

Maternity Case Management Manual for ORCHIDS



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Contact ORCHIDS Application Support,
(971) 673-0382 or orchids.app-support@state.or.us



This manual is available online:

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_manual_mcm.pdf

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If you need this information in an alternate format,
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Introduction

Program Background

The Maternity Case Management (MCM) program is the prenatal to postpartum program that promotes healthy pregnancies and minimizes negative birth outcomes.

The MCM program is administered by the Oregon Division of Medical Assistance Programs (DMAP) and the DHS Public Health Division/Office of Family Health/Maternal and Child Health Section.

The requirements for the program are addressed in the Oregon Administrative Rules (OARS) 410-130-0595 Maternity Case Management (MCM). Optional forms for use in documenting services provided through the MCM program are DMAP forms 2470, 2471, 2472, and 2473. (To download current versions of these forms, visit this website: <http://www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#2400>.)

Issues and Outcomes for this program were selected based on commonly provided services, which also correlate with the Healthy People 2010 Performance Measures, the Oregon Department of Human Services (DHS) Key Performance Measures, Oregon Benchmarks, and the federal Title V Performance Measures for Maternal Child Health.

Interventions were derived from the Nursing Interventions Classification (NIC) standardized language, which describes treatments that nurses perform. The basis for this structure has been nursing diagnoses from the North American Nursing Diagnosis Association – International 2005 (NANDA-I), correlated with Nursing Outcomes Classification (NOC). Definitions used in this document are from Nursing Interventions Classification (NIC), Fourth Edition 2004. The 5As brief interventions for smoking cessation are derived from the U.S. Department of Health and Human Services, Public Health Service's Clinical Practice Guideline on Treating Tobacco Use and Dependence, published in June 2000, rather than from the NIC, NOC, and NANDA classification system.

ORCHIDS

Oregon Child Health Information Data System (ORCHIDS) is the data entry module within FamilyNet, which MCM uses to collect data for billing, program evaluation, and Title V reporting. ORCHIDS enables the program to accurately analyze and describe the services being provided by MCM providers across Oregon.

What is FamilyNet?

FamilyNet is an integrated family health data system used to collect client information for the Oregon Maternity Case Management Program (MCM).

FamilyNet can:

- Link the public health services provided for a child or family
- Track and report on referrals made
- Evaluate the effectiveness of DHS programs at both the county and state level

ORCHIDS has replaced WCHDS and the Perinatal data system.

What other programs use FamilyNet?

The following programs also use FamilyNet:

- Babies First!
- CaCoon
- WIC
- Immunization

What is the benefit of using FamilyNet?

FamilyNet stores all information common to clients across program applications, such as name, address, and phone number. Therefore, if you have a client that has been referred from WIC, you can search for that client in FamilyNet, and the client's demographic information will already be in the system. As a result, you will not have to re-enter the client's demographic information.

What will be done with the MCM information collected and stored?

Collected and stored outcome data regarding home visiting nurses' activities are critical for:

- Advocating for the clients we serve
- Describing and reporting services provided
- Quality improvement
- Program evaluation

These activities support programs that serve vulnerable Maternal and Child Health (MCH) populations across Oregon.

How to Use This Manual

I need help filling out the paper form.

If you need clarification about a particular field on the MCM Encounter/Data Form or Postpartum Maternity–Other Program (MOP):

1. Identify the section that the field is in.

Each section is defined by heavy black lines. The section name is determined by the name on the screen tab where the field appears. For example, the second section of the form is the Client Info Tab section, because the fields in that section appear under the Client Info tab in the ORCHIDS – [FC100 – ORCHIDS Client] screen.

Oregon Health Authority		Maternity Case Management Encounter/Data Form or Postpartum Maternity-Other Program (MOP)			FamilyNet	
Client Primary Tab		Local ID	LAST NAME	FIRST NAME	Middle Name	
DATE OF BIRTH		GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input type="checkbox"/> Confidential address / telephone?		<input type="checkbox"/> Update to address / telephone?
PHYSICAL ADDRESS TYPE <input type="checkbox"/> Home <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown		PHYSICAL ADDRESS		Apt. No.	CITY, OREGON	ZIP
MAILING ADDRESS (if different from physical address)		Apt. No.	CITY, OREGON	ZIP		
MAY WE CONTACT YOU BY MAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No			MAY WE CONTACT YOU BY PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY PHONE TYPE <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work		PHONE NO.	PHONE OPTIONS <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only		Guardian First Name	
Alternate Phone Type <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work		Phone No.	Phone Options <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only		SPOKEN LANGUAGE	
Client E-mail		ETHNICITY <input type="checkbox"/> No-Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Yes-Hispanic		Guardian Middle Name		
RACE (Check all that apply.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Medicaid No.*		Guardian Type		
State ID		Income	Interval <input type="checkbox"/> Week <input type="checkbox"/> Bimonthly <input type="checkbox"/> Month <input type="checkbox"/> Annual	Family Size	Concurrent Program Enrollment <input type="checkbox"/> Healthy Start <input type="checkbox"/> WIC <input type="checkbox"/> NFP <input checked="" type="checkbox"/> Babies First <input type="checkbox"/> MCM <input type="checkbox"/> CaCoon	
Insurance Status at Intake (Check all that apply.) <input type="checkbox"/> OHP Standard <input type="checkbox"/> OHP Plus <input type="checkbox"/> CAWEM <input type="checkbox"/> CAWEM Plus <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other <input type="checkbox"/> None		SSI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Billing Name - First		Billing Name - Last	
MCM Case Tab		CASE START DATE	CASE MANAGER		IS PROGRAM MCM OR MOP? <input type="radio"/> MCM <input type="radio"/> MOP	
Who referred client to this program? <input type="checkbox"/> 1-WIC <input type="checkbox"/> 2-Babies First! <input type="checkbox"/> 3-CaCoon <input type="checkbox"/> 4-OMC <input type="checkbox"/> 5-MCM <input type="checkbox"/> 6-PH Other <input type="checkbox"/> 7-Healthy Start <input type="checkbox"/> 8-SafeNet <input type="checkbox"/> 9-NFP <input type="checkbox"/> 10-Family Planning <input type="checkbox"/> 11-Hospital <input type="checkbox"/> 13-Self <input type="checkbox"/> 78-Prenatal Care Provider <input type="checkbox"/> Other (See codes)			Perinatal Risk Factors <input type="checkbox"/> <18 years <input type="checkbox"/> <HS Education <input type="checkbox"/> Developmental Disability <input type="checkbox"/> IPV <input type="checkbox"/> Medical Risk (e.g., diabetes, hypertension, obesity) <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Unmarried <input type="checkbox"/> Unplanned Pregnancy <input type="checkbox"/> Other			
Date Referred	Gravida	Term	Preterm	SAB	TAB	Date of First PNC Visit
Trimester Clinical PNC Initiated <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> None			Date LMP		Estimated Due Date	
Data Notes						

2. Use the Table of Contents in this manual to locate page(s) in the MCM Encounter/Data Form chapter that describe the section of the form.

The current form is available at this website:

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_form_mcm.pdf

If you need further assistance, contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us.

I need help doing data entry.

Data Entry Lessons 1 through 8 in this manual give step-by-step instructions on how to enter data from the Maternity Case Management Encounter/Data form into FamilyNet. Use the Case Study section, page 105, to test what you have learned.

For questions about a particular field on the form, use the Table of Contents in this manual to find the data entry lesson for that field.



Sometimes the Data Entry steps will show this "**branching**" icon. This means that you have reached a point where you have more than one option (usually either to continue entering data in another section or to exit the program).

The manual will give you specific step-by-step instructions for each possible path.

The appendices contain the following useful information:

- Referral Codes by Number (Appendix A), page 117
- Referral Codes by Name (Appendix B), page 119
- Referral Codes by Category (Appendix C), page 121
- FastEntry Guidelines and Codes (Appendix D), page 125
- Required Fields for Maternity Case Management (Appendix E), page 137
- Diagnostic V-Codes with Definitions (Appendix F), page 139
- Keyboard Shortcuts (Appendix G), page 141
- List of Languages (Appendix H), page 143
- Bibliography, page 145

If you need further assistance, contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us.

Maternity Case Management Encounter/Data Form or Postpartum Maternity–Other Program (MOP)

The Maternity Case Management Encounter/Data Form or Post Partum Maternity–Other Program (MOP) is available online in PDF format:

http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_form_mcm.pdf

Client Primary Tab

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are called “required” fields. Home visiting staff should fill out as many fields as possible, whether or not the fields are “required.”

On the Maternity Case Management Encounter/Data form and the Field columns of tables in this manual:

- The names of fields **required to save a data entry page** are displayed in **ALL CAPS**.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Complete the following fields.

Field	Description
Local ID	A local agency-assigned ID used in counties that have their own numbering system, such as a client medical record number. Enter the number.

Field	Description
LAST NAME	<p>(Required) The client's complete legal last name.</p> <ul style="list-style-type: none"> ▪ If the client is on Medicaid and your agency bills through ORCHIDS: Verify that the client's legal last name matches the name on the client's Medicaid card. If the client's name on the Medicaid card does not match the client's legal name, record the name from the Medicaid card in the Billing-Last Name and First Name fields. (These fields are located on the Client Info tab.) Whatever appears in the Billing-Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP. ▪ If the client's last name contains a hyphen, such as Gonzales-Garcia: Enter the last name as Gonzales-Garcia (with no spaces between the names and the hyphen). The system will search for your client under the names "Gonzales," "Garcia," "Gonzales-Garcia," and "Garcia-Gonzales."
FIRST NAME	<p>(Required) The client's complete legal first name. Enter the first name, not a nickname.</p> <p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client's legal name matches the name on the client's Medicaid card. If the client's name on the Medicaid card does not match the client's legal name, record the name on the Medicaid card in the Billing-Last Name and First Name fields. (These fields are located on the Client Info tab.) Whatever appears in the Billing-Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP.</p>
Middle Name	<p>The client's complete legal middle name. Enter the middle name. Leave the field blank if the client has no middle name.</p>
Suffix	<p>A suffix associated with the client's name, if applicable. Select a suffix from the drop-down menu.</p>
Create Alias Name	<p>The checkbox to select to make the name entered an alias. Note: Alias names entered in this field appear under the Alias Names tab in this screen. When searching for a client, the data system searches through real names and alias names.</p>
DATE OF BIRTH	<p>(Required) The client's date of birth. Enter the date in MM/DD/YYYY format.</p>
GENDER	<p>(Required) The client's gender. Select Female from the following list. Only Female applies to an</p>

Field	Description
	MCM client. Female Male Unknown
Confidential address/telephone?	The checkbox to select if the address and/or telephone information need extra protection for the client's confidentiality and/or safety. Note: If selected, the client's address will not be included in auto-generated mailing lists. This checkbox does NOT make the client's address/phone invisible to another user.
Update to address/telephone?	The checkbox to select if you need to change the address or telephone number.
PHYSICAL ADDRESS TYPE	(Required) The type of the physical address. Select one of the following. Home: the physical address is for the client's residence. Homeless: the client lacks permanent, regular nighttime residence. This includes individuals who live in emergency shelters, in a car, on the street, or who is camping or sleeping temporarily at someone else's home ("couch surfing"). Unknown: the client did not disclose her physical address. If the client is homeless and has a mailing address: 1. Select Homeless in the Physical Address Type field. 2. Enter the mailing address in the Mailing Address field.
PHYSICAL ADDRESS	(Required) The client's residence address. If the client provided only P.O. box information, enter that here. Enter the address. Note: The data system has the capability of saving one previous address. If the client is Homeless or address is Unknown, do not enter a Physical Address.
Apt. No.	The client's apartment number (or letter), if applicable. Enter the number.
CITY, OREGON	(Required) The city of the client's residence. Enter the city.
ZIP	(Required) The zip code for the client's residence. Enter the number.
MAILING ADDRESS (if different from physical address)	The client's mailing address (if it is different from the physical address). Enter the address.

Field	Description
Apt. No.	The apartment number of the client's mailing address, if applicable. Enter the number.
CITY, OREGON	The city for the client's mailing address. Enter the city.
ZIP	The zip code for the client's mailing address. Enter the number.
MAY WE CONTACT YOU BY MAIL?	(Required) The client's (or guardian's) instructions about contacting the client (or guardian) by mail. Yes: staff may send mail to the home, work, or mailing address. No: staff may not send mail to the home, work, or mailing address.
MAY WE CONTACT YOU BY PHONE?	(Required) The client's (or guardian's) instructions about contacting the client (or guardian) by phone. Yes: staff may phone the client (or guardian). No: staff may not phone the client (or guardian).
PRIMARY PHONE TYPE	(Required) The telephone type. Select one of the following. Home: the primary telephone number is at the client's residence. Message: the primary telephone number is a message number. No Phone: the client does not have a primary telephone number. Work: the primary telephone number is at the client's work site. Cell Phone: the primary telephone number is a cell phone. Unknown: the primary telephone number is not known. Cell Phone 2: a second telephone number that is a cell phone. If you select No Phone or Unknown , you do not need to enter a phone number.
PRIMARY PHONE NO.	(Required) The client's primary telephone number with area code. Enter the number as (###) ###-####. Note: The data system can store one phone number for each Telephone Type . For example, it will save one Home phone number, one Message number, etc.
PRIMARY PHONE OPTIONS	(Required) Type of communication technology available on the client's primary telephone. Select one of the following: Both Voice & Text: the client's telephone allows both (voice)

Field	Description
	<p>phone calls and text messaging.</p> <p>Text Only: the client's telephone allows text messaging only.</p> <p>Voice Only: the client's telephone allows (voice) phone calls only.</p>
Alternate Phone Type	<p>The telephone type.</p> <p>Select one of the following.</p> <p>Home: the primary telephone number is at the client's residence.</p> <p>Message: the primary telephone number is a message number.</p> <p>No Phone: the client does not have a primary telephone number.</p> <p>Work: the primary telephone number is at the client's work site.</p> <p>Cell Phone: the primary telephone number is a cell phone.</p> <p>Unknown: the primary telephone number is not known.</p> <p>Cell Phone 2: a second telephone number that is a cell phone.</p> <p>If you select No Phone or Unknown, you do not need to enter a phone number.</p>
Alternate Phone No.	<p>An additional telephone number, cell phone number, or message telephone number with area code.</p> <p>Enter the number as (###) ###-####.</p>
Alternate Phone Options	<p>Type of communication technology available on the client's alternate telephone.</p> <p>Select one of the following:</p> <p>Both Voice & Text: the client's telephone allows both (voice) phone calls and text messaging.</p> <p>Text Only: the client's telephone allows text messaging only.</p> <p>Voice Only: the client's telephone allows (voice) phone calls only.</p>
Client E-mail	<p>The client's e-mail address.</p>
RACE	<p>(Required) The race with which the client most closely identifies.</p> <p>Select all that apply.</p> <p>American Indian/Alaska Native: the client is of American Indian or Alaska Native origin.</p> <p>Asian: the client is of Asian origin.</p> <p>Black or African American: the client is of African American origin.</p> <p>Native Hawaiian/Pacific Islander: the client is of Native Hawaiian or Pacific Island origin.</p>

Field	Description
	<p>White: the client is of Caucasian origin.</p> <p>Note: Unknown is no longer a response in this field. In the rare situation when a client refuses to answer this question, record your best guess based on the client's physical appearance.</p>
ETHNICITY	<p>(Required) The ethnicity with which the client most closely identifies.</p> <p>Select one of the following:</p> <p>No - not Hispanic or Latino: the client is not of Hispanic or Latino origin.</p> <p>Yes – Hispanic or Latino: the client is of Hispanic or Latino origin.</p> <p>Note: Unknown is no longer a response in this field. In the rare event when a client refuses to answer this question, staff should make a best guess.</p>
SPOKEN LANGUAGE	<p>(Required) The client's primary or preferred spoken language.</p> <p>Enter the language.</p> <p>For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.</p>
WRITTEN LANGUAGE	<p>(Required) The client's primary or preferred written language.</p> <p>Enter the language.</p> <p>For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.</p>
Alternate Format	<p>The form of communication the client (or the client's guardian) requires to accommodate visual deficits or illiteracy.</p> <p>Select one of the following:</p> <p>Audio Tape</p> <p>Braille</p> <p>Computer Disk</p> <p>Large Print</p> <p>Oral Presentation</p> <p>Other</p>
Medicaid # *	<p>The client's Medicaid number.</p> <p>Enter the number.</p>
Deceased Date	<p>The client's date of death. This date can be gathered from a parent report or from a death certificate.</p> <p>If entering a date, bring it to the data entry staff's attention by noting in the Data Notes field: "Enter client's deceased date into the computer."</p>

Field	Description
	Enter the date in MM/DD/YYYY format.
Guardian Last Name	(Not required for MCM.)
Guardian First Name	(Not required for MCM.)
Middle Name	(Not required for MCM.)
Guardian Type	(Not required for MCM.)

Client Info Tab

Field	Description
State ID	A unique identification number automatically assigned by the computer system when a client is first entered into FamilyNet. This field is automatically populated by the system.
Income Also complete the related fields, "Income Interval" and "Family Size."	The income available to the entire family before taxes. Enter the amount.
Income Interval Also complete the related fields, "Income" and "Family Size."	The frequency at which the income amount is available. Select one of the following. Week: the income is available once a week. Bimonthly: the income is available twice a month. Month: the income is available once a month. Annual: the income is available once a year.
Family Size Also complete the related fields, "Income" and "Income Interval."	A person or group of people, related or not, who usually (though not necessarily) live together, and whose income and consumption of goods or services are related and who are not residents of an institution. Enter the number. Note: Pregnant women count as two, or more for expected multiple births.

Field	Description
<p>Concurrent Program Enrollment</p>	<p>Other programs in which the client is enrolled. Select any that apply.</p> <p>Healthy Start: the home visiting program administered by the Oregon Commission on Children and Families, which provides services to families of first-borns.</p> <p>NFP (Nurse Family Partnership): nurse home visiting services based on the David Olds model.</p> <p>The system will mark the following fields automatically if the client’s program enrollment is recorded in FamilyNet.</p> <p>WIC (Women, Infants, and Children): the special supplemental nutrition education program for women, infants, and children. This field automatically shows an “X” on the screen if the client is enrolled in the WIC program. When the client is no longer enrolled in the WIC program, the field no longer shows an “X.”</p> <p>Babies First!: This field automatically shows an “X” on the screen if the client has an open Babies First! case. When the client is no longer enrolled in the Babies First! program, the field no longer shows an “X.”</p> <p>MCM (Maternity Case Management): This field automatically shows an “X” on the screen if the client is currently enrolled in the MCM program. When the client is no longer enrolled in the MCM program, the field no longer shows an “X.”</p> <p>If the client is enrolled in MCM in another agency, please contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us.</p> <p>CaCoon: This field automatically shows an “X” on the screen if the client is enrolled in the CaCoon program. When the client is no longer enrolled in the CaCoon program, the field no longer shows an “X.”</p>

Field	Description
Insurance Status at Intake	<p>The client's insurance coverage at the time of enrollment into MCM.</p> <p>Check all that apply.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services, which, like private insurance, includes premium payments and co-payments for many services.</p> <p>OHP Plus: the Oregon Health Plan (OHP) benefit package based on a prioritized list of health services, which covers more than OHP Standard benefits and is available to eligible pregnant women and children.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers undocumented women for emergent prenatal care, labor and delivery, and covers undocumented children for emergent care.</p> <p>CAWEM Plus: the expanded benefit package for pregnant non-citizens who live in certain counties. CAWEM Plus covers additional services beyond what CAWEM covers, including MCM and most other services that OHP Plus covers. Once the client's pregnancy ends, her CAWEM Plus coverage converts to CAWEM emergency coverage, which does not cover MCM.</p> <p>Indian Health Service: the Department of Health and Human Services health care program providing medical assistance to eligible American Indians at Indian Health Service facilities. In addition, the Indian Health Service helps pay the cost of selected health care services provided at non-Indian Health Service facilities.</p> <p>Other: the client has health care service from some other provider, for example, private insurance or military benefits.</p> <p>None: the client does not have health insurance.</p>
SSI?	<p>(Not required for MCM.) Indicate whether the client has Supplementary Security Income.</p> <p>Select one of the following.</p> <p>Yes: the client currently receives SSI.</p> <p>No: The client does not currently receive SSI.</p>

Field	Description
Billing Name–First	<p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client’s legal first name matches the name on the client’s Medicaid card. If the client’s name on the Medicaid card does not match the client’s legal name, record the name from the Medicaid card in the Billing–Last Name and First Name fields.</p> <p>Whatever appears in the Billing–Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS transmits to DMAP.</p>
Billing Name–Last	<p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client’s legal last name matches the name on the client’s Medicaid card. If the client’s name on the Medicaid card does not match the client’s legal name, record the name from the Medicaid card in the Billing–Last Name and First Name fields.</p> <p>Whatever appears in the Billing–Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS transmits to DMAP.</p>

MCM Case Tab

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the field is completed. These fields are referred to as “required” fields. Home visiting staff should fill out as many fields as possible, whether or not they are marked “required.”

On the MCM encounter/data form and the Field columns of tables in this manual:

- The names of fields **required to save a data entry page** are displayed in **ALL CAPS**.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Complete the following fields.

Field	Description
CASE START DATE	(Required) The date of the first service, whether a phone call, home visit, field visit, or office visit. Enter the date in MM/DD/YYYY format.
CASE MANAGER	(Required) The name of the Maternity Case Manager conducting the Home Visit or supervising the visit, if conducted by a para-professional. Enter the case manager's name or initials.
IS PROGRAM MCM OR MOP?	The Maternity–Other Program (MOP) encompasses services provided for a woman not enrolled in MCM. This includes postpartum visits to women who were not seen prenatally or women beyond 2 months postpartum. Select one. Note: When MOP is selected, MCM billing is disabled for that particular case. No billing fields appear on the Billing Tab.

Field	Description
<p>Who referred client to this program?</p>	<p>The agency or provider that referred the client to MCM. Select all that apply.</p> <p>1-WIC (Women, Infants, and Children): the special supplemental nutrition program for women, infants, and children.</p> <p>2-Babies First!: the home visiting program providing developmental screening and case management services for high risk infants and young children up to age five.</p> <p>3-CaCoon: the program serving children with special needs up to age 20 and their families.</p> <p>5-MCM (Maternity Case Management): The prenatal to postpartum program promoting healthy pregnancies and minimizing negative birth outcomes.</p> <p>6-PH Other: any other public health program.</p> <p>7-Healthy Start: the home visiting program administered by the Oregon Commission on Children and Families, which provides services to families of first-borns.</p> <p>8-SafeNet: the Oregon Information and Referral Hotline.</p> <p>9-NFP (Nurse Family Partnership): nurse home visiting services based on the David Olds model.</p> <p>10-Family Planning: a family planning clinic.</p> <p>11-Hospital: a hospital.</p> <p>13-Self: the client referred herself to MCM.</p> <p>78-Prenatal Provider: a health professional providing prenatal care.</p> <p>Other: Insert a code representing the agency or provider that referred the client to MCM if not listed among referral sources.</p> <p>For a list of referral sources, see Appendix A–Referral Codes by Number, page 117, Appendix B–Referral Codes by Name, page 119, or Appendix C–Referral Codes by Category, page 121.</p>

Field	Description
Perinatal Risk Factors	<p>Factors present that give a client enhanced vulnerability to an unwanted outcome.</p> <p>Select all that apply.</p> <p><18 years old: the client was less than 18 years old at the time of conception.</p> <p><HS Education: the client has less than twelve years of formal education and/or has not completed the General Educational Development (GED).</p> <p>Developmental Disability (DD): client has a disability that is likely to continue, and significantly impacts adaptive behavior. DD includes mental retardation, autism, cerebral palsy, epilepsy, or other neurological disabling conditions that require training or support similar to that required by individuals with intellectual impairment.</p> <p>Intimate Partner Violence (IPV)/Domestic Violence (DV): the client is currently experiencing intimate partner violence, or your assessment indicates a factor is present that gives the client enhanced vulnerability to IPV.</p> <p>Medical Risk (e.g., diabetes, hypertension, obesity): the client has a medical diagnosis potentially impacting the course of her pregnancy.</p> <p>Mental Health: client reports or has current symptoms of mental health problems.</p> <p>Nutrition: the client's intake of nutrients is insufficient to meet the metabolic needs of pregnancy, whether less or more than requirements.</p> <p>Substance Abuse:</p> <p>For a pregnant woman, once she knows she is pregnant, any use of alcohol, use of illegal/illicit drugs, or misuse of prescription drugs.</p> <p>For a breastfeeding and non-breastfeeding postpartum woman, any illegal/illicit drug use, or alcohol use which fits one or more of the following criteria.</p> <ul style="list-style-type: none"> ▪ Routine use of greater than or equal to 2 drinks/day ▪ Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days ▪ Heavy drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days ▪ Illegal/illicit drug use: dependence on a stimulant, depressant, or other chemical substance, leading to effects

Field	Description
	<p>that are detrimental to the client's physical or mental health or to the welfare of others.</p> <p>Tobacco Use: the client smokes or has smoked in the past.</p> <p>Unmarried: the client is not legally married.</p> <p>Unplanned pregnancy: the client has stated that she wanted to be pregnant later or not at any time in the future.</p> <p>Other: any other risk factor identified by the Maternity Case Manager. The specific risk factor that this selection represents may be defined on a county-by-county basis.</p> <p>Note: If additional risk factors are identified throughout the case, please return to this field and add the additional risk factors. Never delete risk factors that resolve over the course of a client's case.</p>
Date Referred	<p>The date the agency received the referral, via fax, phone call, or mail.</p> <p>Enter the date in MM/DD/YYYY format.</p> <ul style="list-style-type: none"> • If the client is a walk-in, enter the date the client came in. • Date Referred can be the same as the Case Start Date.
Gravida	<p>The client's total number of pregnancies, including the present one.</p> <p>Enter the number.</p> <p>Note: Entering this number is optional; the ORCHIDS system will autopopulate this field for you if you enter numbers in the related fields Term, Preterm, SAB, and TAB.</p>
Term	<p>The client's total number of infant deliveries between 37 and 40 weeks after conception.</p> <p>Enter the number.</p>
Preterm	<p>The client's total number of deliveries prior to 37 weeks after conception.</p> <p>Enter the number.</p>
SAB	<p>The client's total number of spontaneous abortions (miscarriages).</p> <p>Enter the number.</p>
TAB	<p>The client's total number of therapeutic abortions.</p> <p>Enter the number.</p>

Field	Description
Date of First PNC Visit	<p>The date on which the client completed her first prenatal care visit with a physician or midwife. This means an actual visit, not a scheduled visit.</p> <p>If the client cannot remember the exact date: Assist the client in estimating a date by asking whether the visit happened in the past week, month, or two months, or by asking if the visit occurred close to a holiday or another special event.</p> <p>Enter the date in MM/DD/YYYY format.</p>
Trimester Clinical PNC Initiated	<p>The trimester when the client began prenatal care.</p> <p>Select one of the following.</p> <p>First: the client began prenatal care during the first trimester (conception through the 13th week of pregnancy).</p> <p>Second: the client began prenatal care during the second trimester (from the 14th through the 26th week of pregnancy).</p> <p>Third: the client began prenatal care during the third trimester (from during or after the 27th week of the pregnancy to delivery).</p> <p>None: the client never began prenatal care.</p>
Date LMP	<p>The date of the client's last menstrual period (LMP).</p> <p>Enter the date in MM/DD/YYYYY format.</p> <p>Note: If Date LMP is entered, Est. Due Date does not have to be entered.</p>
Est. Due Date	<p>The estimated date on which the baby is due to arrive (date of infant delivery +/- two weeks).</p> <p>Enter the date in MM/DD/YYYYY format.</p> <p>Note: If Est. Due Date is entered, Date LMP does not have to be entered.</p>
Data Notes	<p>Use this field to communicate with data entry staff.</p> <p>Enter information for the data entry staff.</p> <p>Note: <i>DO NOT</i> use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record. Any information recorded in this field is not write-protected and will display on printed reports.</p>

Visit Tab

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are called “required” fields. Home visiting staff should fill out as many fields as possible, whether or not they are marked “required.”

