

Targeted Case Management

Rule changes July 1, 2010



Introductions

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TCM Policy Documents



Objectives

After today's presentation, you will:

- Have a clear understanding of the Rule Revisions effective of as July 1, 2010
- Know the expanded rates and TCM Match for Babies First and CaCoon
- Know the expanded age changes for Babies First and CaCoon
- Participants will identify potential TCM risks for duplicate billing related to CaCoon
- Know how to find Targeted Case Management Rules
- Know the revised TCM Assessment and Follow Up Forms
- Know who to contact if you need help



NEW RATE July 1, 2010!

- Based on cost work done Dec. 2008
- Increase in reimbursement rate from \$241 to \$303 (\$62.00 increase)
- The Medicaid and CHIP **match rates will not change** due to reimbursement rate change
- The actual **amounts paid will change** but not the rates



Babies First A Risk Codes

Rule 410-138-0040

Risk Codes Revised 2/1/2010

Birth through 4 years of age

Medical Risk Factors

-  A1. Drug exposed infant (See A29)
-  A2. Infant HIV positive
-  A3. Maternal PKU or HIV positive
-  A4. Intracranial hemorrhage (excludes Very High Risk Factor B16)
-  A5 Seizures (excludes VHR Factor B18) or maternal history of seizures
-  A6. Perinatal asphyxia
-  A7. Small for gestational age
-  A8. Very low birth weight (1500 grams or less)
-  A9. Mechanical ventilation for 72 hours or more prior to discharge
-  A10. Neonatal hyperbilirubinemia
-  A11. Congenital infection (TORCH)
-  A12. Central nervous system infection
-  A13. Head trauma or near drowning: monitoring change
-  A14. Failure to grow
-  A16. Suspect vision impairment: monitoring change

-  A18. Family history of childhood onset hearing loss
-  A24. Prematurity
-  A25. Lead exposure
-  A26. Suspect hearing impairment: newborn hearing screen REFER
-  A29. Alcohol exposed infant

Social Risk Factors

-  A19. Maternal age 16 years or less
-  A21. Parental alcohol or substance abuse
-  A22. At-risk caregiver
-  A23. Concern of parent/provider
-  A28. Parent with history of mental illness
-  A30. Parent with developmental disability
-  A31. Parent with Child Welfare history
-  A32. Parent with domestic violence history
-  A33. Parent with limited financial resources
-  A34. Parent with sensory impairment or physical disability
-  A35. Parent with inadequate knowledge and supports
-  A36. Other evidence-based social risk factor

Other

-  X99. Child is not being enrolled in High Risk Infant Tracking protocol
-  X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol

CaCoon B Risk Codes

Rule 410-138-0040

Risk Codes Revised 2/1/2010

Diagnoses

- B1. Heart disease
- B2. Chronic orthopedic disorders
- B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy
- B4. Cleft lip and palate & other congenital defects of the head and face
- B5. Genetic disorders (i.e., cystic fibrosis)
- B6. Multiple minor physical anomalies
- B7. Metabolic disorders
- B8. Spina bifida
- B9. Hydrocephalus or persistent ventriculomegaly
- B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis
- B12. Organic speech disorders (dysarthria/dyspraxia)
- B13. Hearing loss
- B23. Traumatic brain injury
- B24. Fetal Alcohol Spectrum Disorder
- B25. Autism, Autism Spectrum Disorder
- B26. Behavioral or mental health disorder with developmental delay

- B28. Chromosome disorders (e.g., Down syndrome)
- B29. Positive newborn blood screen
- B30. HIV, seropositive conversion
- B31. Visual impairment

Very High Risk Medical Factors

- B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals
- B17. Perinatal asphyxia accompanied by seizures
- B18. Seizure disorder
- B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic)
- B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies)
- B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge

Developmental Risk Factors

- B22. Developmental delay

Other

- B90. Other chronic conditions



Covered Services

Rule 410-138-0007

-  Assessment and periodic reassessment
-  Development of Care Plan
-  Referral and related activities
-  Monitoring



Assessment

- Comprehensive Assessment and periodic reassessment of individual needs
- Assessment to include history, individual needs
 - Medical, social, education, other services



Care Plan

- Development (and periodic revision) of a specific care plan
- Working with an individual to develop goals



Referral & Linking

- Referral, linking and coordination of services such as:
 - Scheduling appointments for client
 - Help link client with other services
 - Reminding and motivating the client



Monitoring

- On-going face to face or other contact to conduct follow-up activities ... with client's health care decision maker(s), family members, providers or other individuals when the purpose of the contact is directly related to managing the eligible client's care to ensure implementation of client care plan.



