

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

TCM CARE ELIGIBILITY: (all must be checked to bill)

- The child has at least one Babies First!/CaCoon risk factor and is enrolled in B1st, CaCoon or NFP
- The child has not reached 5th birthday (Babies First!/NFP) or 21st birthday (CaCoon)
- The child is enrolled in Medicaid at the time of the TCM visit

Other services child/family is receiving:

- EI DHS – Child Welfare Developmental Disabilities Other TCM program (specify): _____
 Caseworker/Caregiver _____ Phone number: _____
(Documentation of service coordination required for billing)

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

Support System (current natural and community supports):

Family Assessment:	Need Help	No Help Needed	Family Assessment	Need Help	No Help Needed
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	Accessing quality childcare	<input type="checkbox"/>	<input type="checkbox"/>
Early education services	<input type="checkbox"/>	<input type="checkbox"/>	Advocating for child	<input type="checkbox"/>	<input type="checkbox"/>
Health Ins/OHP: maintaining coverage	<input type="checkbox"/>	<input type="checkbox"/>	Clothing and basic supplies	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Establishing & maintaining stable income	<input type="checkbox"/>	<input type="checkbox"/>
Medical specialty care	<input type="checkbox"/>	<input type="checkbox"/>	Maintaining stable housing	<input type="checkbox"/>	<input type="checkbox"/>
Special therapies like PT/OT/speech	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling & keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>
Social security income	<input type="checkbox"/>	<input type="checkbox"/>	Securing adequate food	<input type="checkbox"/>	<input type="checkbox"/>
Well child care	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	Relief Nursery	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

The child's family **does not need** assistance accessing and/or utilizing needed services

- Family is acting as an effective advocate for their child
- Knowledgeable of services and how to access services
- History of being able to adequately access and utilize needed services
- Adequate social supports
- TCM Case Manager already in place and meeting needs (see above for details)
- Other: _____

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

- Inability to fill out paperwork because of language barrier, low literacy, etc.
- Inability to secure basic child needs (food, clothing, shelter, etc.)
- Family health needs impacting the child's ability to access and utilize needed services
- Lack of awareness regarding health and human resources available in the community
- History of not following through with accessing or utilizing needed services
- Family with limited advocacy skills
- Cultural/language barriers to services
- Inadequate caregiver literacy
- Inadequate caregiver health literacy
- Transportation difficulties
- Instability of finances/housing/environment
- Lack of awareness regarding preventive health care services
- Inadequate support system
- Other: (specify) _____

Assessment notes:

TCM RN Case Manager Signature: _____

Date: _____

Client name: _____

DOB: _____

TCM SERVICE PLAN & GOALS

Date of Next TCM Plan Review: _____

GOALS:

Client-identified top two priorities/goals:

- 1. _____
- 2. _____

Agreed upon goals (Case Manager and Family)

Target date for completion: ↓

- Demonstrate ability to identify and independently access needed health services by (WCC Immunizations, vision, hearing and dental) _____
- Demonstrate ability to identify and independently access needed early learning services or quality childcare by (Early Intervention, Special Education, Early Literacy, Head Start and EHS) _____
- Demonstrate ability to identify and independently access needed social services by (transportation, support system, basic needs, housing, food and SSI) _____
- Other (specify) _____

Planned ACTIVITIES/INTERVENTIONS planned to achieve goal(s):

- Ongoing identification of barriers
- Ongoing identification of strengths
- Assist family in increasing knowledge of community resources
- Assist family in working with needed services and agencies
- Assist family in completing paperwork for:
- Assist family to gain skills to become an effective advocate
- Assist family to expand support system
- Problem solve with family to obtain transportation to needed services
- Motivate family to adhere to the schedules for treatment and services
- Other (specify): _____

Planned REFERRAL/LINKING: (check all that apply)

- Assist family to schedule and keep appointments
- Dental Child Care Early Intervention/ECSE Special Education OHP/Health Insurance
- Specialty Health Care Provider Transportation WIC Immunizations
- Basic Needs: food, clothing, shelter (specify)
- Primary Health Care Provider Other (specify) Other (specify) Other (specify)

Planned MONITORING:

- Monitor the family's ability to access and utilize needed resources
- Monitor for commitment to TCM Plan
- Monitor progress toward goals
- Other: _____

NOTES:

RN Case Manager Signature: _____ Date: _____
 Home Visitor Signature: _____ Date: _____
Client Name: _____ **DOB:** _____