On the MCM Encounter/Data form and the Field column of tables in this manual:

- The names of fields **required to save a data entry page** are displayed in **ALL CAPS**.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Complete the following fields.

Field	Description
VISIT DATE	(Required) The date of the current visit for which data is being submitted. Enter the date in MM/DD/YYYY format.
HOME VISITOR	(Required) The name of the staff member conducting the home visit. Enter the name.

Selecting Issues, Outcomes, and Interventions

Notes:

- You must select an issue/outcome category from the list in the left column before selecting the corresponding intervention(s) in the right column.
- Select as many interventions as apply to a particular issue/outcome (see page 31 for interventions).
- Only select issues that were addressed during the current visit.

Issues/Outcomes

Select the following fields as appropriate.

Field	Description
Basic Needs (BN)	<p>Basic needs are resources that an individual or family needs to maintain a minimum level of stability such as housing, adequate food, clothing; and financial resources to be able to obtain shelter, food, clothing and basic utilities, such as heating, electricity, functional plumbing, etc. A family may be able to meet their basic needs normally, but be unable to meet these needs because of an exceptional circumstance.</p> <p>Select one of the following.</p> <p>Met: The individual is able to obtain and maintain minimally adequate housing, food, utilities, and clothing.</p> <p>Unmet: The individual is not able to obtain or maintain one of the above resources and needs the public health nurse's assistance to obtain these supports.</p>
Prenatal Care (PC)	<p>Prenatal care issues and outcomes.</p> <p>Clinical practice guidelines for an uncomplicated pregnancy include:</p> <ul style="list-style-type: none"> • One visit every 4 weeks for the first 28 weeks • One visit every 2-3 weeks for 29-36 weeks • One visit every week from 37 weeks to delivery. <p>Select one of the following.</p> <p>Receiving PNC: the client is currently receiving prenatal care.</p> <p>Not receiving PNC: the client is not currently receiving prenatal care.</p>

Field	Description
Breastfeeding (BF)	<p>Breastfeeding issues and outcomes.</p> <p>Select one of the following.</p> <p>Has plans for breastfeeding: the client intends to exclusively breastfeed her infant.</p> <p>No plans for breastfeeding: the client has not made plans to breastfeed her infant.</p> <p>Concerns relating to breastfeeding: Follow-up is needed for identified issue related to breastfeeding. The concern may be identified by the client and/or Maternity Case Manager. Concerns may be clinical in nature (e.g., history of breast surgery) or based on client's perceptions (e.g., client reports she doesn't think she can produce enough milk because she has small breasts).</p>
HIV Testing & Follow-Up (HI)	<p>HIV testing and follow-up issues and outcomes. By state law, every pregnant woman in Oregon must have a prenatal HIV test, unless she opts out of this laboratory test.</p> <p>Select one of the following.</p> <p>Tested: the client has already been tested for HIV.</p> <p>Needs testing: the client needs to be referred for HIV testing.</p> <p>Refused testing: the client refused testing for HIV.</p> <p>Select one of the following.</p> <p>Follow-up done: the client has received appropriate follow-up.</p> <p>Needs follow-up: if the client has not yet been tested, follow-up would consist of testing. If the client has a positive lab result, follow-up would include education, plans to prevent transmission to any other party. If the client has a negative lab result, follow-up would not be indicated unless client and/or partner is exhibiting high-risk behavior.</p>

Field	Description
Hepatitis B Testing and Follow-Up (HB)	<p>Hepatitis testing and follow-up issues and outcomes. By state law, all pregnant women in Oregon must be tested for Hepatitis B.</p> <p>If a client tests negative for Hepatitis B early in pregnancy but continues high-risk behaviors (multiple sex partners, injection drug use, or sex with one partner who has high-risk behaviors), she should be retested close to the time of delivery.</p> <p>If a client tests positive on the Hepatitis antigen (HBsAG) blood test, the fetus is at risk for infection, and the baby should receive a dose of Hepatitis B vaccine along with B immune globulin (HBIG) at birth.</p> <p>The Advisory Committee on Immunization Practices (ACIP) recommends that all medically stable infants weighing 2,000 grams or more at birth and born to HBsAG-negative mothers should be vaccinated before hospital discharge.</p> <p>Select one of the following.</p> <p>Tested: the client has already been tested for Hepatitis-B.</p> <p>Needs testing: the client needs to be referred for Hepatitis-B testing.</p> <p>Refused testing: the client refused testing for Hepatitis-B.</p> <p>Select one of the following:</p> <p>Follow-up done: the client has received appropriate follow-up.</p> <p>Needs follow-up: if the client has not yet been tested, follow-up would consist of testing. If the client has a positive lab result, follow-up would include education, and plans to prevent transmission to any other party. If the client has a negative lab result, follow-up would not be indicated unless client and/or partner is exhibiting high-risk behavior.</p>
Preterm Delivery (PD)	<p>Preterm delivery issues and outcomes.</p> <p>Select one of the following.</p> <p>No apparent risk of preterm labor: the client is not at increased risk for preterm labor. Risk is same as for the general population.</p> <p>At risk for preterm labor: the client has a history of preterm birth, current pregnancy has more than one fetus, known uterine and/or cervical abnormalities, or other risk factors.</p> <p>Receiving treatment for preterm labor: the client is at risk and is currently receiving treatment for preterm labor.</p>

Field	Description
Nutrition (NU)	Nursing assessment and client report indicates that food intake patterns are meeting (without exceeding) caloric and nutritional needs for healthy maternal and fetal development. Maternal nutrition supports healthy pregnancy. Select one of the following. Yes No
Oral Health during Pregnancy (OP)	Oral dental care issues and outcomes. Select one of the following. Adequate dental care: the client is currently receiving adequate dental care, including maintenance and promotion of oral hygiene and dental health. Inadequate dental care: the client is not currently receiving adequate dental care, including maintenance and promotion of oral hygiene and dental health.

Field	Description
Insurance (IS)	<p>The client's insurance coverage. If the client is covered by two forms of insurance, select the one that the nurse addressed during her visit.</p> <p>Note: This section of the form should be used only if the home visitor addresses insurance during the visit, e.g., assessing insurance status/access, or assisting client in maintaining insurance coverage.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services, which, like private insurance, includes premium payments and co-payments for many services.</p> <p>OHP Plus: the Oregon Health Plan (OHP) benefit package based on a prioritized list of health services, which covers more than OHP Standard benefits and is available to eligible pregnant women and children.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers undocumented women for emergent prenatal care, labor and delivery, and covers undocumented children for emergent care.</p> <p>Indian Health Service: the Department of Health and Human Services health care program providing medical assistance to eligible American Indians at Indian Health Service facilities. In addition, the Indian Health Service helps pay the cost of selected health care services provided at non-Indian Health Service facilities.</p> <p>Other: the client has health care service from some other provider, for example, private insurance or military benefits.</p> <p>None: the client does not have health insurance.</p> <p>CAWEM Plus: the expanded benefit package for pregnant non-citizens who live in certain counties. CAWEM Plus covers additional services beyond what CAWEM covers, including MCM and most other services that OHP Plus covers. Once the client's pregnancy ends, her CAWEM Plus coverage converts to CAWEM emergency coverage, which does not cover MCM.</p>

Field	Description
OHP Follow-Up (OF)	<p>Status of the client's OHP referral as a result of the nurse assisting the client or because of another agency's help.</p> <p>Select one of the following.</p> <p>Client refused referral: the client did not wish to be referred to OHP.</p> <p>OHP pending: The application is held by OHP and cannot be processed further until the receipt of additional information/documents.</p> <p>OHP denied: the client's application was turned down, and the client was not enrolled in Medicaid.</p>
Medical Home for Non-Pregnancy-Related Health Care (MH)	<p>Medical home issues and outcomes.</p> <p>Select one of the following.</p> <p>Has medical home: the client has a partnership with a primary care provider for health care, including prevention services and access to consultation after hours and on weekends.</p> <p>No medical home: the client does not have a partnership with a primary care provider for healthcare.</p>
Intimate Partner Violence (IP)	<p>Current or past history of domestic violence: a pattern of assaultive and/or coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their domestic or intimate partners.</p> <p>Select one of the following.</p> <p>Screened: the client has been screened for Intimate Partner Violence</p> <p>Not screened: the client has not been screened for Intimate Partner Violence</p> <p>Select one of the following.</p> <p>Safety plan not needed: the client is not at increased risk for and not experiencing Intimate Partner Violence.</p> <p>Client has safety plan: the client has a safety plan.</p> <p>Refused: the client refuses to develop a safety plan.</p> <p>Safety plan needed: the client is at increased risk for Intimate Partner Violence and does not have a safety plan.</p>

Field	Description
Alcohol Use/ Substance Abuse (AS)	<p>For a breastfeeding and non-breastfeeding postpartum woman any illegal/illicit drug use, or alcohol use which fits one or more of the following criteria:</p> <ul style="list-style-type: none"> • Routine use of greater than or equal to 2 drinks/day • Binge drinking, i.e. drinks 5 or more drinks on the same occasion on at least one day in the past 30 days • Heavy drinking, i.e. drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days • Any alcohol use during pregnancy <p>Select one of the following.</p> <p>No history of alcohol use/substance abuse: the client does not have a recent history (within the past 12 months) of documented alcohol or other drug abuse.</p> <p>Recent history (within last year): the client has a recent history of documented alcohol or other drug abuse.</p> <p>Current alcohol use/substance abuse: the client currently suffers from alcohol and/or substance abuse.</p>
Depression (DE)	<p>Emotional state marked by sadness, inactivity, difficulty in thinking and concentration, or feelings of dejection resulting in impairment to activities of daily living. This includes major and minor episodes during pregnancy and the first postpartum year.</p> <p>Select one of the following.</p> <p>Readiness for enhanced coping: the client defines stressors as manageable and seeks social support.</p> <p>Ineffective coping related to maternal depression: the client reports sleep disturbance, abuse of chemical agents, decreased use of social support, poor concentration, fatigue, inadequate problem solving, verbalized inability to cope or ask for help, and inability meet basic needs.</p>

Field	Description
<p>Family Planning (FP)</p>	<p>Method by which an individual can determine freely the number and spacing of children.</p> <p>Select one of the following.</p> <p>Client has reproductive plan: client can articulate her hopes and dreams for the future, number of children she desires, and the spacing of the children.</p> <p>Client does not have reproductive plan: client cannot articulate her hopes and dreams for the future, number of children she desires, and the spacing of the children.</p> <p>Select one of the following.</p> <p>Client uses contraceptive method: client reports having a contraceptive method on hand and using it 100% of the time. This includes all methods of contraception, including the rhythm method and withdrawal method.</p> <p>Client does not use contraceptive method: client reports not having a contraceptive method on hand and using it 100% of the time. This includes all methods of contraception, including the rhythm method and withdrawal method.</p>
<p>Tobacco (TO)</p>	<p>Use of tobacco, including all tobacco products, by client, mother, or caregiver.</p> <p>Select one of the following.</p> <p>No history of smoking: the client does not have a history of ever having smoked or used smokeless tobacco products.</p> <p>Recent history of smoking: the client has smoked or used other tobacco products within the past 12 months.</p>
<p>Attempted smoking cessation during the past 12 months</p>	<p>Indicates whether or not a client has made an effort to stop smoking within the past year outcomes.</p> <p>Select one of the following.</p> <p>Yes, no longer smokes: the client quit smoking within the past 12 months.</p> <p>Yes, didn't stay quit: the client quit smoking within the past 12 months, but has recently resumed smoking.</p> <p>No: the client did not quit smoking within the past 12 months.</p>
<p>Smoking frequency</p>	<p>Indicates how often the client smokes.</p> <p>Select one of the following.</p> <p>Every day: the client smokes every day.</p> <p>Some days: the client occasionally smokes.</p> <p>Not at all: the client does not smoke.</p>

Field	Description
# of cigarettes/day (20 = 1 pack)	The average number of cigarettes the client smokes per day (one cigarette pack = 20 cigarettes). Enter the number.
Other household smokers?	Indicates whether or not there is another resident or frequent visitor who smokes. Select one of the following. Yes: there is another person in the household who smokes. No: there is no other person in the household who smokes.
Household smoking rules	Indicates whether or not smoking is allowed in the household, and if so, where smoking is permitted. Select one of the following. No smoking allowed anywhere inside: smoking is not permitted anywhere inside the home. Smoking allowed in some rooms: smoking is permitted in some rooms in the house. Smoking permitted anywhere inside: smoking is allowed anywhere inside the house.

Interventions

Notes:

- For a particular issue/outcome, select as many interventions as apply. (None might apply.)
- It is possible to record an identified issue and outcome without conducting or recording any interventions.

Field	Description
<p>\$ Assistance (“Cash Assistance”)</p>	<p>Problem solving, case management, and/or referral for financial assistance. May include Temporary Assistance to Needy Families (TANF), grant funds for victims of domestic violence, other community resources, such as faith-based organizations, or friends and family.</p>
<p>5As Clinical Guidelines</p>	<p>The five brief interventions for assistance with smoking cessation that are intended to assist smokers with moving through the continuum of change:</p> <ul style="list-style-type: none"> <u>A</u>sk about tobacco use <u>A</u>dvice to quit <u>A</u>ssess willingness to make a quit attempt <u>A</u>ssist with quit attempt <u>A</u>rrange follow-up
<p>Behavior Change Technique</p>	<p>Application of the principles of Stages of Change and motivational interviewing to promote a client’s health and safety through modification of behavior.</p> <p>For example, assisting a client to identify her conflicting feelings related to an abusive boyfriend: "So, on one hand, you really love him and you don't know what you'd do without him, and on the other hand you're really afraid of his temper and how that will affect the baby."</p>
<p>Breastfeeding Assistance</p>	<p>Preparation of a new mother for breastfeeding her infant, including the activities of education, planning, and support that occur <i>after the delivery of the baby</i>.</p> <p>For example, helping a new mother with proper positioning to assure a comfortable and secure latch and providing her with information on storage and warming of breast milk.</p>
<p>Case Management</p>	<p>Coordinating care and advocating for specified individuals and patient populations across settings to reduce cost, reduce resource use, improve quality of health care and achieve desired outcomes.</p>

Field	Description
Food	Problem solving, case management, and/or referral to address food insecurity.
Individual Teaching	<p>Planning, implementation, and evaluation of a teaching program, including all forms of health education, designed to address a client's particular needs.</p> <p>Individual teaching provides the client with the information, resources, and skills needed during prenatal and postpartum periods.</p> <p>For example, a formal childbirth lesson plan or an impromptu teaching about adequate iron intake when depending on emergency food supplies.</p>
Lactation Counseling	<p>Use of an interactive helping process to assist with maintenance of successful breastfeeding, including the activities of education and planning for breastfeeding <i>during the prenatal period</i>.</p> <p>For example, assessing a client's knowledge about breastfeeding and her desire and motivation to breastfeed, and providing her with breastfeeding education.</p>
Nutritional Monitoring	<p>Collection and analysis of client nutritional data to prevent or minimize malnourishment.</p> <p>For example, asking a client what types and frequencies of food she has eaten, assessing her weight and physical activity, and monitoring trends in weight loss or weight gain.</p>
Referral	<p>Identification of a resource for needed services for the client, facilitating the client's access to the service, and following up to monitor the outcome of the referral.</p> <p>For example, making a referral to a healthcare provider for a depressed client, setting up the appointment, and sharing results of the Beck Depression Scale scoring with the provider.</p> <p>Note: If the service provided for the Issue/Outcome included both Referral and other services described under Case Management (above), select both Referral and Case Management as Interventions. When the entirety of the Intervention consisted of a Referral to another service or agency, select Referral only.</p>
Screening Tool	A tool used to screen for depression such as the CES-D (Center for Epidemiologic Studies Depression Scale) or the EPDS (Edinburgh Postnatal Depression Scale).
Shelter	Problem solving, case management, and/or referral to address housing.
Transportation	Problem solving, case management, and/or referral to address transportation needs.

Field	Description
Utilities	Problem solving, case management, and/or referral to assure access to electricity, plumbing, and heat.

Postpartum Tab

Enter the following postpartum information.

Note: To record multiple births, use the Postpartum fields on additional MCM forms.

Complete the following fields.

Field	Description
Date of Delivery	The infant's date of birth. Enter the date in MM/DD/YYYY format.
Sex	The infant's sex. Select one of the following. Female Male
Birth Weight	The infant's documented weight at time of delivery, in pounds and ounces <i>or</i> in grams. Enter the number.
Birth Length	The infant's documented length at time of delivery, in inches <i>or</i> centimeters. Enter the number.
Gestational Age at Birth (in weeks)	The client's gestational age at birth. Enter the gestational age in weeks, based on the mother's EDD or hospital report at the time of referral.
Breastfeeding Started	Indicates whether or not breastfeeding was ever started. Breastfeeding is defined as <i>the practice of a woman feeding her breast milk to an infant on the average of at least once a day.</i> This includes feeding breast milk through a bottle or with a supplemental nurser. The baby can still be considered breastfeeding after introduction of formula or solids if the infant is receiving breast milk at least once a day. Select one of the following. Yes: breastfeeding was started. No: breastfeeding was never started.

Field	Description
Still Breastfeeding	<p>Indicates whether or not the infant is still breastfeeding. Breastfeeding is defined as <i>the practice of a woman feeding her breast milk to an infant on the average of at least once a day.</i></p> <p>This includes feeding breast milk through a bottle or with a supplemental nurser. The baby can still be considered breastfeeding after introduction of formula or solids if the infant is receiving breast milk at least once a day.</p> <p>Select one of the following.</p> <p>Yes: the infant is still breastfeeding.</p> <p>No: the infant has stopped breastfeeding.</p>
Age when formula or solids first introduced	<p>The chronological age (not corrected age) when the client's infant stopped receiving nourishment <i>solely</i> from breast milk.</p> <p>Enter the age in weeks.</p> <p>NA: indicates that the client did not start breastfeeding or is still feeding infant <i>only</i> breastmilk.</p> <p>Weeks: enter the age in weeks when the infant stopped receiving nourishment solely from breast milk.</p>
If Pregnancy Outcome Not a Live Birth	<p>The reason why the pregnancy did not result in a live birth. Select one of the following.</p> <p>SAB: spontaneous abortion (miscarriage)</p> <p>TAB: therapeutic abortion</p> <p>Stillborn: deceased infant</p>
Date Pregnancy Ended	<p>The date when the pregnancy ended, if it did not result in a live birth.</p> <p>Enter the date in MM/DD/YYYY format.</p>
How many forms are attached?	<p>Indicates multiple births.</p> <p>Circle the number of attached forms to indicate the number of multiple births. (To record multiple births, use the Postpartum Tabs on an additional MCM form for each birth.)</p> <p>1</p> <p>2</p> <p>3</p> <p>more</p>

Billing Tab

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are called “required” fields. Home visiting staff should fill out as many fields as possible, whether or not they are marked “required.”

On the MCM Encounter/Data form and the Field column of tables in this manual:

- The names of fields **required to save a data entry page** are displayed in **ALL CAPS**.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Complete the following fields.

Field	Description
MCM Services and Billing	<p>Procedure codes used in billing MCM services. Select one or more of the following.</p> <p>G9001 Initial Assessment G9006 Home Assessment G9011 Case Management Visit Outside the Home G9012 Case Management Home Visit</p> <p>Notes:</p> <ul style="list-style-type: none"> • No other MCM service can be performed until after an initial assessment has been completed. • <u>Only</u> a Home/Environmental Assessment (G9006) and a Case Management Home Visit (G9012) or Case Management Visit Outside the Home (G9011) may be billed for the same date of service as an initial assessment. <p>For instructions on using MCM billing and diagnostic codes, see Appendix E: Billing and Diagnostic Codes, page 137.</p> <p>For more information about billing policy, see the Maternity Case Management Billing Guide: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/mcm_billing_guide.pdf</p>

Field	Description
Case Management Services	<p>Case management billing codes. Select one or more of the following.</p> <p>G9002 Case Management G9005 High Risk Case Management</p> <p>Notes: Case Management (G9002) cannot be billed in addition to High Risk Case Management (G9005).</p> <p>For instructions on using MCM billing and diagnostic codes, see Appendix E: Billing and Diagnostic Codes, page 137.</p> <p>For more information about billing policy, see the Maternity Case Management Billing Guide: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/mcm_billing_guide.pdf</p>
Location	<p>The location where services were provided. The Location field appears with code G9001.</p> <p>Select one of the following.</p> <p>Home: the MCM service was performed in the home.</p> <p>LHD (Non-FQHC): the MCM service was performed at a local health department facility <i>that is not an FQHC or an RHC</i>.</p> <p>Other: the MCM service was performed at a location other than listed above.</p>
Dx Code	<p>The diagnostic code (v-code) associated with the service performed at the time of the visit.</p> <p>For a list of Dx codes, see Appendix F: Diagnostic V-Codes with Definitions, page 139.</p> <p>Enter the appropriate code(s).</p>
County Codes	<p>The codes that county programs use to track projects, outcomes, or interventions. These codes are assigned at the county level and vary from county to county, and from program to program. For more information, consult your supervisor.</p>
Estimated Date of Next Visit	<p>Approximate date when the client will be seen again.</p> <p>Enter the date in MM/DD/YYYY format.</p>
Date Case Closed *	<p>(Required to close the case.) The date on which the Maternity Case Manager closes the case and discontinues services.</p> <p>Enter the date in MM/DD/YYYY format.</p> <p>If the client was lost to follow-up: List the date the Case Manager realized that the client was lost to follow-up. Do NOT list the date of the last encounter with the client.</p>

Field	Description
Lost to Follow-Up?	<p>Selecting this checkbox indicates that the client was lost to follow-up.</p> <p>Check if the client did not follow up with care, i.e., was lost to follow-up. Leave this field blank if the client was not lost to follow-up.</p> <p>If the client was lost to follow-up: List the date the Case Manager realized that the client was lost to follow-up. Do NOT list the date of the last encounter with the client.</p>

Data Entry

Data Entry Lesson 1: Logging into FamilyNet ORCHIDS

1. Double-click the **FamilyNet Web Access** icon on your desktop:



2. In some instances, at your **first login** to FamilyNet, the **ICA Client File Security** window opens. (See Figure 1.)

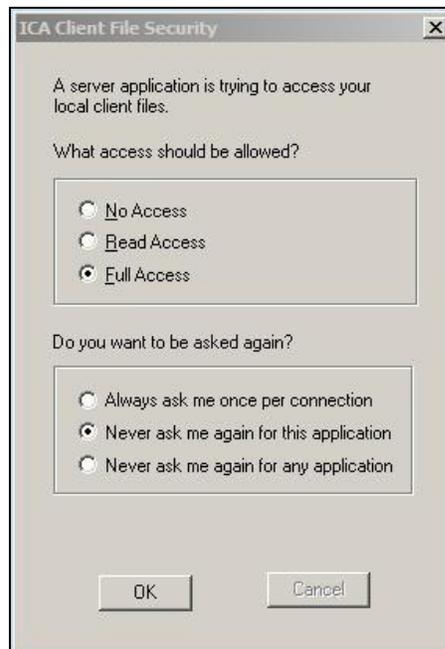


Figure 1. ICA Client File Security window

3. In the window, click **Full Access** and **Never ask me again for this application**, as shown in Figure 1, and click the [OK] button. Normally this window appears only once, so you will be able to skip this step during future logins.

