TARGETED CASE MANAGEMENT ASSESSMENT
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 963 (Rev. 7-2020)

Clear Fields

TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN AND INFANTS

Name of Participant:	Date of Birth:	Due Date:
Provider Agency:	Case Manager Name:	

A WOMAN WITH ANY **ONE** OF THE FOLLOWING RISK FACTORS IS CONSIDERED TO BE A HIGH RISK PREGNANT WOMAN FOR PURPOSES OF RECEIVING TARGETED CASE MANAGEMENT SERVICES: (Brief explanation required for all Yes responses)	**YES**	**NO**
A. Is age 17 or younger		
B. Is age 35 or older		
C. Uses any alcohol during current pregnancy		
D. Uses illegal drugs		
E. Abuses prescription drugs		
F. Previous preterm delivery (before 37 weeks) or low birth weight(less than 5 pounds 8 ounces), or still birth		
G. Last birth within one year Date of Last Birth:		
H. Multi-fetal gestation - more than one fetus in current pregnancy		
I. Uses any tobacco products during current pregnancy		
J. Has a developmental disability		
K. Has a medical condition such as diabetes, AIDS, HIV, high blood pressure, asthma, anemia, polycistic ovary syndrome (PCOS), hemmorrahagic conditions, gestational diabetes, kidney disease, autoimmune disease, thyroid disease, obesity, sexually transmitted disease (STD), ZIKA infection or heart condition		
L. Is currently being treated for a mental health disorder or is currently on any psychotropic drugs		
M. Known birth defects or genetic conditions in the fetus		

A WOMAN WITH ANY **THREE** OF THE FOLLOWING RISK FACTORS IS CONSIDERED TO BE A HIGH RISK PREGNANT WOMAN FOR PURPOSES OF RECEIVING TARGETED CASE MANAGEMENT SERVICES:	**YES**	**NO**
a. Has been diagnosed within the last five years, with a mental health disorder		
b. Psychotropic medication use within the last five years		
c. Has had a previous high-risk pregnancy List problem:		
d. Has a family history of genetic disorders that could be passed on to the child		
e. Is currently homeless or has had three different living situations during the current pregnancy		
f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse		
g. Has experienced sexual assault within the last two years		
h. Is isolated from a network of people who provide an individual with practical or emotional support		
i. Has not initiated prenatal care and pregnancy in the second or third trimester		
j. Has not graduated from high school or received her GED		
k. Has two or more children under the age of 5 List ages:		
l. Is residing in any group living arrangement such as a group foster care, residential treatment center or alcohol treatment center		
m. First pregnancy		
n. Has not visited a dentist in the last year		
o. Has been released from a correctional facility within the last six months		
Explanation of Risk Factors:		

Signature of Case Manager:	Date:

Freedom of Choice Wording

As Legal Guardian/Self, I hereby give my consent to have the above listed provider provide targeted case management services for High Risk Pregnant Women to me. I understand that I can only have one provider at a time.

Signature of Participant:	Date:

Please attach any additional information IF NEEDED.

Assessment form must be completed within 5 days and sent to:

Medical Services
Department of Human Services
600 E. Boulevard Ave-Dept 325
Bismarck, ND 58505-0261

DISTRIBUTION: Original - Medical Services