



Orange County Care Coordination Collaborative for Kids Protocol for Case Review

Purpose: To ensure all individuals in Orange County serving CSHCN are able to present cases to be reviewed at the monthly Orange County Care Coordination Collaborative for Kids (OCC3 for Kids).

Process: The individual requesting to have a case reviewed will follow these steps.

1. Find out if your agency/organization has a representative at OCC3 for Kids. If yes, work with this individual to coordinate the case presentation.
2. Complete OCC3 for Kids screening tool and fax to Help Me Grow at 949.221.0048 Attn: Rebecca Hernandez.
3. Use cover page stating the request to present at OCC3 for Kids with your contact information including phone number and email address.
4. Complete case review template (Attachment A). Please be aware of the 18 identifiers under the HIPPA Privacy Rule (Attachment B) that are not to be included in the case review information.
5. If any other agency is involved in the case, contact the agency representative participating in OCC3 for Kids. Roster is available from Rebecca Hernandez.
6. Confirm date with Rebecca Hernandez (Rhernan2@uci.edu) when case review will be on the OCC3 for Kids agenda.
7. Make at least 20 copies of completed case review template and bring on day of presentation.
8. Be prepared to present case to the larger group highlighting key points, strengths and challenges of family and child.
9. Completed case review forms will be collected at the end of the meeting and shredded.
10. Follow-up with agencies/individuals and possible next steps identified during discussion.

Case Summary OC C3 for Kids

Date:
Presenting Agency:

Case #:

Presenter:

Referral Source:

CHILD INFORMATION:

Gender: M/F

Gestational Age:

Birth weight:

Child's age at time of referral to your agency?

Current age:

Health Insurance:

Medical home: Y/N

Primary diagnosis:

Secondary diagnosis:

ADDITIONAL CASE BACKGROUND (Other issues to consider including strengths):

CASE MILESTONES (actions taken/where were referrals made/ include if services were received or denied and why)

Action 1 Age of child:	Action 2 Age of child:	Action 3 Age of child:	Action 4 Age of child:	Action 5 Age of child:	Action 6 Age of child:

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Case Summary OC C3 for Kids

Current Status (*health, family, services, etc.*):

Challenges/Issues/Barriers/Strengths: (*What is working? What went wrong? Identify challenges, breakdown, or problems. If possible, circle the level(s) the issue occurred.*)

Issue 1 (circle type): System/Provider/Service/Family	Issue 2 (circle type) System/Provider/Service/Family	Issue 3 (circle type) System/Provider/Service/Family	Issue 4 (circle type) System/Provider/Service/Family	Issue 5 (circle type) System/Provider/Service/Family

System Level Implications: (*What is working? Where are the gaps in the system of care? What's fixable and what is beyond our control? What are the solutions? What are the structural barriers that will require advocacy and policy changes? Funding limitations?*)

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Case Summary OC C3 for Kids

Attachment B

The 18 Identifiers under the HIPAA Privacy Rule (Protected Health Information)
Protected Health Information (PHI): Information in any format that identifies an individual, including demographic information. Info created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse that relates to an individual's past, present or future physical or mental health/condition.

- Names
- All elements of dates except year related to an individual
- E-mail Addresses
- Phone #s
- Vehicle identifiers and serial #s
- URLs
- Fax #s
- Biometric identifiers, incl. finger and voice prints
- IP address #s
- SS #s
- Full face photographic and comparable images
- Certificate/license #s
- Account #s
- Any other unique identifying #, characteristic or code
- Health plan beneficiary #s
- Med Record #s
- For Orange County, last 2 digits of 5-digit zip code
- Device identifiers/serial #s

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