4. The Citrix login screen will appear.

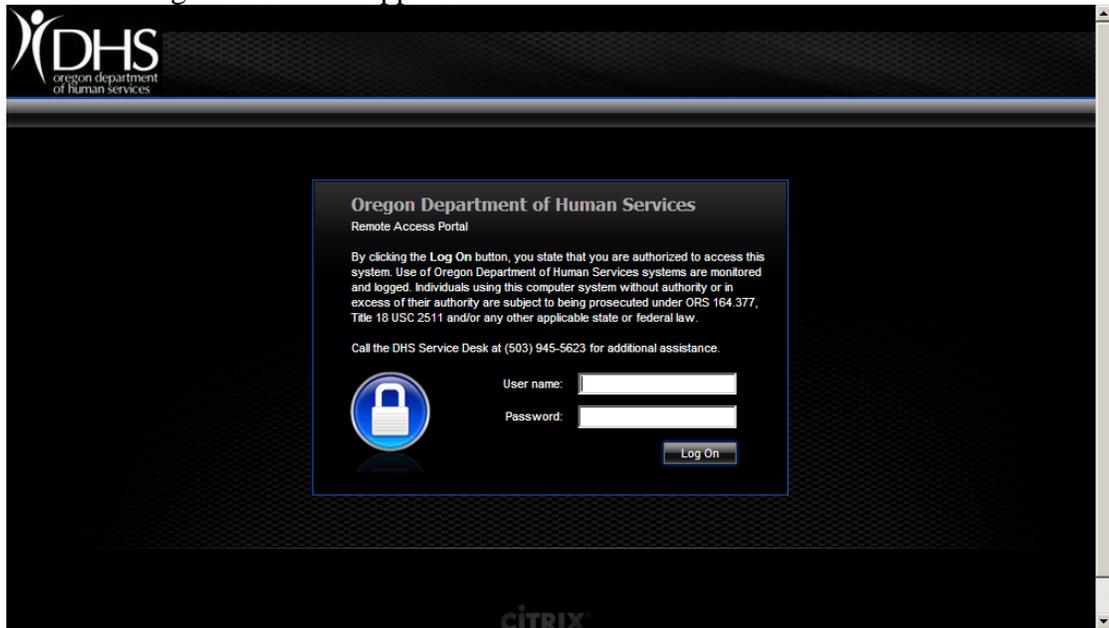


Figure 2. Citrix login screen

5. Enter your **Citrix User name**, which is also referred to as your **Partner ID**, your **P-number**, or your **P-#**. Enter your **Password**. Click the **[Log On]** button. If you do not have a Partner ID and Password, contact your local system administrator.
6. On the Applications screen, click once on the FamilyNet icon:



7. The FamilyNet login screen will appear (Figure 2). Enter your FamilyNet **User ID** and **Password**. Click the **[OK]** button. If you do not have a FamilyNet User ID and Password, contact your local system administrator.



Figure 2. FamilyNet login screen

8. The **Select Modules** window will appear (Figure 3).

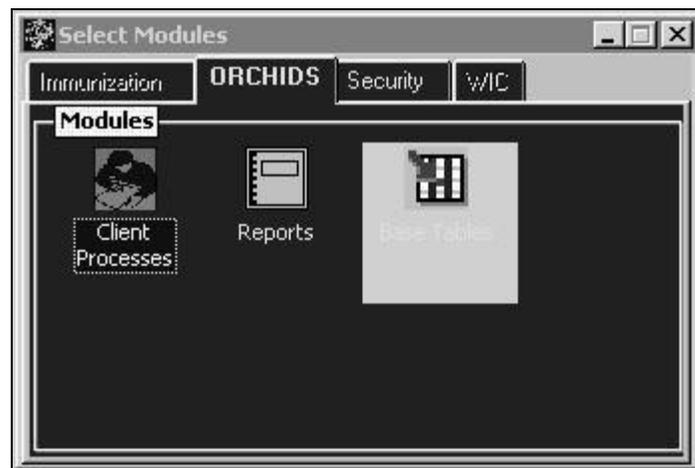


Figure 3. The Select Modules window with the ORCHIDS tab selected

9. In the **Select Modules** window, on the **ORCHIDS** tab, double-click the **Client**



Processes icon: **Client Processes**. The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears (Figure 4), and the **Client Info** tab displays.

The screenshot shows the ORCHIDS - [FC100 - ORCHIDS Client] window. The title bar includes the application name and a menu bar with File, Edit, Window, and Help. Below the menu bar is a toolbar with various icons. The main area is divided into several sections:

- Selected Client:** A text input field for the client's name, followed by fields for DOB (00/00/0000) and State ID.
- Client Info:** A tabbed section with the following fields:
 - Client Information:** A text input field.
 - Income:** A text input field.
 - Interval:** A dropdown menu.
 - Family Size:** A text input field.
 - Concurrent Programs:** A group of checkboxes for Healthy Start, WIC, NFP, Babies First!, OMC, MCM, and CaCoon.
 - Insurance Status at Intake:** A dropdown menu.
 - SSI?:** A dropdown menu.
- Cases | Client Notes:** A tabbed section with a table. The table has the following columns: Program Name, Event Date, Agency Name, Staff Name, and Status. The table is currently empty.
- Buttons:** Open, New Case..., and New Visit.

Figure 4. ORCHIDS - [FC100 - ORCHIDS Client] window, with the Client Info tab displaying

The appearance of the **ORCHIDS – [FC100 – ORCHIDS Client]** screen indicates that you have successfully logged into FamilyNet ORCHIDS!

To conduct a client search and prepare to enter client information, refer to Data Entry Lesson 2: Navigating the System and Performing a Client Search, on page 43.

Data Entry Lesson 2: Navigating the System and Performing a Client Search

Before you add a new client to the system, or add information to an existing client's record, FamilyNet will prompt you to search for the client's record to see if it is already in the FamilyNet database. If it is, you can add information to the record; if it is not, you can create a new record for the client.

To navigate ORCHIDS screens:

Using a **mouse**:

- Move the cursor onto the selected field, button, or arrow. Mouse-click as usual.

Using the **keyboard**:

1. Changing fields:

- To move to the next field, press the **[Tab]** key.
- To move the cursor to the previous field, press the **[Shift] + [Tab]** keys.

2. Changing tabs:

- To move to the next (screen) tab to the right, press the **[F2]** key.
- To move to the next (screen) tab to the left, press the **[F3]** key.

3. Using drop-down menus:

- To see all choices in a drop-down menu, press the **[F4]** key.
- To select a choice in a drop-down menu, press the **Up Arrow** key or **Down Arrow** key, and then press the **[Tab]** key to make the choice and go to the next field. You may also enter the first letter of the selection you want to make and then press the **Up Arrow** key or **Down Arrow** key until you come to your selection.

4. Using checkboxes:

- To check a box, tab to the box and then press the **spacebar** on your keyboard.
- To uncheck a box that is already checked, tab to the box and then press the **spacebar** on your keyboard.

5. Using radio buttons:

- To select a radio button, tab to the field. This will place your cursor in the first radio button in the list of radio buttons. Hitting an arrow key on your keyboard will select the first button in the field. Hitting an arrow key again will move your selection the next radio button in the field. Tab off the field to make your selection.

- To de-select a radio button, tab to the field. This will place your cursor in the first radio button in the list of radio buttons. Your arrow keys will move your cursor onto your selection. Hit the **Delete** button on your keyboard. Answer “OK” to the message pop-up. The dot will disappear from the radio button.
- Your arrow keys will move your cursor between the radio buttons of one field. The up arrow and the left arrow move your cursor up in a list of radio buttons; the down arrow and the right arrow move your cursor down in a list of radio buttons.

To search for and add a new client to the FamilyNet database:

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **Open**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [o]**) (Figure 2). The **ORCHIDS – [FamilyNet]** screen appears (Figure 3).

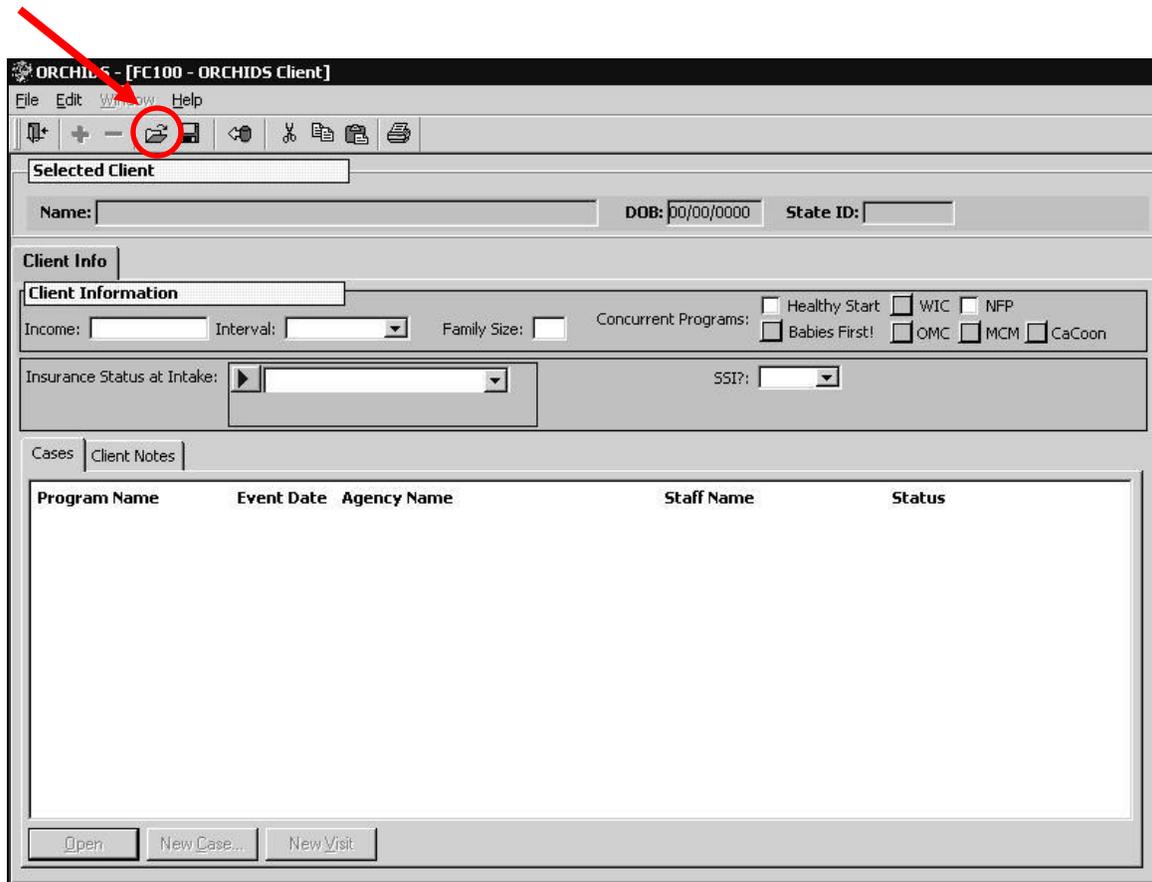


Figure 2. ORCHIDS - [FC100 - ORCHIDS Client] screen with Open icon circled.

2. In the **ORCHIDS – [FamilyNet]** screen, enter the first three letters of the client’s last name in the **Last Name** field (Figure 3.)

Note: The % symbol acts as a multiple character wildcard

Client Search | Guardian Search

Last Name: dem | First: dan | Middle: | Range for Date of Birth: 01/02/1900 | 01/02/1900 | State ID: |

Street #: | Street Name: | Street Type: | City: | Zip Code: | Phone Number: () | Local ID: |

Gender: | Agency: | Application: | App ID: | Social Security #: -- | Medicaid: |

State ID	Last	First	Middle	Suffix	DOB	Name Type
3378419	Dem	Dana	Test	Jr	01/02/1900	Real
3378416	Demo	Danielle	Test		01/02/1900	Real
3378417	Democrat	Danny	Test		01/02/1900	Real
3378418	Demolo	Danasani	Test		01/02/1900	Real
3378420	Demond	Danallah	Test		01/02/1900	Real

Figure 3. ORCHIDS - [FamilyNet] screen with search data entered

3. Enter the first three letters of the client’s first name in the **First Name** field.
4. Enter the client’s date of birth.
5. Click the **[Search]** button (or press **[Alt] + [s]** or **[Enter]**). A list of client names appears (Figure 4).

To clear the screen and add a new last and first name, click the **[New Search]** button (or press the **[Alt] + [n]** keys).

Note: The % symbol acts as a multiple character wildcard

Client Search | Guardian Search

Last Name: dem | First: dan | Middle: | Range for Date of Birth: 01/02/1900 | 01/02/1900 | State ID: |

Street #: | Street Name: | Street Type: | City: | Zip Code: | Phone Number: () | Local ID: |

Gender: | Agency: | Application: | App ID: | Social Security #: -- | Medicaid: |

State ID	Last	First	Middle	Suffix	DOB	Name Type
3378419	Dem	Dana	Test	Jr	01/02/1900	Real
3378416	Demo	Danielle	Test		01/02/1900	Real
3378417	Democrat	Danny	Test		01/02/1900	Real
3378418	Demolo	Danasani	Test		01/02/1900	Real
3378420	Demond	Danallah	Test		01/02/1900	Real

Figure 4. ORCHIDS - [FamilyNet] screen with search results



If the **client name you are searching for appears** on the screen:

- Double-click on the client's name. The [ORCHIDS] screen, along with the **Client Primary** tab for that client, appears.
- Review the **Client Primary** information and update it as necessary, following the instructions on Step 1 of page 49.

If the **client's name is not found**, continue to Step 5, below.

Note: If you find a duplicate FamilyNet record for your client (i.e., two different State ID numbers that you know or suspect are for the same client), contact ORCHIDS Application Support, orchids.app-support@state.or.us or (971) 673-0382. An Alias record and a Real record for the same client will always have the same State ID. Duplicate records for the same client will have different State IDs.

Figure 5. [ORCHIDS] screen showing Client Primary tab

6. If the client name you are searching for does not exist in the database, a window appears indicating that no clients were found that match your query (Figure 6). You will then need to add the client to the database.



Figure 6. Message window: Client not found

7. Click the **[OK]** button.
8. Click the **[Add New Client]** button at the bottom of the **ORCHIDS – [FamilyNet]** screen (or press the **[Alt] + [a]** keys). The **ORCHIDS – [Adding New Client]** screen appears (Figure 7).

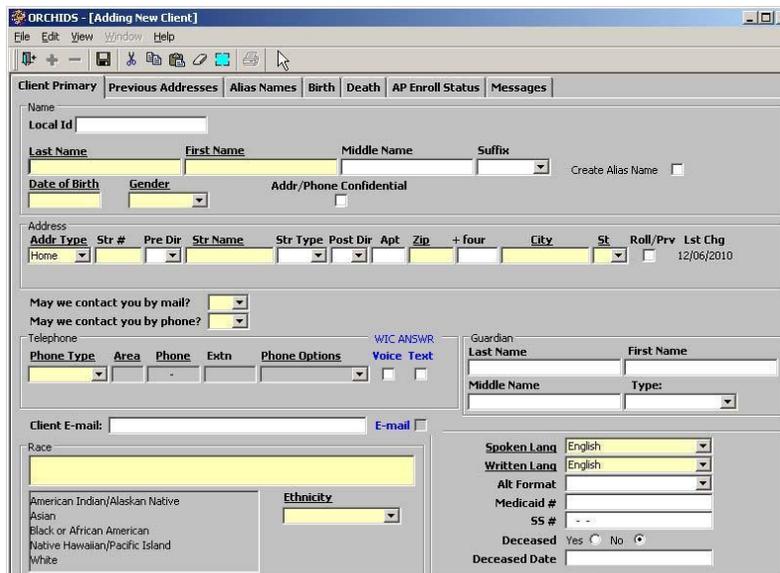


Figure 7. ORCHIDS - [Adding New Client] screen

At this point, you may begin entering data, as described in Data Entry Lessons 3-6, beginning on page 49.

Data Entry Lesson 3: Entering Client Information

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

Required Fields in ORCHIDS

Note: In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the field is complete. These fields are referred to as “required” fields. However, home visiting staff should fill out as many fields as possible, whether marked “required” or not.

On the Maternity Case Management Encounter/Data form and the Field column of tables in this manual:

- The names of fields **required to save a data entry page** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Client Primary Tab

To enter information from the Client Primary Tab section of the MCM Encounter/Data Form:

1. In the **ORCHIDS – [Adding New Client]** screen, enter client information under the **Client Primary** tab. (Figure 8)

The screenshot shows the ORCHIDS software interface for adding a new client. The 'Client Primary' tab is selected. The form includes the following fields and data:

- Name:** Local Id (empty), Last Name: Demo, First Name: Danielle, Middle Name (empty), Suffix (empty), Create Alias Name:
- Birth Info:** Date of Birth: 01/21/1900, Gender: Female, Addr./Phone Confidential:
- Address:** Addr Type: Homeless, Str # (empty), Pre Dir (empty), Str Name (empty), Str Type (empty), Post Dir (empty), Apt (empty), Zip (empty), + four (empty), City (empty), St (empty), Roll/Prv (empty), Lst Chg: 12/06/2010
- Contact Info:** May we contact you by mail? No, May we contact you by phone? No
- Telephone:** Phone Type: No Phone, Area (empty), Phone (empty), Extn (empty), Phone Options (empty), WIC ANSWR: Voice Text
- E-mail:** Client E-mail: (empty), E-mail:
- Race:** American Indian/Alaskan Native; Asian; Black or African American; Native Hawaiian/Pacific Island; White. Selected: American Indian/Alaskan Native
- Ethnicity:** No - not Hispanic
- Other Info:** Spoken Lang: English, Written Lang: English, Alt Format (empty), Medicaid #: 12345678, SS #: --, Deceased: Yes No , Deceased Date (empty)

Figure 8. ORCHIDS screen with Client Primary tab selected

2. Complete the following fields.

Field	Description
Local Id	An agency-entered ID used in counties that have their own numbering system, such as a client medical record number. Enter the number.

Field	Description
LAST NAME	<p>(Required) The client's complete legal last name.</p> <ul style="list-style-type: none"> ▪ If the client is on Medicaid and your agency bills through ORCHIDS: Verify that the client's legal last name matches the name on the client's Medicaid card. If the client's name on the Medicaid card does not match the client's legal name, record the name from the Medicaid card in the Billing-Last Name and First Name fields. (These fields are located on the Client Info tab.) Whatever appears in the Billing-Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP. ▪ If the client's last name contains a hyphen, such as Gonzales-Garcia: Enter the last name as Gonzales-Garcia (with no spaces between the names and the hyphen). The system will search for your client under the names "Gonzales," "Garcia," "Gonzales-Garcia," and "Garcia-Gonzales."
FIRST NAME	<p>(Required) The client's complete legal first name. Enter the first name (not nickname).</p> <p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client's legal name matches the name on the client's Medicaid card. If the client's name on the Medicaid card does not match the client's legal name, record the name from the Medicaid card in the Billing-Last Name and First Name fields. (These fields are located on the Client Info tab.) Whatever appears in the Billing-Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP.</p>
Middle Name	<p>The client's complete legal middle name. Enter the middle name. If the client has no middle name, leave this field blank.</p>
Suffix	<p>A suffix associated with the client's name, if applicable. Select a suffix from the drop-down menu.</p>
Create Alias Name	<p>The checkbox to select to make the name entered an alias. Note: Alias names entered in this field appear under the Alias Names tab in this screen. When searching for a client, the data system searches through real names and alias names.</p>

Field	Description
DATE OF BIRTH	(Required field) The client's date of birth. Enter the date numerically in MM/DD/YYYY format. Note: Birth information entered in this field appears under the Birth tab in this screen.
GENDER	(Required field) The client's gender. Select from the drop-down menu one of the following. Female Male Unknown
Addr/Phone Confidential	The checkbox to select if the address and/or phone number needs extra protection for the client's confidentiality and/or safety. Note: If selected, the client's address will not be included in auto-generated mailing lists. This checkbox does NOT make the client's address/phone invisible to another user.
ADDR TYPE	(Required) The type of the physical address. Select one of the following. Home: the physical address is for the client's residence. Homeless: the client lacks permanent, regular nighttime residence. This includes individuals who live in emergency shelters, in a car, on the street, or who is camping or sleeping temporarily at someone else's home ("couch surfing"). Unknown: the client did not disclose his/her physical address. Note: If the client is homeless and has a mailing address, use the following steps to enter the mailing address. <ol style="list-style-type: none"> 1. Select Homeless in the Physical Address Type field. 2. Click the green Plus  icon in the toolbar at the top of the screen. A new address line appears above the first one. 3. In the new address line, select Mail in the Physical Address Type field. 4. Enter the client's mailing address.
STR #	(Required field) The client's street number, if applicable. Enter the client's street number.

Field	Description
Pre Dir	<p>The street direction, written before the street name, if applicable.</p> <p>Select from the drop-down menu one of the following.</p> <p>E: East N: North NE: Northeast NW: Northwest S: South SE: Southeast SW: Southwest W: West</p>
STR NAME	<p>(Required field) The street name of the client's address, if applicable.</p> <p>Enter the street name.</p>
Str Type	<p>The type of street.</p> <p>Select from the drop-down menu the street type.</p>
Post Dir	<p>The street direction, written after the street name, if applicable.</p> <p>Select one of the following.</p> <p>E: East N: North NE: Northeast NW: Northwest S: South SE: Southeast SW: Southwest W: West</p>
Apt	<p>The client's apartment number.</p> <p>Enter the number.</p>
ZIP	<p>(Required field) The client's zip code.</p> <p>Enter the number.</p> <ul style="list-style-type: none"> • With certain locations, when the zip code is entered, the city and state automatically fills in. • With other locations, when the zip code is entered, the Select City and Zip Code window appears, in which you must click to select from a list the applicant's city, state, and zip code, and then click the [OK] button.

Field	Description
+ four	The four extra numbers in the client's zip code. Enter the numbers.
CITY	(Required field) The city of the client's address. Enter the city.
St	(Required field) The state for the client's address. Enter the state.
Roll/Prv	The checkbox to select to save the entry in the address fields on the Previous Addresses Tab, which is the next tab to the right on this same screen. FamilyNet will store up to one previous address on the Previous Addresses Tab.
Lst Chg	The date when the entry in the Address fields was saved. The current date will appear automatically in this field when you save your entry.
MAY WE CONTACT YOU BY MAIL?	(Required) The client's (or guardian's) instructions about contacting the client (or guardian) by mail. Yes: staff may send mail to the home, work, or mailing address. No: staff may not send mail to the home, work, or mailing address.
MAY WE CONTACT YOU BY PHONE?	(Required) The client's (or guardian's) instructions about contacting the client (or guardian) by phone. Yes: staff may phone the client (or guardian). No: staff may not phone the client (or guardian).

Field	Description
PHONE TYPE	<p>(Required field) The type of contact phone. Select from the drop-down menu one of the following.</p> <p>Home: the phone at the client's residence Message: a number to call to leave a message No Phone: the client does not have a phone Work: the client's work site phone Cell Phone: the client's cellular phone Unknown: you do not know if the client has a phone Cell Phone 2: a second cellular phone</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ If you select No Phone or Unknown, you do not need to enter the phone number. ▪ The data system can store one phone number for each Telephone Type. For example, it will save one Home phone number, one Message number, etc. The data system cannot store more than one phone number for each Telephone Type.
AREA	<p>(Required field) The client's phone number area code. Enter the number.</p>

Field	Description
PHONE	<p>(Required field) The client's seven-digit phone number. Enter the numbers as a seven-digit string (the system will enter the dash).</p> <p>If the client has more than one phone number:</p> <ol style="list-style-type: none"> 1. Complete the phone fields for the primary phone number, as described above. 2. Click the Plus  icon in the toolbar at the top of the screen. You will now be able to add another phone number above the first one. 3. Enter Phone type, Area code, and Phone number, as above. <p>Notes:</p> <ul style="list-style-type: none"> • You may enter more than two phone numbers for a client, but the system screen will only display two at a time. • If more than two numbers are entered, click and drag the slider button (which will appear to the right of the phone number fields) to view other phone numbers. • To delete a phone number, click any of the phone fields for that number, and then click the red Minus  icon.
Extn	<p>The client's phone number extension. Enter the number.</p>
PRIMARY PHONE OPTIONS	<p>Type of communication technology available on the client's primary telephone.</p> <p>Both Voice & Text Text Only Voice Only</p> <p>Select the communication technology from the drop-down list.</p>
Client E-mail	<p>The client's e-mail address. Enter the client's e-mail address.</p>
Guardian: Last Name	Not applicable.
Guardian: First Name	Not applicable.
Guardian: Middle Name	Not applicable.
Guardian: Type	Not applicable.

Field	Description
RACE	<p>(Required field) The client's race.</p> <p>Select one or more of the following race(s) from the gray box below the field. The selection will appear in the yellow "Race" field.</p> <p>American Indian/Alaskan Native Asian Black or African American Native Hawaiian/Pacific Island White</p> <p>To remove a race selection, click the highlighted race in the list in the gray box. The selection will disappear from the yellow field.</p> <p>Note: Unknown is no longer a response in this field. In the rare event when a client refuses to answer this question, staff should make a best guess of race, based on physical appearance.</p>
ETHNICITY	<p>(Required) The ethnicity with which the client most closely identifies.</p> <p>Select one of the following:</p> <p>No - not Hispanic or Latino: the client is not of Hispanic or Latino origin.</p> <p>Yes – Hispanic or Latino: the client is of Hispanic or Latino origin.</p> <p>Note: Unknown is no longer a response in this field. In the rare event when a client refuses to answer this question, staff should make a best guess.</p>
SPOKEN LANG	<p>(Required) The client's primary or preferred spoken language. If the client is an infant or child, select the <i>guardian's</i> primary or preferred spoken language.</p> <p>Select a preferred spoken language other than English from the drop-down menu (or enter the first two letters of the language). For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.</p>
WRITTEN LANG	<p>(Required) The client's primary or preferred written language. If the client is an infant or child, select the <i>guardian's</i> primary or preferred spoken language.</p> <p>Select a preferred written language other than English from the drop-down menu (or enter the first two letters of the language). For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 143.</p>

Field	Description
Alt Format	Alternate form(s) of communication with the client. Select from the drop-down menu an alternate form of communication.
Medicaid # *	(Required to bill a visit) The client's Medicaid number. Enter the number.
SS#	The client's social security number. Enter the number. The dashes are already included in this field; so just enter the number.
Deceased	The button to click to indicate whether or not the client is deceased. Select one of the following. Yes No Note: Death information entered appears under the Death tab in this screen.
Deceased Date	The client's date of death, if applicable. Enter the date of death in MM/DD/YYYY format. Death information entered appears under the Death tab in this screen.

- Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
- Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen. The **ORCHIDS – [FamilyNet]** screen reappears.
If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).



To enter information on the **Client Info** tab,

- Click once on the client's name in the **ORCHIDS - [FamilyNet]** screen (to select it).
- Click the **[Return W/Client]** button at the bottom of the screen (or press **[Alt] + [w]**). The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears.
- Enter client data beginning with Step 1 on page 60.

To **save your work and close ORCHIDS**, continue with step 5, below.

5. To exit ORCHIDS, click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**). You will be returned to the Select Modules window.

Client Info Tab

Enter client information from the Client Info Tab section of the MCM Encounter/Data Form.

1. In the **ORCHIDS - [FC100 - ORCHIDS Client]** screen, click the **Client Info** tab (Figure 9).

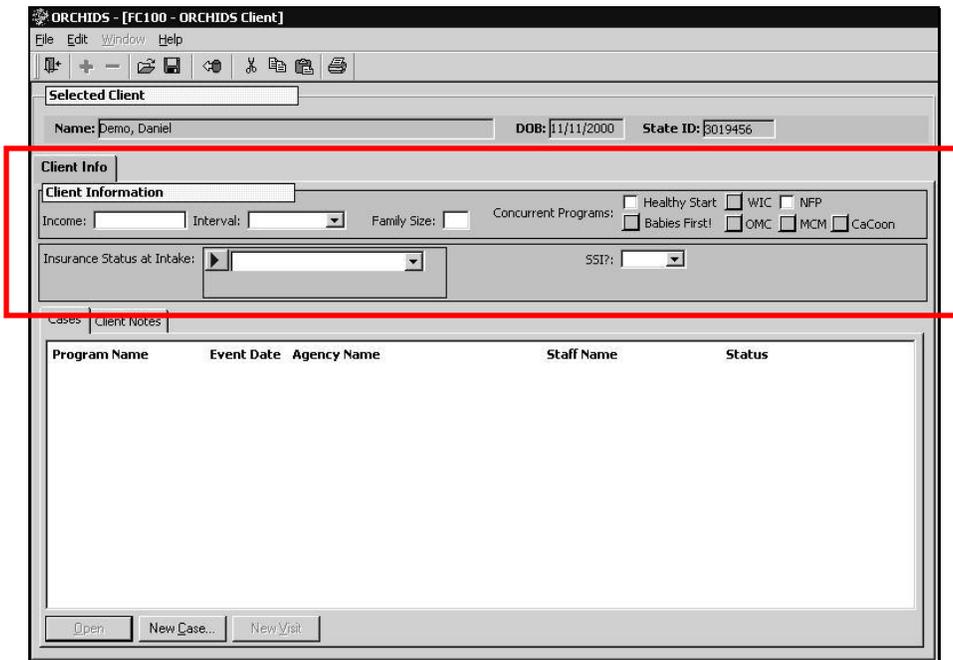


Figure 9. ORCHIDS-[FC100-ORCHIDS Client] screen with Client Info tab selected

2. Complete the following fields.

Field	Description
Income	The income that is available to the entire family before taxes. Enter the amount, without the dollar sign.
Interval	The frequency at which the income amount is available. Select from the drop-down menu one of the following. WEEK: the income is available once a week. BIMONTHLY: the income is available twice a month. MONTH: the income is available once a month. ANNUAL: the income is available once a year.

Field	Description
<p>Family Size</p>	<p>A person or group of people, related or not, who usually (though not necessarily) live together, and whose income and consumption of goods or services are related and who are not residents of an institution.</p> <p>Note: Pregnant women count as two, or more for expected multiple births.</p> <p>Enter the number.</p>
<p>Concurrent Programs</p>	<p>Other programs in which the client is enrolled. Select any that apply.</p> <p>Healthy Start: the home visiting program administered by the Oregon Commission on Children and Families, which provides services to families of first-borns.</p> <p>NFP (Nurse Family Partnership): nurse home visiting services based on the David Olds model.</p> <p>The system will mark the following fields automatically if the client’s program enrollment is recorded in FamilyNet.</p> <p>WIC (Women, Infants, and Children): The special supplemental nutrition education program for women, infants, and children. This field automatically shows an “X” on the screen if the client is enrolled in the WIC program. When the client is no longer enrolled in the WIC program, the field no longer shows an “X.”</p> <p>Babies First!: Not applicable. A child cannot be enrolled in CaCoon and Babies First! simultaneously. This field automatically shows an “X” on the screen if the client has an open Babies First! case. When the client is no longer enrolled in the Babies First! program, the field no longer shows an “X.”</p> <p>MCM (Maternity Case Management): Not applicable. This field automatically shows an “X” on the screen if the client is currently enrolled in the MCM program. When the client is no longer enrolled in the MCM program, the field no longer shows an “X.”</p> <p>If a client is enrolled in MCM in another agency, please contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us .</p> <p>CaCoon: This field automatically shows an “X” on the screen if the client is enrolled in the CaCoon program. When the client is no longer enrolled in the CaCoon program, the field no longer shows an “X.”</p>

Field	Description
<p>Insurance Status at Intake</p>	<p>The client’s insurance coverage when the client is enrolled. Select all that apply.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services, which, like private insurance, includes premium payments and co-payments for many services.</p> <p>OHP Plus: the Oregon Health Plan (OHP) benefit package based on a prioritized list of health services, which covers more than OHP Standard benefits and is available to eligible pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical): the benefit package that covers undocumented women for emergent prenatal care, labor and delivery, and covers undocumented children for emergent care.</p> <p>CAWEM Plus: the expanded benefit package for pregnant non-citizens who live in certain counties. CAWEM Plus covers additional services beyond what CAWEM covers, including MCM and most other services that OHP Plus covers. Once the client’s pregnancy ends, her CAWEM Plus coverage converts to CAWEM emergency coverage, which does not cover MCM.</p> <p>Indian Health Service: the Department of Health and Human Services health care program providing medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-HIS facilities.</p> <p>Other: the client has health care service from some other provider, for example, private insurance or military benefits.</p> <p>None: the client does not have health insurance.</p> <p>Note:</p> <ul style="list-style-type: none"> • If the client has insurance coverage from more than one source, add additional rows to the field. Click the blue arrow  beside the Insurance Status at Intake field, then click the green Plus  icon in the toolbar at the top of the screen (or press [Ctrl] + [i]). A new row will appear. • To delete a referral source, click on the row you wish to delete, and then click the red Minus icon  in the toolbar at the top of the screen (or press [Ctrl] + [d]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]). The row will disappear.

Field	Description
SSI?	<p>(Not required for MCM) Indicate whether the client has Supplementary Security Income.</p> <p>Select one of the following.</p> <p>Yes: the client currently receives SSI.</p> <p>No: The client does not currently receive SSI.</p>
Billing Name–First	<p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client’s legal first name matches the name on the client’s Medicaid card. If the client’s name on the Medicaid card does not match the client’s legal name, record the name from the Medicaid card in the Billing–Last Name and First Name fields.</p> <p>Whatever appears in the Billing–Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP.</p>
Billing Name–Last	<p>If the client is on Medicaid and your agency bills through ORCHIDS, verify that the client’s legal first name matches the name on the client’s Medicaid card. If the client’s name on the Medicaid card does not match the client’s legal name, record the name from the Medicaid card in the Billing–Last Name and First Name fields.</p> <p>Whatever appears in the Billing–Last Name and First Name fields is what will appear on the electronic Medicaid claim that ORCHIDS submits to DMAP.</p>



To **enter new case information** on the **Maternity Case Management Case** tab, continue to Step 1 on page 64.

To **save your work and close ORCHIDS**, continue with Step 3, below.

3. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
4. Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen. The **ORCHIDS – [FamilyNet]** screen reappears.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

Data Entry Lesson 4: Entering Case Information

Maternity Case Management Case Tab - Adding a New Case

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are referred to as “required” fields. However, home visiting staff should fill out as many fields as possible, whether marked “required” or not.

On the Maternity Case Management Encounter/Data form and the Field column of tables in this manual:

- The names of fields **required to save a data entry page** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

To add a new case from the **Maternity Case Management Case** tab section of the Maternity Case Management Encounter/Data Form:

To add a new case:

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **[New Case]** button (or press **[Alt] + [c]**). The **FC110 – Select Program** window appears (Figure 10).

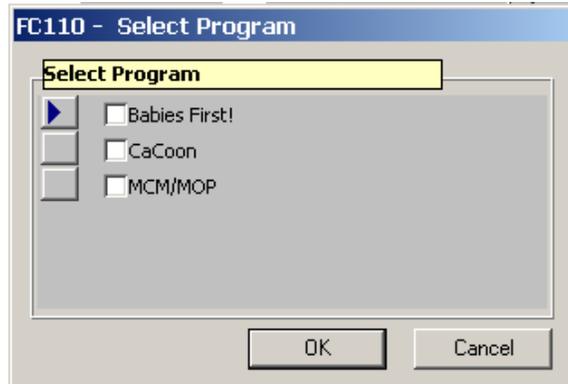


Figure 10. FC110 - Select Program window

2. In the **FC110 – Select Program** window, click the checkbox next to **Maternity Case Management**, or press [m].
3. Click the **[OK]** button, or press **[Return]**. Additional tabs appear to the right of the **Client Info** tab (Figure 11).

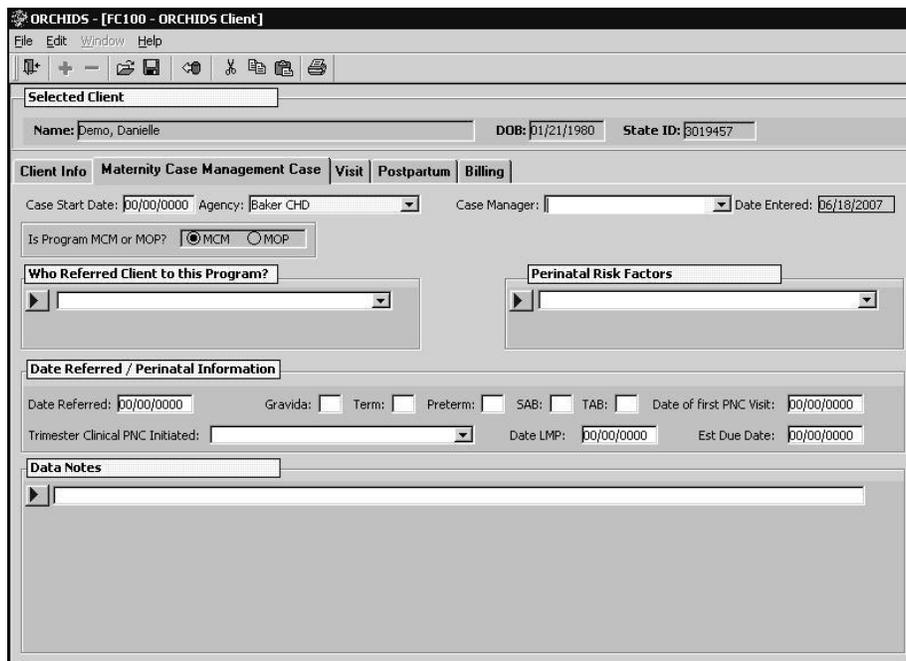


Figure 11. ORCHIDS - [FC100 - ORCHIDS Client] screen with additional tabs visible

4. Click the **MCM Case** tab, and complete the following fields.

Field	Description
CASE START DATE	(Required field) The date of the first visit. Enter the date in MM/DD/YYYY format.
Agency	The name of the agency for which you work. This field automatically populates.
CASE MANAGER	(Required) The name of the case manager conducting the Home Visit or supervising the visit, if conducted by a non-nurse. Select from the drop-down menu the case manager's name.
Date Entered	The date on which the data is entered into the computer system. This field automatically populates.
IS PROGRAM MCM OR MOP?	The Maternity–Other Program (MOP) encompasses services provided for a woman who is not enrolled in MCM. This includes postpartum visits to women who were not seen prenatally or to women beyond 2 months postpartum. Click the appropriate button. Once you save the entry in this field, you will not be able to change your selection. Note: When MOP is selected and saved, the MCM billing fields disappear from the Billing Tab.

Field	Description
Who Referred Client to This Program?	<p>The agency or type of provider that referred the client to MCM. Select the referring agency/provider from the drop-down menu. If more than one agency/provider referred the client, you will need to add additional rows to this field to record all sources.</p> <p>Notes:</p> <ul style="list-style-type: none"> To add additional rows to this field, click the blue arrow  beside the Who Referred Client to This Program? field, then click the green Plus icon  in the toolbar at the top of the screen (or press [Ctrl] + [i]). A second drop-down menu will appear. To delete a referral source, click on the referral source, and then click the red Minus icon  in the toolbar at the top of the screen (or press [Ctrl] + [d]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]). <p>For a list of referral sources, see Appendix A – Referral Codes (by number), page 117; Appendix B – Referral codes (by name), page 119; or Appendix C - Referral Codes (by category), page 121.</p>

Field	Description
Perinatal Risk Factors	<p>Factors present which give a client enhanced vulnerability to an unwanted outcome.</p> <p>Select the risk factor from the drop-down menu. If more than one risk factor applies, you will need to add additional rows to this field to record all that apply. (See bulleted list below.)</p> <p>Notes:</p> <ul style="list-style-type: none"> • If additional risk factors are identified throughout the case, they should be recorded in this section. • Never delete risk factors that resolve over the life of a client's case. • To add additional rows to the field in order to capture multiple risk factors, click anywhere on the field, then click the green Plus icon  at the top of the screen. A new row will appear. Select another risk factor from the drop-down menu. • To delete a risk factor that's been entered in error, click the blue arrow  next the risk factor you wish to delete, and then click the red Minus  icon in the toolbox at the top of the screen (or press [Alt] + [F4]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]). <p>For a complete list of perinatal risk factors with their descriptions, see page 18.</p>
Date referred	<p>The date the agency received the referral, via fax, phone call, or email.</p> <ul style="list-style-type: none"> • If the client is a walk-in, enter the date the client came in. • Date Referred can be the same as the Case Start Date. <p>Enter the date in MM/DD/YYYY format.</p>
Gravida	<p>The client's total number of pregnancies.</p> <p>This is automatically calculated, based on the amounts you entered in the Term, Preterm, SAB, and TAB fields.</p> <p>Note: This figure may be manually altered in ORCHIDS to include stillbirths in the Gravida total.</p>
Term	<p>The client's total number of infant deliveries between 37 and 40 weeks after conception.</p> <p>Enter the number.</p>

Field	Description
Preterm	The client's total number of deliveries prior to 37 weeks after conception. Enter the number.
SAB	The client's total number of spontaneous abortions (miscarriages). Enter the number in the field.
TAB	The client's total number of therapeutic abortions. Enter the number.
Date of First PNC Visit	The date on which the client completed her first prenatal care visit with a physician or midwife (a completed visit; not just a scheduled visit). If the client cannot remember the exact date: Assist the client in estimating a date by asking whether the visit happened in the past week, month, or two months, or by asking if the visit occurred close to a holiday or another special event. Enter the date in MM/DD/YYYY format.
Trimester Clinical PNC Initiated	The trimester when the client began prenatal care. Select from the drop-down menu one of the following. FIRST: prenatal care was initiated at the time of the first trimester. SECOND: prenatal care was initiated at the time of the second trimester. THIRD: prenatal care was initiated at the time of the third trimester. NONE: prenatal care has not been initiated.
Date LMP	The date of the client's last menstrual period (LMP). Enter the date in MM/DD/YYYY format. Note: If Date LMP is entered, the computer system automatically calculates Est. Due Date .
Est. Due Date	The estimated date on which the baby is due to arrive (date of infant delivery +/- two weeks), automatically calculated by the computer system based on the entry in the Date LMP field. Note: If Date LMP is entered, the computer system automatically calculates Est. Due Date . You may enter a value for Est. Due Date , in MM/DD/YYYY format, to override the automatic calculation feature.

5. To add notes related to the data entry, double-click the **Data Notes** field. The **GW 0105 – Notes** window appears (Figure 12).

Note: DO NOT use this field to enter nursing notes. Nursing notes should be recorded in the client’s medical record. Data notes saved within one case are not visible from another case. For example, notes saved within Babies First! are separate from notes saved within Maternity Case Management data notes.

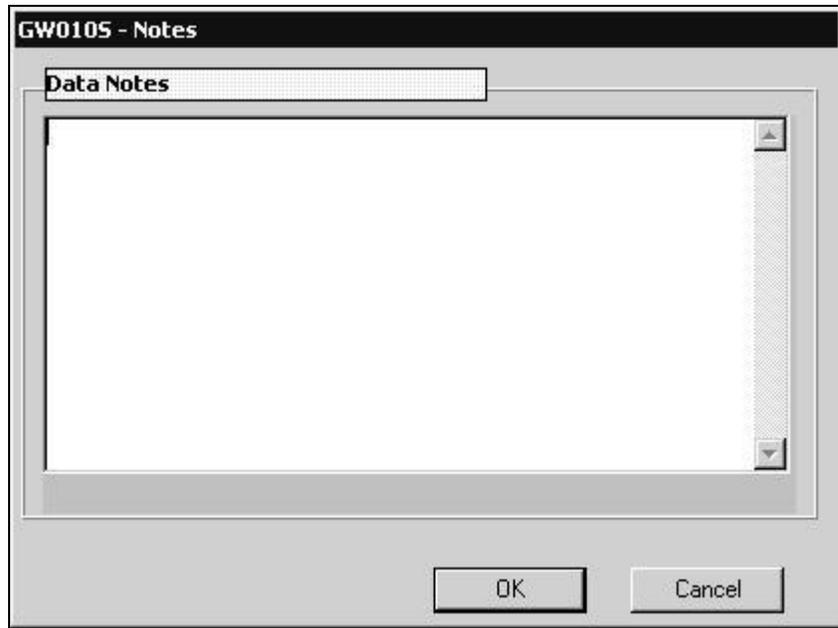


Figure 12. GW0105 - Notes window [update needed]

6. Enter data notes in the **GW 0105 – Notes** window.
7. Click the **[OK]** button.

Notes:

- To enter another note, tab or click anywhere in the Data Notes area of the screen, and then click the green **Plus**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [i]**). A second window appears, in which you may enter more notes, and then click the **[OK]** button.
- To delete a note, click the blue  arrow next to the note you want to delete, and then click the red **Minus**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [d]**). A window appears, asking if you want to remove that row. Click the **[Yes]** button (or press **[y]**).



To **enter visit information** under **Visit Tab**, continue to Step 3 on page 82.

To **save your work and close ORCHIDS**, continue with Step 8, below.

8. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
9. Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

MCM Case Tab – Adding or Changing Case Information to an Existing Case

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are referred to as “required” fields. Home visiting staff should fill out as many fields as possible, whether marked “required” or not.

On the Maternity Case Management Encounter/Data form and the Field column of tables in this manual:

- The names of fields **required to save a data entry screen** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

To add or change case information:

1. On the **ORCHIDS - [FC100-ORCHIDS Client]** screen with the **Client Info** tab selected, click to highlight the open MCM case in the **Cases** window (Figure 13).

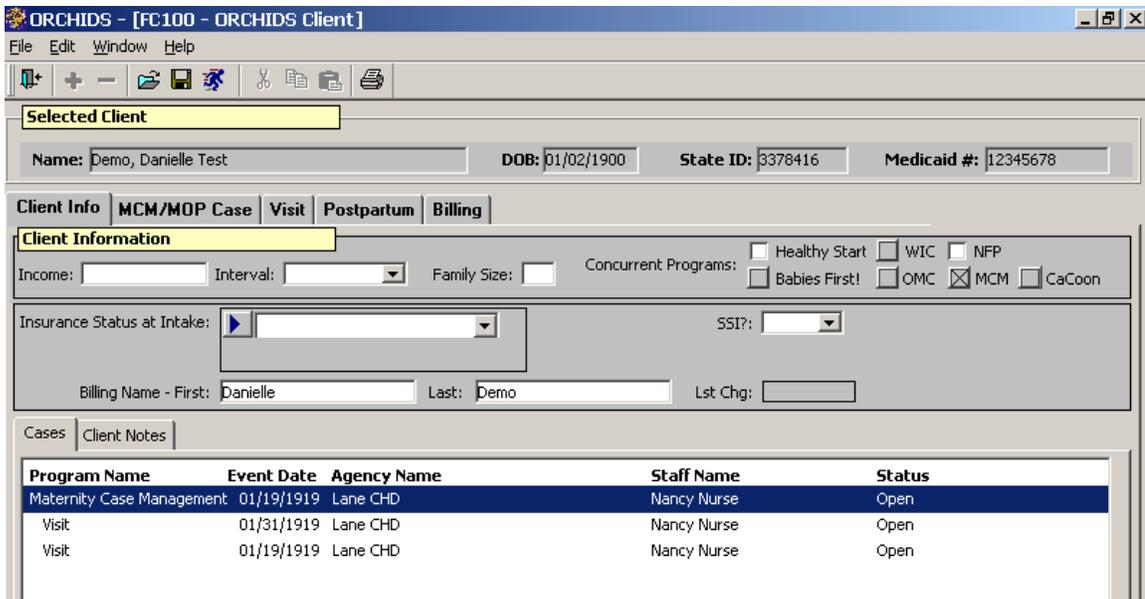


Figure 13. ORCHIDS - [FC100 - ORCHIDS Client] window with Client Info tab, with an open MCM case selected

2. Click the **Open** button at the bottom of the screen (or press **[Alt] + [o]**, or simply double-click on the selected case). The Case tab opens on the screen (Figure 14).

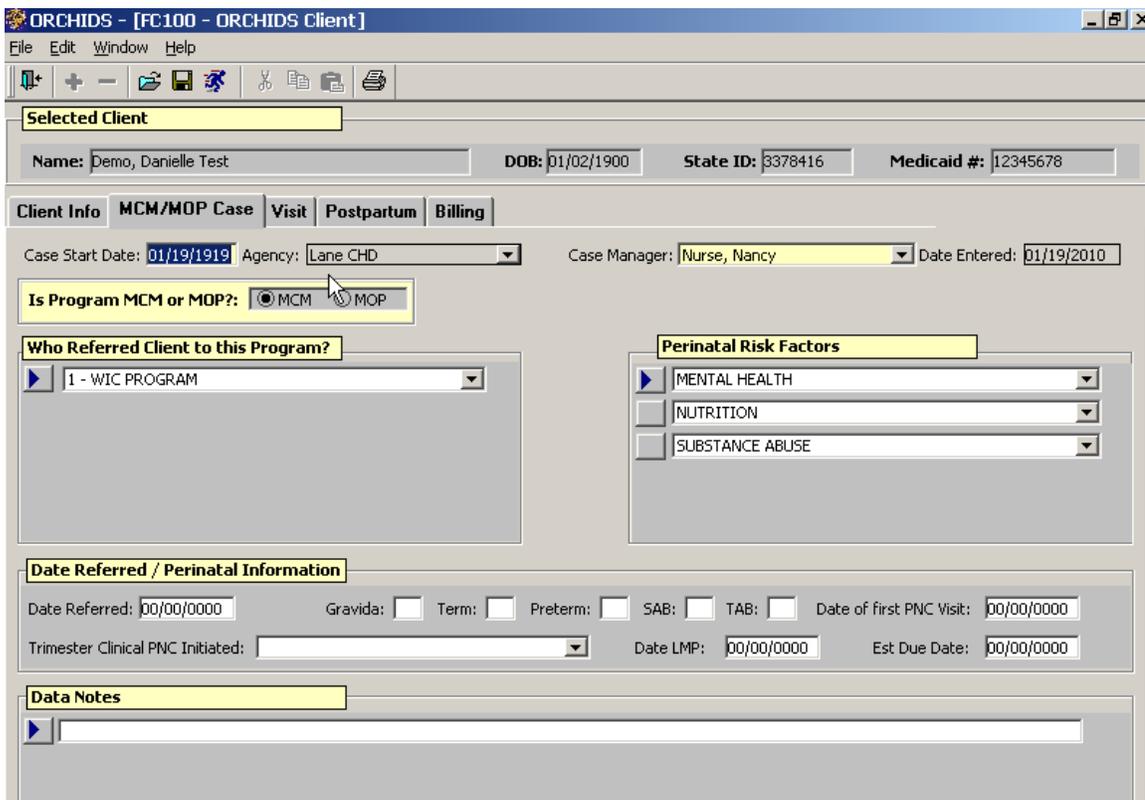


Figure 14. ORCHIDS - [FC100 - ORCHIDS Client] screen with the MCM Case tab displaying

3. Complete the following fields.

Field	Description
CASE START DATE	(Required field) The date of the first visit. Enter the date in MM/DD/YYYY format.
Agency	The name of your agency where you work. This field automatically populates.
CASE MANAGER	(Required) The name of the case manager conducting the Home Visit or supervising the visit, if conducted by a non-nurse. Select from the drop-down menu the case manager's name.
Date Entered	The date on which the data is entered into the computer system. This field automatically populates.
IS PROGRAM MCM OR MOP?	The Maternity–Other Program (MOP) encompasses services provided for a woman who is not enrolled in MCM. This includes postpartum visits to women who were not seen prenatally or to women beyond 2 months postpartum. Click the appropriate button. Once you save the entry in this field, you will not be able to change your selection. Note: When MOP is selected and saved, the MCM billing fields disappear from the Billing Tab.

