

Babies First! Manual for ORCHIDS



Can't find it in this manual?

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_bf.pdf

Revised: 6/6/2012 12:04:00 PM

If you need this information in an alternate format,
please call (971) 673-0382.



Oregon Health Authority

Public Health Division

FamilyNet ORCHIDS Application Support

800 N.E. Oregon Street, Suite 370

Portland, Oregon 97232

(971) 673-0382

Table of Contents

Introduction.....	1
Program Background	1
ORCHIDS	1
What is FamilyNet?	1
What other programs use FamilyNet?	2
What is the benefit of using FamilyNet?	2
What will be done with the Babies First! information?	2
How to Use This Manual	3
Babies First! Encounter/Data Form	5
Client Primary Tab.....	5
Client Info Tab	12
Babies First! Case Tab	17
Identifying Required Fields on the Encounter/Data Form.....	17
Visit Tab 1.....	21
Identifying Required Fields on the Encounter/Data Form.....	21
Visit Tab 2.....	23
Selecting Issues, Outcomes, and Interventions.....	23
Issues and Outcomes.....	23
Interventions	29
Visit Tab 3.....	33
Referrals Out.....	33
Referral Follow-Up.....	34
Identifying Required Fields on the Encounter/Data Form.....	34
Data Entry	39
Data Entry Lesson 1: Logging into FamilyNet and ORCHIDS	39
Data Entry Lesson 2: Navigating the System/Performing a Client Search	43
Data Entry Lesson 3: Entering Client Information	49
Required Fields in ORCHIDS	49
Client Primary Tab.....	49
Client Info Tab	60

Data Entry Lesson 4: Entering Case Information	65
Babies First! Case Tab: Adding a New Case.....	65
Required Fields in ORCHIDS	65
Babies First! Case Tab: Adding/ Changing Case Information	71
Data Entry Lesson 5: Entering Visit Information	77
Required Fields in ORCHIDS	77
Visit Tab 1.....	77
Visit Tab 2	82
Visit Tab 3	84
Referrals Out	85
Referral Follow-Up	86
Closing a Visit	92
Required Fields in ORCHIDS	92
Closing a Case	96
Required Fields in ORCHIDS	96
Date Entry Lesson 6: Transferring a Client to Another Agency	103
Case Study	105
Appendix A: Risk Factors and Definitions (A and B Codes)	117
Appendix B: Referral Codes by Number	125
Appendix C: Referral Codes by Name	129
Appendix D: Referral Codes by Category	131
Appendix E: FastEntry Guidelines and Codes	135
Appendix F: ORCHIDS Required Fields for Babies First	147
Appendix G: Keyboard Shortcuts	149
Appendix H: List of Languages	151
Bibliography	153

Introduction

Program Background

Babies First! is the public health home visiting program that provides health screening and case management services to high-risk infants and young children up to age five.

The Babies First! program is administered by the DHS Public Health Division, Office of Family Health, Maternal & Child Health Section. The requirements for this program are defined in the Babies First! program manual and the Oregon Administrative Rules 410-138-0000 through 410-138-0080. For a copy of the Babies First! Program Manual, contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us .

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 NIC, NOC, and NANDA.

ORCHIDS

Oregon Child Health Information Data System (ORCHIDS) is the data entry system within FamilyNet that Babies First! uses to collect data for program evaluation, Title V reporting, and Medicaid billing. ORCHIDS enables the program to analyze and describe the services being provided by Babies First! providers across Oregon.

What is FamilyNet?

FamilyNet is an integrated family health data system used to collect client information for the Babies First! program.

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?

These other programs also collect data in FamilyNet:

- Care Coordination or CaCoon
- Maternity Case Management
- Immunization
- WIC

What is the benefit of using FamilyNet?

FamilyNet stores information that is common to clients across program applications, such as name, address, phone number, and race. Therefore, a client referred from WIC, will be in FamilyNet along with the client's demographic information. You will not have to re-enter that information.

What will be done with the Babies First! information collected and stored in ORCHIDS?

Outcome data about home visiting nurses' activities are critical in:

- Advocating for the clients we serve
- Describing and reporting about the services we provide
- Improving quality
- Evaluating the program

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 in the Babies First! Encounter/Data Form:

1. Identify the section of the form where the field appears.

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

Oregon Health Authority		Babies First! Encounter/Data Form			FamilyNet	
Client Primary Tab	Local ID	LAST NAME	FIRST NAME	Middle Name		
	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input 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	SPOKEN LANGUAGE		Guardian Middle Name
	Client E-mail		WRITTEN 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		ETHNICITY <input type="checkbox"/> No-Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Yes-Hispanic		Medicaid No. * 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 type="checkbox"/> WIC <input type="checkbox"/> NFP <input 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"/> Indian Health Service <input type="checkbox"/> Other <input type="checkbox"/> None		SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Name - First	Billing Name - Last	
Babies First! Case Tab	CASE START DATE		CASE MANAGER			
	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"/> 11-Hospital <input type="checkbox"/> 12-EI / ECSE <input type="checkbox"/> 13-Self <input type="checkbox"/> 79-PCP <input type="checkbox"/> Other (See codes)					Risk Factors / / / / /
						Date Referred
						<input type="checkbox"/> Check if first birth
	Birth Weight	Pounds / Ounces	Grams OR	Birth Length	Inches OR	Gestational Age at Birth (weeks)
Data Notes						

2. Use the Table of Contents in this manual to locate page(s) in the Babies First! Encounter/Data Form chapter that describe the Client Info tab section of the form.

The current Babies First! form is always available at this website:

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

Lessons 1 through 6 in this manual give step-by-step instructions about how to enter data from the Babies First! 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:

- Babies First! Eligibility Criteria: Appendix A, page 117
- Referral Codes (by Number): Appendix B, page 125
- Referral Codes (by Name): Appendix C, page 129
- Referral Codes (by Category): Appendix D, page 131
- FastEntry Codes and Guidelines: Appendix E, page 135
- ORCHIDS Required Fields in Babies First!: Appendix F, page 147
- Keyboard Shortcuts: Appendix G, page 149
- List of Languages: Appendix H, page 151
- Bibliography, page 153

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

Babies First! Encounter/Data Form

The Babies First! Encounter/Data Form is available online in PDF format at http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/ORCHIDS/Documents/orchids_form_bf.pdf

Client Primary 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. However, home visiting staff should fill out as many fields as possible, whether they are marked “required” or not.

On the Babies First! Encounter/Data form and the “Field” column of tables in this manual:

- The names of fields **required to save data entry** 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 on the form.

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.
LAST NAME	(Required) The client’s complete legal last name. <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.”

FIELD	DESCRIPTION
FIRST NAME	(Required) The client's complete legal first name. Enter the first name, not a nickname. 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.
Middle Name	The client's complete legal middle name. Enter the middle name. Leave the field blank if the client has no middle name.
Suffix	A suffix associated with the client's name, if applicable. Select a suffix from the drop-down menu.
Create Alias Name	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.
DATE OF BIRTH	(Required) The client's date of birth. Enter the date in MM/DD/YYYY format.
GENDER	(Required) The client's gender. Select one of the following. Female Male Unknown
Confidential address/telephone?	The checkbox (on the form) 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.
Update to address/telephone?	The checkbox to select if you need to change the address or telephone number in the system.

FIELD	DESCRIPTION
PHYSICAL ADDRESS TYPE	<p>(Required) The type of the physical address. Select one of the following.</p> <p>Home: the physical address of the client’s residence.</p> <p>Homeless: the client lacks permanent, regular nighttime residence. This includes individuals who live in emergency shelters, in a car, on the street, or who are camping or sleeping temporarily at someone else’s home (“couch surfing”).</p> <p>Unknown: the client did not disclose his/her physical address.</p> <p>If the client is homeless and has a mailing address:</p> <ul style="list-style-type: none"> ▪ Select Homeless in the Physical Address Type field. ▪ Enter the mailing address in the Mailing Address field.
PHYSICAL ADDRESS	<p>(Required) The address of the client’s residence. If the client provided only P.O. box information, enter that here. Enter the address.</p> <p>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.</p>
Apt. No	<p>The client’s apartment number, if applicable. Enter the number or letter(s).</p>
CITY, OREGON	<p>(Required) The city of the client’s residence. Enter the city.</p>
ZIP	<p>(Required) The zip code for the client’s residence. Enter the number.</p>
MAILING ADDRESS (if different from physical address)	<p>The client’s mailing address (if it is different from the physical address). Enter the address.</p>
Apt. No.	<p>The apartment number of the client’s mailing address, if applicable. Enter the number.</p>
CITY, OREGON	<p>The city for the client’s mailing address. Enter the city.</p>
ZIP	<p>The zip code for the client’s mailing address. Enter the number.</p>

FIELD	DESCRIPTION
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) phone calls and text messaging. Text Only: the client's telephone allows text messaging only. Voice Only: the client's telephone allows (voice) phone calls only.

FIELD	DESCRIPTION
Alternate Phone Type	<p>The telephone type. 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. Enter the number as (###) ###-####.</p>
Alternate Phone Options	<p>Type of communication technology available on the client's alternate telephone. 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. 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> <p>White: the client is of Caucasian 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 of race, based on physical appearance.</p>

FIELD	DESCRIPTION
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. If the client is an infant or child, select the <i>guardian’s</i> 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 151.</p>
WRITTEN LANGUAGE	<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>Enter the language.</p> <p>For a complete list of languages available in ORCHIDS, see Appendix H: List of Languages, page 151.</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>(Required to bill a visit) 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 Data Notes field on the Babies First! Case tab: “Enter client’s deceased date into the system.”</p> <p>Enter the date of death in MM/DD/YYYY format.</p>

FIELD	DESCRIPTION
Guardian Last Name	The last name of the client's guardian. Enter the last name.
Guardian First Name	The first name of the client's guardian. Enter the first name.
Middle Name	The middle name of the client's guardian. Leave the field blank if the client does not have a middle name. Enter the middle name.
Guardian Type	The type of guardian. Aunt Foster Grandparent Other Other Relative Parent Uncle Select the guardian type.

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. Note: For calculating household income and family size for a foster child, ORCHIDS follows the same guidelines as WIC does. The household size would be one. Payments to the foster family for the foster child would be only income counted in the child's household income.
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. Notes: <ul style="list-style-type: none"> ▪ For calculating household income and family size for a foster child, ORCHIDS follows the same guidelines as WIC does. The household size would be one. Payments to the foster family for the foster child would be only income counted in the child's household income. ▪ 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.</p> <p>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>If the client is enrolled in Babies First! in another agency, please contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us. A client cannot be enrolled in Babies First! and CaCoon simultaneously.</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>CaCoon: A child cannot be enrolled in CaCoon and Babies First! simultaneously. 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 when the client is being enrolled into Babies First!</p> <p>Enter all that apply.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package, based on a prioritized list of services, which covers less than OHP Plus and 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 and is available to eligible children and pregnant women.</p> <p>CAWEM (Citizen/Alien-Waived Emergency Medical benefit): the benefit package that covers emergent prenatal care, labor and delivery for undocumented women, and covers undocumented children for emergent care.</p> <p>Indian Health Service: the Department of Health and Human Services health care program that provides 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 such as TRICARE.</p> <p>None: the client does not have health insurance of any type.</p> <p>Note: If the client has insurance coverage from more than one source, 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. A second drop-down menu will appear. Enter the additional coverage.</p>
SSI?	<p>(Not required for Babies First!) 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 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 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 submits to DMAP.</p>

Babies First! Case Tab

Identifying Required Fields on the Encounter/Data Form

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

On the Babies First! Encounter/Data form and the “Field” columns of tables in this manual:

- The names of fields **that require data entry before the user can save the screen** are displayed in **CAPITAL LETTERS**.
- 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 on the form.

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 Babies First! case manager conducting the Home Visit (or supervising the visit if it is conducted by a non-nurse). Enter the case manager's name or initials.

FIELD	DESCRIPTION
<p>Who referred client to this program?</p>	<p>The agency or provider that referred the client to Babies First!. Select all that apply.</p> <p>1–WIC (Women, Infants, and Children): the special supplemental nutrition education program for women, infants, and children.</p> <p>2–Babies First!: the home visiting program that provides developmental screening and case management services for high-risk infants and young children up to age five.</p> <p>3–CaCoon: the public health home visiting program serving children with special needs up to age 20, and their families.</p> <p>4–OMC (Oregon MothersCare): the program providing assistance to pregnant women to obtain early prenatal care.</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>11–Hospital: a hospital.</p> <p>12–EI/ECSE: Early Intervention/Early Childhood Special Education. The Department of Education services, which serves children from birth up to age three.</p> <p>13–Self: the client referred herself to Babies First!.</p> <p>79–PCP: a Primary Health Care Provider. A health professional providing primary care.</p> <p>Other: Insert a code representing the agency or provider that referred the client to Babies First! if not listed above.</p> <p>For a complete list of referral sources, see Appendix B-Referral Codes by Number, page 129; Appendix C-Referral Codes by Name, page 131; Appendix D-Referral Codes by Category, page 135.</p>

FIELD	DESCRIPTION
Risk Factors	<p>Enter codes for all risk factors that apply.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If you are not enrolling the client into the High Risk Infant (HRI) Protocol outlined in the Babies First! Program Manual, select X99. • If a child was designated X99 but, on a subsequent visit, the case manager determines that the child should be enrolled in HRI protocol, enter X00. Do not delete the X99 designation. • 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>For a list of risk factors, see Appendix A: Risk Factors and Definitions (A Codes and B Codes), page 116.</p>
Date Referred	<p>The date the agency received the referral, via fax, phone call, or mail. Enter the referral 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.
Check if first birth	<p>Indicates whether or not the client is the first live birth for the mother.</p> <p>Check the box if the client is the first live birth.</p>
Birth Weight (Pounds/Ounces or Grams)	<p>The weight of the client at birth.</p> <p>Enter the weight in pounds and ounces <i>or</i> in grams.</p>
Birth Length (Inches or Cm)	<p>The length of the client at birth.</p> <p>Enter the length in inches <i>or</i> centimeters.</p>
Gestational Age at Birth (weeks)	<p>The client's gestational age at birth.</p> <p>Enter the gestational age in weeks, based on the mother's EDD or the hospital report at the time of referral.</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: DO NOT 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 1

Identifying Required Fields on the Encounter/Data Form

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

On the Babies First! Encounter/Data form and the “Field” column of tables in this manual:

- The names of fields **that require data entry before the user can save the screen** are displayed in **CAPITAL LETTERS**.
- The names of fields **that require data entry before a user can close a visit or case, or bill a visit successfully**, are followed by **an asterisk (*)**.

Complete the following fields on the form.

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 staff member's name or initials.
Weight Today (Pounds/Ounces or Grams)	The weight of the client at the time visit data is collected. This weight can be from the nurse’s direct assessment or from a client report from a recent doctor’s visit or WIC appointment. Enter the weight in pounds and ounces <i>or</i> in grams.
Length Today (Inches or Cm)	The length of the client at the time visit data is collected. This length can be from the nurse’s direct assessment or from a client report from a recent doctor’s visit or WIC appointment. Enter the length in inches <i>or</i> centimeters.
Head Circumference Today	The circumference of the client’s head at the time visit data is collected. Enter the head circumference in inches <i>or</i> centimeters.

FIELD	DESCRIPTION
Client's Immunization Status	<p>The child's vaccination history, based on a review of the client's immunization record.</p> <p>Select one of the following.</p> <p>Complete or up-to-date (Has all recommended shots) Delayed (Has some of the recommended shots) None (Has none of the recommended shots) Declined/Refused (Declines or refuses recommended shots)</p>
Breastfeeding Started	<p>Indicates whether or not breastfeeding has 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 through any means</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.</p> <p>Select one of the following.</p> <p>Yes: the client has started receiving breast milk. No: the client has not started receiving breast milk.</p>
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 through any means</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.</p> <p>Select one of the following.</p> <p>Yes: the infant is still breastfeeding. No: the infant has stopped breastfeeding.</p>
Age when formula or solids first introduced	<p>The chronological age (not corrected age) when the client stopped receiving nourishment <i>solely</i> from breast milk.</p> <p>NA (not applicable): indicates that the client never started breastfeeding or is still fed <i>only</i> breast milk.</p> <p>Weeks: enter the age in weeks when the client stopped receiving nourishment solely from breast milk.</p>

Visit Tab 2

Selecting Issues, Outcomes, and Interventions

Notes:

- You must select an Issues/Outcomes category from the list in the left column before selecting the corresponding Intervention(s) in the right column.
- Select as many Interventions that apply to a particular issue/outcome. See page 29 for Interventions.
- Only select issues that were addressed during the current visit.

Issues and Outcomes

Select the following fields, as appropriate:

Issues	Outcomes
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>Not met: The individual is not able to obtain or maintain one of the above resources and needs assistance to obtain these supports.</p>
Nutrition (NU)	<p>The nutritional status of the child.</p> <p>Select one of the following.</p> <p>Meets body requirements: Weight for Length 10th - 90th percentile.</p> <p>Less than body requirements: Weight for Length below 10th percentile.</p> <p>More than body requirements: Weight for Length above 90th percentile.</p>

Issues	Outcomes
<p>Nutrition Issues (NI)</p>	<p>Issues related to nutritional intake, access to adequate nutrition, feeding skills or patterns of behavior that impact the child’s nutritional status in addition to growth, or unrelated to growth.</p> <p>Select one of the following.</p> <p>No nutrition issues: The child has no nutrition issues. No intervention with the child or family is needed, other than routine anticipatory guidance.</p> <p>Potential nutrition issues: The nursing assessment indicates that a child is at high risk for nutritional deficits, but is not currently displaying signs or symptoms of a nutrition problem. PHN intervention may be needed to prevent an actual issue from occurring.</p> <p>Examples of potential nutrition issues:</p> <ul style="list-style-type: none"> ▪ Breastfeeding difficulties, bottle propping, dental caries. Poor diet related to caregiver knowledge or financial barriers to access to nutritious food. Unrealistic parental expectations related to child’s self-feeding or food preparation skills. ▪ Baby gives poor cues, so that there is potential for overfeeding or underfeeding. ▪ Child needs special positioning or feeding equipment. Without access to these, child would have an actual problem. ▪ Child on special formula through WIC, but access could be an issue if child is aging out of WIC in the near future. ▪ Genetic disorders or chronic conditions that are known to have a potential impact on nutritional status. <p>Actual nutrition issues: The nursing assessment indicates that the child has signs or symptoms of a nutritional deficit and needs PHN intervention to resolve the issue.</p> <p>Examples of actual nutrition issues:</p> <ul style="list-style-type: none"> ▪ Food insecurity, poor child/caregiver interaction during feeding, reflux that interferes with adequate intake, food refusal, inadequate weight gain, easy fatigue, poor feeding, inadequate caloric intake, anemia, oral motor disorder, behavioral feeding disorder. ▪ Chronic conditions known to impact nutritional status, such as cleft lip and palate, cardiac disorders, premie who needs O2, cystic fibrosis, kidney disease, metabolic/endocrine conditions, chronic pain.

Issues	Outcomes
<p>Injury (IN)</p>	<p>Harm to the child whether accidental or intentional.</p> <p>Select one of the following.</p> <p>Not at risk for injury: implementing childproofing precautions, including but not limited to those listed below.</p> <p>At risk for injury: precautions to protect child from injury are not in place.</p> <p>For example, No baby gates to protect from falls, not implementing Back to Sleep, choke hazards/poisons within reach, unsafe pets, not using car seat, unsafe sleep environments (excessive bedding, couch sleeping), presence of hot liquids, hot water heater adjusted to above 120°F, or not supervised in bathtub.</p>
<p>Parenting (PA)</p>	<p>Parent/child interaction and the environment that the parent creates for the child.</p> <p>Select one of the following.</p> <p>Readiness for enhanced parenting: the parent demonstrates a pattern of providing an environment for the child that is sufficient to nurture growth and development and that can be strengthened, i.e. “healthy parenting.”</p> <p>At risk for impaired attachment: displays risk factors such as premature infant, ill infant/child who is unable to effectively initiate parental contact as a result of altered behavioral organization, inability of parents to meet personal needs, separation, or substance abuse.</p> <p>Assessment of parenting indicates concern and need for follow-up. However, it does not meet the definition of impaired parenting below.</p> <p>Impaired parenting: the <i>inability</i> of the parent or primary caregiver to create, maintain, or regain an environment that promotes optimum growth and development of the child.</p> <p>For example, when an infant/child displays physical and psychological trauma or abuse; lack of attachment; failure to thrive caused by environmental non-medical factors; and behavioral disorders. Also, when a caregiver displays inappropriate child care arrangements; poor or inadequate caretaking skills; child abuse, inadequate child health maintenance; unsafe home environment; lack of attachment to infant; and child neglect.</p>

Issues	Outcomes
<p>Child Development (CD)</p>	<p>The child’s physical and emotional progress towards age-appropriate milestones.</p> <p>Select one of the following.</p> <p>Has age-appropriate pattern of development: the child demonstrates appropriate milestones of physical, cognitive, and psychosocial age-appropriate progression.</p> <p>Appropriate development progression for condition (CaCoon only): the child has a condition that results in developmental delays, but the child's development is progressing at a rate that is expected for their diagnosis.</p> <p>At risk for delayed development: the child is at risk for delay of 25% or more in one or more of the areas of social or self-regulatory behavior or cognitive, language, gross, or fine motor skills.</p> <p>Delayed development: there is a delay of 25% or more in one or more of the areas of the child’s social or self-regulatory behavior or cognitive, language, gross, or fine motor skills.</p>
<p>Well Child Care (WC)</p>	<p>Indicates whether or not the client has established a partnership with a primary care provider for health care. Nurses should follow the guidelines of the American Academy of Pediatrics schedule for well child care.</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 health care.</p> <p>Select one of the following.</p> <p>Up to date on well child care: the client has had recommended, age-appropriate preventive health care.</p> <p>Not up to date on well child care: the client has not had recommended, age-appropriate preventive health care.</p>

Issues	Outcomes
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>Select one of the following.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services which, like private insurance, covers less and 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 such as TRICARE.</p> <p>None: the client does not have health insurance.</p>
OHP Follow-Up Information (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: OHP denied the client's application.</p>

Issues	Outcomes
Oral Health (OH)	<p>The oral health status of the child.</p> <p>Select one of the following.</p> <p>No identified dental caries: child's teeth are without decay.</p> <p>At risk for dental caries: child has risk factors for decay.</p> <p>Dental caries: tooth decay is present.</p>
Tobacco (TO)	<p>Tobacco use, including use of all tobacco products by mother of baby or primary caregiver.</p> <p>Select one of the following</p> <p>Yes (Secondhand smoke exposure): the client is exposed to tobacco smoke within the home, car, or with secondary caregiver.</p> <p>No (No secondhand smoke exposure): the client is not exposed to tobacco smoke within the home or car, or with secondary caregiver.</p>
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 allowing anywhere inside the house.</p>

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.