Targeted Case Management Services Not Covered

 **410-138-0009**

 TCM services not covered include:

-  Direct delivery of services
-  Providing transportation
-  Escorting client
-  Providing child care



Targeted Case Management Payment for TCM

 **410-138-0005**

-  Corresponding local match payment
-  Bill only for assisting individuals gain services





Provider Requirements

- ❏ Babies First/CaCoon TCM Providers must be Public Health Authorities
- ❏ Working under policies/procedures
- ❏ Comprehensive Nursing Assessment
- ❏ Targeted Case Manager
 - ❑ Local Public Health Authority
 - ❑ Licensed RN

Non Nurse Qualifications

- Community Health Workers, Family Advocates or Promotoras must work under supervision of licensed RN





Non Nurse Qualifications

-  Course work in human growth & development, health occupations or health education
-  2 years experience in public health, mental health or alcohol drug treatment settings
-  **Or** satisfactory combination of experience/training demonstrating ability to perform case management duties

TCM Services

- ❏ Comprehensive nursing assessment
- ❏ Reassessment
- ❏ Comprehensive care/service plan
- ❏ Linking/coordination services
- ❏ Ongoing Monitoring





TCM Claim Reminders

- Provider is responsible for submitting appropriate claims
- Assure service provided meets the eligibility requirement
- One or more of these activities must occur:
 - Assessment
 - Care Planning
 - Referral/linking
 - Monitoring

Know Potential Partners in TCM

- Varies by County
- Varies by Family
- TCM Partners may not have the awareness to avoid duplicate billing
- Healthy Homes
- Early Intervention
- Developmental Disabilities
- Child Welfare
- Tribal
- HIV
- TANF Teen jobs program



Avoid duplicate billings

- DMAP audits have shown some billing for overage children
- WCHDS vs. ORCHIDS and TCM
- County providers are responsible for accurate submissions
- TCM can be self audited. Consider your systems



Risks Hazards Concerns

- To Maximize federal funding opportunities we all need to work together to avoid duplications.
- Local county internal QA will help avoid county paybacks.
- CaCoon age expansion raises the possibility that another partner may be involved.



Summary of New Revisions

- Babies First: Infants and preschoolers through 4yrs with risk factors
- CaCoon: Children through 20 yrs with diagnosis or very high risk factor....
- New rate increases
- Comprehensive nursing assessment



References

- See Table of Contents Handout for Revised Rules; July 1, 2009 is the retroactive effective date for rules; approved July 1, 2010
- Handout Babies First Targeted Case Management Assessment/Plan/Follow Up Form
- Babies First/CaCoon Risk Codes
- Link to Oregon Administrative Rules:
 - <http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html>

Documentation Requirements

- Documentation must occur
- Name, date of service, provider, case manager
- Content, units of TCM Services
- Goals Achieved
- Declined services
- Coordination with other case managers



Optional Targeted Case Management Assessment Form

_____ County Health Department
Babies First/CaCoon Targeted Case Management (TCM) Assessment

Client name: _____ DOB: _____

TCM ELIGIBILITY: (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor
- The child has not reached 5th birthday (Babies First) or 21st birthday (CaCoon)
- The child has a Medicaid card at the time of the TCM visit

TCM ASSESSMENT:

Date of initial assessment: _____ Date next assessment due: _____

Other services child/family is receiving:

- EI CAF Developmental disabilities Other TCM program (specify): _____

Contact person: _____ Phone number: _____

(Documentation of service coordination required for billing.)