Field	Description
Who Referred Client to This Program?	<p>The agency or type of provider that referred the client to MCM. Select the referring agency/provider from the drop-down menu. If more than one agency/provider referred the client, you will need to add additional rows to this field to record all sources.</p> <p>Notes:</p> <ul style="list-style-type: none"> • To add additional rows to this field, click the blue arrow  beside the Who Referred Client to This Program? field, then click the green Plus icon  in the toolbar at the top of the screen (or press [Ctrl] + [i]). A second drop-down menu will appear. • To delete a referral source, click on the referral source, and then click the red Minus icon  in the toolbar at the top of the screen (or press [Ctrl] + [d]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]). <p>For a list of referral sources, see Appendix A: Referral Codes (by number), page 117; Appendix B: Referral codes (by name), page 119; or Appendix C: Referral Codes (by category), page 121.</p>

Field	Description
Perinatal Risk Factors	<p>Factors present which give a client enhanced vulnerability to an unwanted outcome.</p> <p>Select the risk factor from the drop-down menu. If more than one risk factor applies, you will need to add additional rows to this field to record all that apply. (See bulleted list below.)</p> <p>Notes:</p> <ul style="list-style-type: none"> • If additional risk factors are identified throughout the case, they should be recorded in this section. • Never delete risk factors that resolve over the life of a client's case. • To add additional rows to the field in order to capture multiple risk factors, click anywhere on the field, then click the green Plus icon  at the top of the screen. A new row will appear. Select another risk factor from the drop-down menu. • To delete a risk factor that's been entered in error, click the blue arrow  next the risk factor you wish to delete, and then click the red Minus  icon in the toolbox at the top of the screen (or press [Alt] + [F4]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]). <p>For a complete list of perinatal risk factors with their descriptions, see page 18.</p>
Date referred	<p>The date the agency received the referral, via fax, phone call, or email.</p> <ul style="list-style-type: none"> • If the client is a walk-in, enter the date the client came in. • Date Referred can be the same as the Case Start Date. <p>Enter the date in MM/DD/YYYY format.</p>
Gravida	<p>The client's total number of pregnancies.</p> <p>This is automatically calculated, based on the amounts you entered in the Term, Preterm, SAB, and TAB fields.</p> <p>Note: This figure may be manually altered in ORCHIDS to include stillbirths in the Gravida total.</p>
Term	<p>The client's total number of infant deliveries between 37 and 40 weeks after conception.</p> <p>Enter the number.</p>

Field	Description
Preterm	The client's total number of deliveries prior to 37 weeks after conception. Enter the number.
SAB	The client's total number of spontaneous abortions (miscarriages). Enter the number in the field.
TAB	The client's total number of therapeutic abortions. Enter the number.
Date of First PNC Visit	The date on which the client completed her first prenatal care visit with a physician or midwife (a completed visit; not just a scheduled visit). If the client cannot remember the exact date: Assist the client in estimating a date by asking whether the visit happened in the past week, month, or two months, or by asking if the visit occurred close to a holiday or another special event. Enter the date in MM/DD/YYYY format.
Trimester Clinical PNC Initiated	The trimester when the client began prenatal care. Select from the drop-down menu one of the following. FIRST: prenatal care was initiated at the time of the first trimester. SECOND: prenatal care was initiated at the time of the second trimester. THIRD: prenatal care was initiated at the time of the third trimester. NONE: prenatal care has not been initiated.
Date LMP	The date of the client's last menstrual period (LMP). Enter the date in MM/DD/YYYY format. Note: If Date LMP is entered, the computer system automatically calculates Est. Due Date .
Est. Due Date	The estimated date on which the baby is due to arrive (date of infant delivery +/- two weeks), automatically calculated by the computer system based on the entry in the Date LMP field. Note: If Date LMP is entered, the computer system automatically calculates Est. Due Date . You may enter a value for Est. Due Date , in MM/DD/YYYY format, to override the automatic calculation feature.

4. To add notes related to the data entry, double-click the **Data Notes** field. The **GW 0105 – Notes** window appears (Figure 15).

Note: *DO NOT* use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record. Data notes saved within one case are not visible from another case. For example, notes saved within Babies First! are separate from notes saved within Maternity Case Management data notes.

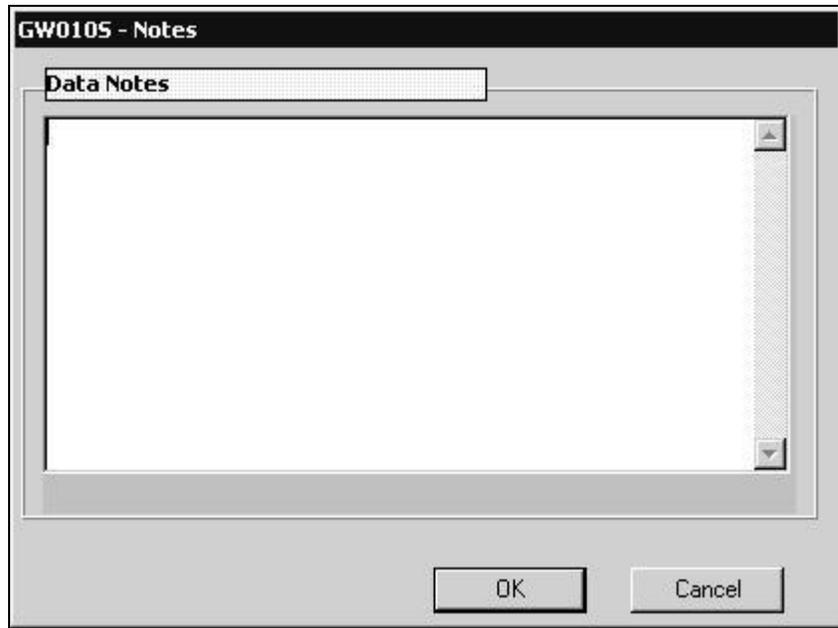


Figure 15. GW0105 - Notes window

5. Enter a data note in the **GW 0105 – Notes** window.
6. Click the **[OK]** button. The **GW 0105 – Notes** window closes.

Notes:

- To enter another note, tab or click anywhere in the Data Notes area of the screen, and then click the green **Plus**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [i]**). A second window appears, in which you may enter more notes, and then click the **[OK]** button.
- To delete a note, click the blue  arrow next to the note you want to delete, and then click the red **Minus**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [d]**). A window appears, asking if you want to remove that row. Click the **[Yes]** button (or press **[y]**).



To **enter visit information** under the **MCM Visit Tab**, continue to Step 3 on page 82.

To **save your work and close ORCHIDS**, continue with Step 7, below.

7. Click the **Close**  icon in the toolbar at the top of the screen to close the screen.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

Data Entry Lesson 5: Entering Visit Information

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are referred to as “required” fields. Home visiting staff should fill out as many fields as possible, whether or not they are marked “required.”

- The names of fields **required to save a data entry page** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Visit Tab

The following steps describe how to enter information from the **Visit Tab** on the Encounter/Data Form.

1. To enter information on a **new visit**, click to select the Maternity Case Management **case** in the **Cases** window (Figure 16).

Note: To add information on a **visit that has already been saved**, click to select the MCM **visit** in the **Cases** window, and then click **Open** (or enter **[Alt] + [o]**, or simply double-click the selected visit). The **Visit Tab** opens. Skip to Step 3, below.

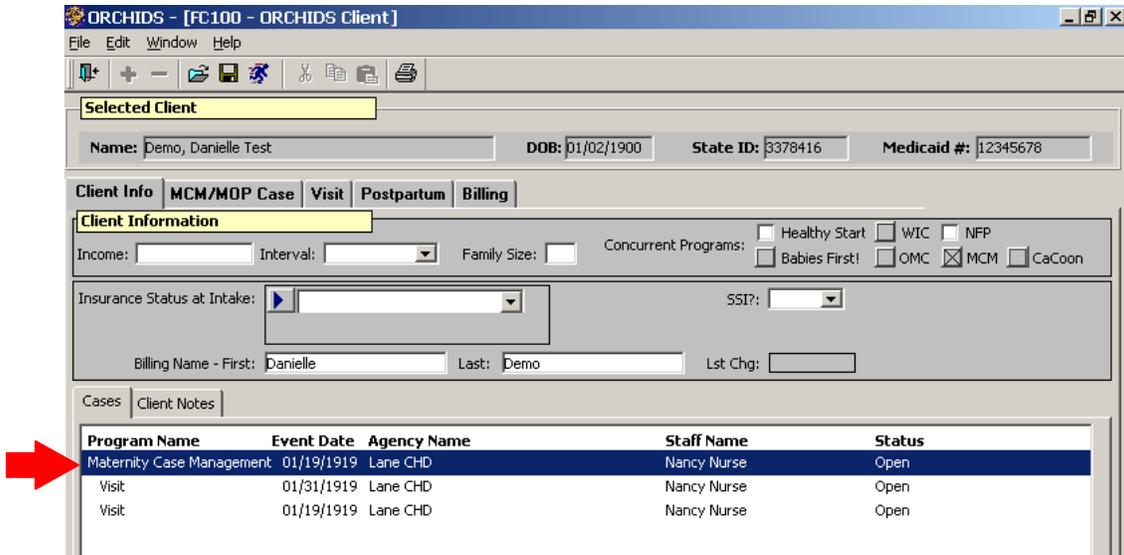


Figure 16. ORCHIDS [FC100 - ORCHIDS Client] screen with the MCM Case selected

2. Click the **[New Visit]** button at the bottom of your screen. Additional tabs appear on the screen. The new **Visit Tab** displays (Figure 17).

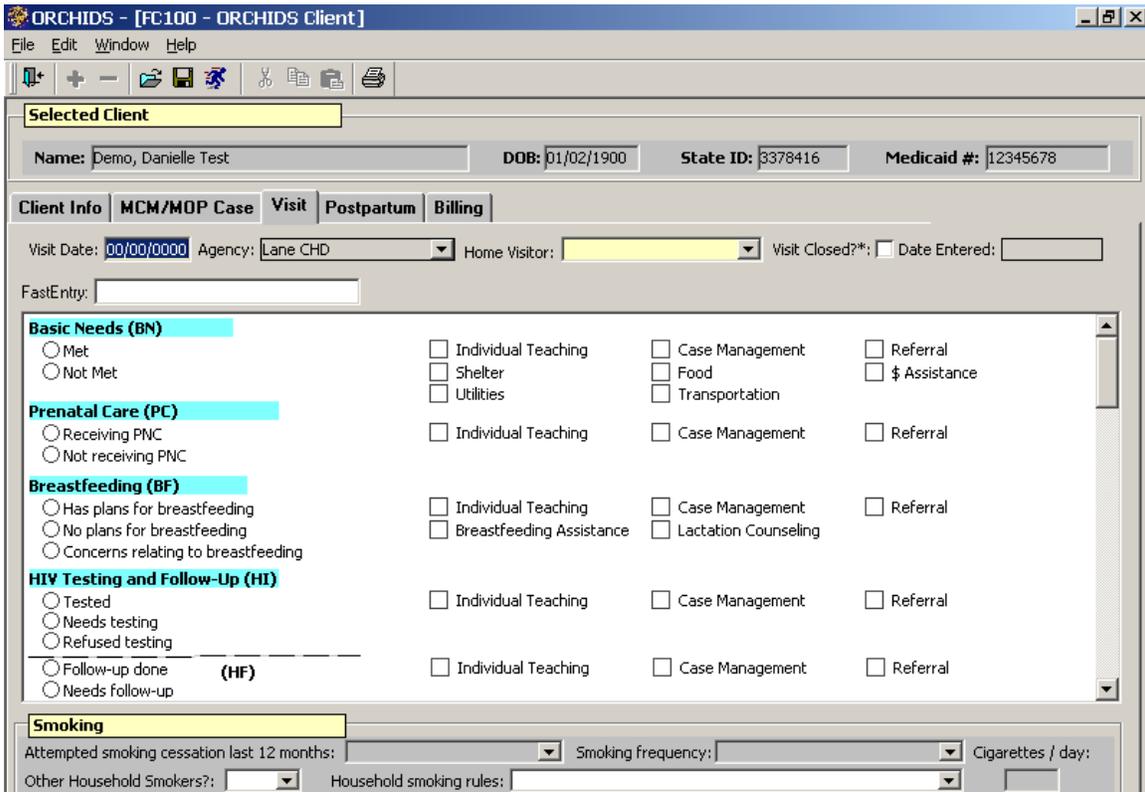


Figure 17. ORCHIDS - [FC100 - ORCHIDS Client] screen with the (new) Visit tab displaying

3. Complete the following fields.

Field	Description
VISIT DATE	(Required) The date of the current visit for which data is being submitted. Enter the date in MM/DD/YYYY format.
Agency	The name of your agency where you work. This field automatically populates.
HOME VISITOR	(Required) The name of the staff member who conducted the home visit. Select a home visitor from the drop-down menu.
Visit Closed? *	(Required to close a visit) The checkbox to select to indicate that the visit is closed. Note: A visit must be closed in order to bill for the visit. If you have not finished entering all the data for a particular visit, leave that visit open, because an open visit on the Client Info Tab will remind you to return and finish entering data.
Date Entered	The date when the visit information is entered. This field populates with today's date when you save your entry.

The following steps describe how to add visit information from the **Issues/Outcomes and Interventions (I/O/I)** section of the MCM Encounter/Data Form.

4. Enter client I/O/I visit information.

For instructions on **how to use FastEntry** to quickly enter issues/outcomes and interventions data, see Appendix D: FastEntry Guidelines and Codes, page 125.

5. Complete the fields in the **Smoking** section of the **Visit** tab.

Field	Description
Attempted smoking cessation during the past 12 months	<p>Indicates whether or not a client has made an effort to stop smoking within the past year outcomes.</p> <p>Select one of the following.</p> <p>Yes, no longer smokes: the client quit smoking within the past 12 months.</p> <p>Yes, didn't stay quit: the client quit smoking within the past 12 months, but has recently resumed smoking.</p> <p>No: the client did not quit smoking within the past 12 months.</p> <p>Note: This field is activated only when the Recent History of Smoking outcome has been checked under the Tobacco issue in the IOI window.</p>
Smoking frequency	<p>Indicates how often the client smokes.</p> <p>Select one of the following.</p> <p>Every day: the client smokes every day.</p> <p>Some days: the client occasionally smokes.</p> <p>Not at all: the client does not smoke.</p> <p>Note: This field is activated only when the Recent History of Smoking outcome has been checked under the Tobacco issue in the IOI window.</p>
# of cigarettes/day (20 = 1 pack)	<p>The average number of cigarettes the client smokes per day (one cigarette pack = 20 cigarettes).</p> <p>Enter the number.</p> <p>Note: This field is activated only when the Recent History of Smoking outcome has been checked under the Tobacco issue in the IOI window.</p>
Other household smokers?	<p>Indicates whether or not there is another resident or frequent visitor who smokes.</p> <p>Select one of the following.</p> <p>Yes: there is another person in the household who smokes.</p> <p>No: there is no other person in the household who smokes.</p>

Field	Description
Household smoking rules	<p>Indicates whether or not smoking is allowed in the household, and if so, where smoking is permitted.</p> <p>Select one of the following.</p> <p>No smoking allowed anywhere inside: smoking is not permitted anywhere inside the home.</p> <p>Smoking allowed in some rooms: smoking is permitted in some rooms in the house.</p> <p>Smoking permitted anywhere inside: smoking is allowed anywhere inside the house.</p>

6. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.



To **enter information** on the **Postpartum Tab**, continue to Step 1 on page 85.

To **save your work and close ORCHIDS**, continue with Step 7, below.

7. Click the **Close**  icon in the toolbar at the top of the screen to close the screen (or press **[Alt] + [F4]**).

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

Data Entry Lesson 6: Entering Postpartum Information

Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the field is completed. These fields are referred to as “required” fields. However, home visiting staff should fill out as many fields as possible, whether marked “required” or not.

Note:

- The names of fields **required to save a data entry page** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to close a visit or case** are followed by an asterisk (*), both on the screen and on the Encounter/Data Form.

Postpartum Tab

The following steps describe how to enter information from the **Postpartum Tab** of the MCM Encounter/Data Form.

1. On the **ORCHIDS - [FC100 - ORCHIDS Client]** screen, click on the **Postpartum** tab (Figure 18). The tab opens.

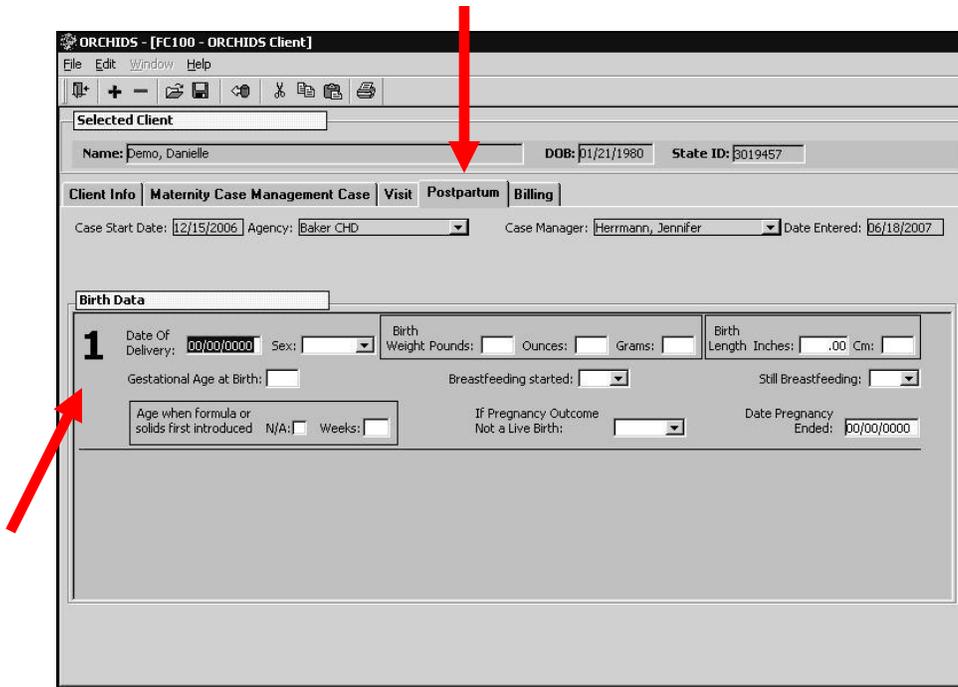


Figure 18. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Postpartum tab displaying

2. Complete the following postpartum fields.

Note: For **multiple births**, complete the set of fields below for one infant, then click the green plus  icon on the toolbar at the top of the screen. A new set of fields for the second infant will appear on your screen. Complete the set of fields for the second infant. Enter data for each infant

Field	Description
Case Start Date	(Required) The date of the first service, whether a phone call, home visit, field visit, or office visit. Entry automatically populates from the Case Tab .
Agency	The name of the agency for which you work. This field automatically populates.
Case Manager	(Required) The name of the B1st! case manager conducting the Home Visit or supervising the visit, if conducted by a non-nurse. Entry automatically populates from the Case Tab .
Date Entered	The date on which the data is entered into the computer system. This field automatically populates.
Date of Delivery	The infant's date of birth. Enter the date in MM/DD/YYYY format.

Field	Description
Sex	The infant's sex. Select from the drop-down menu one of the following. MALE FEMALE
Birth Weight	The infant's documented weight at time of delivery, in pounds and ounces <i>or</i> in grams. Enter the number.
Birth Length	The infant's documented length at time of delivery, in inches <i>or</i> centimeters. Enter the number.
Gestational Age at Birth (weeks)	The client's gestational age at birth. Enter the gestational age in weeks, based on the mother's EDD or hospital report at the time of referral.
Breastfeeding Started	Indicates whether or not breastfeeding has been started by the time of data entry. Select from the drop-down menu one of the following. Yes No
Still Breastfeeding	Indicates whether or not the infant is still breastfeeding. Select from the drop-down menu one of the following. Yes No
Age when formula or solids first introduced	The chronological age (not corrected age) when the client stopped receiving nourishment <i>solely</i> from breast milk. Enter the age in weeks. NA (not applicable): indicates that the client never started breastfeeding or is still fed <i>only</i> breastmilk. Weeks: enter the age in weeks when the client stopped receiving nourishment solely from breastmilk.
If Pregnancy Outcome Not a Live Birth	The reason why the pregnancy did not result in a live birth. SAB: spontaneous abortion (miscarriage). TAB: therapeutic abortion. STILLBORN: baby was born deceased.
Date Pregnancy Ended	The date on which the pregnancy ended, if it did not result in a live birth. Enter the date in MM/DD/YYYY format.

3. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.



To **enter billing information** on the **Billing Tab**, continue to Step 4 on page 90.

To **save your work and close ORCHIDS**, continue with Step 4, below.

4. Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**)

Data Entry Lesson 7: Entering Billing Information

Before entering or using client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are referred to as “required” fields. Home visiting staff should fill out as many fields as possible, whether marked “required” or not.

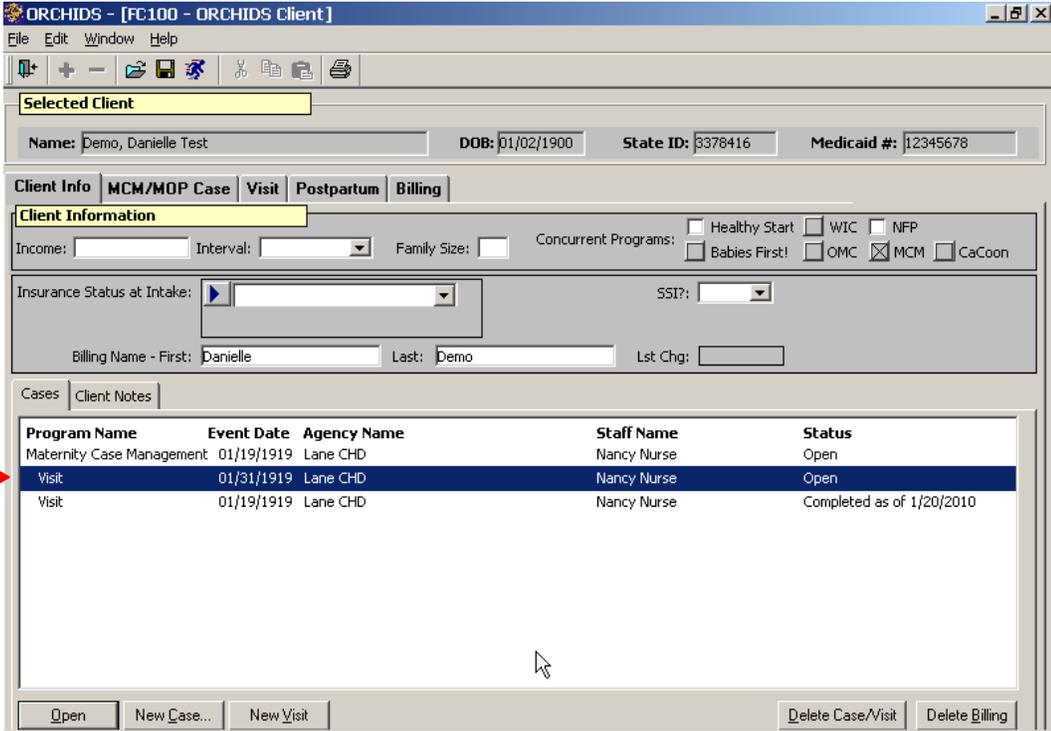
On the Maternity Case Management Encounter/Data form and in the Field column of tables in this manual:

- The names of fields **required to save a data entry page** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

Billing Tab

The following steps describe how to enter billing information from the MCM Services and Billing section of the MCM Encounter/Data Form. These billing fields are located on the **Billing** tab.

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **Client Info** tab.
2. Select the visit you want to bill (Figure 19).



ORCHIDS - [FC100 - ORCHIDS Client]

File Edit Window Help

Selected Client

Name: Demo, Danielle Test DOB: 01/02/1900 State ID: 3378416 Medicaid #: 12345678

Client Info **MCM/MOP Case** Visit Postpartum Billing

Client Information

Income: Interval: Family Size: Concurrent Programs: Healthy Start WIC NFP
 Babies First! OMC MCM CaCoon

Insurance Status at Intake: SSI?:

Billing Name - First: Danielle Last: Demo Lst Chg:

Cases Client Notes

Program Name	Event Date	Agency Name	Staff Name	Status
Maternity Case Management	01/19/1919	Lane CHD	Nancy Nurse	Open
Visit	01/31/1919	Lane CHD	Nancy Nurse	Open
Visit	01/19/1919	Lane CHD	Nancy Nurse	Completed as of 1/20/2010

Open New Case... New Visit Delete Case/Visit Delete Billing

Figure 19. Client Info tab with a visit selected

3. Click the **[Open]** button at the bottom left of the screen (or press **[Alt] + [o]**, or simply double-click on the selected visit). Tabs are added to the screen. The **Visit** tab opens.
4. Click on the **Billing** tab (Figure 20). The **Billing** tab opens.