Select the following fields, as appropriate.

Intervention	Description
\$ Assistance (“Cash Assistance”)	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. For Babies First! and CaCoon clients, please record specific referrals out and referral follow-up on Visit Tab 3.
5As Clinical Guidelines	<p>The five brief interventions for assistance with smoking cessation that were developed by the U.S. Public Health Service. These interventions are intended to assist smokers with moving through the continuum of change.</p> <p><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>
ASQ®	Ages and Stages Questionnaires® is a developmental screening tool that researchers at the University of Oregon developed.
Attachment Promotion	Facilitation of the development of the parent-infant relationship. For example, reinforcing eye contact with infants, reinforcing mirroring with infants, teaching infant cues, instructing parents on signs and symptoms of infant over stimulation, reinforcing normal aspects of infant with special healthcare needs.
Breastfeeding Assistance	<p>Preparation of a new mother for breastfeeding her infant, including the activities of education, planning, and support that occur after the delivery of the baby.</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>

Intervention	Description
Case Management	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. For example, assessing client's case management needs and planning for those needs. Referrals, advocacy, linkage, care coordination and support should all be recorded as Case Management on the Encounter/Data form.
Developmental Enhancement	Facilitating or teaching parents and caregivers to promote the optimal gross motor, language, cognitive, social and emotional growth of preschool and school-aged children.
Feeding Intervention	Direct demonstration of feeding techniques to parents or caregivers. May include giving guidance on positioning, use of utensils or special feeding equipment, behavioral approaches.
Fluoride Varnish Application	Dental fluoride application to prevent dental caries.
Food	Problem solving, case management, and/or referral to address food insecurity. For Babies First! and CaCoon clients, please record specific referrals out and referral follow-up on Visit Tab 3.
Health System Guidance	Facilitation of the use of appropriate health services within the client's location.
Hearing Questionnaire	Implementation of the hearing screening protocol found in the Babies First! Program Manual.
H.O.M.E.©	Home Observation for Measuring the Environment. A standardized screening tool developed by Bettye M. Caldwell & Robert H. Bradley. Contact your regional nurse consultant for more information.
IMS© (Infant Motor Screen)	An evaluation of the quality of movement patterns, intended for use with an assessment of motor milestone, as part of a developmental screening program to identify infants beginning at age four months through independent walking who are in need of referral for comprehensive neuromotor evaluation.
Individual Teaching	Planning, implementation, and evaluation of a teaching program, including all forms of health education, designed to address a client's particular needs. For example, an impromptu teaching about adequate nutritional intake when depending on emergency food supplies.
Infant Cues	Teaching related to infant body language.

Intervention	Description
M-CHAT© (Modified Checklist for Autism in Toddlers)	Modified Checklist for Autism in Toddlers (© 1999 Robins, Fein, & Barton). A screening tool for autism in children 16-30 months of age.
NCAST©	Nursing Child Assessment Satellite Training, a standardized assessment that measures parent-child interaction. Specialized training is required. Contact your nurse consultant for more information.
Nutrition Care Plan	The nurse has developed a written plan of care, in collaboration with the parents, which is based on specific assessment and data collection to address the child's specific nutrition issues. Specifically, this may refer to the "Birth to 6 Months Nutrition/Feeding Care Plan," but it can refer to any nutrition care plan written by the public health nurse, which includes assessment, interventions, and evaluation.
Nutritional Monitoring	Collection and analysis of patient data to prevent or minimize malnourishment.
Oral Health Screening	Implementation of the oral health screening protocol for infants and toddlers found in the Babies First! Manual.
Pain	(For CaCoon only; not applicable for Babies First!) Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
Promoting First Relationships©	A specific program that is a strength-based intervention utilizing videotape coaching strategies designed to promote children's social-emotional development. This intervention requires specialized training. Contact your nurse consultant for more information.
RDSI©	Revised Development Screening Inventory. A screening tool for infants between the ages of four months and 36 months. All infants in the Babies First! and CaCoon programs who do not already have a diagnosis of developmental delay should be screened regularly with the RDSI or Ages and Stages Questionnaire.
Reflexes	Assessed infant reflexes. See the Babies First! Manual for more information.
Safety Checklist	A checklist used as a guide to help parents childproof the child's environment and reduce the risk of injury by reducing hazards in the home and promoting safe practices.

Intervention	Description
Safe Sleep	Teaching specific to safe sleep environments and risk reduction for sudden infant death (SIDS).
Shelter	Problem solving, case management, and/or referral to address housing. For Babies First! and CaCoon clients, please record specific referrals out and referral follow-up on Visit Tab 3.
Transportation	Problem solving, case management, and/or referral to address transportation needs. For Babies First! and CaCoon clients, please record specific referrals out and referral follow-up on Visit Tab 3.
Utilities	Problem solving, case management, and/or referral to assure access to electricity, plumbing, and heat. For Babies First! and CaCoon clients, please record specific referrals out and referral follow-up on Visit Tab 3.
Vision Questionnaire	Implementation of the vision screening protocol found in the Babies First! Manual.

Visit Tab 3

Referral Out

If a referral is made to a service or agency, select the corresponding checkbox. On subsequent visits, follow up on the outcome of the referral by filling out the Referral Follow-Up section.

All referrals should be noted on the client's medical chart.

If **Other** is selected, note the specific service or agency that the client was referred to.

A complete list of referral sources with their corresponding codes can be found in Appendix B-Referral Codes by Number, page 125; Appendix C-Referral Codes by Name, page 129; and Appendix D-Referral Codes by Category, page 131.

Select the appropriate response for any Referral that applies:

FIELD	DESCRIPTION
12 – EI	Early Intervention. Publicly or privately funded services offered to children birth to age 3 years of age who have developmental delays. This might include physical therapy, occupational therapy, speech therapy, cognitive therapy, preschool or baby groups. Select: Referred: the client has been referred.
53 – Immunizations	Facilitating access to immunizations by referring the client to an immunization source or provider. Select: Referred: the client has been referred.
79 – Primary Provider	A primary health care provider. Select: Referred: the client has been referred.
90 – SSI	Supplemental Security Income. Select: Referred: the client has been referred.
94 – TANF	Temporary Assistance to Needy Families (formerly known as Welfare or AFS, Adult and Family Services). The TANF program provides cash assistance to low-income families with children while they strive to become self-sufficient. Select: Referred: the client has been referred.

FIELD	DESCRIPTION
1 – WIC	Women, Infants, and Children. The supplemental nutrition education program for women, infants, and children. Select: Referred: the client has been referred.
74 – Other referral not specified	The code for another referral agency that is not mentioned above. For a list of referral sources, refer to Appendix B–Referral Codes by number, page 129; Appendix C–Referral Codes by Name, page 131; and Appendix D–Referral Codes by Category, page 135. Enter the referral code. Select: Referred: the client has been referred.

Referral Follow-Up

Select one of the following for each Referrals Out selection.

Note: These referrals are checked when you (or the case manager) make a **referral**, not when another agency makes a referral.

If, upon follow-up on a referral, the client has not taken action on the referral, do not check a selection in this **Referral Follow-Up** section. If you refer the client again, check the appropriate **Referred** checkbox in the **Referrals Out** section again on a later visit.

FIELD	DESCRIPTION
Getting services	The client is currently receiving the program or service as a result of a referral made by the home visitor or case manager. Do not check this box if another agency referred the client to the program or service.
Not eligible	The client is not eligible for the program or service.

Identifying Required Fields on the Encounter/Data Form

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.

On the Babies First! 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 (*).

FIELD	DESCRIPTION
County Codes	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.
Estimated Date of Next Visit	Approximate date when the client will be seen again.
Location *	<p>(Required to bill a visit)</p> <p>The code that describes the location where the nurse conducted the visit.</p> <p>Enter one of the following.</p> <ul style="list-style-type: none"> 1 – HOME/FIELD: the visit occurred in the client’s home. 2 – HOSPITAL: the visit occurred in a hospital. 3 – HEALTH DEPARTMENT: the visit occurred in a health department office. 4 – SCHOOL: the visit occurred in a school. 5 – TELEPHONE: the visit occurred over the telephone. 6 – TERTIARY CARE EVALUATION: the visit occurred in a tertiary care facility. 7 – GROUP HOME/SHELTER: the visit occurred in a group home or shelter. 8 – CLIENT NOT HOME/FAILED VISIT: the visit with the client did not occur, because the client was not at home or did not show up for the visit. 9 – OTHER: the visit occurred in a facility other than listed above.
Time	<p>The amount of time spent at the visit.</p> <p>Enter the amount of time in fifteen-minute increments.</p> <p>For example: 3 hours 45 minutes.</p> <p>Note: Consult your county supervisor to determine if driving time is included in time spent at the visit.</p>

FIELD	DESCRIPTION
Submit TCM Claim *	<p>(Required to bill a visit) Submit Targeted Case Management claim to DMAP. Selecting the “Submit TCM Claim” checkbox and saving will submit a claim to Medicaid when case management services have been provided and documented. Selecting the “Rebill” checkbox and saving will submit additional claims to DMAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If billing has already been submitted for a particular visit, the Submit TCM Claim box will be disabled. The user must select the “Rebill” checkbox to submit additional claims. • A visit must be closed in order to submit a TCM claim, but the case does not have to be closed in order to submit a TCM claim. • Case management activities must be documented in the client’s medical record. • If the TCM box is checked and the visit has not been closed and you save the visit, a pop-up window will appear with this message: “The following validation problems occurred: Visit Closed? must be checked to Submit TCM Claim.” Click the Visit Closed? checkbox and save again to submit the TCM claim.
Rebill *	<p>(Required to bill a visit when it has been billed once already) The checkbox to click to rebill a claim.</p> <p>Note: If a billing claim has already been submitted for a particular visit, the Submit TCM Claim box will be disabled. Use the Rebill checkbox to submit additional claims. (If a billing has not been submitted for a visit, the Submit TCM Claim checkbox will be enabled, and the Rebill checkbox will be disabled.)</p>
Date Case Closed *	<p>(Required to close case) The date on which the case was closed. 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. Enter the date in MM/DD/YYYY format.</p>

FIELD	DESCRIPTION
Reason Case Closed *	<p>(Required to close case) The reason for case closure. Enter one of the following.</p> <p>01 – DECLINES SERVICE: the client specifically declined services.</p> <p>02 – UNABLE TO LOCATE: the client is no longer at phone and address on record, and the case manager is unable to identify new contact information.</p> <p>03 – FAMILY MOVES OUT OF STATE: the client moved to another state.</p> <p>04 – CHILD DECEASED: the client died.</p> <p>05 – CHILD NO LONGER AGE ELIGIBLE: the client is older than 5 years of age.</p> <p>06 – CHILD MOVES OUT OF COUNTY: the client moved to another county within Oregon. Consider transferring the client to the Babies First! program at the new county of residence.</p> <p>07 – CHILD NO LONGER NEEDS SERVICE: the client has completed service plan goals and the family’s needs are met.</p> <p>08 – PASSIVE DECLINE: the client claims to want services, but repeatedly makes herself unavailable, doesn’t answer door, etc.</p> <p>09 – UNABLE TO VISIT/CASE LOAD LIMITATIONS: the home visitor was unable to visit the client due to insufficient resources such as a high caseload.</p> <p>10 – TRANSFER TO CACOON: the Babies First case is closing, and the client is being enrolled in the CaCoon program.</p> <p>90 – OTHER: the case was closed for a reason other than what is listed above.</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.)

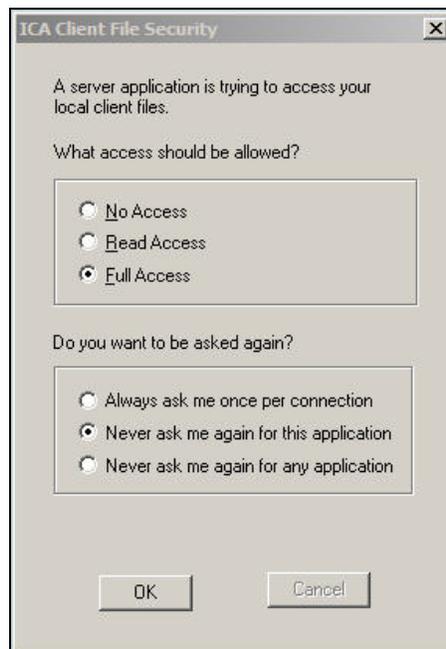


Figure 1. ICA Client File Security window

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.

3. The Citrix login screen will appear.

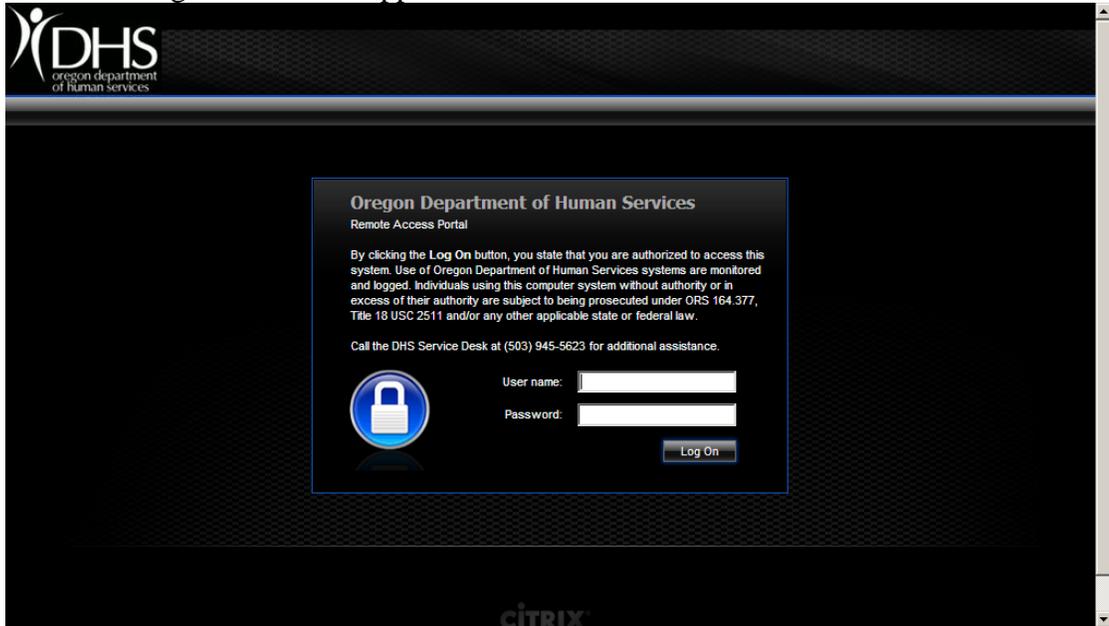


Figure 2. Citrix login screen

4. 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.
5. On the Applications screen, click once on the FamilyNet icon:



6. The FamilyNet login screen will appear (Figure 3). 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 3. FamilyNet login screen

7. The **Select Modules** window will appear (Figure 4).

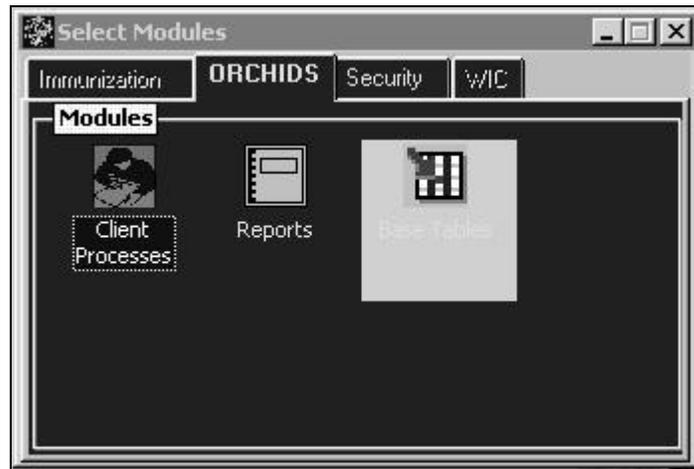


Figure 4. The Select Modules window with the ORCHIDS tab selected

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



Processes icon: The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears (Figure 5), and the **Client Info** tab displays.

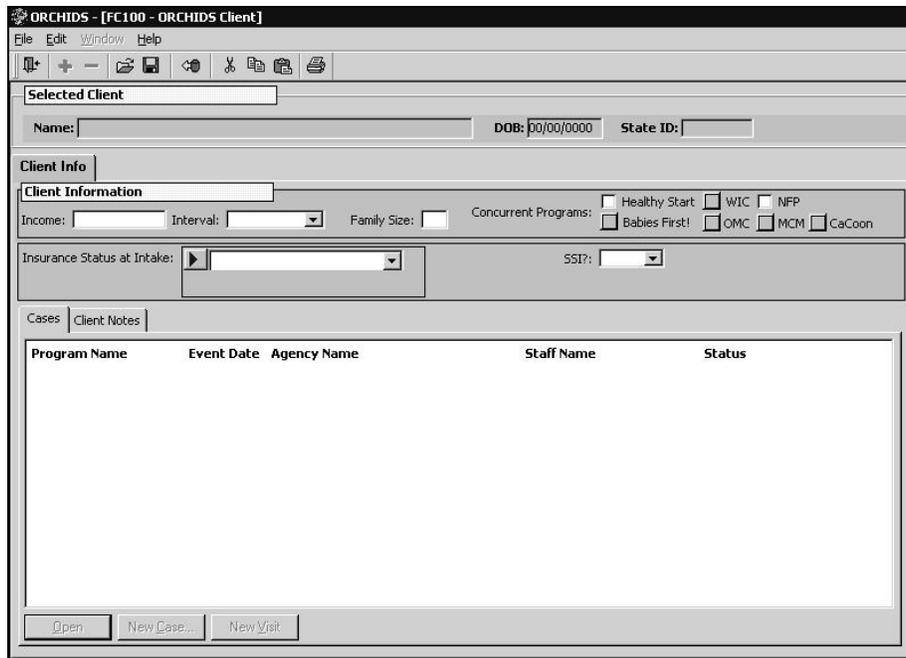


Figure 5. ORCHIDS - [FC100 - ORCHIDS Client] window, with the Client Info tab displaying

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 5). The **ORCHIDS – [FamilyNet]** search screen appears (Figure 6).

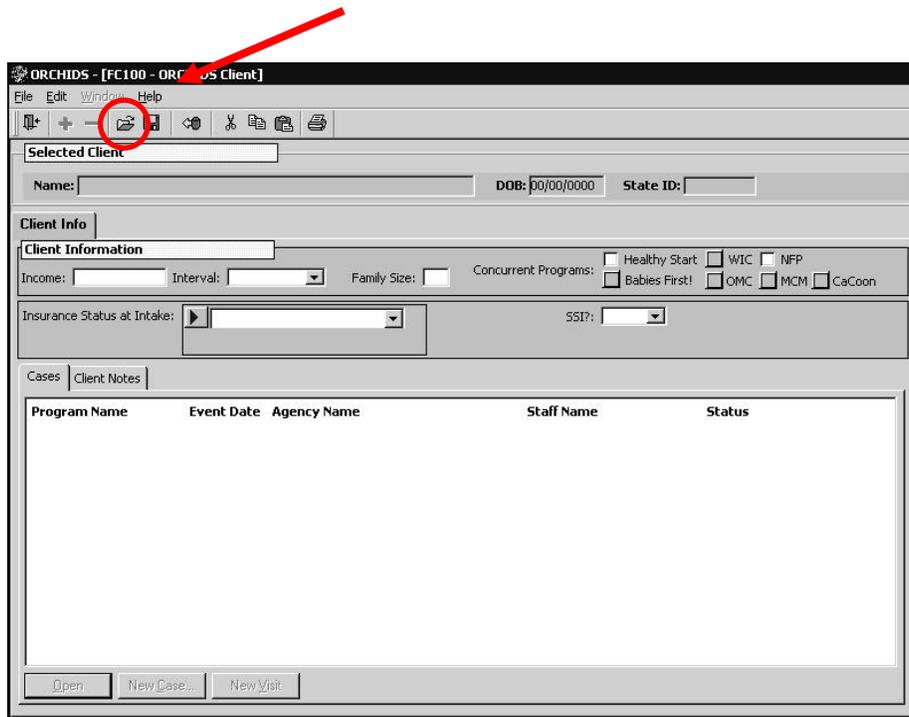


Figure 6. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Open icon circled

2. In the **ORCHIDS – [FamilyNet]** screen, enter the first three letters of the client’s last name in the **Last Name** field (Figure 7.)

Figure 7. ORCHIDS - [FamilyNet] search 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 8).

