

### Infant Case Management (ICM) Screening

DATE

|               |                    |  |
|---------------|--------------------|--|
| AGENCY NAME   |                    | COMPLETED BY   |
| INFANT'S NAME | INFANT'S CLIENT ID | ICM ELIGIBILITY PERIOD (SEE II.1.a. IN THE INSTRUCTIONS) |

NAME OF PARENT(S)

CONDUCT BASIC SCREENING IN-PERSON WITH INFANT AND PARENT(S).  
**Potential Risks to the Infant** (mark all that apply.):

| Column A   | Column B   |
|--|--|
| <input type="checkbox"/> Low birth weight (less than five and one-half pounds)<br><input type="checkbox"/> Premature birth (less than thirty-seven weeks gestation)<br><input type="checkbox"/> Failure to thrive (weight that is less than eighty percent expected weight for age)<br><input type="checkbox"/> Significant birth defect and/or health problem<br><input type="checkbox"/> Parent(s) is seventeen years old or younger at time of ICM eligibility<br><input type="checkbox"/> Parent(s) is experiencing social isolation<br><input type="checkbox"/> Parental rights of infant's parent(s) were terminated in the past<br><input type="checkbox"/> Infant's parent(s) is homeless or living in a shelter<br><input type="checkbox"/> Current domestic or family violence<br><input type="checkbox"/> Parent(s) has a current mental health diagnosis<br><input type="checkbox"/> Parent(s) has a physical limitation or disability | <input type="checkbox"/> Parent(s) needs assistance accessing social, medical or educational resources related to the issue in column A  |
| <input type="checkbox"/> Active alcohol and/or substance abuse by parent(s) within the past year<br><input type="checkbox"/> Current child protective services involvement with parent(s) of infant or other child(ren) of parent(s)   | <input type="checkbox"/> Parent(s) is involved with other systems such as legal, chemical dependency, CPS, Mental Health, etc.<br><input type="checkbox"/> Parent(s) needs assistance over and above what CPS Case Manager is able to provide to meet infant's health and safety needs |
| One or more checked box(es) in <b>Column A</b> qualifies an infant for a <b>lower level of ICM services</b> .<br>• Additional units require a limitation/extension.  | One or more checked box(es) in <b>Column B</b> qualifies an infant for a <b>higher level of ICM services</b> .<br>• Additional units require a limitation/extension.   |

SPECIFIC NEEDS OF THE INFANT AND PARENT(S)

EDUCATION MATERIALS PROVIDED

OUTCOME/PLAN

- Client declined ICM Services     
  Infant not eligible for ICM Services

## Instructions

### I. Basic ICM Information:

1. The infant must live with the parent(s).
  - a. **“Parent(s)”** means, a person who resides with an infant and provides the infant’s day-to-day care, and is:
    - i. The infant’s natural or adoptive parent(s);
    - ii. A person other than a foster parent who has been granted legal custody of the infant; or
    - iii. A person who is legally obligated to support the infant.
2. The purpose of ICM is to assist the infant and parent(s) in accessing needed medical, social or educational services related to any issue listed in Column A.
3. Ensure the infant and parent(s) circumstances are documented in the client record. This is an important step. Documentation justifies the ICM services provided and billed.

### II. Completing This Form:

1. Administer the ICM Screening during the post-partum MSS period *when possible*. If a family is not seen during the MSS period, administer the Screening at the first in person meeting during the ICM eligibility period.
  - a. Eligibility for ICM is from the first day of the month following maternity support services (MSS) eligibility through to the end of the month of the infant’s first birthday. Infants may enter into ICM anytime during this period.
2. This form must be completed during an in-person meeting with the infant and parent(s)
3. The amount of billable services for eligible infants are based on identified need:
  - a. Using **Column A** determine if any of the listed risk factors exist. If one or more boxes are checked in Column A and no corresponding box(es) in Column B is checked, the infant/parent(s) are eligible for a Lower Level of ICM services.

If circumstances change during the course of ICM eligibility, the infant may qualify for more units of service. Circumstances to support your decision must be documented in the client record.
  - b. Using **Column B** indicate whether or not a parent(s) needs assistance in order to access needed medical, social or educational services to address issues and circumstances that may be detrimental to the welfare, health and/or safety of the infant. At least one box in Column B must be checked for the infant/parent(s) to receive a Higher Level of ICM services.
  - c. Maximum number of units allowed for Lower Level, Higher Level and Screening may be found in the MSS/ICM Billing Instructions.
4. Screening for ICM
  - a. If the ICM Screening is completed during the 2 month MSS postpartum period, MSS units must be used.
  - b. If the ICM Screening is completed during the ICM eligibility period, the units apply to the total maximum for the ICM eligibility period. Any remaining ICM units may be used based on individual needs as determined by the infant’s Case Manager and parent(s).
5. File this form in the client record along with documentation to support next steps.

### III. About the Criteria:

**Low Birth Weight:** Infant weighed less than 5lbs. 8oz. at birth.

**Premature Birth:** Infant was born at less than 37 weeks gestation.

**Failure to Thrive:** Weight less than 3<sup>rd</sup> percentile on standard growth chart, a weight that is less than 80% expected weight for age or a deceleration of growth velocity across two major percentiles.

**Significant Birth/Health Defect:** As determined by the infant’s medical provider.

**17 Year Old Parent(s) or Younger:** The parent(s) must be age 17 or younger when ICM eligibility begins. This parent(s) will not age out of eligibility.

**Social Isolation:** A low level of contact with family, friends, neighbors, community and social sources. Social Isolation can be caused by geographic, physical, economic, personal and social barriers.

**Parental Rights Terminated in the Past:** This can be in Washington State or elsewhere.

**Homelessness:** Homelessness is unstable shelter, i.e.; living in a car, on the street or in a shelter. Homelessness may also be “couch surfing” which is moving from relative to relative or friend to friend.

**Domestic/Family Violence:** Domestic or family violence includes not only physical violence, but also the use of power and control over a victim. The physical and emotional effects of abuse may prevent a victim from meeting the basic needs for themselves and/or their infant.

**Mental Health Diagnosis:** The diagnosis must be made by a qualified medical provider, psychiatrist, psychologist, behavioral health specialist or other qualified health professional staff.

**Parent’s Limitation/Disability:** In two parent households, the limitation of one parent must be a limitation that prevents both of the parents from accessing necessary services. Limitations may be physical, cognitive or developmental in nature.

**Active Alcohol and/or Substance Abuse:** Abuse of alcohol and/or illicit drugs and/or non prescription use of prescription drugs.

**Current Child Protective Services Involvement:** This can be in Washington State or elsewhere.