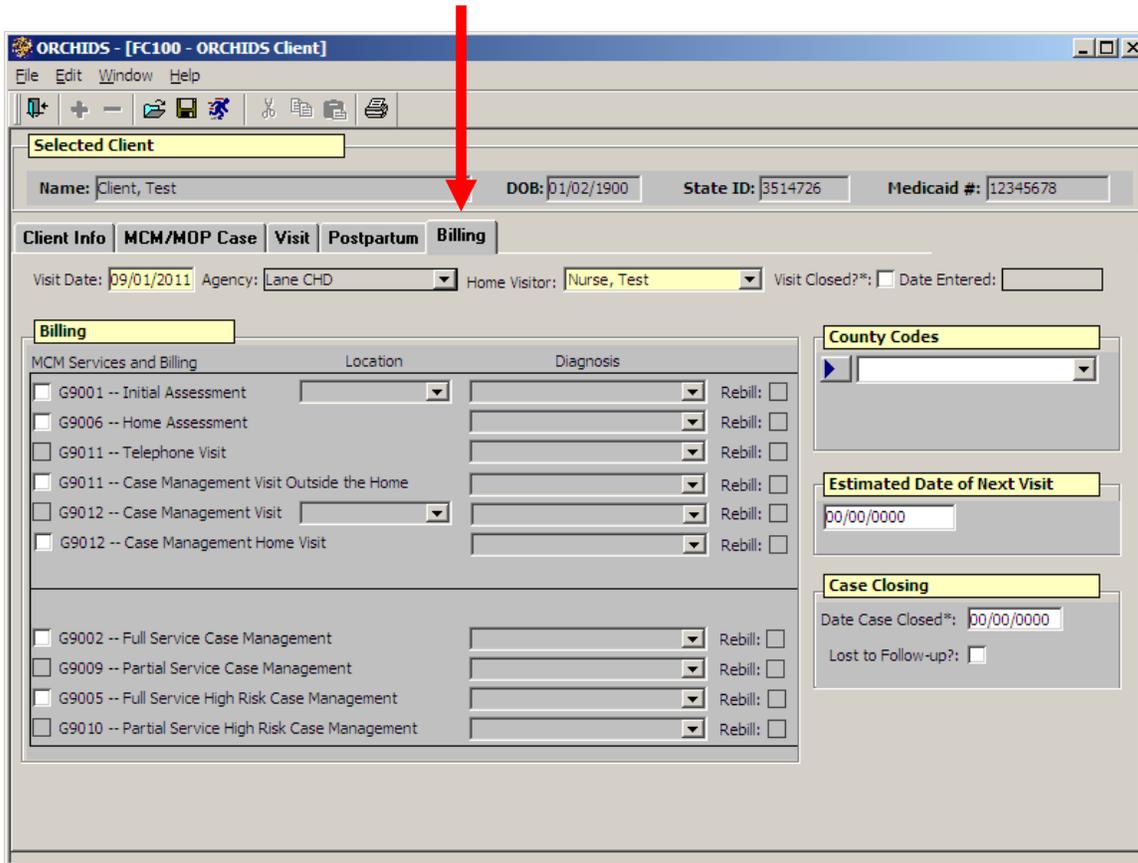


Figure 20. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Billing tab displaying

5. Complete the following fields.

Field	Description
VISIT DATE	(Required) The date of the visit you are entering into ORCHIDS. Enter the date in MM/DD/YYYY format.
Agency	The name of the agency where the home visitor works. This field automatically populates
HOME VISITOR	(Required) The name of the staff member who conducted the Home Visit. Select the home visitor from the drop-down menu.
Visit Closed? *	(Required to close a visit) The checkbox to select to indicate that the visit is closed. Note: A visit must be closed in order to bill for the visit.
Date Entered	The date on which visit information is entered. This field automatically populates when you save the visit.

Field	Description
MCM Services and Billing	<p>The billing code associated with a service provided. Select one or more of the following and save your entry.</p> <p>G9001 Initial Assessment G9006 Home Assessment G9011 Case Management Visit Outside the Home G9012 Case Management Home Visit</p> <p>G9002 Case Management G9005 High Risk Case Management S9470 Nutritional Counseling (Removed from ORCHIDS)</p> <p>Notes: A visit must be closed before it can be billed; but the case does not have to be closed. For instructions on using MCM billing and diagnostic codes, see Appendix E: Billing and Diagnostic Codes, page 137. For more information about billing policy, see the Maternity Case Management Billing Guide: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/mcm_billing_guide.pdf</p>
Location	<p>The location where services were provided. The location where services were provided. The Location field appears with code G9001.</p> <p>Select one of the following.</p> <p>Home: the MCM service was performed in the home. LHD (Non-FQHC): the MCM service was performed at a local health department facility <i>that is not an FQHC or an RHC</i>. Other: the MCM service was performed at a location other than listed above.</p>
Dx Code (Diagnostic Code)	<p>The diagnostic code (v-code) associated with the service provided at the time of the visit.</p> <p>From the drop-down menu, select one diagnosis for each billing code you have selected.</p> <p>For instructions on using MCM billing and diagnostic codes, see Appendix E: Billing and Diagnostic Codes, page 137. For more information about billing policy, see the Maternity Case Management Billing Guide: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/mcm_billing_guide.pdf</p>

Field	Description
Rebill	<p>The Rebill checkbox to select to rebill the service. (This checkbox will be grayed out and disabled for a billing code if the service has not been billed for a visit.)</p> <p>Select the Rebill checkbox. The Diagnosis and Location fields will become enabled, and you can change your earlier selections. Save your entry.</p> <p>Notes:</p> <ul style="list-style-type: none"> • A visit must be closed before it can be billed, but the case does not have to be closed. • If you click Rebill and select Save, the system will submit a claim. If you click the Rebill checkbox and select save again in the future, the system will submit a claim again. • When you open the visit again in the future, the Rebill checkbox is cleared and reset. To rebill again, select the Rebill checkbox, make any necessary changes to the Diagnosis and Location fields, and save your entry. <p>For instructions on using MCM billing and diagnostic codes, see Appendix E: Billing and Diagnostic Codes, page 137.</p> <p>For more information about billing policy, see the Maternity Case Management Billing Guide: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/mcm_billing_guide.pdf</p>
County Codes	These codes are assigned at the county level and vary from county to county and program to program. For more information, consult your supervisor.
Estimated Date of Next Visit	Approximate date when the client will be seen again. Enter the date in MM/DD/YYYY format.
Date Case Closed *	(Required to close the case.) The date on which the Maternity Case Manager closes the case and discontinues services. If the client was lost to follow-up: List the date the Case Manager realized that the client was lost to follow-up. Do NOT list the date of the last encounter with the client.

Field	Description
Lost to Follow-Up?	<p>Selecting this checkbox indicates that the client was lost to follow-up.</p> <p>Select this checkbox if the client did not follow up with care, i.e., was lost to follow-up. Leave this field blank if the client was not lost to follow-up.</p> <p>Note: If the client was lost to follow-up, list the date the Case Manager realized that the client was lost to follow-up. Do NOT list the date of the last encounter with the client.</p>

6. Click the **[Save]**  button in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries. An ORCHIDS confirmation message will appear on the screen (Figure 21).



Figure 21. FC100 - ORCHIDS Client Msg # - 3246 window: Save performed

7. Click the **OK** button to close the window. An ORCHIDS message appears, confirming that a billing claim has been submitted for processing (Figure 22).



Figure 22. FC100 ORCHIDS Client Msg # - 3246: Save performed

8. Click the **OK** button to close the window.



To **close a visit**, continue to Step 1 on page 96.

To **save your work and close ORCHIDS**, continue with Step 9, below.

9. Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

Closing a Visit

Notes:

- A visit must be closed in order to bill for the visit. If you have not finished entering all the data for a particular visit, leave that visit open, because an open visit on the **Client Info Tab** will remind you to return and finish entering data.
- Before entering client information or closing a visit, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43. (If the client case file is already open, begin with Step 1, below.)

To close a visit:

1. On the **Client Info** tab of the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click to select the visit you want to close.

Selected Client

Name: Demo, Danielle Test DOB: 01/02/1900 State ID: 3378416 Medicaid #: 12345678

Client Info | MCM/MOP Case | Visit | Postpartum | Billing

Client Information

Income: [] Interval: [] Family Size: [] Concurrent Programs: Healthy Start WIC NFP
 Babies First! OMC MCM CaCoon

Insurance Status at Intake: [] SSI?: []

Billing Name - First: Danielle Last: Demo Lst Chg: []

Cases | Client Notes

Program Name	Event Date	Agency Name	Staff Name	Status
Maternity Case Management	01/19/1919	Lane CHD	Nancy Nurse	Open
Visit	01/31/1919	Lane CHD	Nancy Nurse	Open
Visit	01/19/1919	Lane CHD	Nancy Nurse	Completed as of 1/20/2010

[Open] [New Case...] [New Visit] [Delete Case/Visit] [Delete Billing]

Figure 23. Client Info tab with an open MCM visit selected

2. Click the **[Open]** button (or press **[Alt] + [o]**, or simply double-click on the selected visit). The **Visit** tab opens on your screen (Figure 24).

The screenshot shows the ORCHIDS software interface for a client named Danielle Test. The 'Visit' tab is active, displaying fields for Visit Date (01/31/1919), Agency (Lane CHD), Home Visitor (Nurse, Nancy), and Visit Closed?*. Below these fields are sections for Basic Needs (BN), Prenatal Care (PC), Breastfeeding (BF), and HIV Testing and Follow-Up (HI), each with various checkboxes for services provided or needed.

Figure 24. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Visit tab displaying

3. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **Visit Closed?** checkbox (Figure 24, above).

Notes:

- A visit must be closed before it can be billed; but the case does not have to be closed.
- If you have not finished entering all the data for a particular visit, leave that visit open, because an open visit on the **Client Info Tab** will remind you to return and finish entering data.
- Click the **[Save]**  button in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entry. An ORCHIDS confirmation message will appear on the screen (Figure 25).



Figure 25. FC100 - ORCHIDS Client Msg # - 3246: Save Performed

4. Click the **OK** button to close the window.



To **close a case**, continue to Step 4 on page 101.

To **save your work and close ORCHIDS**, continue with Step 6, below.

6. Click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen.

If you click the **Close**  icon before saving, a window appears asking if you wish to save changes. Click the **[Yes]** button (or press **[y]**).

Closing a Case

Note:

- All visits must be closed before the case can be closed. For instructions on closing a visit, refer to page 96.
- Before entering client information, you must first search for the client in the FamilyNet database and return with the client's data to ORCHIDS. This procedure is explained in Data Entry Lesson 2: Performing a Client Search, on page 43.

(If the client case file is already open, begin with Step 1, below.)

Required Fields in ORCHIDS

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are referred to as “required” fields. Home visiting staff should fill out as many fields as possible, whether marked “required” or not.

- The names of fields **required to save data entry** are displayed with yellow highlighting on the system screen and in ALL CAPS on the Encounter/Data Form.
- The names of fields **required to perform a specific function**, such as bill a claim, or close a visit or case, are followed by an asterisk (*).

To close an existing case:

1. In the **ORCHIDS - [FamilyNet]** window, click to select the client's name (Figure 26).

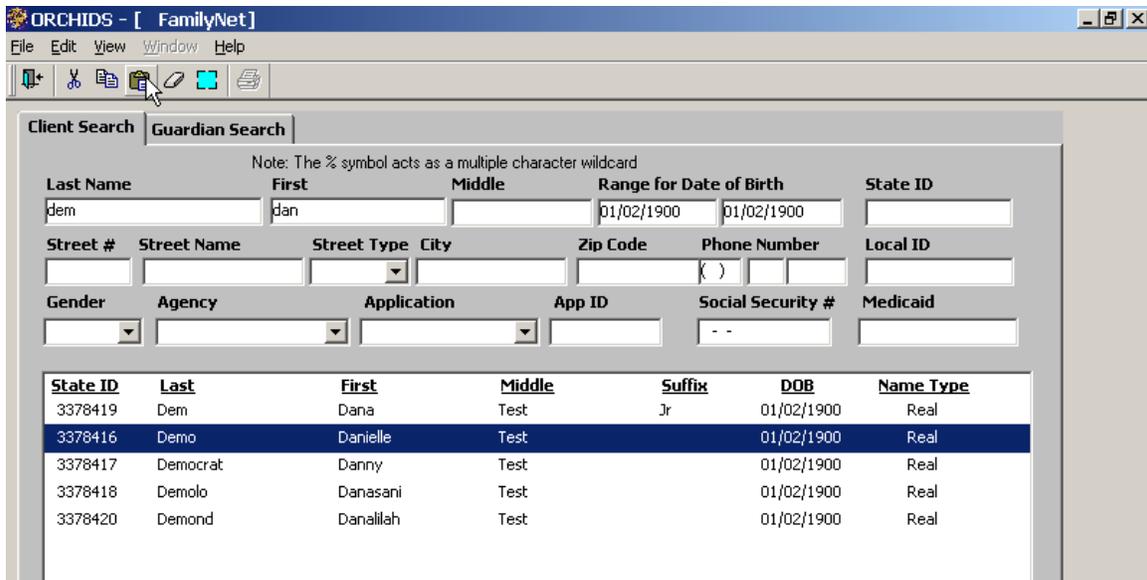


Figure 26. ORCHIDS - [FamilyNet] screen with client name selected

2. Click the **[Return W/Client]** button at the bottom of the screen (or press **[Alt] + [w]**).
3. The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears (Figure 27).

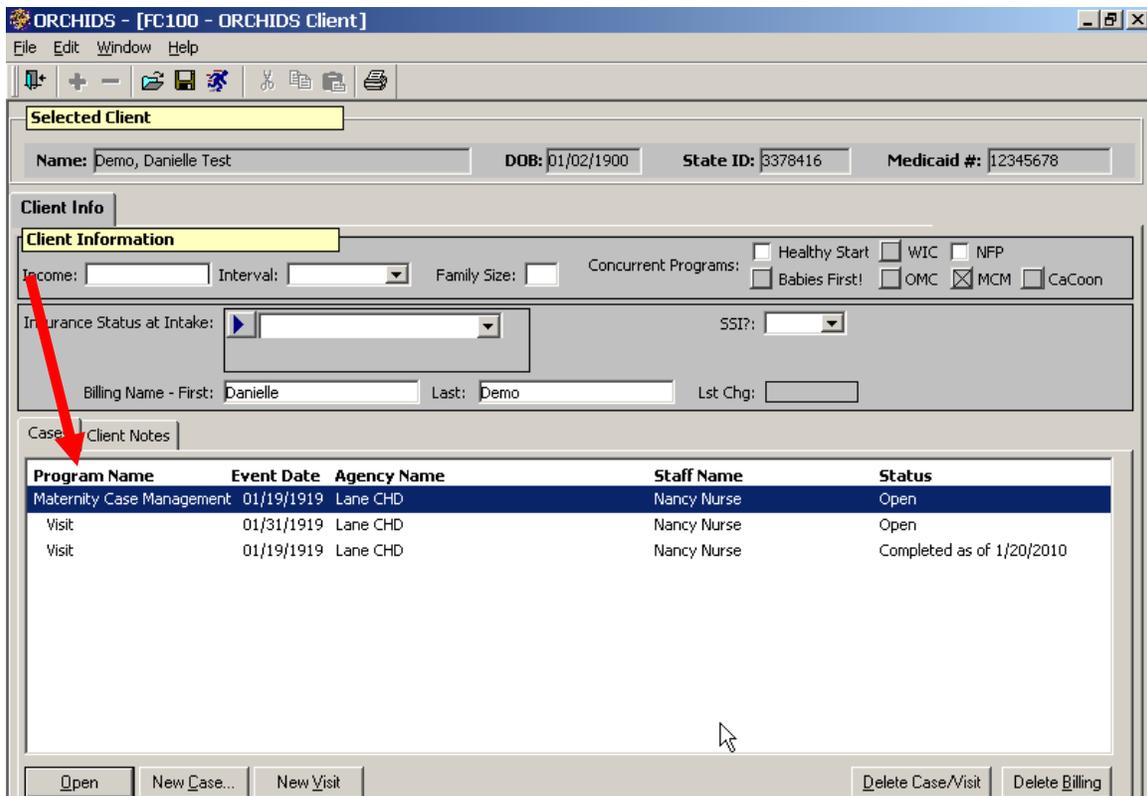


Figure 27. ORCHIDS - Client Info tab with the Maternity Case Management case selected

- In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, with the open case highlighted, click the **[Open]** button at the bottom of the screen (or press **[Alt] + [o]**, or double-click on top of the case). Additional tabs appear on the screen (Figure 28). The **Case** tab displays.

Figure 28. ORCHIDS - [FC100 - ORCHIDS Client] screen with the MCM Case tab displaying

- If all of the client's visits have been closed, click the **Billing** tab and enter a date in the **Date Case Closed** field (Figure 29).
(All visits must be closed before you can close a case. For information about closing a visit, see the Closing a Visit section, page 96.)

The screenshot shows the ORCHIDS software interface for a client named 'Client, Test'. The 'Billing' tab is active, displaying a table of MCM Services and Billing with columns for Location and Diagnosis. The 'Date Case Closed*' field is highlighted with a red arrow.

MCM Services and Billing	Location	Diagnosis	Rebill:
<input type="checkbox"/> G9001 -- Initial Assessment			<input type="checkbox"/>
<input type="checkbox"/> G9006 -- Home Assessment			<input type="checkbox"/>
<input type="checkbox"/> G9011 -- Telephone Visit			<input type="checkbox"/>
<input type="checkbox"/> G9011 -- Case Management Visit Outside the Home			<input type="checkbox"/>
<input type="checkbox"/> G9012 -- Case Management Visit			<input type="checkbox"/>
<input type="checkbox"/> G9012 -- Case Management Home Visit			<input type="checkbox"/>
<input type="checkbox"/> G9002 -- Full Service Case Management			<input type="checkbox"/>
<input type="checkbox"/> G9009 -- Partial Service Case Management			<input type="checkbox"/>
<input type="checkbox"/> G9005 -- Full Service High Risk Case Management			<input type="checkbox"/>
<input type="checkbox"/> G9010 -- Partial Service High Risk Case Management			<input type="checkbox"/>

Other fields visible in the interface include: Name: Client, Test; DOB: 01/02/1900; State ID: 3514726; Medicaid #: 12345678; Visit Date: 09/01/2011; Agency: Lane CHD; Home Visitor: Nurse, Test; Visit Closed?*: ; Date Entered: ; County Codes; Estimated Date of Next Visit: 00/00/0000; Date Case Closed*: 00/00/0000; Lost to Follow-up?:

Figure 29. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Billing tab displaying. The Date Case Closed field is marked with a red arrow.

6. If the client was lost to follow-up, click the **Lost to Follow-Up?** checkbox.
7. Click the **[Save]**  button in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entry.
8. To exit ORCHIDS, click the **Close**  icon in the toolbar at the top of the screen (or press **[Alt] + [F4]**) to close the screen.

Data Entry Lesson 8: When a Client Transfers from Another Agency

When a client transfers from another agency, you must search for the client in the FamilyNet database and return with the client's data to ORCHIDS. See, “Data Entry Lesson 2: Performing a Client Search,” page 43.

Sometimes, when you return with your client, you will discover that the client has an open MCM case in another county agency. See Figure 30, below.

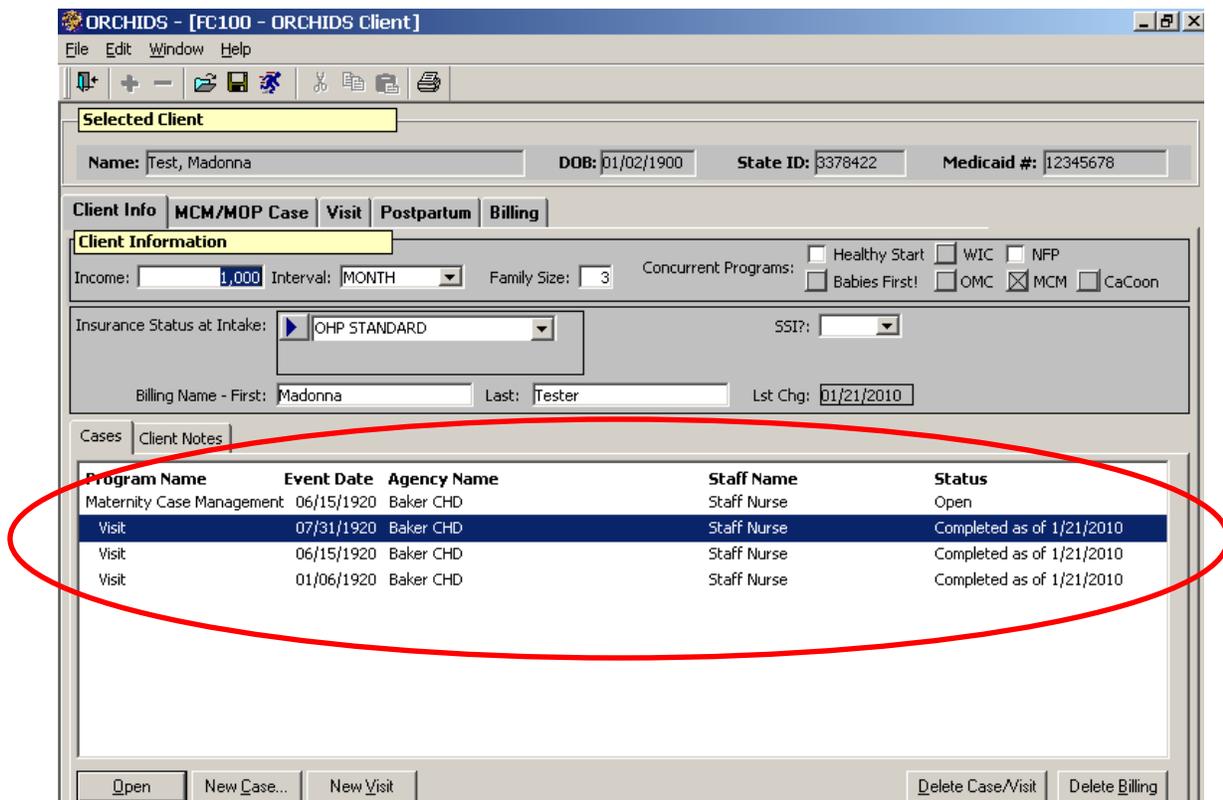


Figure 30. ORCHIDS - [FC100 - ORCHIDS CLIENT] screen with an open MCM case

Before you will be able to open a new MCM case for your agency, the original case must be closed. Contact ORCHIDS Application Support, 971-673-0382 or orchids.app-support@state.or.us, to request help with getting the original case closed. Never close another agency’s case or alter another agency’s data in any way.

Case Study

Part I – Visit 1: August 1, 2011

On August 1, 2011, you first met Sue. She came to your Health Department (which is not an FQHC or an RHC) to see if she could get care on this day. You log this encounter as her first visit.

Client Primary Tab

- Full name: Angela Sue Williams-Taylor
- Date of Birth: August 15, 1995
- She doesn't want anyone to know about her pregnancy, so she wants her address to be kept confidential.
- Home address: 1515 Quarry Avenue Apt. #12; Portland, Oregon 97218
- Her cell telephone is 333-555-7777.
- Sue is White, Native Hawaiian, and non-Hispanic.
- She speaks English and uses English as her written language.
- She currently is not on OHP.

Client Info Tab

- She and her boyfriend's household income is \$320/week. They live together and no one else lives with them. Sue is pregnant with twins.

MCM Case Tab

- You open her case as of August 1, 2011.
- No one referred her to MCM; she walked into your health department seeking services.
- Angela has not completed high school, will be less than 18 years at delivery, is unmarried, and smokes.
- She previously has had one spontaneous miscarriage.
- She can't remember exactly when her first prenatal care visit was. After you prompt her, she remembers that it was about 3 weeks ago.
- Her last menstrual period was about 3 months ago.

Visit Tab

You conduct an initial assessment. The following issues are addressed during this visit.

- Sue brings up the topic of breastfeeding, because she is not sure she wants to breastfeed her child. She explains that a friend of hers experienced difficulties

with it. You explain that breastfeeding is very important for the baby's nutrition and do breastfeeding education.

- Sue has not been tested for HIV or Hep B. You explain the importance of getting tested and refer her to a Safety Net clinic where she can get tested for free.
- Sue reports significant nausea and vomiting. Your assessment indicates inadequate nutrition and fluid intake. She is losing weight and is dehydrated. You refer her to WIC services. During this visit, you make an appointment for Sue and plan to coordinate care between you and the WIC dietician. You also tell her ways to increase her intake of food and fluid intake.
- You inform Sue that she is eligible for OHP Plus. You assist her in filling out the application and ask her to come back with the necessary documents.
- Sue says that she used to have a beer once in awhile, but has had no alcohol since she discovered she is pregnant. You assess her understanding of the effects of alcohol on the fetus.
- Sue is a smoker. She says that she tried quitting when she found out she was pregnant, but couldn't stay quit. This is partly because her boyfriend also smokes in all rooms of the house. She smokes every day and currently smokes 2 packs per week. You use the 5As brief intervention for smoking cessation, teach Sue about the effects of smoking on her baby, and refer her to the Oregon Quit Line.

Billing Tab

- You conducted an initial assessment and a case management visit. The visit occurred in the health department.

Part II – Visit 8: February 1, 2012

On January 25, 2012, Sue gave birth to twin baby boys. On February 1, you conduct a postpartum visit to see Sue when her babies are one week old. This is your 8th visit to her home.

- Sue said, "I really wanted to breastfeed them, but I gave up when they were four days old." During that visit, your focus is on supporting Sue, providing teaching, and helping her resume breastfeeding.
- On a prenatal care visit, she asked for and received HIV and Hep B testing. Both tests had negative results.
- Because of your assistance, Sue now has OHP Plus (Medicaid number AA333A3A) benefits since August 15, 2011.
- Sue successfully decreased her cigarette use to 3 per day. Although she still smokes every day, she does not allow any smoking inside her apartment. You

continue to support a reduction in cigarettes smoked. Also, Sue's boyfriend now only smokes outdoors. As part of the 5As, you congratulate her on these changes.

Postpartum Tab

- The twin boys were born on January 25, 2012, at a gestational age of 38 weeks. The first baby's birth weight was 5 lbs. 6 oz. He was 19" long. The second baby's birth weight was 5 lbs. 4 oz. He was 19" long also.
- As mentioned above, Sue started breastfeeding, but stopped when the babies were four days old.

Billing Tab

- The visit occurred in the home. Services have continued through delivery and lasted for more than 3 months.

Instructions:

For Nurses: Fill out a Maternity Case Management Encounter/Data Form using the information above.

For Data Entry Staff: Using Part I and Part II completed forms on the following pages, input data into the ORCHIDS system.

Answers:

See the following pages for Part I and Part II completed forms.