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

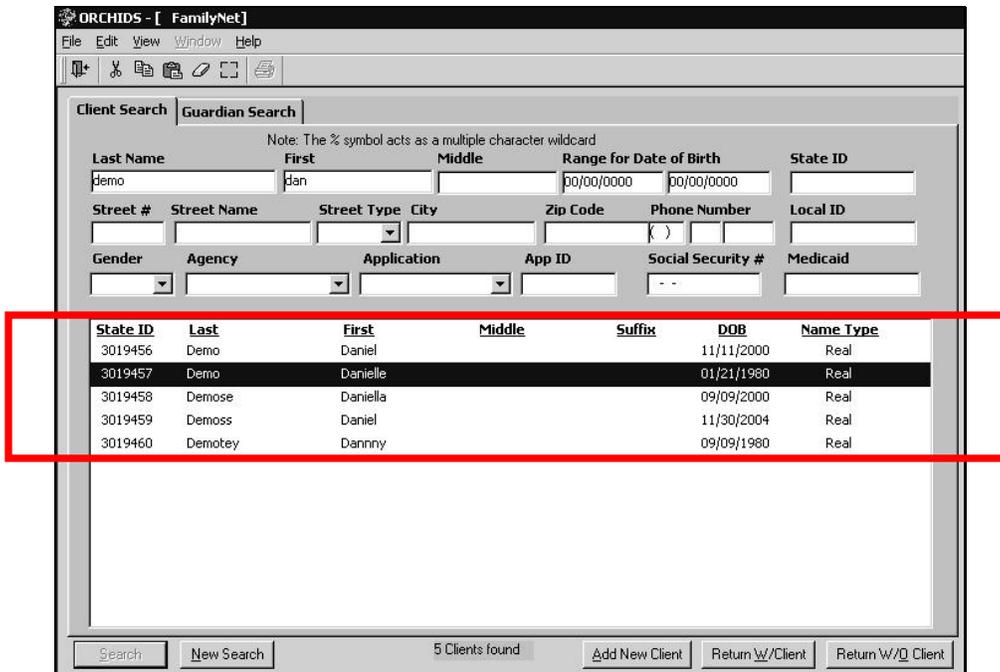


Figure 8. ORCHIDS - [FamilyNet] screen with search results marked with a red box



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

- Double-click on the client's name. 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 among the search results**, continue to Step 6, 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), call ORCHIDS Application Support, (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.

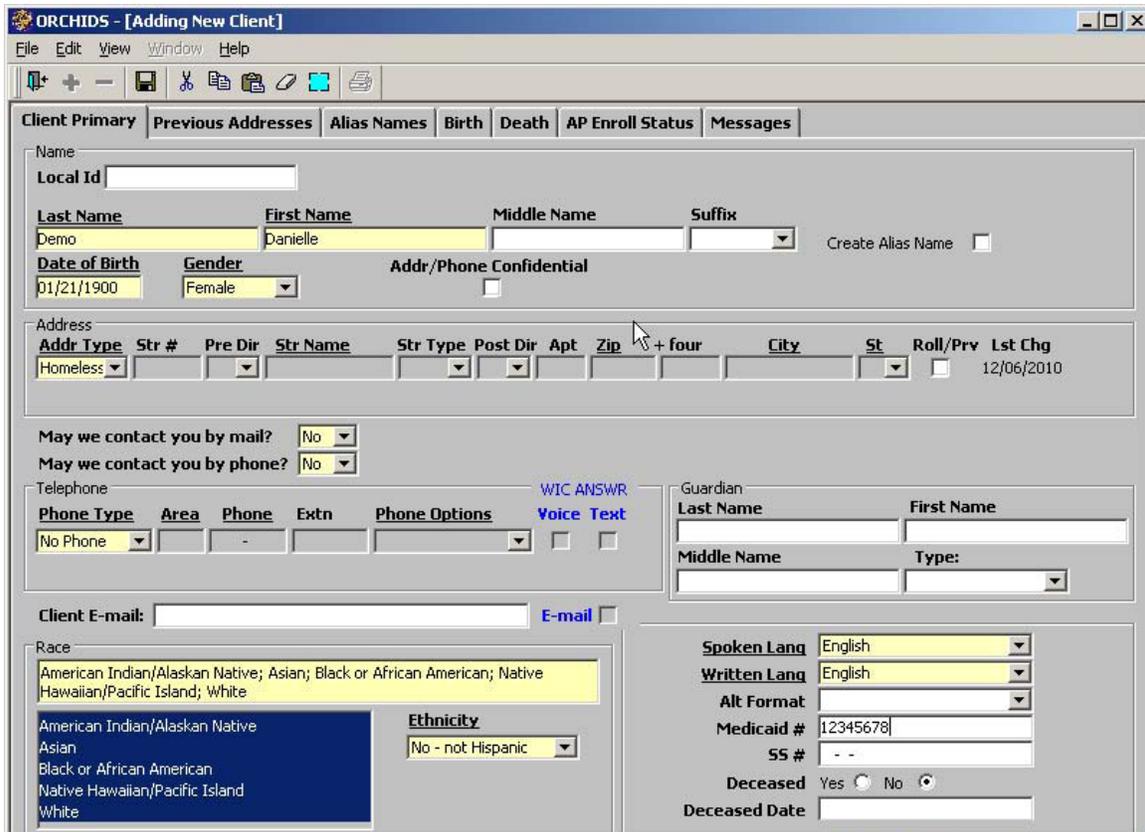


Figure 9. [ORCHIDS] screen showing Client Primary tab

- 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 10). You will then need to add the client to the database.



Figure 10. Message window: Client not found

- Click the **[OK]** button.
- 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 11).

Figure 11. 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 record to ORCHIDS. See page 43 for instructions on how to search for the client.

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 the fields are marked “required.”

On the ORCHIDS screens for Babies First!:

- 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 (*).

Client Primary Tab

Enter the information on the screen from the **Client Primary** tab section of the Babies First! Encounter/Data Form.

1. In the **ORCHIDS – [Adding New Client]** screen, enter client information under the **Client Primary** tab (Figure 12).

Figure 12. ORCHIDS - [Adding New Client] screen with the Client Primary tab displaying

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.
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.”

FIELD	DESCRIPTION
FIRST NAME	<p>(Required) The client's complete legal first name. Enter the client's 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 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 from the drop-down menu a suffix.</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 numerically in MM/DD/YYYY format. Note: Birth information entered in this field appears under the Birth tab in this screen.</p>
GENDER	<p>(Required) The client's gender. Select from the drop-down menu one of the following.</p> <p>Female Male Unknown</p>
Addr/Phone Confidential	<p>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 or phone number invisible to another user.</p>

FIELD	DESCRIPTION
ADDR TYPE	<p>(Required) The type of the physical address. Select one of the following.</p> <p>Home: the physical address is for the client’s residence.</p> <p>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”).</p> <p>Unknown: the client did not disclose his/her physical address.</p> <p>Note: If the client is homeless and has a mailing address, use the following steps to enter the mailing address.</p> <ol style="list-style-type: none"> 1. Select Homeless in the ADDR 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 ADDR TYPE field. 4. Enter the client's mailing address.
STR #	<p>(Required field) The client’s street number, if applicable. Enter the client’s street number.</p>
Pre Dir	<p>The street direction, written before the street name, if applicable. 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 if “Homeless” or “Unknown” are not selected in the in the ADDR TYPE field) The client’s address street name, if applicable. Enter the street name.</p>
Str Type	<p>The type of street. Enter the street type.</p>

FIELD	DESCRIPTION
Post Dir	<p>The street direction, written after the street name, if applicable. 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>
Apt	<p>The client's apartment number, if applicable. Enter the number.</p>
ZIP	<p>(Required) The client's zip code. Enter the zip code.</p> <p>Notes:</p> <ul style="list-style-type: none"> • With certain locations, when the zip code is entered, the city and state fields automatically populate. • With other locations, when the zip code is entered, the Select City and Zip Code window appears. Click to select from a list the applicant's city, state, and zip code, and then click the [OK] button.
+ four	<p>The four extra numbers in the client's nine-digit zip code, if available. Enter the numbers.</p>
CITY	<p>(Required) The client's city of residence. Enter the city.</p>
ST	<p>(Required) The client's state of residence. Select from the drop-down menu the state.</p>
Roll/Prv	<p>The checkbox to select to record the address on the Previous Addresses tab in this screen. FamilyNet will save up to two previous addresses on the Previous Addresses tab.</p>
Lst Chg	<p>The date on which data was last entered for the client. The current date will appear automatically in this field when you save your entry.</p>

FIELD	DESCRIPTION
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).
PHONE TYPE	(Required) The type of contact phone. Select from the drop-down menu one of the following. 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 Note: <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	(Required) The client's three-digit phone number area code. Enter the number.

FIELD	DESCRIPTION
PHONE	<p>(Required) 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	<p>The client's guardian's last name. Enter the last name.</p>
Guardian First Name	<p>The client's guardian's first name. Enter the first name.</p>
Guardian Middle Name	<p>The client's guardian's middle name. Enter the middle name.</p>

FIELD	DESCRIPTION
Guardian Type	<p>The type of guardian.</p> <p>Aunt Foster Grandparent Other Other Relative Parent Uncle</p> <p>Select the guardian type from the drop-down menu.</p>
RACE	<p>(Required) 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. 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>

FIELD	DESCRIPTION
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 151.</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 151.</p>
Alt Format	<p>Alternate form(s) of communication with the client.</p> <p>Select from the drop-down menu an alternate form of communication.</p>
Medicaid # *	<p>(Required to bill a visit successfully) The client's Medicaid number.</p> <p>Enter the number.</p>
SS#	<p>The client's social security number.</p> <p>Enter the number. The dashes are already included in this field; so just enter the number.</p> <p>The screen will display an asterisk for each number you entered (***_**_****). You will not be able to view the number.</p>
Deceased	<p>The button to click to indicate whether or not the client is deceased.</p> <p>Select one of the following.</p> <p style="padding-left: 40px;">Yes</p> <p style="padding-left: 40px;">No</p> <p>Note: Death information entered appears under the Death tab in this screen.</p>
Deceased Date	<p>The client's date of death, if applicable.</p> <p>Enter the date of death in MM/DD/YYYY format.</p> <p>Death information entered appears under the Death tab in this screen.</p>

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.



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

- Click once on the client's name in the results on the **ORCHIDS - [FamilyNet]** search screen.
- Click the **[Return W/Client]** button at the bottom of the screen (or press **[Alt] + [w]**). The **ORCHIDS – [FC100 – ORCHIDS Client]** screen, along with the Client Info tab 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

Begin entering client information from the **Client Info Tab** section of the Babies First! Encounter/Data Form onto the screen.

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, enter client information on the **Client Info** tab (Figure 13).

The screenshot shows the ORCHIDS - [FC100 - ORCHIDS Client] application window. The 'Client Info' tab is selected and highlighted with a red border. The 'Selected Client' section displays the following information:

- Name: Demo, Danielle
- DOB: 01/21/1980
- State ID: 8019457

The 'Client Information' section includes the following fields and options:

- Income: [Text Field]
- Interval: [Dropdown Menu]
- Family Size: [Text Field]
- Concurrent Programs:
 - Healthy Start
 - WIC
 - NFP
 - Babies First!
 - OMC
 - MCM
 - CaCoon
- Insurance Status at Intake: [Dropdown Menu]
- SSI?: [Dropdown Menu]

At the bottom of the window, there is a table with the following data:

Program Name	Event Date	Agency Name	Staff Name	Status
Maternity Case Management	12/15/2006	Baker CHD	Jennifer Herrmann	Open
Visit	12/15/2006	Baker CHD	MaryAnne Stone	Open
CaCoon	01/31/2006	Baker CHD	Jennifer Herrmann	Open
Visit	01/31/2006	Baker CHD	Jennifer Herrmann	Open
Babies First!	01/15/2006	Baker CHD	Jennifer Herrmann	Open
Visit	01/15/2006	Baker CHD	Jennifer Herrmann	Completed as of 06/21/2007

Buttons at the bottom: Open, New Case..., New Visit

Figure 13. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Client Info tab displaying

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.</p> <p>Select any that apply.</p> <p>Healthy Start: the local agency of the Healthy Start Program (Oregon Commission on Children and Families), which provides assistance for first-borns.</p> <p>NFP (Nurse Family Partnership): nurse home visiting services based on the David Olds model.</p> <p>The system marks the following fields automatically if the client’s program enrollment is recorded in FamilyNet.</p> <p>WIC (Women, Infants, and Children): 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> <ul style="list-style-type: none"> ▪ If the client is currently enrolled in Babies First in another agency, please contact ORCHIDS Application Support, (971) 673-0382 or orchids.app-support@state.or.us, for help with getting the other agency’s CaCoon case closed. ▪ If a Babies First client must be transferred to the CaCoon program, please close the client’s Babies First case and open a CaCoon case for the client. <p>MCM (Maternity Case Management): Not applicable.</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 when the client is enrolled into Babies First!</p> <p>Select from the drop-down menu one of the following.</p> <p>OHP Standard: the Oregon Health Plan (OHP) benefit package based on a prioritized list of services which, like private insurance, covers less and 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>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-IHS facilities.</p> <p>Other: the client has health care service from some other provider, for example: private insurance or military benefits such as TRICARE.</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, you will need to 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 Babies First!) 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 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 submits to DMAP.</p>



To **enter new case information** on the **Babies First! Case** tab, continue Step 1 on page 65.

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. You are returned to the **Select Modules** window.

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

Babies First! Case Tab – Adding a New Case

Note: 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 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 they are marked “required” or not.

On the ORCHIDS screens for Babies First!:

- 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 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 24).

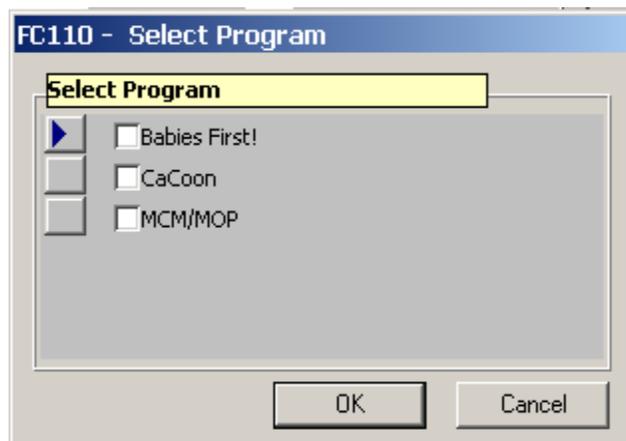


Figure 24. FC110 - Select Program window

- In the **FC110 – Select Program** window, click the checkbox next to **Babies First!**, or press **[b]**.
- Click the **[OK]** button, or press **[Return]**. Tabs are added to the screen (Figure 35).

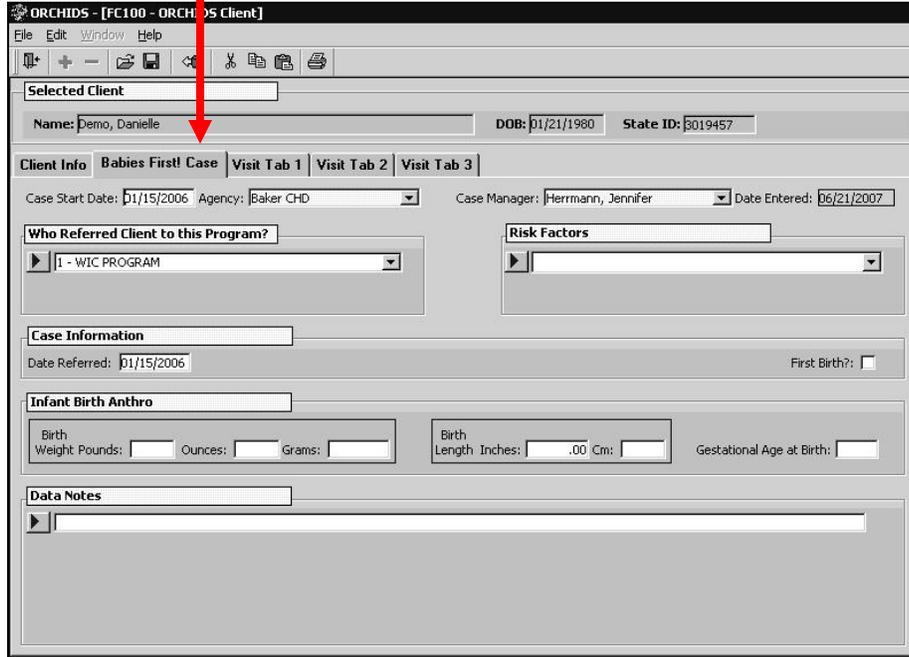


Figure 35. ORCHIDS - [FC100 - ORCHIDS Client] screen, with the Babies First! Case tab displaying

- Click the **Babies First! Case** tab, and 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.
Agency	The name of the agency for which you work. This field automatically populates.
CASE MANAGER	(Required) The name of the Babies First! 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.

FIELD	DESCRIPTION
Date Entered	<p>The date when the case information is saved in the system for the first time.</p> <p>This field automatically populates the first time you save the case. The date will not change if you save additional case information at a later time.</p>
Who Referred Client to This Program?	<p>The agency or provider that referred the client to Babies First!. Select from the drop-down menu one or more programs. For a list of referral sources with their corresponding codes, see Appendix B–Referral Codes by Number, page125; Appendix C–Referral Codes by Name, page129; and Appendix D–Referral Codes by Category, page 131.</p> <ul style="list-style-type: none"> • To add a program name, click the green Plus  icon at the top of the screen, and select another program from the drop down menu. • To delete a program name, click the blue  arrow next to the program you wish to delete, and then click the red Minus  icon in the toolbox 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]).

FIELD	DESCRIPTION
Risk Factors	<p>Enter codes for all risk factors that apply.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If you are not enrolling the client into the High Risk Infant (HRI) Protocol outlined in the Babies First! Program Manual, select X99. • If a child was designated X99 but, on a subsequent visit, the case manager determines that the child should be enrolled in HRI protocol, enter X00. Do not delete the X99 designation. • If additional risk factors are identified throughout the case, they should be recorded in this section. • Do not delete risk factors that resolve over the life of a client's case. <p>For a list of risk factors, see Appendix A: Risk Factors and Definitions (A Codes and B Codes), page 117.</p> <p>Select from the drop-down menu as many risk factors as apply.</p> <ul style="list-style-type: none"> • To add a risk factor, click the green Plus  icon (or press [Ctrl] + [i]) in the toolbox at the top of the screen, and select another risk factor from the drop down menu. • To delete a risk factor that was entered incorrectly, click the blue  arrow next to 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 [Ctrl] + [d]). A window appears, asking if you want to remove that row. Click the [Yes] button (or press [y]).
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>
First Birth?	Check the box if the client is the first birth.
Birth Weight	<p>The infant's weight at birth,</p> <p>Enter the weight, in pounds and ounces <i>or</i> in grams.</p>
Birth Length	<p>The infant's length at birth.</p> <p>Enter the length, in inches <i>or</i> centimeters.</p>
Gestational Age at Birth	<p>The client's gestational age at birth.</p> <p>Enter the gestational age in weeks, based on the mother's EDD or hospital report at the time of referral.</p>

5. To add notes related to the client's case, double-click the **Data Notes** field. The **GW 0105 – Notes** window appears (Figure 6).

Note: *DO NOT* use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record.

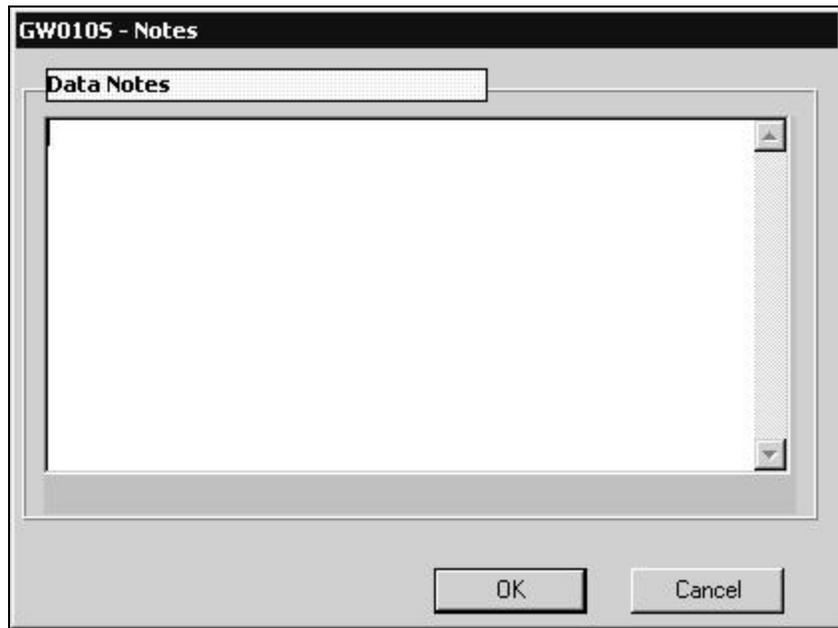


Figure 16. GW1015 - Notes window.

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

Note: 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.

- 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. A new 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 **Babies First! Visit Tab 1**, continue to Step 3 on page .

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]**).

Babies First! Case Tab - Adding or Changing Case Information to an Open 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 is already open, begin with Step 1, below.)

To add or change case information in the **Babies First! Case Tab** section of the Babies First! Encounter/Data Form:

1. On the **ORCHIDS [FC100 - ORCHIDS Client]** screen with the **Client Info** tab selected, click to highlight the open Babies First! case in the **Cases** window (Figure 47).