The child's/family's strengths that can be leveraged to support TCM plan:

Family-reported client (child) identified needs:

- Medical: _____ Economic: _____ Nutrition: _____
 Educational: _____ Social/behavioral: _____

The child's family **does not need** assistance accessing and/or utilizing needed services at time of this assessment due to (can only be billed one time):

- Knowledge of service and how to access services
- History of being able to adequately access and utilize needed services
- Adequate social supports
- Other (specify): _____
- TCM Case Manager already in place (see above for details)

The child's family **does need** assistance accessing and/or utilizing needed services due to:

- Inability to fill out paper work because of language barrier, illiteracy, developmental delay or low functioning (specify): _____
- Unable to secure basic infant supplies due to: _____
- Is currently unable to advocate for family needs due to: _____
- Caregiver medical needs impacting child's ability to access and utilize needed services
- Unaware of health and human resources available in the community, e.g.: _____
- History of not following through with obtaining needed services, e.g.: _____
- Parent with limited advocacy skills
- Cultural/language barriers to services, e.g.: _____
- Inadequate caregiver literacy
- Inadequate caregiver health literacy
- Transportation difficulties, e.g.: _____
- Adolescent parent with lack of understanding of health care system
- Unstable finances/housing/environment
- Unaware of preventive health care services for child
- Other (specify): _____

Assessment notes:

TCM Case Manager signature: _____ Date: _____

INSTRUCTIONS: Date and initial any updates, changes or additions to the TCM assessment and/or plan.

TCM CARE PLAN:

Date of initial TCM plan development: _____ Date of TCM plan review: _____

- Client-identified top three priorities: _____
- RN-identified top three needs: _____
- Agreed upon priorities (RN and client): _____

Client self assessment: Need help Don't need help

Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Primary physician	<input type="checkbox"/>	<input type="checkbox"/>
Specialty physician	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>
Early learning	<input type="checkbox"/>	<input type="checkbox"/>
How to advocate for my child	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Activities/interventions planned to achieve goal(s):

- Ongoing identification of barriers: _____
- Ongoing identification of strengths: _____
- Assist family in increasing knowledge of community resources
- Assist family in working with (agency): _____
- Assist family in completing paper work for: _____
- Support and advocate for child's caregiver through health and human service system to obtain needed services
- Problem solve with family to expand their support system to obtain assistance in accessing needed resources:
Natural supports: _____ Community supports: _____
- Problem solve with family to obtain transportation to needed services
- Motivate client to adhere to the treatment and services/schedules
- Other: _____

REFERRAL/LINKING:

- Linkage to food, transportation, child care, housing assistance, other: _____ (circle all that apply)
- Scheduling appointments for the client
- Demonstrate scheduling and assist family towards independent appointment scheduling
- Referrals to: _____

MONITOR:

- Consistent on-going well child checks and immunizations
- Monitor the family's ability to access needed resources
- Monitor for commitment to Service Plan
- Update plan as indicated based on ongoing assessments/screens
- Other: _____

Non-billable nursing activities/interventions planned to achieve goal(s).

- See nursing care plans (e.g. Region X)
- See screening tools
- See progress notes
- Other: _____

Plan completed on (date): _____

Case Manager signature: _____ Date: _____

Home Visitor signature: _____ Date: _____

Optional Targeted Case Management Follow-Up Form

Babies First/CaCoon Targeted Case Management (TCM) Follow-Up Form

Use with TCM Assessment and Plan

Client name: _____ DOB: _____

TCM CARE PLAN REVIEW:

Client and RN identified needs reviewed Change No change

Client Plan reviewed Change No change

(Document identified changes on client service plan.)

Notes:

REFERRAL:

Made referrals: _____

Scheduled appointments: _____

Demonstrated scheduling and assisted family towards independent appointment scheduling

Reminded and motivated the client to adhere to the treatment and service schedules

Notes:

MONITOR:

Last well child check completed: _____ Next WCC due: _____

Immunizations due: _____

Monitored for commitment to service plan: On target Revisions needed and noted on service plan

Other: _____

Notes:

Non-billable nursing activities/interventions delivered.

Notes:

TCM Case Manager signature: _____ Date: _____

Home Visitor signature: _____ Date: _____

July 2010

Questions



For Clinical or Policy Questions Contact
Regional Nurse Consultants:

- Penny Paynter 541-386-2962 x 200
penny.d.paynter@state.or.us
- Pat Foley 971-673-0351 patricia.h.foley@state.or.us
- Fran Goodrich 971-673-0262 francine.goodrich@state.or.us
- Candace Artemenko, CaCoon Nurse Consultant 541-673-3842 artemenk@ohsu.edu

For Billing Questions Contact

- ORCHIDS App Support 971-673-0382
- DMAP Provider Services, 1-800-336-6016