Part I



Maternity Case Management Encounter/Data Form
or Postpartum Maternity-Other Program (MOP)



Client Primary Tab	Local ID	LAST NAME <i>Williams - Taylor</i>	FIRST NAME <i>Angela</i>	Middle Name <i>Sue</i>		
	DATE OF BIRTH <i>8/15/95</i>	GENDER <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Confidential address / telephone? <input type="checkbox"/> Update to address / telephone?			
	PHYSICAL ADDRESS TYPE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown					
	PHYSICAL ADDRESS <i>1515 Quarry Avenue</i>		Apt. No. <i>#12</i>	CITY, OREGON <i>Portland</i>	ZIP <i>97218</i>	
	MAILING ADDRESS (if different from physical address)		Apt. No.	CITY, OREGON	ZIP	
	MAY WE CONTACT YOU BY MAIL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MAY WE CONTACT YOU BY PHONE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	PRIMARY PHONE TYPE <input checked="" type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	PHONE NO. <i>(333) 555-7777</i>	PHONE OPTIONS <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input checked="" type="checkbox"/> Voice Only	Guardian Last Name	Guardian First Name	
	Alternate Phone Type <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	Phone No.	Phone Options <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only	Guardian Middle Name	Guardian Type	
	Client E-mail		SPOKEN LANGUAGE <i>English</i>			
	RACE (Check all that apply.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White		WRITTEN LANGUAGE <i>English</i>			
State ID		Income <i>\$320</i>	Interval <input checked="" type="checkbox"/> Week <input type="checkbox"/> Bimonthly <input type="checkbox"/> Month <input type="checkbox"/> Annual	Family Size <i>4</i>		
Insurance Status at Intake (Check all that apply.) <input type="checkbox"/> OHP Standard <input type="checkbox"/> OHP Plus <input type="checkbox"/> CAWEM <input type="checkbox"/> CAWEM Plus <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other <input checked="" type="checkbox"/> None		SSI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Billing Name - First	Billing Name - Last		
Concurrent Program Enrollment <input type="checkbox"/> Healthy Start <input checked="" type="checkbox"/> WIC <input type="checkbox"/> NFP <input checked="" type="checkbox"/> Babies First <input checked="" type="checkbox"/> MCM <input checked="" type="checkbox"/> CaCoon		Deceased Date				
MCM Case Tab	CASE START DATE <i>8/1/2011</i>	CASE MANAGER <i>(case manager's name)</i>		IS PROGRAM MCM OR MOP? <input checked="" type="checkbox"/> MCM <input type="checkbox"/> MOP		
	Who referred client to this program? <input type="checkbox"/> 1-WIC <input type="checkbox"/> 2-Babies First! <input type="checkbox"/> 3-CaCoon <input type="checkbox"/> 4-OMC <input type="checkbox"/> 5-MCM <input type="checkbox"/> 6-PH Other <input type="checkbox"/> 7-Healthy Start <input type="checkbox"/> 8-SafeNet <input type="checkbox"/> 9-NFP <input type="checkbox"/> 10-Family Planning <input type="checkbox"/> 11-Hospital <input checked="" type="checkbox"/> 13-Self <input type="checkbox"/> 78-Prenatal Care Provider <input type="checkbox"/> Other (See codes)		Perinatal Risk Factors <input checked="" type="checkbox"/> <18 years <input checked="" type="checkbox"/> <HS Education <input type="checkbox"/> Developmental Disability <input type="checkbox"/> IPV <input type="checkbox"/> Medical Risk (e.g., diabetes, hypertension, obesity) <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Substance Abuse <input checked="" type="checkbox"/> Tobacco Use <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Unplanned Pregnancy <input type="checkbox"/> Other			
	Date Referred	Gravida <i>2</i>	Term	Preterm	SAB <i>1</i>	
	Trimester Clinical PNC Initiated <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> None		Date LMP <i>5/1/2011</i>	Estimated Due Date <i>2/8/2012</i>		
	Data Notes					

Last Name <i>Williams - Taylor</i>		First Name <i>Angela</i>		Middle Name <i>Sue</i>	Date of Birth <i>8/15/95</i>
Visit Tab	VISIT DATE <i>8/1/2011</i>		HOME VISITOR <i>(home visitor's name)</i>		
	Issues / Outcomes		Interventions		
	Basic Needs (BN) <input type="radio"/> A - Met <input type="radio"/> B - Not met		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="checkbox"/> 4 - Shelter <input type="checkbox"/> 5 - Food <input type="checkbox"/> 6 - \$ Assistance <input type="checkbox"/> 7 - Utilities <input type="checkbox"/> 8 - Transportation		
	Prenatal Care (PC) <input type="radio"/> A - Receiving PNC <input type="radio"/> B - Not receiving PNC		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
	Breastfeeding (BF) <input type="radio"/> A - Has plans for breastfeeding <input type="radio"/> B - No plans for breastfeeding <input checked="" type="radio"/> C - Concerns relating to breastfeeding		<input checked="" type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="checkbox"/> 4 - Breastfeeding Assistance (postpartum) <input checked="" type="checkbox"/> 5 - Lactation Counseling (antepartum)		
	HIV Testing & Follow-Up (HI) <input type="radio"/> A - Tested <input checked="" type="radio"/> B - Needs testing <input type="radio"/> C - Refused testing		<input checked="" type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input checked="" type="checkbox"/> 3 - Referral		
	<input type="radio"/> A - Follow-up done (HF) <input checked="" type="radio"/> B - Needs follow-up		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
	Hepatitis B Testing & Follow-Up (HB) <input type="radio"/> A - Tested <input checked="" type="radio"/> B - Needs testing <input type="radio"/> C - Refused testing		<input checked="" type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input checked="" type="checkbox"/> 3 - Referral		
	<input type="radio"/> A - Follow-up done (HU) <input checked="" type="radio"/> B - Needs follow-up		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
	Preterm Delivery (PD) <input type="radio"/> A - No apparent risk of preterm labor <input type="radio"/> B - At risk for preterm labor <input type="radio"/> C - Receiving treatment for preterm labor		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
Nutrition (NU) <input type="radio"/> A - Yes Maternal nutrition supports healthy pregnancy <input checked="" type="radio"/> B - No		<input checked="" type="checkbox"/> 1 - Individual Teaching <input checked="" type="checkbox"/> 2 - Case Management <input checked="" type="checkbox"/> 3 - Referral <input type="checkbox"/> 4 - Behavior Change Technique <input checked="" type="checkbox"/> 5 - Nutritional Monitoring			
Oral Health during Pregnancy (OH) <input type="radio"/> A - Adequate dental care <input type="radio"/> B - Inadequate dental care		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral			
Insurance (IS) <input type="radio"/> A - OHP Standard <input checked="" type="radio"/> B - OHP Plus <input type="radio"/> C - CAWEM <input type="radio"/> D - Indian Health Service <input type="radio"/> E - Other <input type="radio"/> F - None <input type="radio"/> G - CAWEM Plus		<input type="checkbox"/> 1 - Individual Teaching <input checked="" type="checkbox"/> 2 - Case Management <input checked="" type="checkbox"/> 3 - Referral			
OHP Follow-Up Information (OF) <input type="radio"/> A - Client refused referral <input type="radio"/> B - OHP Pended <input type="radio"/> C - OHP Denied					

Last Name <u>Williams-Taylor</u>		First Name <u>Angela</u>		Middle Name <u>Sue</u>	Date of Birth <u>8/15/95</u>		
Issues / Outcomes			Interventions				
<p>Medical Home* for Non-Pregnancy-Related Health Care (MH) *Medical home: the client has a partnership with a primary care provider for health care, including prevention services and access to consultation after hours and on weekends.</p> <input type="radio"/> A - Has medical home* <input type="radio"/> B - No medical home*							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
<p>Intimate Partner Violence (IP)</p> <input type="radio"/> A - Screened <input type="radio"/> B - Not screened							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Behavior Change Technique				
<input type="radio"/> A - Safety plan not needed (SP) <input type="radio"/> B - Client has safety plan <input type="radio"/> C - Refused <input type="radio"/> D - Safety plan needed							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Behavior Change Technique				
<p>Alcohol Use / Substance Abuse (AS)</p> <input type="radio"/> A - No history of alcohol use / substance abuse <input checked="" type="radio"/> B - Recent history (within last year) <input type="radio"/> C - Current alcohol use / substance abuse							
			<input checked="" type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Behavior Change Technique				
<p>Depression (DE)</p> <input type="radio"/> A - Readiness for enhanced coping <input type="radio"/> B - Ineffective coping related to maternal depression							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Screening Tool				
<p>Family Planning (FP)</p> <input type="radio"/> A - Client has reproductive plan <input type="radio"/> B - Client does not have reproductive plan							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Behavior Change Technique				
<input type="radio"/> A - Client uses contraceptive method (FC) <input type="radio"/> B - Client does not use contraceptive method							
			<input type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input type="checkbox"/> 3 - Referral		
			<input type="checkbox"/> 4 - Behavior Change Technique				
<p>Tobacco Use (TO)</p> <input type="radio"/> A - No history of smoking <input checked="" type="radio"/> B - Recent history of smoking							
			<input checked="" type="checkbox"/> 1 - Individual Teaching	<input type="checkbox"/> 2 - Case Management	<input checked="" type="checkbox"/> 3 - Referral		
			<input checked="" type="checkbox"/> 4 - 5As Clinical Guidelines				
Attempted smoking cessation during the past 12 months <input type="checkbox"/> Yes, no longer smokes <input checked="" type="checkbox"/> Yes, didn't stay quit <input type="checkbox"/> No			Smoking frequency <input checked="" type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all		# cigarettes/day (20 = 1 pack) <u>6</u>		
Other household smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Household smoking rules (inside home at any time / on any occasion) <input type="checkbox"/> No smoking allowed anywhere inside <input type="checkbox"/> Smoking allowed in some rooms <input checked="" type="checkbox"/> Smoking permitted anywhere inside					
Postpartum Tab	Date of Delivery	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Weight	Pounds / Ounces	Grams OR	Birth Length Inches	Cm OR
	Gestational Age at Birth (weeks)	Breastfeeding started <input type="checkbox"/> Yes <input type="checkbox"/> No	Still Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	Age when formula or solids first introduced _____ weeks			
	If Pregnancy Outcome Not a Live Birth <input type="checkbox"/> SAB <input type="checkbox"/> TAB <input type="checkbox"/> Stillborn		Date Pregnancy Ended	Attach additional forms for multiple births. How many forms are attached? 1 2 3 more (Circle one.)			
Billing Tab	MCM Services and Billing*		Location		Dx Code		County Codes
	<input checked="" type="checkbox"/> G9001 Initial Assessment		<input type="checkbox"/> Home <input checked="" type="checkbox"/> LHD (Non-FQHC) <input type="checkbox"/> Other		<u>V23.9</u>		
	<input type="checkbox"/> G9006 Home Assessment						Estimated Date of Next Visit
	<input checked="" type="checkbox"/> G9011 Case Management Visit Outside the Home				<u>V23.9</u>		<u>9/1/2011</u>
<input type="checkbox"/> G9012 Case Management HOME Visit						Date Case Closed*	
Case Management Services						Client lost to follow-up?	
<input type="checkbox"/> G9002 Case Management						<input type="checkbox"/> Yes	
<input type="checkbox"/> G9005 High Risk Case Management							

Part II



Maternity Case Management Encounter/Data Form or Postpartum Maternity-Other Program (MOP)



Client Primary Tab	Local ID	LAST NAME	FIRST NAME	Middle Name		
	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<input type="checkbox"/> Confidential address / telephone? <input type="checkbox"/> Update to address / telephone?			
	PHYSICAL ADDRESS TYPE <input type="checkbox"/> Home <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown					
	PHYSICAL ADDRESS		Apt. No.	CITY, OREGON	ZIP	
	MAILING ADDRESS (if different from physical address)		Apt. No.	CITY, OREGON	ZIP	
	MAY WE CONTACT YOU BY MAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No		MAY WE CONTACT YOU BY PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	PRIMARY PHONE TYPE <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	PHONE NO.	PHONE OPTIONS <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only	Guardian Last Name	Guardian First Name	
	Alternate Phone Type <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Unknown <input type="checkbox"/> Work	Phone No.	Phone Options <input type="checkbox"/> Both Voice & Text <input type="checkbox"/> Text Only <input type="checkbox"/> Voice Only	Guardian Middle Name	Guardian Type	
	Client E-mail		SPOKEN LANGUAGE			
	RACE (Check all that apply.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		WRITTEN LANGUAGE Alternate Format <input type="checkbox"/> Audio Tape <input type="checkbox"/> Braille <input type="checkbox"/> Computer Disk <input type="checkbox"/> Large Print <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Other			
ETHNICITY <input type="checkbox"/> No/No Hispanic or Latino <input type="checkbox"/> Yes Hispanic or Latino		Medicaid No. * AA333A3A Deceased Date				
Client Info Tab	State ID	Income	Interval <input type="checkbox"/> Week <input type="checkbox"/> Bimonthly <input type="checkbox"/> Month <input type="checkbox"/> Annual	Family Size	Concurrent Program Enrollment <input type="checkbox"/> Healthy Start <input checked="" type="checkbox"/> WIC <input type="checkbox"/> NFP <input checked="" type="checkbox"/> Babies First <input checked="" type="checkbox"/> MCM <input checked="" type="checkbox"/> CaCoon	
	Insurance Status at Intake (Check all that apply.) <input type="checkbox"/> OHP Standard <input type="checkbox"/> OHP Plus <input type="checkbox"/> CAWEM <input type="checkbox"/> CAWEM Plus <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other <input type="checkbox"/> None		SSI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Billing Name - First	Billing Name - Last	
MCM Case Tab	CASE START DATE	CASE MANAGER	IS PROGRAM MCM OR MOP? <input type="radio"/> MCM <input type="radio"/> MOP			
	Who referred client to this program? <input type="checkbox"/> 1-WIC <input type="checkbox"/> 2-Babies First! <input type="checkbox"/> 3-CaCoon <input type="checkbox"/> 4-OMC <input type="checkbox"/> 5-MCM <input type="checkbox"/> 6-PH Other <input type="checkbox"/> 7-Healthy Start <input type="checkbox"/> 8-SafeNet <input type="checkbox"/> 9-NFP <input type="checkbox"/> 10-Family Planning <input type="checkbox"/> 11-Hospital <input type="checkbox"/> 13-Self <input type="checkbox"/> 78-Prenatal Care Provider <input type="checkbox"/> Other (See codes)		Perinatal Risk Factors <input type="checkbox"/> <18 years <input type="checkbox"/> <HS Education <input type="checkbox"/> Developmental Disability <input type="checkbox"/> IPV <input type="checkbox"/> Medical Risk (e.g., diabetes, hypertension, obesity) <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Unmarried <input type="checkbox"/> Unplanned Pregnancy <input type="checkbox"/> Other			
	Date Referred	Gravida	Term	Preterm	SAB TAB Date of First PNC Visit	
	Trimester Clinical PNC Initiated <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> None		Date LMP	Estimated Due Date		
	Data Notes <i>Please add client's Medicaid no. to Client Primary tab.</i>					

Last Name <i>Williams - Taylor</i>		First Name <i>Angela</i>	Middle Name <i>Sue</i>	Date of Birth <i>8/15/95</i>
Visit Tab	VISIT DATE <i>2/1/2012</i>	HOME VISITOR <i>(home visitor's name)</i>		
	Issues / Outcomes		Interventions	
	Basic Needs (BN) <input type="radio"/> A - Met <input type="radio"/> B - Not met		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="checkbox"/> 4 - Shelter <input type="checkbox"/> 5 - Food <input type="checkbox"/> 6 - \$ Assistance <input type="checkbox"/> 7 - Utilities <input type="checkbox"/> 8 - Transportation	
	Prenatal Care (PC) <input type="radio"/> A - Receiving PNC <input type="radio"/> B - Not receiving PNC		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
	Breastfeeding (BF) <input type="radio"/> A - Has plans for breastfeeding <input type="radio"/> B - No plans for breastfeeding <input checked="" type="radio"/> C - Concerns relating to breastfeeding		<input type="checkbox"/> 1 - Individual Teaching <input checked="" type="checkbox"/> 4 - Breastfeeding Assistance (postpartum) <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 5 - Lactation Counseling (antepartum) <input type="checkbox"/> 3 - Referral	
	HIV Testing & Follow-Up (HI) <input checked="" type="radio"/> A - Tested <input type="radio"/> B - Needs testing <input type="radio"/> C - Refused testing		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
	<input checked="" type="radio"/> A - Follow-up done (HF) <input type="radio"/> B - Needs follow-up		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
	Hepatitis B Testing & Follow-Up (HB) <input checked="" type="radio"/> A - Tested <input type="radio"/> B - Needs testing <input type="radio"/> C - Refused testing		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
	<input checked="" type="radio"/> A - Follow-up done (HU) <input type="radio"/> B - Needs follow-up		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
	Preterm Delivery (PD) <input type="radio"/> A - No apparent risk of preterm labor <input type="radio"/> B - At risk for preterm labor <input type="radio"/> C - Receiving treatment for preterm labor		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral	
Nutrition (NU) <input type="radio"/> A - Yes Maternal nutrition supports healthy pregnancy <input type="radio"/> B - No		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="checkbox"/> 4 - Behavior Change Technique <input type="checkbox"/> 5 - Nutritional Monitoring		
Oral Health during Pregnancy (OH) <input type="radio"/> A - Adequate dental care <input type="radio"/> B - Inadequate dental care		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
Insurance (IS) <input type="radio"/> A - OHP Standard <input checked="" type="radio"/> B - OHP Plus <input type="radio"/> C - CAWEM <input type="radio"/> D - Indian Health Service <input type="radio"/> E - Other <input type="radio"/> F - None <input type="radio"/> G - CAWEM Plus		<input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral		
OHP Follow-Up Information (OF) <input type="radio"/> A - Client refused referral <input type="radio"/> B - OHP Pending <input type="radio"/> C - OHP Denied				

Last Name <i>Williams - Taylor</i>		First Name <i>Angela</i>		Middle Name <i>Sue</i>	Date of Birth <i>8/15/95</i>			
Issues / Outcomes			Interventions					
<p>Medical Home* for Non-Pregnancy-Related Health Care (MH)</p> <p><input type="radio"/> A - Has medical home* *Medical home: the client has a partnership with a primary care provider for health care, including prevention services and access to consultation after hours and on weekends.</p> <p><input type="radio"/> B - No medical home* <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p>								
<p>Intimate Partner Violence (IP)</p> <p><input type="radio"/> A - Screened <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Not screened <input type="checkbox"/> 4 - Behavior Change Technique</p>								
<p><input type="radio"/> A - Safety plan not needed (SP) <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Client has safety plan <input type="checkbox"/> 4 - Behavior Change Technique</p> <p><input type="radio"/> C - Refused</p> <p><input type="radio"/> D - Safety plan needed</p>								
<p>Alcohol Use / Substance Abuse (AS)</p> <p><input type="radio"/> A - No history of alcohol use / substance abuse <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Recent history (within last year) <input type="checkbox"/> 4 - Behavior Change Technique</p> <p><input type="radio"/> C - Current alcohol use / substance abuse</p>								
<p>Depression (DE)</p> <p><input type="radio"/> A - Readiness for enhanced coping <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Ineffective coping related to maternal depression <input type="checkbox"/> 4 - Screening Tool</p>								
<p>Family Planning (FP)</p> <p><input type="radio"/> A - Client has reproductive plan <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Client does not have reproductive plan <input type="checkbox"/> 4 - Behavior Change Technique</p>								
<p><input type="radio"/> A - Client uses contraceptive method (FC) <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input type="radio"/> B - Client does not use contraceptive method <input type="checkbox"/> 4 - Behavior Change Technique</p>								
<p>Tobacco Use (TO)</p> <p><input type="radio"/> A - No history of smoking <input checked="" type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral</p> <p><input checked="" type="checkbox"/> B - Recent history of smoking <input checked="" type="checkbox"/> 4 - 5As Clinical Guidelines</p>								
<p>Attempted smoking cessation during the past 12 months</p> <p><input type="checkbox"/> Yes, no longer smokes <input type="checkbox"/> Yes, didn't stay quit <input type="checkbox"/> No</p>			<p>Smoking frequency</p> <p><input checked="" type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all</p>		<p># cigarettes/day (20 = 1 pack)</p> <p><i>3</i></p>			
<p>Other household smokers?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Household smoking rules (inside home at any time / on any occasion)</p> <p><input checked="" type="checkbox"/> No smoking allowed anywhere inside <input type="checkbox"/> Smoking allowed in some rooms <input type="checkbox"/> Smoking permitted anywhere inside</p>						
Twin # / Postpartum Tab	Date of Delivery	Sex	Birth Weight	Pounds / Ounces	Grams	Birth Length	Inches	Cm
	<i>1/25/2012</i>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<i>5 lb. 6 oz.</i>	OR		<i>19</i>	OR
	Gestational Age at Birth (weeks)	Breastfeeding started	Still Breastfeeding	Age when formula or solids first introduced				
<i>38</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA <i>0</i> weeks					
<p>If Pregnancy Outcome Not a Live Birth</p> <p><input type="checkbox"/> SAB <input type="checkbox"/> TAB <input type="checkbox"/> Stillborn</p>			Date Pregnancy Ended	<p>Attach additional forms for multiple births.</p> <p>How many forms are attached? <i>(1)</i> 2 3 more (Circle one.)</p>				
Billing Tab	MCM Services and Billing*		Location		Dx Code		County Codes	
	<input type="checkbox"/> G9001 Initial Assessment		<input type="checkbox"/> Home <input type="checkbox"/> LHD (Non-FQHC) <input type="checkbox"/> Other					
	<input type="checkbox"/> G9006 Home Assessment						Estimated Date of Next Visit	
	<input type="checkbox"/> G9011 Case Management Visit Outside the Home						Date Case Closed*	
<input checked="" type="checkbox"/> G9012 Case Management HOME Visit				<i>V24.1</i>				
Case Management Services						Client lost to follow-up?		
<input type="checkbox"/> G9002 Case Management						<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> G9005 High Risk Case Management				<i>V24.1</i>				

Last Name <i>Williams-Taylor</i>		First Name <i>Anaeta</i>		Middle Name <i>Sue</i>	Date of Birth <i>8/15/95</i>			
Issues / Outcomes			Interventions					
Medical Home* for Non-Pregnancy-Related Health Care (MH) *Medical home: the client has a partnership with a primary care provider for health care, including prevention services and access to consultation after hours and on weekends. <input type="radio"/> A - Has medical home* <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - No medical home*								
Intimate Partner Violence (IP) <input type="radio"/> A - Screened <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Not screened <input type="checkbox"/> 4 - Behavior Change Technique								
<input type="radio"/> A - Safety plan not needed (SP) <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Client has safety plan <input type="checkbox"/> 4 - Behavior Change Technique <input type="radio"/> C - Refused <input type="radio"/> D - Safety plan needed								
Alcohol Use / Substance Abuse (AS) <input type="radio"/> A - No history of alcohol use / substance abuse <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Recent history (within last year) <input type="checkbox"/> 4 - Behavior Change Technique <input type="radio"/> C - Current alcohol use / substance abuse								
Depression (DE) <input type="radio"/> A - Readiness for enhanced coping <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Ineffective coping related to maternal depression <input type="checkbox"/> 4 - Screening Tool								
Family Planning (FP) <input type="radio"/> A - Client has reproductive plan <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Client does not have reproductive plan <input type="checkbox"/> 4 - Behavior Change Technique <input type="radio"/> A - Client uses contraceptive method (FC) <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Client does not use contraceptive method <input type="checkbox"/> 4 - Behavior Change Technique								
Tobacco Use (TO) <input type="radio"/> A - No history of smoking <input type="checkbox"/> 1 - Individual Teaching <input type="checkbox"/> 2 - Case Management <input type="checkbox"/> 3 - Referral <input type="radio"/> B - Recent history of smoking <input type="checkbox"/> 4 - 5As Clinical Guidelines								
Attempted smoking cessation during the past 12 months <input type="checkbox"/> Yes, no longer smokes <input type="checkbox"/> Yes, didn't stay quit <input type="checkbox"/> No			Smoking frequency <input type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all		# cigarettes/day (20 = 1 pack)			
Other household smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No		Household smoking rules (inside home at any time / on any occasion) <input type="checkbox"/> No smoking allowed anywhere inside <input type="checkbox"/> Smoking allowed in some rooms <input type="checkbox"/> Smoking permitted anywhere inside						
Twin #2 Postpartum Tab Billing Tab	Date of Delivery	Sex	Birth Weight	Pounds / Ounces	Grams	Birth Length	Inches	Cm
	<i>1/25/2012</i>	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<i>5lb. 4oz.</i>	<i>OR</i>		<i>19</i>	<i>OR</i>
	Gestational Age at Birth (weeks)	Breastfeeding started	Still Breastfeeding	Age when formula or solids first introduced				
	<i>38</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NA <i>0</i> weeks				
If Pregnancy Outcome Not a Live Birth <input type="checkbox"/> SAB <input type="checkbox"/> TAB <input type="checkbox"/> Stillborn			Date Pregnancy Ended	Attach additional forms for multiple births. How many forms are attached? <i>1</i> 2 3 more (Circle one.)				
MCM Services and Billing*			Location <input type="checkbox"/> Home <input type="checkbox"/> LHD (Non-FQHC) <input type="checkbox"/> Other		Dx Code		County Codes	
<input type="checkbox"/> G9001 Initial Assessment								
<input type="checkbox"/> G9006 Home Assessment								
<input type="checkbox"/> G9011 Case Management Visit Outside the Home							Estimated Date of Next Visit	
<input type="checkbox"/> G9012 Case Management HOME Visit							Date Case Closed*	
Case Management Services							Client lost to follow-up?	
<input type="checkbox"/> G9002 Case Management							<input type="checkbox"/> Yes	
<input type="checkbox"/> G9005 High Risk Case Management								

Appendix A: Referral Codes by Number

1	WIC Program	24	DMV (Department of Motor Vehicles)
2	Babies First!	25	Early Start
3	CaCoon	26	Emergency Room
4	Oregon MothersCare	27	Employment DHS (Work Source)
5	Maternity Case Management	28	Energy Assistance
6	PH Other not specified	29	English as a Second Language (ESL)
7	Healthy Start	30	Faith-Based Organization
8	SafeNet	31	Feeding Evaluation
9	Nurse Family Partnership	32	Food Bank
10	Family Planning	33	For County Use
11	Hospital	34	For County Use
12	Early Intervention/Early Childhood Special Education	35	For County Use
13	Self	36	For County Use
14	After School Child Care program	37	For County Use
15	Audiology	38	For County Use
16	Child Care Resource and Referral	39	For County Use
17	Childbirth Education	40	For County Use
18	Children's Hospital (e.g., Doernbecher, Emanuel)	41	For County Use
19	Community Breastfeeding Resource not specified	42	For County Use
20	Dental	43	Friends and Family
21	Dept. of Education Programs (Regional Program)	44	GED Program
22	Developmental Disabilities Services (DHS Seniors & People with Disabilities)	45	Genetic Counseling/Testing
23	DHS Child Welfare (Child Protective Services)	46	Head Start
		47	Health Education Classes
		48	High School
		49	Higher Education
		50	Home Health Clinical Services