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

- Selected Client:** A yellow header bar.
- Client Info:** A tab that is currently selected, indicated by a red arrow. It contains several fields: "Name: Test, Client", "DOB: 01/02/1900", "State ID: 3352293", and "Medicaid #: 12345678".
- Client Information:** A section with various input fields and checkboxes. It includes "Income:", "Interval:", "Family Size:", "Concurrent Programs:" (with checkboxes for Healthy Start, WIC, NFP, Babies First!, OMC, MCM, and CaCoon), "Insurance Status at Intake:", "SSI:", and "Billing Name - First: Client", "Last: Test", "Lst Chg:".
- Cases:** A tab that is currently selected, indicated by a red arrow. It contains a table with the following data:

Program Name	Event Date	Agency Name	Staff Name	Status
Babies First!	02/04/1900	Baker CHD	Nurse Jane	Open
Visit	02/04/1900	Baker CHD	Nurse Jane	Completed as of 12/28/2009

Figure 47. ORCHIDS [FC100 - ORCHIDS Client] screen with the Client Info tab displaying and the open case selected

2. Click the **Open** button at the bottom of the screen (or press **[Alt]+[o]**). Additional tabs appear on the screen (Figure 58).

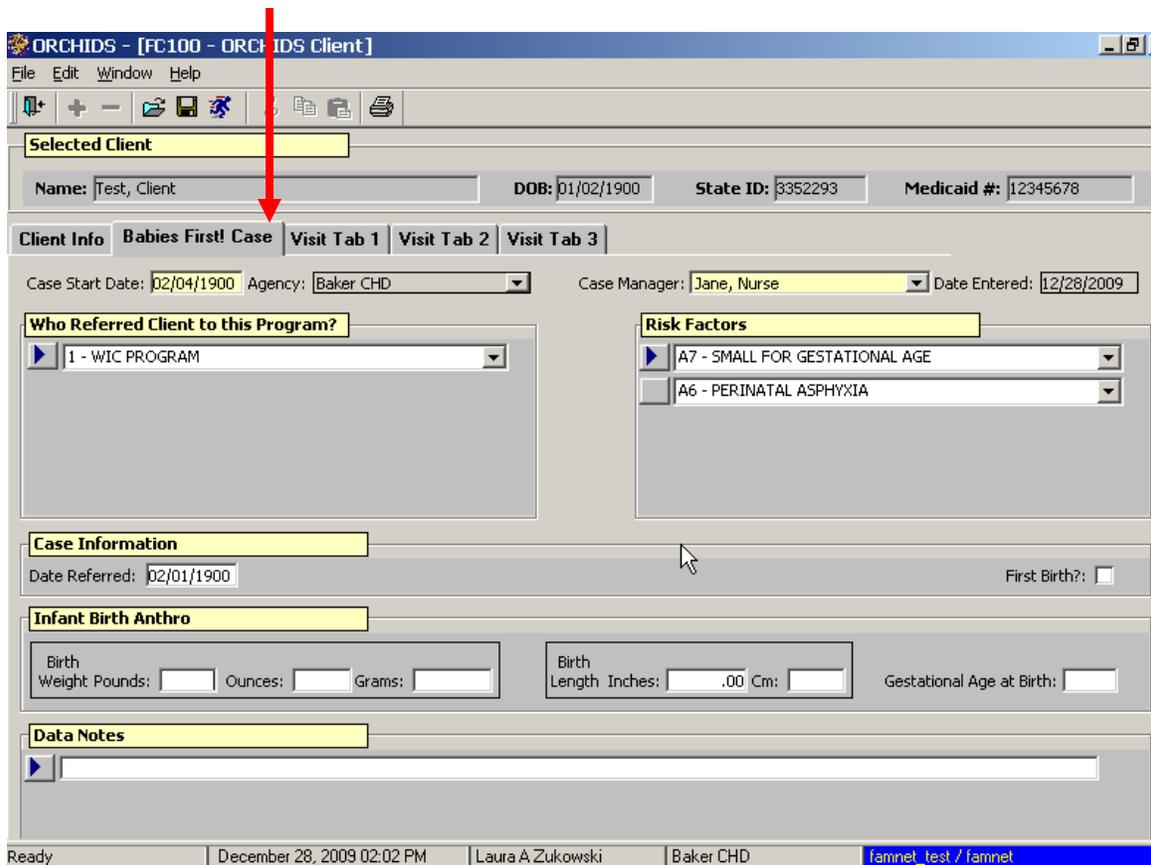


Figure 58. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Babies First! Case tab displaying

3. Click the **Babies First! Case** tab and 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.
Agency	The name of the agency for which you work. This field automatically populates.
CASE MANAGER	(Required) The name of the Babies First! 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 when the case information is saved in the system for the first time. This field automatically populates the first time you save the case. The date will not change if you save additional case information at a later time.

FIELD	DESCRIPTION
Who Referred Client to This Program?	<p>The agency or provider that referred the client to Babies First!. Select from the drop-down menu one or more programs. For a list of referral sources with their corresponding codes, see Appendix B: Referral Codes by Number (page 129); Appendix C: Referral codes by Name (page 131); and Appendix D: Referral Codes by Category (page 135).</p> <ul style="list-style-type: none"> • To add a program name, click the green Plus  icon at the top of the screen, and select another program from the drop down menu. • To delete a program name, click the blue  arrow next to the program you wish to delete, and then click the red Minus  icon in the toolbox 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]).

FIELD	DESCRIPTION
Risk Factors	<p>Enter all risk factors that apply.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If you are not enrolling the client into the High Risk Infant (HRI) Protocol outlined in the Babies First! Program Manual, select X99. • If a child was designated X99 but, on a subsequent visit, the case manager determined that the child should be enrolled in HRI protocol, enter X00. Do not delete the X99 designation. • If additional risk factors are identified throughout the case, return to this field and enter the additional risk factors. • Never delete risk factors that resolve over the life of a client's case. <p>For a list of risk factors, see Appendix A: Babies First! Risk Factors (A Codes), page 116. Select from the drop-down menu all risk factors that apply.</p> <ul style="list-style-type: none"> • To add additional rows to the field for recording multiple risk factors, click on the field, and then click on the green Plus  icon in the toolbox at the top of the screen. A new row will appear in the field. Click on the new row and select another risk factor from the drop-down menu. • To delete a risk factor that was entered incorrectly, click on the risk factor you wish to delete. Then click the red Minus  icon in the toolbox 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].)
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>
First Birth?	Check the box if the client is a first birth.
Birth Weight	The infant's weight at birth, Enter the weight, in pounds and ounces <i>or</i> in grams.
Birth Length	The infant's length at birth. Enter the length, in inches <i>or</i> centimeters.

FIELD	DESCRIPTION
Gestational Age at Birth	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.

- To add notes related to entering data about the client's case, double-click the **Data Notes** field. The **GW 0105 – Notes** window appears. (Figure 69).

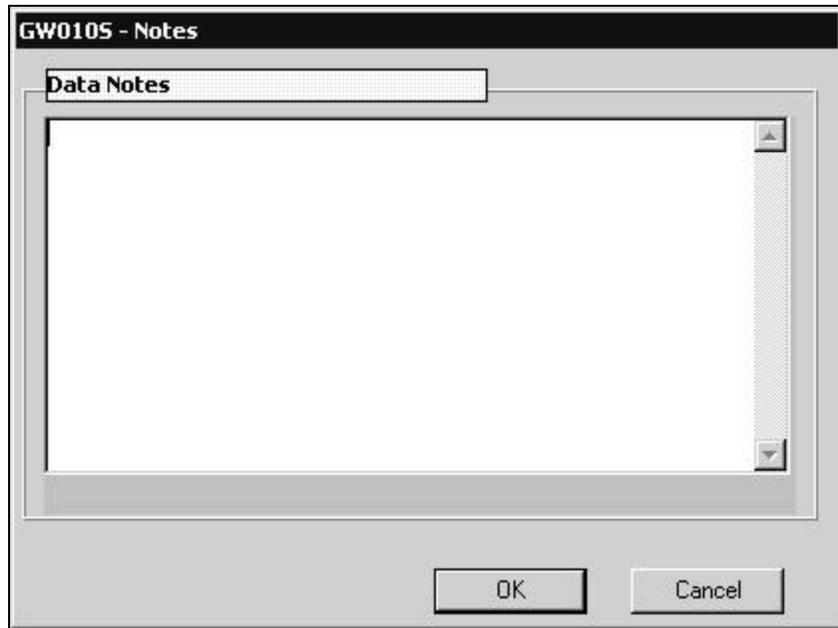


Figure 69. GW0105 - Notes window

- Type your note in the **GW 0105 – Notes** window.
This field is intended for communicating with the data entry staff. **DO NOT** use this field to enter nursing notes. Nursing notes should be recorded in the client's medical record.
- Click the **[OK]** button.
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.
 - To enter additional notes, tab or click anywhere inside the Data Notes area of the screen, and then click the green **Plus**  icon (or press **[Ctrl] + [i]**) in the toolbar at the top of the screen. A new window appears, in which you may enter another note. 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 **Babies First! Visit Tab 1**, continue to Step 3 on page 79.

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

7. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
8. 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 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 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.”

On the ORCHIDS data entry screens for Babies First!:

- 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 (*).

Visit Tab 1

The following steps describe how to enter information from the **Visit Tab 1** section of the Babies First! Encounter/Data Form.

1. To enter information on a **new visit**, click to select the Babies First! **case** in the **Cases** window, on the Client Info tab. (See Figure 20.)

Note: To add information on a **visit that has already been saved**, click to select the desired Babies First! **visit** on the **Client Info** tab (See Figure 21.) Then, click **Open** (or press **[Alt] + [o]**). **Visit Tab 1** opens. Skip to Step 3, below.

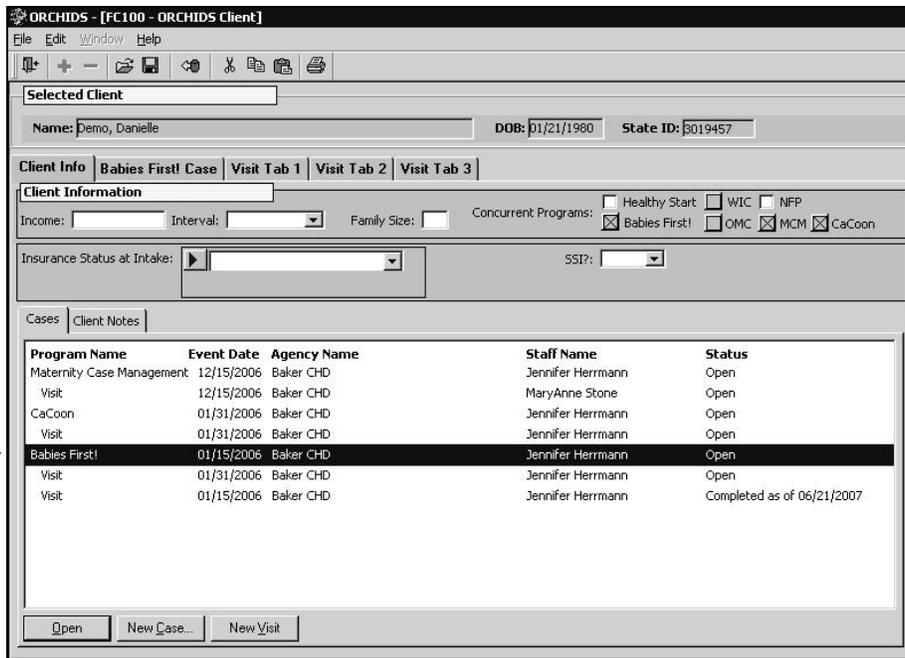


Figure 20. ORCHIDS [FC100 - ORCHIDS Client] screen with the Babies First! case selected

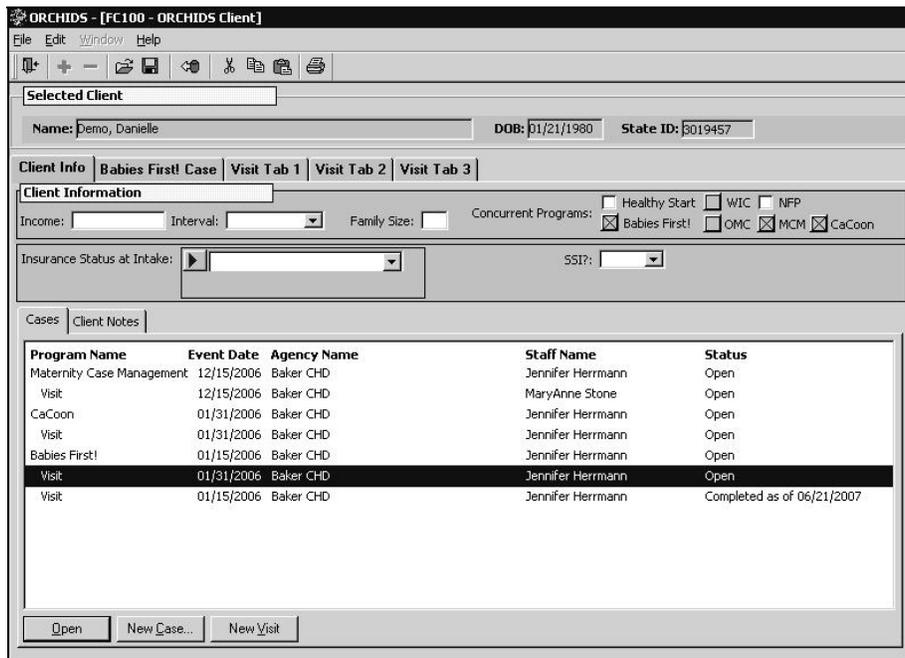


Figure 21. ORCHIDS [FC100 - ORCHIDS Client] screen with open Babies First! visit selected

2. Click **New Visit** (or press **[Alt] + [v]**). Additional tabs appear on the screen (Figure 22).

Figure 22. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit 1 tab displaying

3. Click the **Visit Tab 1** tab and 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 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 a home visitor from the drop-down menu.
Visit Closed? *	(Required to close a case, or to close or bill 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. An open visit on the Client Info tab will remind you to return and finish entering data.

FIELD	DESCRIPTION
Date Entered	<p>The date when the visit information is saved in the system for the first time.</p> <p>This field automatically populates with today's date the first time you save the visit. The date will not change if you save additional visit information at a later time.</p>
Weight Today	<p>The weight of the client at the time visit data is collected. This weight can be from the nurse's direct assessment or from a client report from a recent doctor's visit or WIC appointment.</p> <p>Enter the weight in pounds and ounces <i>or</i> in grams.</p>
Length Today	<p>The length of the client at the time visit data is collected. This length can be from the nurse's direct assessment or from a client report from a recent doctor's visit or WIC appointment.</p> <p>Enter the length in inches <i>or</i> centimeters.</p>
Head Circumference Today	<p>The circumference of the client's head at the time visit data is collected.</p> <p>Enter the head circumference in inches <i>or</i> centimeters.</p>
Immunization Status	<p>The child's vaccination history, based on a review of the client's immunization record.</p> <p>Select from the drop-down menu one of the following.</p> <ul style="list-style-type: none"> Complete Or Up To Date (Has all recommended shots) Delayed (Has some of the recommended shots) None (Has none of the recommended shots) Declined/Refused (Declines or refuses recommended shots)
Breastfeeding started	<p>Indicates whether or not breastfeeding started.</p> <p>Select one of the following.</p> <ul style="list-style-type: none"> Yes: the client started receiving breast milk. No: the client did not start receiving breast milk.
Still Breastfeeding	<p>Indicates whether or not the client is still breastfeeding.</p> <p>Select one of the following.</p> <ul style="list-style-type: none"> Yes: the infant is still breastfeeding. No: the infant has stopped breastfeeding.

FIELD	DESCRIPTION
Age when formula or solids first introduced	<p>The chronological age (not corrected age) when the client stopped receiving nourishment <i>solely</i> from breast milk.</p> <p>Enter the age in weeks.</p> <p>NA (not applicable): indicates that the client never started breastfeeding or is still fed <i>only</i> breastmilk.</p> <p>Weeks: enter the age in weeks when the client stopped receiving nourishment solely from breastmilk.</p>



To enter information on Visit Tab 2, continue to Step 1 on page 82.

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

4. Click the **Save**  icon in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
5. 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]**).

Visit Tab 2

The following steps describe how to enter information from the **Visit Tab 2** section of the Babies First! Encounter/Data Form.

1. On the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click the **Visit Tab 2** tab and enter issue, outcome, and intervention data (Figure 23).

The screenshot displays the ORCHIDS - [FC100 - ORCHIDS Client] application window. At the top, there is a menu bar (File, Edit, Window, Help) and a toolbar. Below this, the 'Selected Client' section shows the name 'Demo, Danielle', DOB '01/21/1980', and State ID 'B019457'. A red arrow points to the 'Visit Tab 2' tab, which is currently active. The interface is divided into several sections: 'Client Info', 'Babies First! Case', 'Visit Tab 1', 'Visit Tab 2', and 'Visit Tab 3'. Under 'Visit Tab 2', there are fields for 'Visit Date' (00/00/0000), 'Agency' (Baker CHD), 'Home Visitor' (Herrmann, Jennifer), and 'Visit Closed?*' (checkbox). Below these are sections for 'Nutrition', 'Injury', 'Parenting', and 'Child Development', each with radio buttons for status and checkboxes for intervention options like 'Individual Teaching', 'Case Management', 'Breastfeeding Assistance', 'Safe Sleep', 'Attachment Promotion', 'NCAST', 'Promoting First Relationships', 'H.O.M.E.', 'Developmental Enhancement', 'ASQ', 'Reflexes', 'RDSI', 'Hearing', and 'Pain'. A 'Smoking' section at the bottom has a 'Household smoking rules:' dropdown menu.

Figure 23. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit Tab 2 displaying

1. Enter issue, outcome, and intervention data.

For instructions on how to use **FastEntry** to enter issue, outcome, and intervention data, see Appendix E: FastEntry Guidelines and Codes, page 135.

2. Complete the field in the **Smoking** section of **Visit Tab 2**.

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>

3. 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 Visit Tab 3**, continue to Step 1 on page 84.

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]**).

Visit Tab 3

Enter information from the **Visit Tab 3** section of the Babies First! Encounter/Data Form.

1. Click the **Visit Tab 3** tab and enter the following information (Figure 74).
(For a list of FastEntry codes, see Appendix E: FastEntry Codes and Guidelines, page 135.)

Figure 74. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit Tab 3 displaying

2. Complete the following fields.

FIELD	DESCRIPTION
VISIT DATE	(Required) The date of the current visit for which you are entering data. 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 a home visitor from the drop-down menu.

FIELD	DESCRIPTION
Visit Closed? *	(Required to close a visit and case) 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. An open visit on the Client Info tab will remind you to return and finish entering data.
Date Entered	The date when you save visit information for the first time. This field automatically populates the first time you save any information on a visit and remains unchanged. This date will not change if you save additional information on the visit at a later time.
FastEntry	The field in which to enter a FastEntry code to enter a referral selection. For a list of FastEntry codes, see Appendix E: FastEntry Codes and Guidelines, page 135.

Referrals Out

If a referral is made to a service or agency, select the corresponding checkbox. On subsequent visits, follow up on the outcome of the referral by filling out the Referral Follow-Up section.

All referrals should be noted on the client's medical chart.

If **Other** is selected, note the specific service or agency where the client was referred.

FIELD	DESCRIPTION
EI	Early Intervention. Publicly or privately funded services offered to children birth to age 3 years of age who have developmental delays. This might include physical therapy, occupational therapy, speech therapy, cognitive therapy, preschool or baby groups. Select: Referred: the client has been referred.
Immunizations	Facilitating access to immunizations by referring the client to an immunization source or provider. Select: Referred: the client has been referred.
Primary Provider	A primary health care provider. Select: Referred: the client has been referred.

FIELD	DESCRIPTION
SSI	Supplemental Security Income. Select: Referred: the client has been referred.
TANF	Temporary Assistance to Needy Families (formerly known as Welfare) or AFS (Adult and Family Services). Select: Referred: the client has been referred.
WIC	Women, Infants, and Children. The supplemental nutrition education program for women, infants, and children. Select: Referred: the client has been referred.
Other	The code for another referral agency than those mentioned above. Enter the referral code. Select: Referred: the client has been referred. For a list of referral sources, refer to Appendix B–Referral Codes by Number, page 129; Appendix C–Referral Codes by Name, page 131; and Appendix D–Referral Codes by Category, page 135.

Referral Follow-Up

Select one of the following for each Referrals Out selection.

Note:

- These are checked as a result of **referrals made by you**, the case manager, not by a different agency.
- If, upon follow-up on a referral, the client has not taken action on a referral, do not check a selection in this **Referral Follow-Up** section. If you refer the client again on a later visit, check the appropriate **Referred** checkbox in the **Referrals Out** section of the later visit.

Field	Description
Getting Services	The client is currently receiving the program or service. Do not check this field for referrals made by another agency.
Not eligible	The client is not eligible for the program or service.

Complete the following fields.

