome Daily Tobacco Abuse Frequency at Delivery	DE8508
68	Maternal Other Substance Abuse Daily Frequency at Delivery	Maternal Outcome Daily Substance Abuse Type Description	DE8386
69	Maternal Outcome Coordinators Signature	Maternal Outcome Coordinator Signature Indicator	DE8388
70	Maternal Outcome Report Date	Maternal Outcome Report Date	DE8429