Appendix A: Referral Codes by Number

Maternity Case Management

51	IHS (Indian Health Service)	82	Regional Program (Dept. of Education)
52	Immigration Services	83	Relief Nursery
53	Immunization	84	Respite Care
54	Infant Care Class (Baby Care)	85	School-Based Health Center
55	IPV (Intimate Partner Violence) Assistance	86	Section 8 HUD Housing
56	La Leche League	87	Shelter
57	Lactation Consultant	88	Smoking/Tobacco Cessation
58	Law Enforcement	89	Speech
59	Lead Program	90	SSI (Social Security Income)
60	Legal Aid	91	STD Counseling/Testing/Treatment
61	Literacy (Adult Education)	92	Substance Abuse Treatment Agency
62	Local Health Department	93	Support Group
63	Medicaid	94	TANF (Temporary Assistance to Needy Families)
64	Medicaid Transportation	95	Teen Parent Outreach
65	Medical Evaluation	96	Teen Parent School
66	Mental Health Crisis Line	97	Tertiary Care/Specialty Clinic (e.g., CDRC)
67	Mental Health/Counseling	98	Vision
68	Metabolic Screening	99	Birth Certificates (In-State)
69	Multidisciplinary Team	100	Birth Certificates/Vital Stats (Out of State)
70	NICU (neonatal intensive care unit)	101	Volunteer/Mentor
71	Nursing Mothers Council	102	Well Child Care
72	Nutrition Counseling	103	Young Parent Program
73	Occupational Therapy	104	Housing
74	Other Referral not specified	105	Planned Parenthood
75	Parenting Class	106	State EHDI Program
76	Parents as Teachers	107	Food Stamps
77	Physical Therapy	108	Employment-Related Child Care
78	Prenatal Care Provider	109	LAUNCH
79	Primary Health Care Provider		
80	Public Health Nurse (PHN)		
81	Public Transportation		

Appendix B: Referral Codes by Name

14	After School Child Care program	28	Energy Assistance
15	Audiology	29	English as a Second Language (ESL)
2	Babies First!	30	Faith-Based Organization
99	Birth Certificates (In-State)	10	Family Planning
100	Birth Certificates/Vital Stats (Out-of-State)	31	Feeding Evaluation
3	CaCoon	32	Food Bank
16	Child Care Resource and Referral	107	Food Stamps
108	Employment-Related Child Care	33	For County Use
17	Childbirth Education	34	For County Use
18	Children's Hospital (e.g., Doernbecher, Emanuel)	35	For County Use
19	Community Breastfeeding Resource not specified	36	For County Use
20	Dental	37	For County Use
21	Dept. of Education Programs (Regional Program)	38	For County Use
22	Developmental Disabilities Services (Seniors & People with Disabilities)	39	For County Use
23	DHS Child Welfare (Child Protective Services)	40	For County Use
24	DMV (Department of Motor Vehicles)	41	For County Use
12	Early Intervention/Early Childhood Special Education	42	For County Use
25	Early Start	43	Friends and Family
106	State EHDI Program	44	GED Program
26	Emergency Room	45	Genetic Counseling/Testing
27	Employment DHS (Work Source)	46	Head Start
108	Employment-Related Child Care	47	Health Education Classes
		7	Healthy Start
		48	High School
		49	Higher Education
		50	Home Health Clinical Services
		11	Hospital
		104	Housing
		51	IHS (Indian Health Service)

Appendix B: Referral Codes by Name

Maternity Case Management

52	Immigration Services	105	Planned Parenthood
53	Immunization	78	Prenatal Care Provider
54	Infant Care Class	79	Primary Health Care Provider
55	IPV (Intimate Partner Violence) Assistance	80	Public Health Nurse (PHN)
109	LAUNCH	81	Public Transportation
56	La Leche League	82	Regional Program (Department of Education)
57	Lactation Consultant	83	Relief Nursery
58	Law Enforcement	84	Respite Care
59	Lead Program	8	SafeNet
60	Legal Aid	85	School-Based Health Center
61	Literacy (Adult Education)	86	Section 8 HUD Housing
62	Local Health Department	13	Self
5	Maternity Case Management	87	Shelter
63	Medicaid	88	Smoking/Tobacco Cessation
64	Medicaid Transportation	89	Speech
65	Medical Evaluation	90	SSI (Social Security Income)
66	Mental Health Crisis Line	106	State EHDI Program
67	Mental Health/Counseling	91	STD Counseling/Testing/Treatment
68	Metabolic Screening	92	Substance Abuse Treatment Agency
69	Multidisciplinary Team	93	Support Group
70	NICU (neonatal intensive care unit)	94	TANF (Temporary Assistance to Needy Families)
9	Nurse Family Partnership	95	Teen Parent Outreach
71	Nursing Mothers Council	96	Teen Parent School
72	Nutrition Counseling	97	Tertiary Care/Specialty Clinic (e.g., CDRC)
73	Occupational Therapy	98	Vision
4	Oregon MothersCare	101	Volunteer/Mentor
74	Other Referral not specified	102	Well Child Care
75	Parenting Class	1	WIC Program
76	Parents as Teachers	103	Young Parent Program
6	PH Other not specified		
77	Physical Therapy		

Appendix C: Referral Codes by Category

Health Care	68	Metabolic Screening
<u>Mental Health</u>	69	Multidisciplinary Team
30 Faith-Based Organization	72	Nutrition Counseling
66 Mental Health Crisis Line	6	PH Other not specified
67 Mental Health/Counseling	77	Physical Therapy
88 Smoking/Tobacco Cessation	78	Prenatal Care Provider
92 Substance Abuse Treatment Agency	79	Primary Health Care Provider
<u>Breastfeeding</u>	80	Public Health Nurse (PHN)
19 Community Breastfeeding Resource not specified	85	School-Based Health Center
56 La Leche League	91	STD Counseling/Testing/Treatment
57 Lactation Consultant	97	Tertiary Care/Specialty Clinic (e.g., CDRC)
71 Nursing Mothers Council	98	Vision
<u>Miscellaneous: Health Care</u>	102	Well Child Care
18 Children's Hospital (e.g., Doernbecher, Emanuel)		
11 Hospital		
70 NICU (neonatal intensive care unit)		
15 Audiology		
20 Dental		
26 Emergency Room		
10 Family Planning		
45 Genetic Counseling/Testing		
50 Home Health Clinical Services		
51 IHS (Indian Health Service)		
53 Immunization		
59 Lead Program		
62 Local Health Department		
65 Medical Evaluation		
		Home Visiting Programs
	2	Babies First!
	3	CaCoon
	46	Head Start
	7	Healthy Start
	5	Maternity Case Management
	9	Nurse Family Partnership
	76	Parents as Teachers

Public HealthMiscellaneous: Public Health

99	Birth Certificates (In-State)
100	Birth Certificates/Vital Stats (Out Of state)
17	Childbirth Education
106	State EHDI Program
10	Family Planning
53	Immunization
59	Lead Program
62	Local Health Department
68	Metabolic Screening
72	Nutrition Counseling
4	Oregon MothersCare
75	Parenting Class
6	PH Other not specified
80	Public Health Nurse (PHN)
88	Smoking/Tobacco Cessation
106	State EHDI Program
91	STD Counseling/Testing/Treatment
1	WIC Program
105	Planned Parenthood

Social Service Agencies and Other Community ResourcesChild Care

14	After School Child Care program
16	Child Care Resource and Referral
22	Developmental Disabilities Services (DHS-Seniors & People with Disabilities)

108	Employment-Related Child Care
83	Relief Nursery
84	Respite Care

Domestic Violence

52	Immigration Service
55	IPV (Intimate Partner Violence) Assistance
58	Law Enforcement
60	Legal Aid

Financial Assistance

27	Employment DHS (Work Source)
108	Employment-Related Child Care
28	Energy Assistance
32	Food Bank
107	Food Stamps
86	Section 8 HUD Housing
90	SSI (Social Security Income)
94	TANF (Temporary Assistance to Needy Families)

Housing

28	Energy Assistance
86	Section 8 HUD Housing
87	Shelter
104	Housing

Legal Assistance

52	Immigration Service
58	Law Enforcement
60	Legal Aid

Transportation

24	DMV (Dept. of Motor Vehicles)
64	Medicaid Transportation
81	Public Transportation

Maternity Case Management

Appendix C: Referral Codes by Category

Miscellaneous: Social Service Agencies

8	SafeNet
23	DHS Child Welfare (Child Protective Services)
43	Friends and Family
54	Infant Care Class (Baby Care)
74	Other Referral not specified
76	Parents as Teachers
88	Smoking/Tobacco Cessation
93	Support Group
95	Teen Parent Outreach
101	Volunteer/Mentor
103	Young Parent Program

61	Literacy (Adult Education)
75	Parenting Class
76	Parents as Teachers
88	Smoking/Tobacco Cessation
96	Teen Parent School
103	Young Parent Program

Miscellaneous and County Codes

99	Birth Certificates (In-State)
100	Birth Certificates/Vital Stats (Out-of-State)
43	Friends and Family
13	Self

Education (including Early Intervention)

12	Early Intervention/Early Childhood Special Education
17	Childbirth Education
21	Dept. of Education Programs (Regional Program)
29	English as a Second Language (ESL)
44	GED Program
46	Head Start
47	Health Education Classes
48	High School
49	Higher Education
54	Infant Care Class (Baby Care)

74	Other Referral not specified
33	For County Use
34	For County Use
35	For County Use
36	For County Use
37	For County Use
38	For County Use
39	For County Use
40	For County Use
41	For County Use
42	For County Use

Appendix D: FastEntry Guidelines and Codes

FastEntry Guidelines

FastEntry allows you to add visit information quickly. You can use your keyboard (instead of your mouse and your keyboard) to enter information in the Issues-Outcomes-Interventions section of the Encounter/Data Form for Maternity Case Management. FastEntry uses a combination of letters and numbers on your keyboard.

Issue-Outcome-Intervention (IOI) Surveys

What are Issues, Outcomes, and Interventions (IOI)?

- **Issues** are possible health or social conditions that clients experience.
- **Outcomes** are the possible consequences of these Issues.
- **Interventions** are the actions that nurses or maternity case managers take to address the Issues and influence the Outcomes.

In IOI surveys, different categories have different possible responses. Figure 31 shows the layout of the fields for Issues, Outcomes, and Interventions. Issues for which no data has been entered are highlighted onscreen in blue.

The IOI fields appear on the **Visit** tab in MCM.

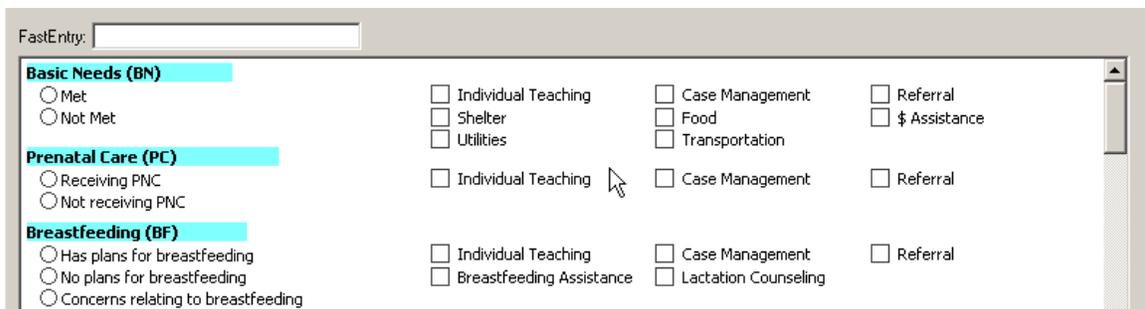


Figure 30. Examples of IOI fields onscreen



Figure 32. Labeled parts of an Issues, Outcomes, and Interventions field

Entering Issues, Outcomes, and Interventions in FastEntry:

- Each **Issue** has a **two-letter** FastEntry code, noted in the Encounter/Data form and on the screen.
- Each **Outcome** has a **one-letter** FastEntry code, assigned as they appear on screen from top to bottom.
- Each **Intervention** has a **one- or two-digit** FastEntry code number, assigned as they appear on screen from left to right, top to bottom.

For example:

Under **Prenatal Care** (see Figure 32, above), the FastEntry codes for the Outcomes **Receiving PNC** and **Not receiving PNC** are A and B, respectively.

The FastEntry codes under Prenatal Care for the Interventions **Individual Teaching**, **Case Management**, and **Referral** are 1, 2, and 3, respectively.

These codes are summarized in the FastEntry Codes table on page 128. For example, the codes for Prenatal Care are displayed like this:

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
Prenatal Care	PC	Receiving PNC	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Not receiving PNC	B	Individual Teaching	1
				Case Management	2
				Referral	3

In the following example, the Outcome **Not receiving PNC** has been selected, along with the Interventions **Individual Teaching** and **Referral**:

Prenatal Care			
<input type="radio"/> Receiving PNC	<input checked="" type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Referral
<input checked="" type="radio"/> Not receiving PNC			

Figure 33: Prenatal Care IOI with an Outcome and Interventions selected

(Note that, in Figure 33, the Issue name Prenatal Care is no longer highlighted in blue, because data has been entered for it.)

Using the system explained above, the FastEntry code string for the data under Prenatal Care, in Figure 33, is **PCB1**, which means:

- Issue (Prenatal Care) code = **PC**
- Outcome (Not receiving PNC) code = **B**
- Intervention (Individual Teaching) code = **1**

Type the code for each Issue, Outcome, Intervention as a continuous string in the FastEntry field, and press Enter to accept. The data will appear in the survey window.

Entering Multiple Interventions in FastEntry:

FastEntry allows multiple Interventions to be entered for a single Issue and Outcome by using a period (.) to separate each Intervention code.

For example, if the Issue Prenatal Care (Figure 33) had the Outcome **Not receiving Prenatal Care** and both **Individual Teaching** and **Referral** checked as Interventions, the FastEntry code would be **PCB1.3**.

Clearing Checked Interventions:

To clear (uncheck) all Interventions for an Issue, either click on the checked box with your mouse, or re-enter the FastEntry code using intervention "0".

For example, to clear Interventions added with the FastEntry code **PCB1.3**, enter the code **PCB0**.

Maternity Case Management FastEntry Codes

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code	
Basic Needs	BN	Met	A	Individual Teaching	1	
				Case Management	2	
				Referral	3	
				Shelter	4	
				Food	5	
				\$ Assistance	6	
				Utilities	7	
				Transportation	8	
	Not met	B	Not met	B	Individual Teaching	1
					Case Management	2
					Referral	3
					Shelter	4
					Food	5
					\$ Assistance	6
					Utilities	7
					Transportation	8
Prenatal Care	PC	Receiving PNC	A	Individual Teaching	1	
				Case Management	2	
				Referral	3	
				Not receiving PNC	B	
				Individual Teaching	1	
				Case Management	2	
Referral	3					
Breastfeeding	BF	Has plans for breastfeeding	A	Individual Teaching	1	
				Case Management	2	
				Referral	3	
				Breastfeeding Assistance	4	
				Lactation Counseling	5	

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
		No plans for breastfeeding	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Breastfeeding Assistance	4
				Lactation Counseling	5
		Concerns relating to breastfeeding	C	Individual Teaching	1
				Case Management	2
				Referral	3
				Breastfeeding Assistance	4
				Lactation Counseling	5
HIV Testing	HI	Tested	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Needs testing	B	Individual Teaching	1
				Case Management	2
				Referral	3
		Refused testing	C	Individual Teaching	1
				Case Management	2
				Referral	3
HIV Follow-Up	HF	Follow-up done	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Needs follow-up	B	Individual Teaching	1
				Case Management	2

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Referral	3
Hepatitis B Testing	HB	Tested	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Needs testing	B	Individual Teaching	1
				Case Management	2
				Referral	3
		Refused testing	C	Individual Teaching	1
				Case Management	2
				Referral	3
Hepatitis B Follow-Up	HU	Follow-up done	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Needs follow-up	B	Individual Teaching	1
				Case Management	2
				Referral	3
Preterm Delivery	PD	No apparent risk of preterm labor	A	Individual Teaching	1
				Case Management	2
				Referral	3
		At risk for preterm labor	B	Individual Teaching	1
				Case Management	2
				Referral	3
		Receiving treatment for preterm labor	C	Individual Teaching	1
				Case Management	2

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Referral	3
Nutrition	NU	Yes - Maternal nutrition supports healthy pregnancy	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
				Nutritional Monitoring	5
		No - Maternal nutrition does not support healthy pregnancy	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
				Nutritional Monitoring	5
Oral Health during Pregnancy	OH	Adequate dental care	A	Individual Teaching	1
				Case Management	2
				Referral	3
		Inadequate dental care	B	Individual Teaching	1
				Case Management	2
				Referral	3
Insurance	IS	OHP Standard	A	Individual Teaching	1
				Case Management	2
				Referral	3
		OHP Plus	B	Individual Teaching	1

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Case Management	2
				Referral	3
		CAWEM	C	Individual Teaching	1
				Case Management	2
				Referral	3
		Indian Health Service	D	Individual Teaching	1
				Case Management	2
				Referral	3
		Other	E	Individual Teaching	1
				Case Management	2
				Referral	3
		None	F	Individual Teaching	1
				Case Management	2
				Referral	3
		CAWEM Plus	G	Individual Teaching	1
				Case Management	2
				Referral	3
OHP Follow-Up Information	OF	Client refused referral	A		
		OHP Pended	B		
		OHP Denied	C		
Medical Home for Non-Pregnancy-Related Health Care	MH	Has medical home	A	Individual Teaching	1
				Case Management	2

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Referral	3
		No medical home	B	Individual Teaching	1
				Case Management	2
				Referral	3
Intimate Partner Violence	IP	Screened	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Not screened	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
Intimate Partner Violence - Safety Plan	SP	Safety plan not needed	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Client has safety plan	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Refused	C	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change	4

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Technique	
		Safety plan needed	D	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
Alcohol Use/ Substance Abuse	AS	No history of alcohol use or substance abuse	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Recent history (within last year)	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Current alcohol use or substance abuse	C	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
Depression	DE	Readiness for enhanced coping	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Screening Tool	4

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
		Ineffective coping related to maternal depression	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Screening Tool	4
Family Planning	FP	Client has reproductive plan	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Client does not have reproductive plan	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
Family Planning Contraceptive	FC	Client uses contraceptive method	A	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
		Client does not use contraceptive method	B	Individual Teaching	1
				Case Management	2
				Referral	3
				Behavior Change Technique	4
Tobacco	TO	No history of smoking	A	Individual Teaching	1

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Case Management	2
				Referral	3
				5As Clinical Guidelines	4
		Recent history of smoking	B	Individual Teaching	1
				Case Management	2
				Referral	3
				5As Clinical Guidelines	4

Appendix E: ORCHIDS Required Fields for Maternity Case Management

In ORCHIDS, if certain fields are blank, the user will be unable to save and move forward until the fields are completed. These fields are called “required” fields. Home visiting staff should fill out as many fields as possible, whether or not the fields are marked “required.”

Tab Name	Field Name	Required to:
Client Primary Tab	Last Name	Save entry on screen
	First Name	Save entry on screen
	Date of Birth	Save entry on screen
	Gender	Save entry on screen
	Physical Address Type	Save entry on screen
	Physical Address	Save entry on screen
	City, Oregon	Save entry on screen
	ZIP	Save entry on screen
	May we contact you by mail?	Save entry on screen
	May we contact you by phone?	Save entry on screen
	Phone Type	Save entry on screen
	Phone	Save entry on screen
	Phone Options	Save entry on screen
	Race	Save entry on screen
	Ethnicity	Save entry on screen
	Spoken Language	Save entry on screen
	Written Language	Save entry on screen
Medicaid #	Bill a visit	
Client Info Tab	<None>	
MCM / MOP Case Tab	Case Start Date	Save entry on screen
	Case Manager	Save entry on screen
Visit Tab	Visit Date	Save entry on screen
	Home Visitor	Save entry on screen
	Visit Closed?	Bill a visit and close a case
Postpartum Tab	<None>	

Tab Name	Field Name	Required to:
Billing Tab	Visit Date	Save entry on screen
	Home Visitor	Save entry on screen
	Visit Closed?	Bill a visit and close a case
	Date Case Closed	Close a case
	Case Closed Reason	Close a case

Appendix F: Diagnostic V-Codes with Definitions

V-Codes (also referred to as Diagnostic Codes or Dx Codes) are the classifications of factors influencing health status and contact with health services. The codes used in MCM billing are drawn from the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Notes:

- **V-Codes** provide DMAP with the **reason for the service** that was provided and must be identified by the service provider. The **MCM billing codes** provide DMAP with the **type of service** that was provided.
- Use the codes in the right column (without decimal points) if billing on paper.

Case management of a normal or high risk pregnancy

Choose the appropriate V-code from the following list to complete the Billing Tab section of the MCM Encounter/Data Form.

Codes, Definitions, and Exclusions for Normal Pregnancy	If billing on paper, use:
V22.0 Supervision of Normal First Pregnancy	V220
V22.1 Supervision of Other Normal Pregnancy	V221
V23.3 Grand Multiparity Excludes: care in relation to labor and delivery (659.4) that without current pregnancy (629.9)	V233
V23.41 Pregnancy with History of Preterm Labor	V2341
V23.49 Pregnancy with Other Poor Obstetric History	V2349
V23.81 Elderly Primagravida First pregnancy in a woman who will be 35 years of age or older at expected date of delivery. Excludes: elderly primagravida complicating pregnancy (659.5)	V2381
V23.82 Elderly Multigravida Second or more pregnancy in a woman who will be 35 years of age or older at expected date of delivery Excludes: elderly multigravida complicating pregnancy (659.6)	V2382
V23.83 Young Primagravida First pregnancy in a female less than 16 years old at expected date of delivery. Excludes: Young primagravida complicating pregnancy (659.8)	V2383

Codes, Definitions, and Exclusions for Normal Pregnancy**If billing on paper, use:**

V23.84 Young Multigravida Second or more pregnancy in a female less than 16 years old at expected date of delivery Excludes: Young multigravida complicating pregnancy (659.8)	V2384
V23.9 Unspecified High Risk Pregnancy	V239

Postpartum case management

Use one of the following V-codes to complete the Billing Tab section of the MCM Encounter/Data Form.

Code and Definition for Postpartum Case Management**If billing on paper, use:**

V24.1 Lactating Mother	V241
V24.2 Routine Postpartum Follow-Up	V242
V25.09 Other Family Planning Advice	V2509

Appendix G: Keyboard Shortcuts

Keyboard shortcuts allow you to perform on-screen operations using simple keyboard commands rather than the mouse. Using the keyboard to enter data is much faster and more ergonomically sound than using the mouse. Whenever possible, keep your hands on the keys instead of the mouse.

General Windows Shortcuts	
Tab	Move forward between objects (fields or sections) on screen
Shift+Tab	Move backwards between objects (fields or sections) on screen
F2	Move to the tab page to the left (previous tab)
F3	Move to the tab page to the right (next tab)
Enter	Activate the selected/default button

Toolbar Commands	
Ctrl+F4	Close
Ctrl+O	Open Client
Ctrl+S	Save
Ctrl+I	Insert Row
Ctrl+D	Delete Row (Remove record)

FC100-Select Program Window	
Down Arrow	Scroll to next entry (down)
Up Arrow	Scroll to previous entry (up)
Spacebar	Check/uncheck current entry
B	Select BabiesFirst!
C	Select CaCoon
M	Select Maternity Care Management
Enter	OK button

FC100-ORCHIDS Client Info Screen	
Alt+C	New Case button
Alt+O	Opens highlighted case or visit
Alt+V	New Visit button

Checkboxes	
Spacebar	Check/uncheck check box

Drop-Down List Boxes	
F4	Show/hide drop-down list
Down arrow	Scroll down to next entry
Up arrow	Scroll up to next entry
Delete	Remove entry
	<ul style="list-style-type: none"> • Drop down list boxes also support a type-ahead feature to scroll to the desired entry. Type the first few letters of the desired entry, and the list box will scroll to the first entry fitting the description. • When the desired entry is highlighted, press Tab to select the current entry and move to the next field.

Pop-Up Message Boxes (only)	
Alt+Y	Yes
Alt+N	No

Appendix H: List of Languages for Spoken/Written Language Fields

Afghan	Hungarian	Russian
Afrikaans	Indonesian	Samoan
Albanian	Italian	Serbian
Amharic	Japanese	Sign Language
Arabic	Kanjoval (Mayan)	Sinhalese
Bengali	Karen	Somali
Braille	Khmer/Cambodian	Spanish
Bulgarian	Kirundi	Swahili
Burmese	Korean	Swedish
Cambodian	Kurdish	Tagalog
Cantonese	Laos	Taishan
Chinese	Lingali	Tao Chiew
Croatian/Bosnian	Maay Maay/Mai Mai	Thai
Czech	Mandarin	Tibetan
Danish	Marshallese	Tigre
Dari	Micronesia	Tigrinian
Dutch	Mien	Tongan
English	Mina	Trique
Farsi	Mixteco	Trukese
Fijian	Nepali	Turkish
French	None – Written	Ukranian
French Creole	Norwegian	Urdu (Pakistan)
Gallic	Ormo (Ethiopian)	Vietnamese
German	Persian	Welsh
Greek	Polish	Yiddish
Hakka	Portuguese	Yoruba
Hebrew	Punjabi	Zapotec
Hindi	Pushtu/Poshtu	
Hmong	Romanian	

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