FIELD	DESCRIPTION
County Codes	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.
Estimated Date of Next Visit	Approximate date when the client will be seen again.
Location *	<p>(Required to bill a visit)</p> <p>The code number for the location where the nurse conducted the visit.</p> <p>Select from the drop-down menu one of the following.</p> <ul style="list-style-type: none"> 1 – HOME/FIELD 2 – HOSPITAL 3 – HEALTH DEPARTMENT 4 – SCHOOL 5 – TELEPHONE 6 – TERTIARY CARE EVALUATION (i.e., CDRC) 7 – GROUP HOME/SHELTER 8 – CLIENT NOT HOME/FAILED VISIT 9 – OTHER

FIELD	DESCRIPTION
Time	<p>The amount of time spent at the visit.</p> <p>Select from the drop down-menu one of the following.</p> <ul style="list-style-type: none"> 1 – 15 MINUTES 2 – 30 MINUTES 3 – 45 MINUTES 4 – 1 HOUR 5 – 1 HOUR 15 MINUTES 6 – 1 HOUR 30 MINUTES 7 – 1 HOUR 45 MINUTES 8 – 2 HOURS 9 – 2 HOURS 15 MINUTES 10 – 2 HOURS 30 MINUTES 11 – 2 HOURS 45 MINUTES 12 – 3 HOURS 13 – 3 HOURS 15 MINUTES 14 – 3 HOURS 30 MINUTES 15 – 3 HOURS 45 MINUTES 16 – 4 HOURS <p>Note: Consult your county supervisor to determine if driving time is included in time spent at the visit.</p>

FIELD	DESCRIPTION
Submit TCM Claim *	<p>(Required to bill a visit)</p> <p>Submit a Targeted Case Management claim to DMAP.</p> <p>Saving a checkmark in the “Submit TCM Claim” checkbox will submit a claim to Medicaid. (Case management services must be provided and documented in the client’s medical record.)</p> <p>All claims submitted throughout a week leave ORCHIDS every Saturday night and are transmitted to a secure DMAP server. The local system administrator may delete claims before they transmit to DMAP.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If billing has already been submitted for a particular visit, the “Submit TCM Claim” checkbox will be disabled. The user must select the “Rebill” checkbox to submit additional claims. • A visit must be closed in order to submit a TCM claim, but the case does not have to be closed in order to submit a TCM claim. • Case management activities must be documented in the client’s medical record. • If the TCM box is checked and the visit has not been closed and you save the visit, a pop-up window will appear with this message, “The following validation problems occurred: Visit Closed? must be checked to Submit TCM Claim.”
Rebill *	<p>The checkbox to click to rebill a visit.</p> <p>Note: If a billing claim has already been submitted for a particular visit, the “Submit TCM Claim” box will be disabled. Use the Rebill checkbox to submit additional claims. (If a billing claim has not been submitted for a visit, the Submit TCM Claim checkbox will be enabled, and the Rebill checkbox will be disabled.)</p>

FIELD	DESCRIPTION
Case Closed Reason*	(Required to close a case) The reason for case closure. Select one of the following from the drop-down menu. 01 – DECLINED SERVICES 02 – UNABLE TO LOCATE 03 – FAMILY MOVED OUT OF STATE 04 – CHILD DECEASED 05 – CHILD NO LONGER AGE ELIGIBLE 06 – CHILD MOVED OUT OF COUNTY 07 – CHILD NO LONGER NEEDS SERVICES 08 – PASSIVE DECLINE 09 – UNABLE TO VISIT/CASE LOAD LIMITATIONS 10 – TRANSFER TO CACOON 90 – OTHER
Date Case Closed*	(Required to close a case) The date on which the case was closed. 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. Enter the date in MM/DD/YYYY format.

3. 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 85).



Figure 85. FC100 – ORCHIDS Client: Message, “Save Performed”

4. Click **[OK]** to close the window. A second ORCHIDS message will appear, confirming that the bill has been submitted for processing (Figure 96).



Figure 96. FC100 ORCHIDS Client: Message, “Bill has been submitted for processing”

5. Click **[OK]** to close the window.



To **close a visit**, continue to Step 4 on page 94.

To **save your work and close ORCHIDS**, continue with Step 5, 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 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. 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 is already open on your screen, 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 the fields are marked “required.”

On the ORCHIDS screens for Babies First!:

- 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 close a visit:

1. In the **ORCHIDS – [FC100 – ORCHIDS Client]** screen, click to select the visit you want to close (Figure 107).

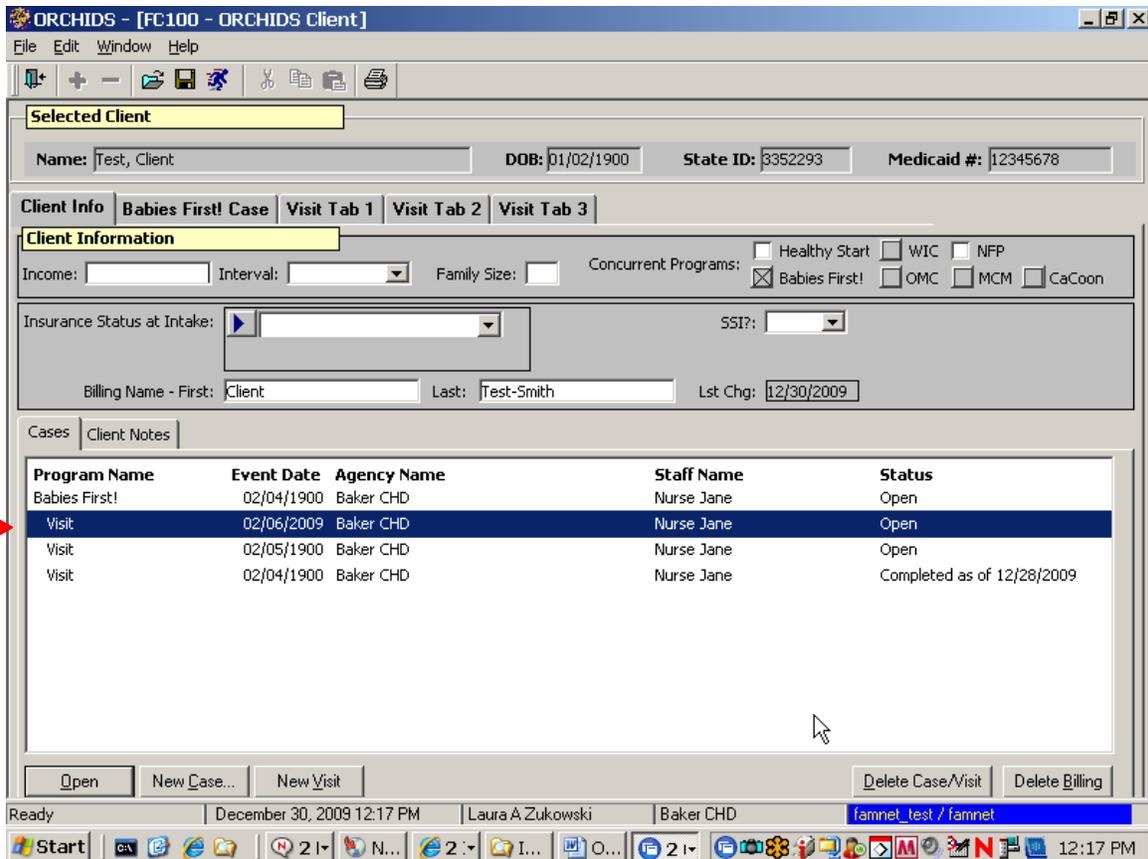


Figure 107. ORCHIDS - FC100 - ORCHIDS Client] screen with a Babies First! visit selected

2. Click the **[Open]** button (or press **[Alt] + [o]**). The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears.
3. Click on **Visit Tab 3** tab (Figure 118).

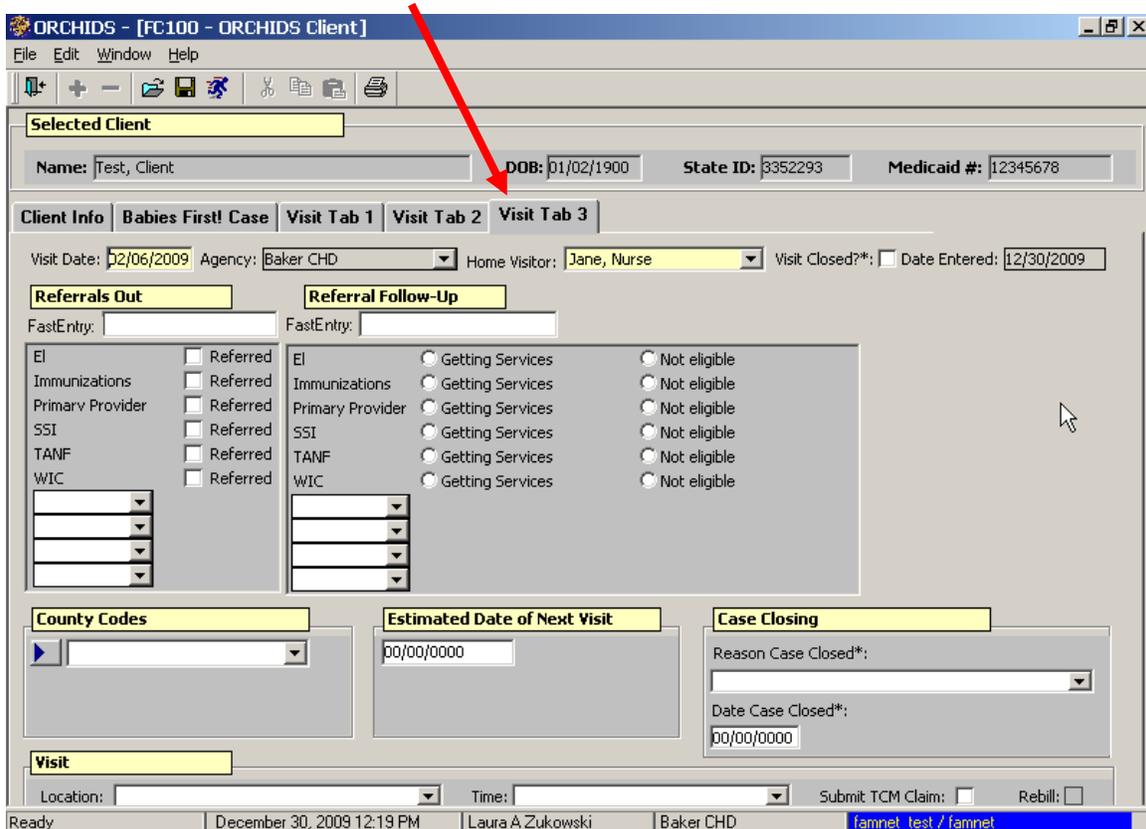


Figure 118. ORCHIDS - [FC100 - ORCHIDS Client] screen with Visit Tab 3 displaying

4. Click the **Visit Closed?*** checkbox.

Note:

- 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. An open visit on the **Client Info** tab will remind you to return and finish entering data.

5. 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 29).



Figure 129. FC100 - ORCHIDS Client Message, “Save Performed”

6. Click the **[OK]** button to close the window



To **close a case**, continue to Step 4 on page 99.

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 (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 94.
- 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's case 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 the fields are marked "required."

On the ORCHIDS screens for Babies First!:

- 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 close a case:

1. In the **ORCHIDS - [FamilyNet]** window, click to select the client's name (Figure 30).

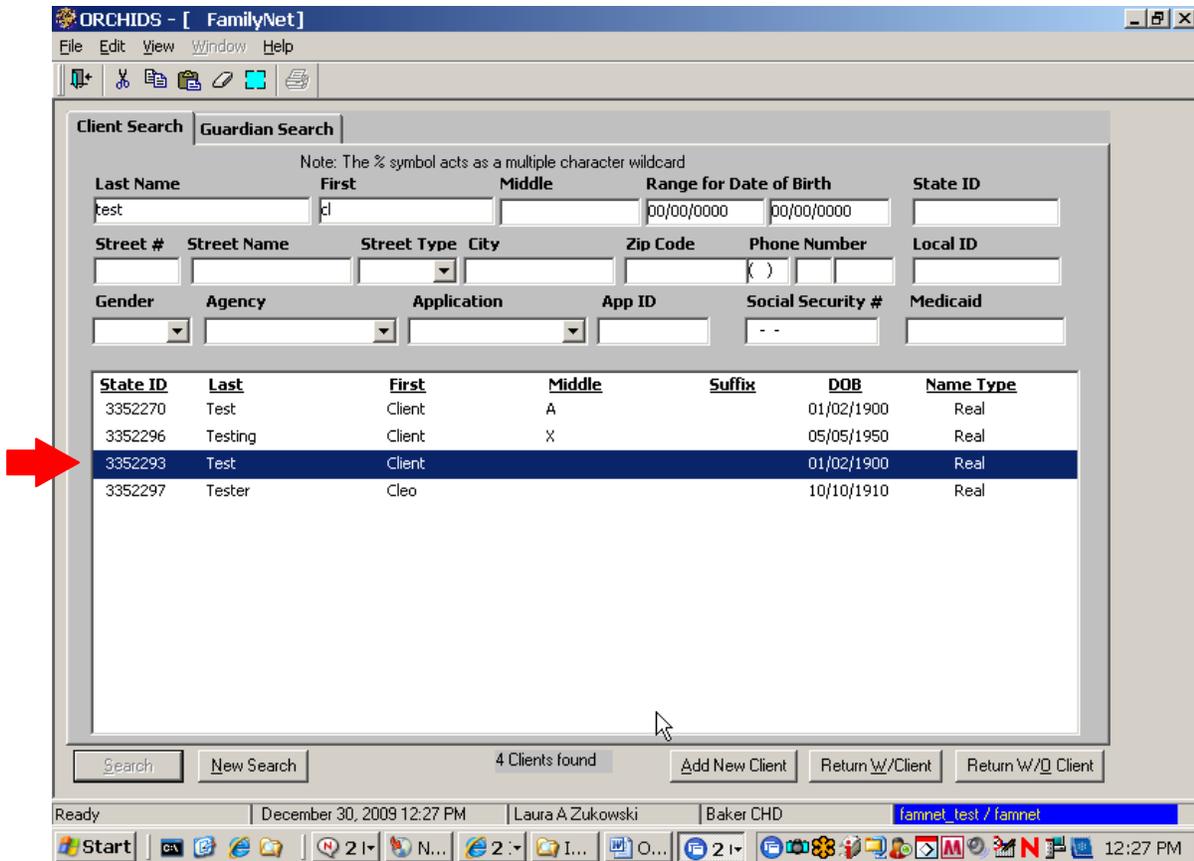


Figure 30. ORCHIDS - [FamilyNet] screen with the client name selected

2. Click the **[Return W/Client]** button at the bottom of the screen (or press **[Alt] + [w]**). The **ORCHIDS – [FC100 – ORCHIDS Client]** screen appears (Figure 31).

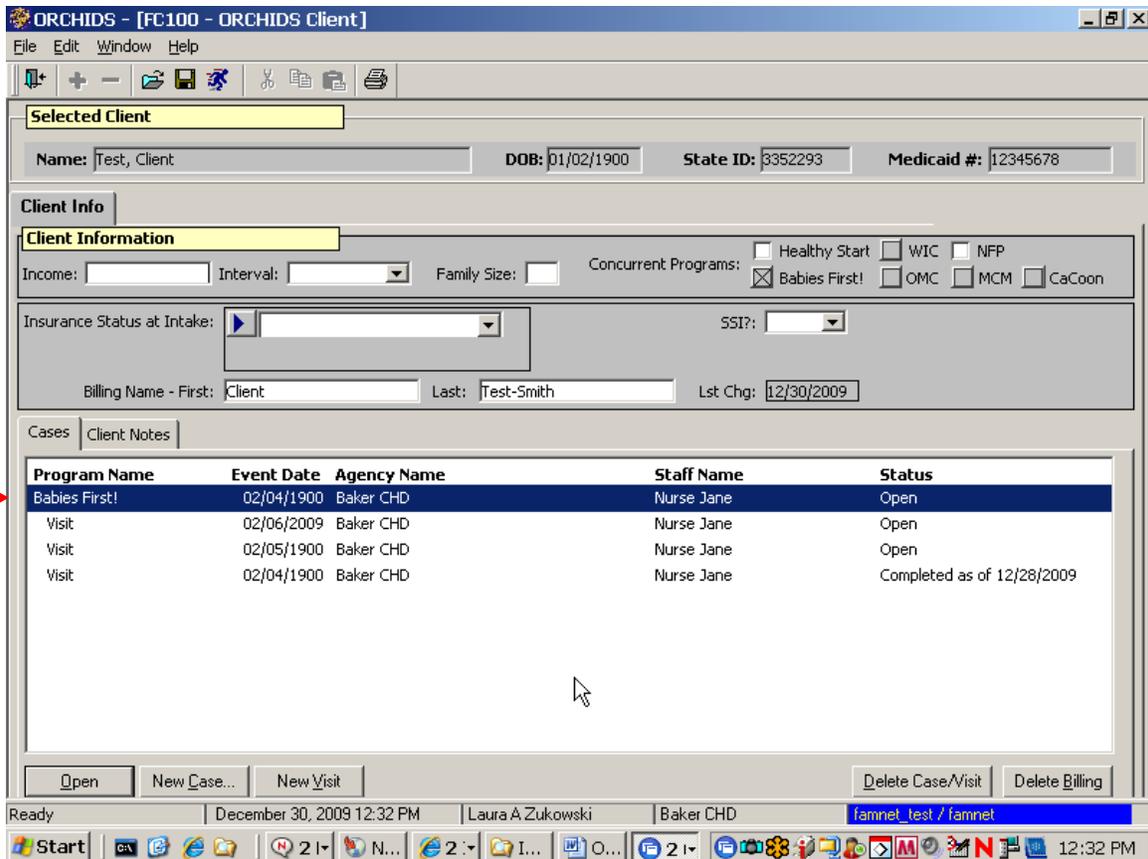


Figure 31. ORCHIDS - [FC100 - ORCHIDS Client] screen with an open Babies First! case selected

3. 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]**). The case tab displays, and additional tabs appear on the screen (Figure).

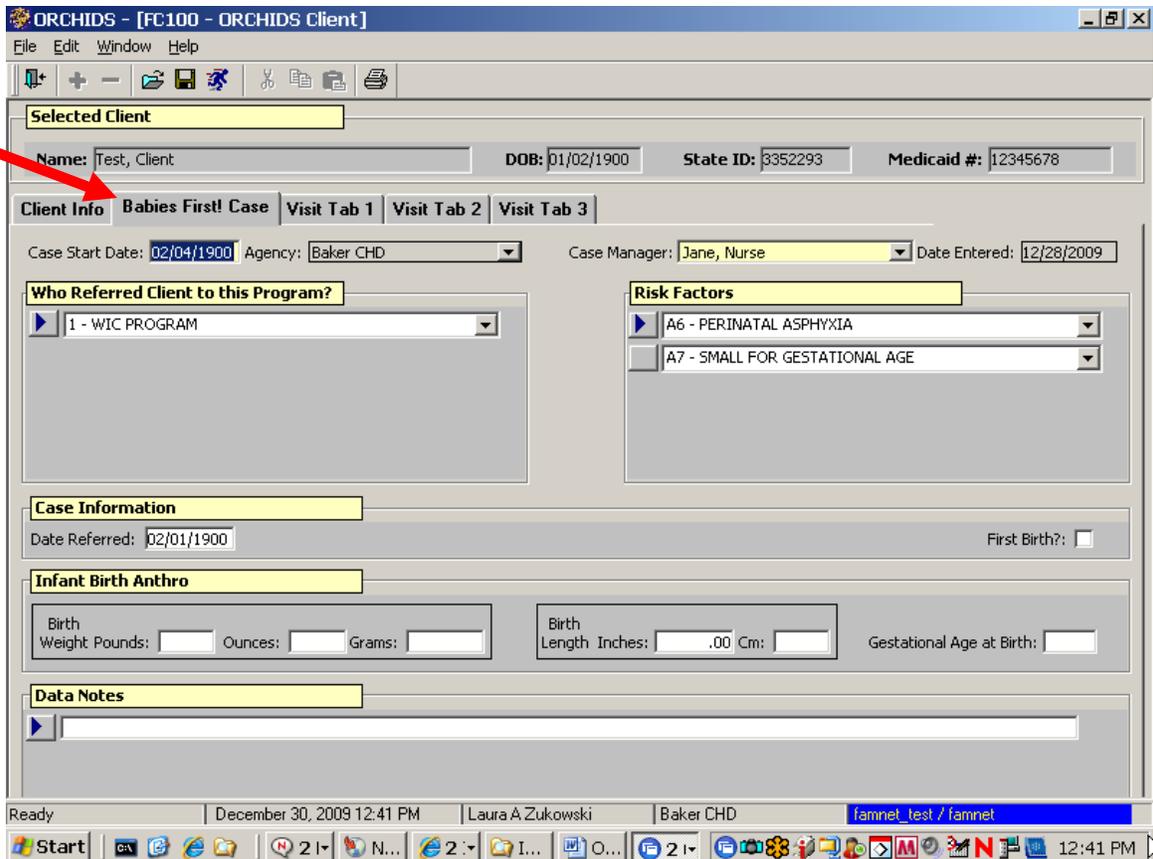


Figure 32. ORCHIDS - [FC100 - ORCHIDS Client] screen with the Babies First! Case tab displaying

4. Click on the **Visit Tab 3** tab. Visit Tab 3 displays (Figure 33).

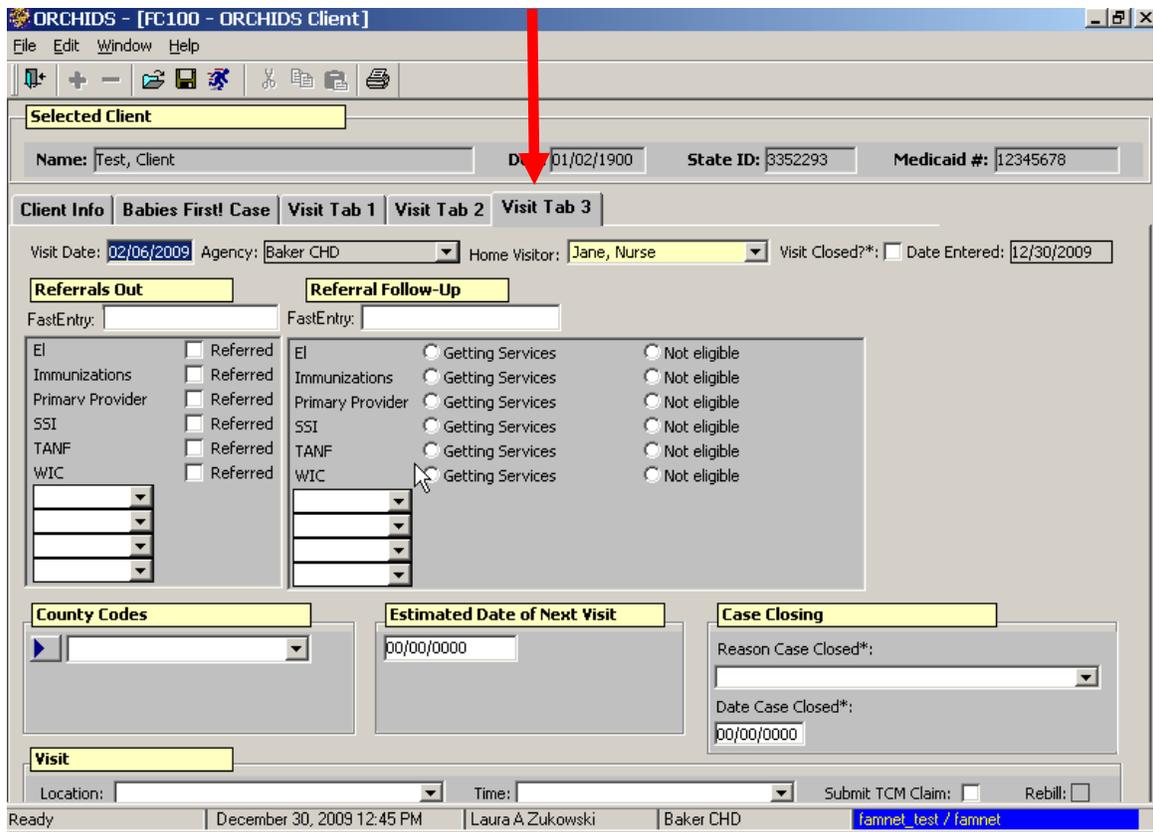


Figure 33. ORCHIDS - FC100 - ORCHIDS Client] screen with Visit Tab 3 displaying

5. If all of the client's visits have been closed, complete the following fields.
(For information about closing a visit, see the Closing a Visit section, starting on page 94.)

FIELD	DESCRIPTION
Reason Case Closed*	(Required to close a case) The reason the case was closed. Select the appropriate reason from the drop-down menu.
Date Case Closed*	(Required to close a case) The date on which the case was closed. 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. Enter the date in MM/DD/YYYY format.

6. Click the **[Save]**  button in the toolbar at the top of the screen (or press **[Ctrl] + [s]**) to save your entries.
7. To exit ORCHIDS, 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 6: 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 Babies First! case in another county. See Figure 34, below.

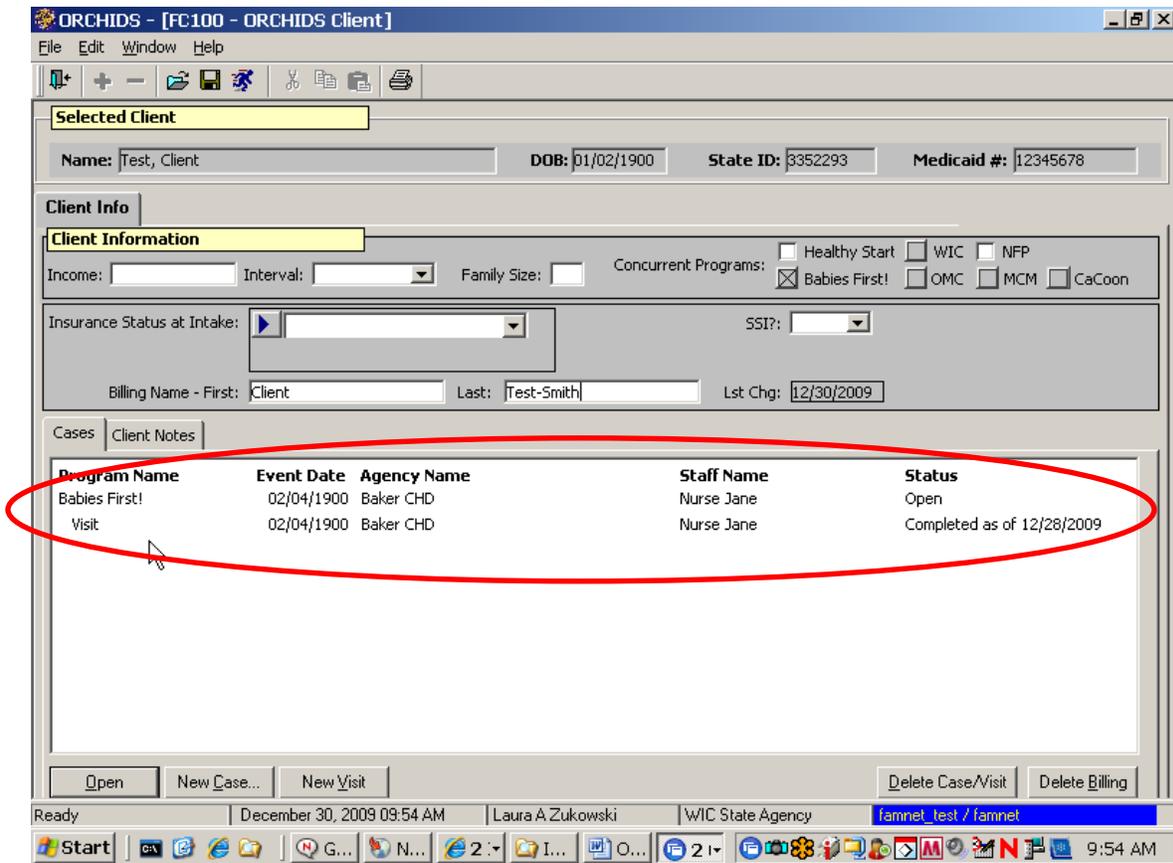


Figure 34. ORCHIDS - [FC100 - ORCHIDS CLIENT] screen with an open Babies First! case

Before you will be able to open a new Babies First! case for your agency, the original case must be closed. Call ORCHIDS Application Support, 971-673-0382, to request help with getting the original case closed. Never close another agency's case or alter another agency's data.

Case Study

Visit 1: February 5, 2009

You visited the Babies First! client Jennifer on February 5, 2009. Baby Jennifer's mother is Tina Davidson, who is 16 years old. This was your first home visit with Jennifer, and you collected the following information.

Client Primary Tab

- Client's full name: Jennifer Abigail Jones-Davidson
- Date of birth: January 1, 2009
- Jennifer and Tina live with Tina's aunt and uncle at 1000 Lark Street; St. Helens, OR 97051.
- Tina requested that all mail be delivered to a different address: P.O. Box 12345; St. Helens, OR 97051.
- Her home telephone is 503-123-9999.
- Jennifer is African-American, Asian, and Hispanic.
- Jennifer's mother, Tina, speaks English, but uses Spanish as her written language.
- Jennifer's Medicaid No. is AB123Y5Z.
- The mother's full name is Tina Jones.

Client Info Tab

- Tina makes \$600 per month. Her aunt takes care of Jennifer when Tina is at work at a retail store. Tina pays her aunt rent, and her aunt makes \$1,000 per month.
- Jennifer and Tina are the only ones that live with Tina's aunt and uncle.
- Tina is on WIC.
- Baby Jennifer has OHP Plus coverage. When Tina showed you Jennifer's OHP card, you noticed that Jennifer's name is misspelled on the card: "Jennifer **Janes**-Davidson."

Babies First! Case Tab

- WIC referred Tina to the Babies First! program. WIC faxed a referral to your agency on January 15, 2009.
- When assessing for risk factors, you noticed that Jennifer did not seem to be gaining as much weight as she should, that Tina is a young mom who is 16 years of age with a low income, and that Jennifer was born prematurely.
- Jennifer is Tina's first baby.
- At birth, Jennifer was 3 pounds 7 ounces. She was 15 inches in length.
- Baby Jennifer was born at 30 weeks gestation.

Visit Tab 1

- You completed an initial assessment and determined that Tina qualifies for Targeted Case Management services.
- When you measured baby Jennifer during the visit, she was 3 pounds 10 ounces, and was 17 inches in length. Her head circumference was 32 cm.
- According to Tina, Jennifer has not received her birth dose of Hepatitis B vaccine.
- Tina reported she has had trouble breastfeeding her baby, and is feeling tired and frustrated. Afraid that baby Jennifer is not getting enough nutrients, Tina's aunt has been supplementing Jennifer with formula since her discharge from the hospital. Jennifer was discharged 2 days ago at 35 weeks of gestation. This happens at night when Tina is feeling too tired to get up to breastfeed.

Visit Tab 2

- Because of Tina's frustration and concern with breastfeeding, you counseled Tina on the benefits of breastfeeding and coached her on breastfeeding techniques. You also referred her to a lactation counselor for more services.
- During part of the visit, baby Jennifer was sleeping prone on the overstuffed couch that Tina has been sitting on. You identified this as a potential hazard. You asked to see where the baby sleeps and was shown a bassinette with a soft plush pillow and a thick quilt in it. You taught Tina about Safe Sleep environments. When you talked with Tina about Safe Sleep, she told you she wants to make everything safe for Jennifer. So, after first going over the list with Tina, you left a Safety Check list with her.
- You also noticed that Tina was concentrating on the soap opera on TV and didn't seem very engaged with baby Jennifer. To promote bonding and attachment, you encouraged Tina to talk to Jennifer and you modeled for Tina how to hold and interact with Jennifer. You provided positive reinforcement when Tina smiled and cooed at Jennifer.
- When baby Jennifer needs to see a pediatrician, Tina takes her to the local free clinic. Although the service there is friendly, the wait is very long. Also, Tina doesn't like that, every time she goes in, Jennifer is seen by a different physician. So Tina only takes Jennifer in if there's an emergency. You talked about the importance of regular check-ups and referred Tina to a pediatrician who you know accepts OHP Plus.
- You smelled tobacco smoke in the house and noticed an ashtray. You learned that, although Tina doesn't smoke, Tina's aunt smokes only in the living room and kitchen. You also counseled Tina about how to decrease the risk of SIDS for her baby.

Visit Tab 3

- You again encouraged Tina to find Jennifer a pediatrician for regular check-ups. You also referred Jennifer to a local pediatrician who you know will accept OHP Plus.
- You reminded Tina to make an appointment with the Lactation Consultant that you referred her to earlier in the visit.
- The visit took place in the home and was about 1.5 hours long.

Visit 2: February 15, 2009

- Tina told you she is moving out of her aunt and uncle's home. Her aunt informed her that she must move out in 1 week and Tina does not know where she and Jennifer will live next. Tina disclosed to you that her aunt found her marijuana pipe and that is why she has been asked to leave. Tina told you, "I only smoke when I have a babysitter on the weekends."
- Today, Jennifer weighed 4 pounds 9 ounces and is 18 inches long. Her head circumference is 32.5 cm.
- Because of your referral at the previous visit, Tina took Jennifer to the pediatrician. Tina liked the pediatrician and feels she could call the pediatrician with questions if she needs to. Baby Jennifer is now up to date on all immunizations.
- You have found out that Tina has also lost her job. So you refer her to the employment assistance center. You also refer Tina to the food bank, but she tells you that another friend has already told her about the food bank and that she has already gotten some help from them.
- You follow up on the referral to the Lactation Consultant from the previous visit. Tina got a voicemail message from the Consultant, but never called back to make an appointment. Because Tina still has concerns related to breastfeeding, you re-refer her to the Lactation Consultant.
- The visit took place in the home and was about 1 hour long.

Visit 3: July 10, 2009

- After Tina moved, you lost touch with her. Then she called you and said she had some concerns and she wanted you to come see baby Jennifer. At this visit, after performing assessments (ASQ, IMS, infant reflexes) on Jennifer, you realized that Jennifer is developmentally delayed. She is not lifting her head when stomach lying and her head remains unsteady when she is held in the sitting position. Jennifer is not smiling yet, and Tina is concerned. You referred her to Early Intervention (EI) and transferred Jennifer to the CaCoon program.
- At this visit, you follow up on your previous visit's referral to the Lactation Consultant. This time, Tina reported that she had attended a session with the Consultant.

Visit I



Babies First! Encounter/Data Form

FamilyNet

Client Primary Tab	Local ID	LAST NAME <i>Jones-Davidson</i>	FIRST NAME <i>Jennifer</i>	Middle Name <i>Abigail</i>		
	DATE OF BIRTH <i>1/1/2009</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>1000 Lark Street</i>	Apt. No.	CITY, OREGON <i>St. Helens</i>	ZIP <i>97051</i>		
	MAILING ADDRESS (if different from physical address) <i>P.O. Box 12345</i>	Apt. No.	CITY, OREGON <i>St. Helens</i>	ZIP <i>97051</i>		
	PRIMARY TELEPHONE TYPE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager <input type="checkbox"/> Unknown <input type="checkbox"/> Fax		Guardian Last Name <i>Jones</i>	Guardian First Name <i>Tina</i>		
	PRIMARY TELEPHONE NO. <i>503-123-9999</i> Alternate Telephone No.		Guardian Middle Name	Guardian Type <i>mother</i>		
	RACE (Check all that apply.) <input type="checkbox"/> American Indian/Alaskan Native <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		ETHNICITY <input type="checkbox"/> No-Not Hispanic <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes-Hispanic	SPOKEN LANGUAGE <i>English</i>	WRITTEN LANGUAGE <i>Spanish</i>	
			Medicaid No. <i>AB123Y5Z</i>	Deceased Date		
	Client Info Tab	State ID	Income <i>\$1,600</i>	Interval <input type="checkbox"/> Week <input type="checkbox"/> Bimonthly <input checked="" type="checkbox"/> Month <input type="checkbox"/> Annual	Family Size <i>4</i>	Concurrent Program Enrollment <input type="checkbox"/> Healthy Start <input checked="" 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 checked="" type="checkbox"/> OHP Plus <input type="checkbox"/> CAWEM <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 <i>Jennifer</i>	Billing Name - Last <i>Janes-Davidson</i>		
<table border="1"> <tr> <td>CASE START DATE <i>2/5/2009</i></td> <td>CASE MANAGER <i>(case manager's name)</i></td> </tr> </table>					CASE START DATE <i>2/5/2009</i>	CASE MANAGER <i>(case manager's name)</i>
CASE START DATE <i>2/5/2009</i>	CASE MANAGER <i>(case manager's name)</i>					
Babies First! Case Tab	Who referred client to this program? <input checked="" 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"/> 11-Hospital <input type="checkbox"/> 12-EI / ECSE <input type="checkbox"/> 13-Self <input type="checkbox"/> 79-PCP <input type="checkbox"/> Other (See codes)			Risk Factors <i>AH1 A191 A241 A331 1</i>		
				Date Referred <i>1/15/2009</i>		
				<input checked="" type="checkbox"/> Check if first birth		
	Birth Weight <i>316 7oz. OR</i>	Pounds / Ounces	Grams	Birth Length <i>15 OR</i>	Inches	Cm
Data Notes <i>Client's name spelled incorrectly on Medicaid card: <u>Janes</u>-Davidson.</i>						

Last Name <i>Jones-Davidson</i>		First Name <i>Jennifer</i>		Middle Name <i>Abigail</i>	Date of Birth <i>1/1/2009</i>	
Visit Tab 1	VISIT DATE <i>2/5/2009</i>		HOME VISITOR <i>(home visitor's name)</i>			
	Weight Today	Pounds / Ounces <i>31b. 10 oz.</i> OR	Grams	Length Today	Inches <i>17</i> OR Cm	
	Head Circumference Today	Inches	Cm <i>32</i>			
	Client's Immunization Status <input type="checkbox"/> Complete or up-to-date (has all recommended shots) <input checked="" type="checkbox"/> None (has none of the recommended shots) <input type="checkbox"/> Delayed (has some of the recommended shots) <input type="checkbox"/> Declined / Refused (declines or refuses recommended shots)					
Breastfeeding started <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Still breastfeeding <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Age when formula or solids first introduced <input type="checkbox"/> NA <i>5</i> weeks		
Visit Tab 2	Issues / Outcomes		Interventions			
	Basic Needs (BN) <input type="radio"/> Met <input type="radio"/> Not met		<input type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Shelter	
			<input type="checkbox"/> Food	<input type="checkbox"/> \$ Assistance	<input type="checkbox"/> Utilities	
			<input type="checkbox"/> Transportation			
	Nutrition (NU) <input type="radio"/> Meets body requirements <input checked="" type="radio"/> Less than body requirements <input type="radio"/> More than body requirements		<input checked="" type="checkbox"/> Individual Teaching	<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/> Nutritional Monitoring	
			<input checked="" type="checkbox"/> Breastfeeding Assistance	<input type="checkbox"/> Infant Cues		
	Nutrition Issues (NI) <input type="radio"/> No nutrition issues <input type="radio"/> Potential nutrition issues <input type="radio"/> Actual nutrition issues		<input type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Nutritional Monitoring	
			<input type="checkbox"/> Breastfeeding Assistance	<input type="checkbox"/> Infant Cues	<input type="checkbox"/> Feeding Intervention	
			<input type="checkbox"/> Nutrition Care Plan			
	Injury (IN) <input type="radio"/> Not at risk for injury <input checked="" type="radio"/> At risk for injury		<input checked="" type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/> Safe Sleep	
		<input checked="" type="checkbox"/> Safety Checklist				
Parenting (PA) <input type="radio"/> Readiness for enhanced parenting <input checked="" type="radio"/> At risk for impaired attachment <input type="radio"/> Impaired parenting*		*Impaired parenting: the inability of the parent or primary caregiver to create, maintain, or regain an environment that promotes optimum growth and development of the child.				
		<input checked="" type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Promoting First Relationships®		
		<input checked="" type="checkbox"/> Attachment Promotion	<input type="checkbox"/> NCAST®	<input type="checkbox"/> H.O.M.E.®		
Child Development (CD) <input type="radio"/> Has age-appropriate pattern of development <input checked="" type="radio"/> Appropriate development progression for condition <input type="radio"/> At risk for delayed development <input type="radio"/> Delayed development		<input type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Developmental Enhancement		
		<input type="checkbox"/> RDSI®	<input type="checkbox"/> IMS®	<input type="checkbox"/> ASQ®		
		<input type="checkbox"/> Vision Questionnaire	<input type="checkbox"/> Hearing Questionnaire	<input type="checkbox"/> Reflexes		
		<input checked="" type="checkbox"/> Pain	<input type="checkbox"/> H.O.M.E.®	<input type="checkbox"/> M-CHAT®		
Well Child Care (WC) <input type="radio"/> Has medical home* <input checked="" type="radio"/> No 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.				
		<input checked="" type="checkbox"/> Individual Teaching	<input checked="" type="checkbox"/> Case Management			
Up to date on well child care (WU) <input type="radio"/> Not up to date on well child care						

Last Name <i>Jones-Davidson</i>		First Name <i>Jennifer</i>		Middle Name <i>Abigail</i>	Date of Birth <i>1/1/2009</i>
Issues / Outcomes			Interventions		
Insurance (IS)			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management		
<input type="radio"/> OHP Standard <input type="radio"/> OHP Plus <input type="radio"/> CAWEM <input type="radio"/> Indian Health Service <input type="radio"/> Other <input type="radio"/> None					
OHP Follow-Up Information (OF)					
<input type="radio"/> Client refused referral <input type="radio"/> OHP Pended <input type="radio"/> OHP Denied					
Oral Health (OH)					
<input type="radio"/> No identified risk factors for dental caries <input type="radio"/> At risk for dental caries <input type="radio"/> Dental caries			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Oral Health Screening <input type="checkbox"/> Fluoride Varnish Application		
Tobacco (TO)					
<input checked="" type="radio"/> Yes Secondhand smoke exposure <input type="radio"/> No			<input checked="" type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> 5As Clinical Guidelines		
Household smoking rules (inside home at any time / on any occasion)					
<input type="checkbox"/> No smoking allowed anywhere inside <input checked="" type="checkbox"/> Smoking allowed in some rooms <input type="checkbox"/> Smoking permitted anywhere inside					
Visit Tab 3	Referrals Out (Check all that apply.)		Referral Follow-Up (Use this "Referral Follow-Up" field to record the outcome of referrals you made.)		Reason Case Closed *
	12 - EI	<input type="checkbox"/> Referred	12 - EI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 01 - Declined services
	53 - Immunizations	<input type="checkbox"/> Referred	53 - Immunizations	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 02 - Unable to locate
	79 - Primary Provider	<input checked="" type="checkbox"/> Referred	79 - Primary Provider	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 03 - Family moved out of state
	90 - SSI	<input type="checkbox"/> Referred	90 - SSI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 04 - Child deceased
	94 - TANF	<input type="checkbox"/> Referred	94 - TANF	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 05 - Child no longer age eligible
	1 - WIC	<input type="checkbox"/> Referred	1 - WIC	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 06 - Child moved out of county
	Other <i>57</i> (See codes)	<input checked="" type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 07 - Child no longer needs services
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 08 - Passive decline
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 09 - Unable to visit/case load limitations
Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 10 - Transfer to CaCoon	
Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 90 - Other	
County Codes			Estimated Date of Next Visit <i>2/15/2009</i>		Date Case Closed *
Location Code			Time <i>1.5 hours</i>		<input checked="" type="checkbox"/> Submit TCM Claim
<input checked="" type="checkbox"/> 1 - Home / Field <input type="checkbox"/> 2 - Hospital <input type="checkbox"/> 3 - Health Department <input type="checkbox"/> 4 - School <input type="checkbox"/> 5 - Telephone <input type="checkbox"/> 6 - Tertiary Care Evaluation <input type="checkbox"/> 7 - Group Home / Shelter <input type="checkbox"/> 8 - Client Not Home / Failed Visit <input type="checkbox"/> 9 - Other					

Visit II

Last Name <u>Jones-Davidson</u>		First Name <u>Jennifer</u>		Middle Name <u>Abigail</u>	Date of Birth <u>1/1/2009</u>
Visit Tab 1	VISIT DATE <u>2/15/2009</u>		HOME VISITOR <u>(home visitor's name)</u>		
	Weight Today	Pounds / Ounces <u>4 lb. 9 oz.</u> OR	Grams	Length Today	Inches <u>18</u> OR Cm
	Head Circumference Today		Inches	Cm <u>32.5</u>	
Client's Immunization Status					
<input checked="" type="checkbox"/> Complete or up-to-date (has all recommended shots) <input type="checkbox"/> None (has none of the recommended shots) <input type="checkbox"/> Delayed (has some of the recommended shots) <input type="checkbox"/> Declined / Refused (declines or refuses recommended shots)					
Breastfeeding started		Still breastfeeding		Age when formula or solids first introduced	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NA _____ weeks	
Visit Tab 2	Issues / Outcomes		Interventions		
	Basic Needs (BN)				
	<input type="checkbox"/> Met <input type="checkbox"/> Not met		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Shelter <input type="checkbox"/> Food <input type="checkbox"/> \$ Assistance <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation		
	Nutrition (NU)				
	<input type="checkbox"/> Meets body requirements <input checked="" type="checkbox"/> Less than body requirements <input type="checkbox"/> More than body requirements		<input type="checkbox"/> Individual Teaching <input checked="" type="checkbox"/> Case Management <input type="checkbox"/> Nutritional Monitoring <input type="checkbox"/> Breastfeeding Assistance <input type="checkbox"/> Infant Cues		
	Nutrition Issues (NI)				
	<input type="checkbox"/> No nutrition issues <input type="checkbox"/> Potential nutrition issues <input type="checkbox"/> Actual nutrition issues		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Nutritional Monitoring <input type="checkbox"/> Breastfeeding Assistance <input type="checkbox"/> Infant Cues <input type="checkbox"/> Feeding Intervention <input type="checkbox"/> Nutrition Care Plan		
	Injury (IN)				
<input type="checkbox"/> Not at risk for injury <input type="checkbox"/> At risk for injury		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Safe Sleep <input type="checkbox"/> Safety Checklist			
Parenting (PA)		*Impaired parenting: the inability of the parent or primary caregiver to create, maintain, or regain an environment that promotes optimum growth and development of the child.			
<input type="checkbox"/> Readiness for enhanced parenting <input type="checkbox"/> At risk for impaired attachment <input type="checkbox"/> Impaired parenting*		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Promoting First Relationships® <input type="checkbox"/> Attachment Promotion <input type="checkbox"/> NCAST® <input type="checkbox"/> H.O.M.E.®			
Child Development (CD)					
<input type="checkbox"/> Has age-appropriate pattern of development <input checked="" type="checkbox"/> Appropriate development progression for condition <input type="checkbox"/> At risk for delayed development <input type="checkbox"/> Delayed development		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Developmental Enhancement <input type="checkbox"/> RDSI® <input type="checkbox"/> IMS® <input type="checkbox"/> ASQ® <input type="checkbox"/> Vision Questionnaire <input type="checkbox"/> Hearing Questionnaire <input type="checkbox"/> Reflexes <input checked="" type="checkbox"/> Pain <input type="checkbox"/> H.O.M.E.® <input type="checkbox"/> M-CHAT®			
Well Child Care (WC)		*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 checked="" type="checkbox"/> Has medical home* <input type="checkbox"/> No medical home*		<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management			
<input checked="" type="checkbox"/> Up to date on well child care (WU) <input type="checkbox"/> Not up to date on well child care					

Last Name Jones-Davidson		First Name Jennifer		Middle Name Abigail		Date of Birth 1/1/2009		
Issues / Outcomes				Interventions				
Insurance (IS)				<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management				
<input type="radio"/> OHP Standard <input type="radio"/> OHP Plus <input type="radio"/> CAWEM <input type="radio"/> Indian Health Service <input type="radio"/> Other <input type="radio"/> None								
OHP Follow-Up Information (OF)								
<input type="radio"/> Client refused referral <input type="radio"/> OHP Pending <input type="radio"/> OHP Denied								
Oral Health (OH)								
<input type="radio"/> No identified risk factors for dental caries <input type="radio"/> At risk for dental caries <input type="radio"/> Dental caries				<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Oral Health Screening <input type="checkbox"/> Fluoride Varnish Application				
Tobacco (TO)								
<input type="radio"/> Yes Secondhand smoke exposure <input type="radio"/> No				<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> 5As Clinical Guidelines				
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								
Visit Tab 3	Referrals Out (Check all that apply.)			Referral Follow-Up (Use this "Referral Follow-Up" field to record the outcome of referrals you made.)			Reason Case Closed *	
	12 - EI	<input type="checkbox"/> Referred		12 - EI	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 01 - Declined services	
	53 - Immunizations	<input type="checkbox"/> Referred		53 - Immunizations	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 02 - Unable to locate	
	79 - Primary Provider	<input type="checkbox"/> Referred		79 - Primary Provider	<input checked="" type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 03 - Family moved out of state	
	90 - SSI	<input type="checkbox"/> Referred		90 - SSI	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 04 - Child deceased	
	94 - TANF	<input type="checkbox"/> Referred		94 - TANF	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 05 - Child no longer age eligible	
	1 - WIC	<input type="checkbox"/> Referred		1 - WIC	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 06 - Child moved out of county	
	Other <u>57</u> (See codes)	<input checked="" type="checkbox"/> Referred		Other _____ (See codes)	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 07 - Child no longer needs services	
	Other <u>27</u> (See codes)	<input checked="" type="checkbox"/> Referred		Other _____ (See codes)	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 08 - Passive decline	
	Other _____ (See codes)	<input type="checkbox"/> Referred		Other _____ (See codes)	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 09 - Unable to visit/case load limitations	
Other _____ (See codes)	<input type="checkbox"/> Referred		Other _____ (See codes)	<input type="checkbox"/> Getting Services	<input type="checkbox"/> Not eligible	<input type="checkbox"/> 10 - Transfer to CaCoon		
County Codes				Estimated Date of Next Visit 3/5/2009		Date Case Closed *		
Location Code				Time		Submit TCM Claim		
<input checked="" type="checkbox"/> 1 - Home / Field <input type="checkbox"/> 2 - Hospital <input type="checkbox"/> 3 - Health Department <input type="checkbox"/> 4 - School <input type="checkbox"/> 5 - Telephone <input type="checkbox"/> 6 - Tertiary Care Evaluation <input type="checkbox"/> 7 - Group Home / Shelter <input type="checkbox"/> 8 - Client Not Home / Failed Visit <input type="checkbox"/> 9 - Other				1 hr.		<input checked="" type="checkbox"/>		

Visit III

DHS		CaCoon Encounter/Data Form		FamilyNet		
Client Primary Tab	Local ID	LAST NAME	FIRST NAME	Middle Name		
	DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input 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	
	PRIMARY TELEPHONE TYPE <input type="checkbox"/> Home <input type="checkbox"/> Message <input type="checkbox"/> No Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager <input type="checkbox"/> Unknown <input type="checkbox"/> Fax		Guardian Last Name		Guardian First Name	
	PRIMARY TELEPHONE NO.		Alternate Telephone No.		Guardian Middle Name	Guardian Type
	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 <input type="checkbox"/> Other		ETHNICITY <input type="checkbox"/> No-Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Yes-Hispanic		SPOKEN LANGUAGE	WRITTEN LANGUAGE
					Medicaid No.	Deceased Date
	Client Info Tab	State ID	Income	Interval <input type="checkbox"/> 1-Month <input type="checkbox"/> 2-Month <input type="checkbox"/> 3-Month <input type="checkbox"/> 4-Month <input type="checkbox"/> 6-Month <input type="checkbox"/> Annular	Family Size	Concurrent Program Enrollment <input type="checkbox"/> Healthy Start <input type="checkbox"/> WIC <input type="checkbox"/> NFP <input type="checkbox"/> Babies First <input type="checkbox"/> MCM <input type="checkbox"/> CaCoon
Insurance Status <input type="checkbox"/> OHP <input type="checkbox"/> Medicaid <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other <input type="checkbox"/> None		SSN <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Name - First	Billing Name - Last		
<p style="font-size: 2em; text-align: center;">See Babies First Form</p>						
CaCoon Case Tab	CASE START DATE	CASE MANAGER (case manager's name)				
	Who referred client to this program?		Risk Factors			
	<input type="checkbox"/> 1-WIC <input checked="" 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"/> 11-Hospital <input type="checkbox"/> 12-EI / ECSE <input type="checkbox"/> 13-Self <input type="checkbox"/> 79-PCP <input type="checkbox"/> Other (See codes)		B22 / / / / / / / Date Referred: 7/10/2009			
			CaCoon Tier <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9			
			Does client have Early Intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if first birth			
Birth Weight	Pounds / Ounces	Grams	Birth Length	Inches	Cm	
Gestational Age at Birth (weeks)						
Data Notes						
<p>Client has been transferred from Babies First to CaCoon.</p> <p>Please close the Babies First case.</p> <ul style="list-style-type: none"> • Date Case Closed: 7/10/2009 • Reason Case Closed: <u>10-Transfer to CaCoon</u> 						

Last Name Jones-Davidson		First Name Jennifer		Middle Name Abigail	Date of Birth 1/1/2009
Visit Tab 1	VISIT DATE 7/10/2009	HOME VISITOR (home visitor's name)			
	Weight Today	Pounds / Ounces	Grams	Length Today	Inches
	OR		OR		OR
Head Circumference Today		Inches	Cm	41	
Client's Immunization Status					
<input type="checkbox"/> Complete or up-to-date (has all recommended shots)			<input type="checkbox"/> None (has none of the recommended shots)		
<input type="checkbox"/> Delayed (has some of the recommended shots)			<input type="checkbox"/> Declined / Refused (declines or refuses recommended shots)		
Breastfeeding started		Still breastfeeding		Age when formula or solids first introduced	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NA _____ weeks	
Visit Tab 2	Issues / Outcomes		Interventions		
	Basic Needs (BN)				
	<input type="radio"/> Met		<input type="checkbox"/> Individual Teaching		
	<input type="radio"/> Not met		<input type="checkbox"/> Food		
			<input type="checkbox"/> Transportation		
			<input type="checkbox"/> Case Management		
			<input type="checkbox"/> \$ Assistance		
			<input type="checkbox"/> Shelter		
			<input type="checkbox"/> Utilities		
	Nutrition (NU)				
	<input type="radio"/> Meets body requirements		<input type="checkbox"/> Individual Teaching		
	<input checked="" type="radio"/> Less than body requirements		<input type="checkbox"/> Breastfeeding Assistance		
	<input type="radio"/> More than body requirements		<input checked="" type="checkbox"/> Case Management		
			<input type="checkbox"/> Nutritional Monitoring		
			<input type="checkbox"/> Infant Cues		
Nutrition Issues (NI)					
<input type="radio"/> No nutrition issues		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> Potential nutrition issues		<input type="checkbox"/> Breastfeeding Assistance			
<input type="radio"/> Actual nutrition issues		<input type="checkbox"/> Nutrition Care Plan			
		<input type="checkbox"/> Case Management			
		<input type="checkbox"/> Infant Cues			
		<input type="checkbox"/> Nutritional Monitoring			
		<input type="checkbox"/> Feeding Intervention			
Injury (IN)					
<input type="radio"/> Not at risk for injury		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> At risk for injury		<input type="checkbox"/> Safety Checklist			
		<input type="checkbox"/> Case Management			
		<input type="checkbox"/> Safe Sleep			
Parenting (PA)		*Impaired parenting: the inability of the parent or primary caregiver to create, maintain, or regain an environment that promotes optimum growth and development of the child.			
<input type="radio"/> Readiness for enhanced parenting		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> At risk for impaired attachment		<input type="checkbox"/> Attachment Promotion			
<input type="radio"/> Impaired parenting*		<input type="checkbox"/> Case Management			
		<input type="checkbox"/> Promoting First Relationships®			
		<input type="checkbox"/> NCAST®			
		<input type="checkbox"/> H.O.M.E.®			
Child Development (CD)					
<input type="radio"/> Has age-appropriate pattern of development		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> Appropriate development progression for condition		<input type="checkbox"/> RDSI®			
<input type="radio"/> At risk for delayed development		<input type="checkbox"/> Vision Questionnaire			
<input checked="" type="radio"/> Delayed development		<input type="checkbox"/> Pain			
		<input type="checkbox"/> Case Management			
		<input checked="" type="checkbox"/> IMS®			
		<input checked="" type="checkbox"/> ASQ®			
		<input type="checkbox"/> Developmental Enhancement			
		<input type="checkbox"/> Hearing Questionnaire			
		<input checked="" type="checkbox"/> Reflexes			
		<input type="checkbox"/> H.O.M.E.®			
		<input type="checkbox"/> M-CHAT®			
Well Child Care (WC)		*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"/> Has medical home*		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> No medical home*		<input type="checkbox"/> Case Management			
<input type="radio"/> Up to date on well child care (WU)					
<input type="radio"/> Not up to date on well child care					
Insurance (IS)					
<input type="radio"/> OHP Standard		<input type="checkbox"/> Individual Teaching			
<input type="radio"/> OHP Plus		<input type="checkbox"/> Case Management			
<input type="radio"/> CAWEM					
<input type="radio"/> Indian Health Service					
<input type="radio"/> Other					
<input type="radio"/> None					
OHP Follow-Up Information (OF)					
<input type="radio"/> Client refused referral					
<input type="radio"/> OHP Pended					
<input type="radio"/> OHP Denied					

Last Name Jones-Davidson		First Name Jennifer		Middle Name Abigail	Date of Birth 1/1/2009
Issues / Outcomes			Interventions		
Oral Health (OH) <input type="radio"/> No identified dental caries <input type="radio"/> At risk for dental caries <input type="radio"/> Dental caries			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Fluoride Varnish Application <input type="checkbox"/> Case Management <input type="checkbox"/> Oral Health Screening		
<input type="radio"/> No abnormal development (OD) <input type="radio"/> At risk for abnormal development <input type="radio"/> Abnormal development			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management		
Access to Medical Care (AM) <input type="radio"/> Yes Family has access to medical treatment appropriate for their child's condition. <input type="radio"/> No			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Health System Guidance		
Community Resources (CR) <input type="radio"/> Yes Family is knowledgeable about and is able to access community support and specialized services. <input type="radio"/> No			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> Sustenance Support		
Family Knowledge of Chronic Condition (FK) <input type="radio"/> Yes Family is knowledgeable about their child's condition. <input type="radio"/> No			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Parenting Promotion <input type="checkbox"/> Family Assessment <input type="checkbox"/> Case Management <input type="checkbox"/> Teaching: Disease Process <input type="checkbox"/> Normalization Promotion <input type="checkbox"/> Child Health Assessment		
Tobacco (TO) <input type="radio"/> Yes <input type="radio"/> No Secondhand smoke exposure			<input type="checkbox"/> Individual Teaching <input type="checkbox"/> Case Management <input type="checkbox"/> 5As Clinical Guidelines		
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					
Visit Tab 3	Referrals Out (Check all that apply.)		Referral Follow-Up (Use this "Referral Follow-Up" field to record the outcome of referrals you made.)		Reason Case Closed *
	12 - EI	<input checked="" type="checkbox"/> Referred	12 - EI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 01 - Declined services
	53 - Immunizations	<input type="checkbox"/> Referred	53 - Immunizations	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 02 - Unable to locate
	79 - Primary Provider	<input type="checkbox"/> Referred	79 - Primary Provider	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 03 - Family moved out of state
	90 - SSI	<input type="checkbox"/> Referred	90 - SSI	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 04 - Child deceased
	94 - TANF	<input type="checkbox"/> Referred	94 - TANF	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 05 - Child no longer age eligible
	1 - WIC	<input type="checkbox"/> Referred	1 - WIC	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 06 - Child moved out of county
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other 57 (See codes)	<input checked="" type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 07 - Child no longer needs services
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 08 - Passive decline
	Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 09 - Unable to visit/case load limitations
Other _____ (See codes)	<input type="checkbox"/> Referred	Other _____ (See codes)	<input type="checkbox"/> Getting Services <input type="checkbox"/> Not eligible	<input type="checkbox"/> 90 - Other	
County Codes			Estimated Date of Next Visit 7/31/2009	Date Case Closed *	
Location Code <input checked="" type="checkbox"/> 1 - Home / Field <input type="checkbox"/> 4 - School <input type="checkbox"/> 7 - Group Home / Shelter <input type="checkbox"/> 2 - Hospital <input type="checkbox"/> 5 - Telephone <input type="checkbox"/> 8 - Client Not Home / Failed Visit <input type="checkbox"/> 3 - Health Department <input type="checkbox"/> 6 - Tertiary Care Evaluation <input type="checkbox"/> 9 - Other			Time 1 hour	<input checked="" type="checkbox"/> Submit TCM Claim	

Appendix A: Risk Factors and Definitions (A Codes and B Codes)

Babies First! (Birth through 4 years of age)	CaCoon (Birth through 20 years of age)
<p style="text-align: center;">Medical Risk Factors</p> <p>A1. Drug exposed infant (See A29) A2. Infant HIV positive A3. Maternal PKU or HIV positive A4. Intracranial hemorrhage (excludes Very High Risk Factor B16) A5. Seizures (excludes VHR Factor B18) or maternal history of seizures A6. Perinatal asphyxia A7. Small for gestational age A8. Very low birth weight (1500 grams or less) A9. Mechanical ventilation for 72 hours or more prior to discharge A10. Neonatal hyperbilirubinemia A11. Congenital infection (TORCH) A12. Central nervous system infection (e.g., meningitis) A13. Head trauma or near drowning: monitoring change A14. Failure to grow A16. Suspect vision impairment: monitoring change A18. Family history of childhood onset hearing loss A24. Prematurity A25. Lead exposure A26. Suspect hearing impairment: newborn hearing screen REFER A29. Alcohol exposed infant</p> <p style="text-align: center;">Social Risk Factors</p> <p>A19. Maternal age 16 years or less A21. Parental alcohol or substance abuse A22. At-risk caregiver A23. Concern of parent/provider A28. Parent with history of mental illness A30. Parent with developmental disability A31. Parent with Child Welfare history A32. Parent with domestic violence history A33. Parent with limited financial resources A34. Parent with sensory impairment or physical disability A35. Parent with inadequate knowledge and supports A36. Other evidence-based social risk factor</p> <p style="text-align: center;">Other</p> <p>X99. Child is not being enrolled in High Risk Infant Tracking protocol X00. Change in X99 status to enrollment in High Risk Infant Screening Protocol</p>	<p style="text-align: center;">Diagnoses</p> <p>B1. Heart disease B2. Chronic orthopedic disorders B3. Neuromotor disorders including cerebral palsy & brachial nerve palsy B4. Cleft lip and palate & other congenital defects of the head and face B5. Genetic disorders (i.e., cystic fibrosis) B6. Multiple minor physical anomalies B7. Metabolic disorders B8. Spina bifida B9. Hydrocephalus or persistent ventriculomegaly B10. Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis B12. Organic speech disorders (dysarthria/dyspraxia) B13. Hearing loss B23. Traumatic brain injury B24. Fetal Alcohol Spectrum Disorder B25. Autism, Autism Spectrum Disorder B26. Behavioral or mental health disorder with developmental delay B28. Chromosome disorders (e.g., Down syndrome) B29. Positive newborn blood screen B30. HIV, seropositive conversion B31. Visual impairment</p> <p style="text-align: center;">Very High Risk Medical Factors</p> <p>B16. Intraventricular hemorrhage (grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals B17. Perinatal asphyxia <u>accompanied by</u> seizures B18. Seizure disorder B19. Oral-motor dysfunction requiring specialized feeding program (gastrostomies and/or failure to grow, both organic and non-organic) B20. Chronic lung disease (e.g., on oxygen, infants with tracheostomies) B21. Suspect neuromuscular disorder including abnormal neuromotor exam at NICU discharge</p> <p style="text-align: center;">Developmental Risk Factors</p> <p>B22. Developmental delay</p> <p style="text-align: center;">Other</p> <p>B90. Other chronic conditions not listed</p>

Definitions

Babies First!		
Medical Risk Factors		
A1.	Drug exposed infant (See A29)	Documented history of maternal drug use or infant with positive drug screen at birth
A2.	Infant HIV Positive	Infant tested positive at birth or after 1 year of age
A3.	Maternal PKU or HIV Positive	Maternal history of PKU or mother tested positive HIV virus
A4.	Intracranial hemorrhage (excludes Very High Risk Factor B16)	Subdural, subarachnoid, intracerebral, or intraventricular hemorrhage, Grade I or II. Excludes Grade III or IV hemorrhage, or other factors listed in B16.
A5.	Seizures (excludes Very High Risk Factor B18) or maternal history of seizures	History of seizure disorder in mother. Seizures not requiring medical intervention (i.e., febrile seizures). Excludes factors in B18.
A6.	Perinatal asphyxia	Perinatal asphyxia (includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia).
A7.	Small for gestational age	Birth weight below 10 th percentile for gestational age
A8.	Very low birth weight	Birth weight 1500 grams or less
A9.	Mechanical ventilation	For 72 hours prior to hospital discharge
A10.	Neonatal hyperbilirubinemia	Requiring treatment with exchange transfusion
A11.	Congenital infection (TORCH)	Toxoplasmosis/ <i>Toxoplasma gondii</i> , other infections (hepatitis B, syphilis, varicella-zoster virus, HIV, and parvovirus), rubella, cytomegalovirus, herpes simplex virus
A12.	Central nervous system (CNS) infection	Includes bacterial meningitis, herpes, or viral encephalitis/meningitis with no sequel.
A13.	Head trauma or near drowning: monitoring for change	Head trauma with loss of consciousness, needs monitoring
A14.	Failure to grow	Failure to grow. Unknown etiology needs persistent referral for medical work-up and ongoing monitoring for change.
A16.	Suspect vision impairment: monitoring for change	Inability to visually fix or track per vision screen

Babies First! Medical Risk Factors		
A18.	Family history of childhood hearing loss	Family member is a blood relative and loss is not associated with injury, accident or other non-genetic problem.
A24.	Prematurity	Infant born before completion of 37 weeks gestation, regardless of birth weight. For Babies First program, also includes low birth weight infants, birth weight less than 2500 grams.
A25.	Lead exposure	Blood lead levels >10µg/dL
A26.	Suspect hearing impairment: newborn hearing screen REFER	Newborn hearing screening status REFER, needs further assessment and monitoring.
A29.	Alcohol exposed infant	Heavy and/or Binge Drinking <u>at any time during pregnancy</u> . Heavy Drinking is more than one alcoholic drink per day on average. Binge Drinking is 4 alcoholic drinks or more in one sitting. Often Heavy Drinking also includes Binge Drinking. However, both do not have to have occurred during the pregnancy to use this risk code.

Babies First! Social Risk Factors		
A19.	Maternal age 16 years or less	Mother was 16 years or less at time of delivery.
A21.	Parental alcohol or substance abuse	Known or suspected abuse of substances
A22.	At-risk caregiver	Suspect caregiver/child interaction, incarcerated parent, no prenatal care
A23.	Concern of parent or provider	Any other concern related to infant growth, physical or emotional health, or development.
A28.	Parent with history of mental illness	Parent reports or has current symptoms of mental health problems.
A30.	Parent with developmental disability (DD)	Parent has a disability that is likely to continue, and significantly impact 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.

Babies First!		
Social Risk Factors		
A31.	Parent with Child Welfare history	Parent has a history of being abused and/or neglected as a child, or a history of abusing or neglecting a child.
A32.	Parent with domestic violence history	Parent is impacted by 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.
A33.	Parent with limited financial resources	Inadequate financial resources. Struggles to provide basic needs: food, clothing, shelter, utilities.
A34.	Parent with sensory impairment or physical disability	Sensory impairment or incapacitating physical disability.
A35.	Parent with inadequate knowledge and supports	Parent has inadequate knowledge and abilities related to basic infant care, and has inadequate social support and limited coping abilities.
A36.	Other evidence-based social risk factor	Other social risk factor, established through research, is associated with poor child health outcomes.

Babies First!		
Other Risk Factors		
X99.	Child is not being enrolled in High Risk Infant Tracking protocol	<ul style="list-style-type: none"> ▪ The client is not being enrolled in the HRI (High Risk Infant) tracking protocol. The nurse does not intend to follow or monitor the client for growth and development, according to the protocol listed in the Babies First! Manual. This could be a client who is seen once or twice for breastfeeding support, or for an initial assessment that indicated the client did not need HRI follow-up. ▪ Client must be enrolled in Babies First, NFP, or CaCoon if TCM billing occurs.
X00.	Change in X99 status to enrollment in High Risk Infant Screening Protocol	If a child was originally determined to fit into the X99 category and then the nurse later determines she will enroll the child in the HRI protocol, then the code X00 is added to the eligibility criteria.

CaCoon Diagnosis		
B1.	Heart disease	Congenital or acquired heart disease or arrhythmias
B2.	Chronic orthopedic disorders	Congenital or acquired, chronic or recurrent orthopedic problems, e.g., club feet, congenital hip dislocation, juvenile rheumatoid arthritis and growth disorders
B3.	Neuromotor disorders including cerebral palsy & brachial nerve palsy	Static neuromotor disorder, including cerebral palsy and brachial nerve palsy (congenital or acquired); primary muscle disease; and movement disorders
B4.	Cleft lip and palate & other congenital defects of the head & face	Cleft lip and/or palate, submucous cleft palate or congenital/acquired velopharyngeal incompetence. Anomalies of the face or cranium that are sufficient to interfere with function or to significantly alter appearance. Examples of syndromes which typically fit these criteria: Crouzon; Apert's; Goldenhaar's, Microtia/atresia.
B5.	Genetic disorders (i.e., cystic fibrosis)	Any condition that can be inherited including single gene disorders and chromosome abnormalities
B6.	Multiple minor physical anomalies	Multiple minor anomalies, one or more major anomalies, or a combination of minor and major anomalies.
B7.	Metabolic disorders	Inborn errors of metabolism including amino acid disorders (e.g. PKU), fatty acid oxidation disorders, organic acid disorders, storage disorders, galactosemia, vitamin D deficient rickets.
B8.	Spina bifida	Neural tube defects including myelomeningocele, spinal cord and peripheral nerve injury
B9.	Hydrocephalus or persistent ventriculomegaly	Congenital or acquired dilatation of the cerebral ventricles
B10.	Microcephaly & other congenital or acquired defects of the CNS including craniosynostosis	Congenital small head size; brain injury acquired by postnatal neurological insult (i.e., vascular accident, shaken baby syndrome, CNS tumor or toxin, or head trauma)
B12.	Organic speech and language disorders (dysarthria/dyspraxia, only oral motor dysfunction, dysphasia)	Disorders resulting from congenital or acquired deficits involving neuromotor, structural, oral systems

CaCoon Diagnosis		
B13.	Hearing loss	As confirmed by diagnostic evaluation
B23.	Traumatic brain injury	An injury to the brain by an external physical force or event, resulting in the impairment of one or more of the following areas: speech, memory, attention, reasoning, judgment, problem solving, motor abilities, and psychosocial behavior
B24.	Fetal Alcohol Spectrum Disorder	A pattern of physical features and developmental delay that occurs in children whose mother consumed alcohol during pregnancy
B25.	Autism, Autism Spectrum Disorder	Confirmed diagnosis of developmental disorder affecting communication, understanding language, play, and interaction with others, often with stereotypical behaviors. E.g., Autism with Mental Retardation, High Functioning Autism, Pervasive Developmental Disability, Asperger's Syndrome.
B26.	Behavioral or mental health disorder with developmental delay	Confirmed diagnosis of extreme or unacceptable chronic behavior problems or maladaptive behavior; or medical diagnosis of mental health disorder. Either condition must also have developmental delay. Not for children with ONLY mental health disorders. Examples of individuals who qualify: a three year old who can no longer attend day care because of aggressive behavior and whose language is delayed but without signs of autism; a child diagnosed with OCD and cognitive impairment; a child whose parents are considering out of home placement who also qualifies for special education.
B28.	Chromosome disorders, e.g., Down syndrome	Any chromosome disorder, including trisomies, monosomies, deletions, duplications or rearrangements.
B29.	Positive newborn blood screen	Positive newborn screening blood test or confirmed condition detected by newborn screening.
B30.	HIV, seropositive conversion	Infant/child without maternal antibodies, producing own HIV antibodies.
B31.	Visual impairment	Inability to visually track or fix, medical diagnosis of visual impairment requiring educational accommodation.

CaCoon		
Very High Risk Medical Factors		
B16.	Intraventricular hemorrhage (Grade III, IV) or cystic periventricular leukomalacia (PVL) or chronic subdurals	Intracranial hemorrhage usually occurring due to anoxia, birth trauma, or disturbances in neonatal circulation
B17.	Perinatal asphyxia <u>accompanied by</u> seizures	Perinatal asphyxia accompanied by seizures resulting from the anoxic event (asphyxia includes one or more of the following: 5 minute Apgar score of 4 or less, no spontaneous respiration until 10 minutes of age, hypotonia persisting to 2 hours of age, or renal failure & other medical complications of asphyxia)
B18.	Seizure disorder	Seizures requiring medical intervention and where family needs assistance accessing medical and/or other services
B19.	Oral-motor dysfunction requiring specialized feeding program (gastrostomies) and/or failure to grow, both organic and non-organic	Difficulty coordinating suck/swallow/breathing; reflux; inadequate suck, lip closure (around bottle, cup, or spoon), poor tongue motion, no tongue laterization, no munching or chewing in older children, organic and non-organic Failure To Thrive
B20.	Chronic lung disease (e.g., on oxygen, infants with tracheostomies)	Respiratory distress syndrome, transient tachypnea of the newborn, meconium aspiration syndrome, bronchiopulmonary dysplasia, tracheomalacia, hypoplastic lung disease, cystic hygroma, near drowning
B21.	Suspect neuromuscular disorder	Abnormal motor screen or abnormal exam at NICU discharge, or test results that are suggestive of cerebral palsy or other neuromotor disorders

CaCoon		
Developmental Risk Factors		
B22.	Developmental Delay	Below average performance, including delays in cognitive, motor, communication and/or social skills; abnormal developmental screening results on a standardized developmental test, including children with behavioral concerns related to their delays.

CaCoon Other		
B90.	Other chronic conditions not listed	Other chronic health conditions, especially where family needs significant assistance accessing medical or other needed services

Appendix B: 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 Ed	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	Department of Education Programs (Regional Program)	44	GED Program
22	Developmental Disabilities Services (DHS-Senior & 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

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

- 106 State EHDI Program
- 107 Food Stamps
- 108 Employment-Related Child
Care

Appendix C: Referral Codes by Name

14	After School Child Care program	108	Employment-Related Child Care
15	Audiology	28	Energy Assistance
2	Babies First!	29	English as a Second Language (ESL)
99	Birth Certificates (In-State)	30	Faith-Based Organization
100	Birth Certificates/Vital Stats (Out-of-State)	10	Family Planning
3	CaCoon	31	Feeding Evaluation
16	Child Care Resource and Referral	32	Food Bank
108	Employment-Related Child Care	107	Food Stamps
17	Childbirth Education	33	For County Use
18	Children's Hospital (e.g., Doernbecher, Emanuel)	34	For County Use
19	Community Breastfeeding Resource not specified	35	For County Use
20	Dental	36	For County Use
21	Dept. of Ed. Programs (Regional Program)	37	For County Use
22	Developmental Disabilities Services (DHS-Senior & People with Disabilities)	38	For County Use
23	DHS Child Welfare (Child Protective Services)	39	For County Use
24	DMV (Dept. of Motor Vehicles)	40	For County Use
12	Early Intervention/Early Childhood Special Ed	41	For County Use
25	Early Start	42	For County Use
106	State EHDI Program	43	Friends and Family
26	Emergency Room	44	GED Program
27	Employment DHS (Work Source)	45	Genetic Counseling/Testing
		46	Head Start
		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)	105	Planned Parenthood
52	Immigration Services	78	Prenatal Care Provider
53	Immunization	79	Primary Health Care Provider
54	Infant Care Class (Baby Care)	80	Public Health Nurse (PHN)
55	IPV (Intimate Partner Violence) Assistance	81	Public Transportation
56	La Leche League	82	Regional Program (Dept. of Ed.)
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 D: Referral Codes by Category

Health Care	69	Multidisciplinary Team
<u>Mental Health</u>	72	Nutrition Counseling
30 Faith-Based Organization	6	PH Other not specified
66 Mental Health Crisis Line	77	Physical Therapy
67 Mental Health/Counseling	78	Prenatal Care Provider
88 Smoking/Tobacco Cessation	79	Primary Health Care Provider
92 Substance Abuse Treatment Agency	80	Public Health Nurse (PHN)
	85	School-Based Health Center
<u>Breastfeeding</u>	91	STD Counseling/Testing/ Treatment
19 Community Breastfeeding Resource not specified	97	Tertiary Care/Specialty Clinic (e.g. CDRC)
56 La Leche League	98	Vision
57 Lactation Consultant	102	Well Child Care
71 Nursing Mothers Council		
<u>Miscellaneous: Health Care</u>		
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		
68 Metabolic Screening		
		Home Visiting Programs
	2	Babies First! (HRI tracking)
	3	CaCoon
	46	Head Start
	7	Healthy Start
	5	Maternity Case Management
	9	Nurse Family Partnership
	76	Parents as Teachers

Public Health

Miscellaneous: 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 Resources

Childcare

- 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 Services
- 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 Services
- 58 Law Enforcement
- 60 Legal Aid

Transportation

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

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

Education (including Early Intervention)

- 12 Early Intervention/Early Childhood Special Ed
- 17 Childbirth Education
- 21 Dept. of Ed. 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)
- 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
- 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 E: FastEntry Guidelines and Codes

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 Babies First!, CaCoon, and Maternity Case Management.

FastEntry uses two types of data input formats (called surveys):

- Simple surveys, which you enter using the numbers on your keyboard
- Issue-Outcome-Intervention surveys, which you enter using a combination of letters and numbers on your keyboard

Simple Surveys

Simple surveys offer the same possible responses for each category (Figure 5).

Category	Getting Services	Not eligible
EI	<input checked="" type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input checked="" type="radio"/>
Primary Provider	<input type="radio"/>	<input type="radio"/>
SSI	<input checked="" type="radio"/>	<input type="radio"/>
TANF	<input type="radio"/>	<input checked="" type="radio"/>
WIC	<input checked="" type="radio"/>	<input type="radio"/>

Figure 35. Example of a simple survey in ORCHIDS

Data Entry in Simple Survey Fields:

In the FastEntry field above the survey window, enter "1" for a response in the first column and "2" for a response in the second. Enter "0" to skip a category if it was omitted on the form.

Press **[Enter]** to accept the FastEntry input. The responses will appear in the survey window.

Example of Data Entry in Simple Survey Fields Using FastEntry:

In Figure 35 (above), the responses would be entered as "120121" in the FastEntry field.

Note that the "Primary Provider" has no entry. This row in the field was skipped by entering a "0" in the FastEntry field.

Illegal entries: If you enter an illegal FastEntry code string (e.g., entering a "5" in the survey above, or entering more or fewer responses than the number of categories), a window will open with an error message. Click **OK** to close the message window and re-enter the FastEntry code.

Entering Issues, Outcomes, and Interventions with FastEntry:

- Each **Issue** has a **two-letter** FastEntry code, noted in the Encounter/Data form and on the system 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** (below), 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, which starts on page 140. 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	Not receiving PNC	B	Individual Teaching	1
					Case Management	2
Referral					3	

In the following example (Figure 38), 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="radio"/> Not receiving PNC	<input checked="" type="checkbox"/> Individual Teaching	<input type="checkbox"/> Case Management	<input type="checkbox"/> Referral
---	---	--	-----------------------------------

Figure 38: Prenatal Care Outcome and Intervention selected

(Note that, in Figure 38, the Issue name Prenatal Care is no longer highlighted, because data has been entered for it.)

Using the system explained above, the FastEntry code string for the data under Prenatal Care, in Figure 38, is **PCB1**, which works out as:

- 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 38) 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**.

FastEntry Codes

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code	
Basic Needs	BN	Met	A	Individual Teaching	1	
				Case Management	2	
				Shelter	3	
				Food	4	
				\$ Assistance	5	
				Utilities	6	
				Transportation	7	
	Not met	B	Not met	B	Individual Teaching	1
					Case Management	2
					Shelter	3
					Food	4
					\$ Assistance	5
					Utilities	6
					Transportation	7
Nutrition	NU	Meets body requirements	A	Individual Teaching	1	
				Case Management	2	
				Nutritional Monitoring	3	
				Breastfeeding Assistance	4	
				Infant Cues	5	
	Less than body requirements	B	Less than body requirements	B	Individual Teaching	1
					Case Management	2
					Nutritional Monitoring	3
					Breastfeeding Assistance	4
					Infant Cues	5

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
		More than body requirements	C	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
Nutrition Issues	NI	No nutrition issues	A	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
				Feeding Intervention	6
				Nutrition Care Plan	7
Nutrition Issues	NI	Potential nutrition issues	B	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
				Feeding Intervention	6
				Nutrition Care Plan	7
Nutrition Issues	NI	Actual nutrition issues	C	Individual Teaching	1
				Case Management	2
				Nutritional Monitoring	3
				Breastfeeding Assistance	4
				Infant Cues	5
				Feeding Intervention	6

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code	
				Nutrition Care Plan	7	
Injury	IN	Not at risk for injury	A	Individual Teaching	1	
				Case Management	2	
				Safe Sleep	3	
				Safety Checklist	4	
			At risk for injury	B	Individual Teaching	1
					Case Management	2
					Safe Sleep	3
				Safety Checklist	4	
Parenting	PA	Readiness for enhanced parenting	A	Individual Teaching	1	
				Case Management	2	
				Promoting First Relationships	3	
				Attachment Promotion	4	
				NCAST	5	
				H.O.M.E.	6	
			At risk for impaired attachment	B	Individual Teaching	1
					Case Management	2
					Promoting First Relationships	3
					Attachment Promotion	4
					NCAST	5
				H.O.M.E.	6	
		Impaired parenting	C	Individual Teaching	1	
				Case Management	2	

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Promoting First Relationships	3
				Attachment Promotion	4
				NCAST	5
				H.O.M.E.	6
Child Development	CD	Has age-appropriate pattern of development	A	Individual Teaching	1
				Case Management	2
				Developmental Enhancement	3
				RDSI	4
				IMS	5
				ASQ	6
				Vision	7
				Hearing	8
				Reflexes	9
				Pain	10
				H.O.M.E.	11
				M-CHAT	12
		Appropriate development progression for condition	B	Individual Teaching	1
				Case Management	2
				Developmental Enhancement	3
				RDSI	4
				IMS	5
				ASQ	6
				Vision	7
				Hearing	8
				Reflexes	9

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
				Pain	10
				H.O.M.E.	11
				M-CHAT	12
		At risk for delayed development	C	Individual Teaching	1
				Case Management	2
				Developmental Enhancement	3
				RDSI	4
				IMS	5
				ASQ	6
				Vision	7
				Hearing	8
				Reflexes	9
				Pain	10
				H.O.M.E.	11
				M-CHAT	12
		Delayed development	D	Individual Teaching	1
				Case Management	2
				Developmental Enhancement	3
				RDSI	4
				IMS	5
				ASQ	6
				Vision	7
				Hearing	8
				Reflexes	9
				Pain	10
				H.O.M.E.	11
				M-CHAT	12

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code
Well Child Care	WC	Has medical home	A	Individual Teaching	1
				Case Management	2
		No medical home	B	Individual Teaching	1
				Case Management	2
Well Child Care Up to Date	WU	Up to date on well child care	A		
		Not up to date on well child care	B		
Insurance	IS	OHP Standard	A	Individual Teaching	1
				Case Management	2
		OHP Plus	B	Individual Teaching	1
				Case Management	2
		CAWEM	C	Individual Teaching	1
				Case Management	2
		Indian Health Service	D	Individual Teaching	1
		Case Management	2		
		Other	E	Individual Teaching	1
				Case Management	2
		None	F	Individual Teaching	1
				Case Management	2
OHP Follow-Up Information	OF	Client refused referral	A		
		OHP Pended	B		

Issue	FastEntry Code	Outcome	FastEntry Code	Intervention	FastEntry Code	
		OHP Denied	C			
Oral Health	OH	No identified risk factors for dental caries	A	Individual Teaching	1	
				Case Management	2	
				Oral Health Screening	3	
				Fluoride Varnish Application	4	
			At risk for dental caries	B	Individual Teaching	1
					Case Management	2
					Oral Health Screening	3
					Fluoride Varnish Application	4
			Dental caries	C	Individual Teaching	1
					Case Management	2
Oral Health Screening					3	
Fluoride Varnish Application					4	
Tobacco	TO	Yes (Secondhand smoke exposure)	A	Individual Teaching	1	
				Case Management	2	
				5As	3	
			No (No secondhand smoke exposure)	B	Individual Teaching	1
					Case Management	2
5As					3	

Appendix F: ORCHIDS Required Fields

If certain fields are left blank in ORCHIDS, the user will be unable to save the data entered on a screen or complete an action, such as billing a visit or closing a case. 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>	
CaCoon Case Tab	Case Start Date	Save entry on screen
	Case Manager	Save entry on screen
Visit Tab 1	Visit Date	Save entry on screen
	Home Visitor	Save entry on screen
Visit Tab 2	<None>	
Visit Tab 3	Visit Date	Save entry on screen

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

Appendix G: Keyboards 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.

Note: Most keyboard shortcuts in ORCHIDS only work on those screens where the associated command is allowed.

For FastEntry instructions, see Appendix E: Fast Entry Codes and Guidelines, page 135.

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

Toolbar Commands	
Ctrl+F4	Close
Ctrl+O	Open client database
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 Babies First!
C	Select CaCoon
M	Select Maternity Care Management
Enter	OK button

FC100-ORCHIDS Client Info Screen	
Alt+C	New Case button
Alt+O	Open highlighted (selected) case or visit
Alt+V	New Visit button

Checkboxes	
Spacebar	Check or uncheck a checkbox

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

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	

Bibliography

- Ackley, Betty J., MSN, EdS, RN and Gail B. Ladwig, MSN, RN, CHTP
Nursing Diagnosis Handbook: a Guide to Planning Care, 6th Ed., Mosby Elsevier,
St. Louis, 2006.
- Dochterman, Joanne McCloskey, PhD, RN, FAAN and Gloria M. Bulechek, PhD, RN,
FAAN (eds.), Nursing Interventions Classification (NIC), 4th Ed., Mosby
Elsevier, St. Louis, 2004.
- Kelly, Jean F., PhD, Tracy G. Zuckerman, PsyD, Dana Sandoval, MS, and Kim
Buehlman, MA. Promoting First Relationships: A Curriculum for Service
Providers to Help Parents and Other Caregivers Meet Young Children's Social
and Emotional Needs. 1st Ed. NCAST-AVENUE Publications, Seattle WA,
2003.
- National Business Group on Health, Center for Prevention and Health Services, An
Employer's Guide to Workplace Substance Abuse: Strategies and Treatment
Manual, Washington, DC, 2009.
- Oregon Department of Human Services, Public Health Division, Office of Family Health,
Babies First! Program Manual, 2009.
- Oregon Department of Human Services, Seniors and People with Disabilities,
<http://www.oregon.gov/DHS/dd/eligibility/home.shtml>